



Australian Government

Department of Health



North Coast Primary Health Network Integrated Team Care Activity Work Plan 2016 - 2018

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Introduction

Overview

This updated Activity Work Plan covers the period from 1 July 2016 to 30 June 2018. To assist with PHN planning, each new activity nominated in this work plan should be proposed for a period of 12 months. The Department of Health will require the submission of a new or updated Activity Work Plan for 2018-19 at a later date.

Strategic Vision

Aboriginal health is a key priority for North Coast Primary Health Network (NCPHN). The NCPHN region currently has more than 21,468 Aboriginal and or Torres Strait Islander people, representing 4.5% of the population¹.

Our objective for Aboriginal health is to improve the health and wellbeing of the Aboriginal community and close the gap. This will be done by building strong partnerships with: Aboriginal Medical Services; the Aboriginal community; Local Health Districts; and other stakeholders.

For the last several years, NCPHN's Aboriginal health Care Coordinators, Program Officers and Outreach Workers have been working as a team, akin to what is suggested in the ITC program guidelines. This team approach has resulted in strong collegial partnerships and support delivering positive workforce environment and program outcomes.

In 2016-18 NCPHN will commission the CCSS Care Coordinators and Aboriginal Outreach Worker components of the ITC program. By maintaining the Indigenous Health Project Officer (IHPO) positions within NCPHN, it is intended that this workforce will work alongside NCPHN Quality Improvement Support staff to ensure culturally appropriate services are delivered on the North Coast.

The functions of the IHPO positions which include: community and clinician engagement; cultural awareness training and development; health promotion; and the integration of health services which support Aboriginal people, are well aligned to the NCPHN core functions.

Following consultation with key stakeholders, a transition and commissioning plan will be developed in the first quarter of the 2016-17 financial year. Tender documents will be released in January 2017 with the intention to commission services in March 2017 and all services to be commissioned during 2017-2018.

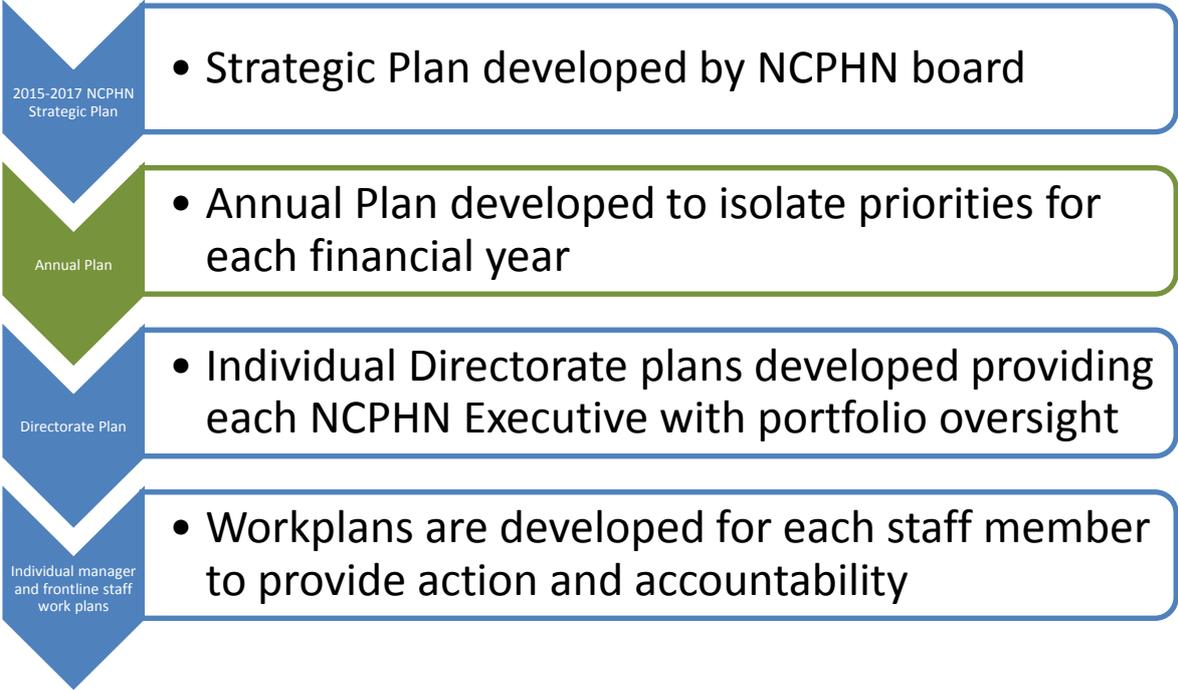
Continuing integration

In the Northern half of NCPHN, CCSS is working with the Northern NSW Local Health District and Aboriginal Community Controlled Health Organisations to integrate service delivery to ensure that chronic care patients are provided the best possible care to improve: quality of life; access to specialists; medical aids; and case management. NCPHN and the Local Health District are committed to this integration. In the Mid North Coast region, this process is in an initial discussion phase.

¹ Australian Bureau of Statistics, 2011. Census of Population and Housing: QuickStats, [Online] Available at: <http://www.abs.gov.au/websitedbs/censushome.nsf/home/quickstats?opendocument&navpos=220>

Strategic Implementation

This Activity Work Plan represents the second phase in the NCPHN planning process. To ensure all elements of the NCPHN Strategic Plan become operationalised, a cascading implementation plan structure is used. This enables a direct line of sight between the organisation’s strategic objectives and work plan actions for individual front line staff. All teams report on their progress monthly to the Executive Team.



Planned activities funded by the IAHP Schedule for Integrated Team Care Funding

Public Accountability	
What are the sensitive components of the PHN's Annual Plan?	ITC Action Plan - Attachment

Proposed Activities	
ITC transition phase	<p>NCPHN will ensure Aboriginal and/or Torres Strait Islander people have access to culturally appropriate chronic disease support. This will be facilitated by: care coordination; support in care navigation; and appropriate access to Aboriginal controlled and mainstream services. NCPHN will also ensure mainstream primary health care services are supported in maintaining and improving cultural competence through activities delivered by the Indigenous Health Project Officers.</p> <p>To achieve this NCPHN will deliver the Integrated Team Care package in two parts:</p> <ol style="list-style-type: none"> (1) Commission the Care Coordination and Supplementary Services, and Aboriginal Outreach Worker components of ITC to appropriate providers (March 2017 – June 2018); and (2) Support the quality and cultural appropriateness of services through the Indigenous Health Project Officers as part of the NCPHN Quality Improvement Support team. <p>CCSS and AOW commissioning process: Following consultation with key stakeholders, a transition and commissioning plan will be developed during the first quarter of the 2016-17 financial year. NCPHN will consult with a wide range of stakeholders in the development of the plan, including Aboriginal Medical Services - Bulgarr Ngaru MAC (Grafton, Casino, and Bugalwena/Tweed Heads), Bullinah AMS (Ballina), Jullums Rekindling the Spirit (Lismore), Galambila AMS (Coffs Harbour), Durri AMS (Kempsey & Nambucca Heads), Werin AMS (Port Macquarie), Local Health Districts, Community Advisory Groups and other organisations working in the Aboriginal Health sector. This initial consultation phase identified key areas of concern about the commissioning of Care Coordinator and Outreach Worker programs and has, to date, guided the commissioning process for NCPHN.</p>

	<p>In order to ensure appropriate and equitable funding allocations across the NCPHN footprint, a dual approach is being utilised which includes providing 50% of direct CCSS funding to Aboriginal Medical Services who wish to deliver the CCSS program and an open market approach for the remaining CCSS and AOW funding.</p> <p>2017 timeline for commissioning:</p> <p>January</p> <ul style="list-style-type: none"> - Official approach to market, submissions close late February. - Conduct industry consult/briefing sessions. <p>Early March</p> <ul style="list-style-type: none"> - Evaluation Panel convened, recommendations put forward for approval - Undertake dialogue (if required) <p>Late March</p> <ul style="list-style-type: none"> - Announcement made of successful providers - Handover begins with supports provided until April 2017 <p>March 2017 – June 2018 ITC Program commissioned out</p> <div style="border: 1px solid black; background-color: #e6f2ff; padding: 5px;"> <p>Amendments to 2016-17 AWP:</p> <ul style="list-style-type: none"> • Nil </div>
<p>Start date of ITC activity as fully commissioned</p>	<p>1 July 2017</p>
<p>Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?</p>	<p>NCPHN collaborates with health organisations throughout the region. Where possible and appropriate, NCPHN will work with Aboriginal Community Controlled Health Organisations and other community organisations to improve patient experience and patient outcomes for Aboriginal and Torres Strait Islander people. NCPHN works with community partners through existing partnerships, alliances and community advisory structures for the purpose of commissioning, planning and feedback.</p>

Service delivery and commissioning arrangements	<p>In order to ensure appropriate and equitable funding allocations across the NCPHN footprint, NCPHN is utilising a dual approach:</p> <ol style="list-style-type: none"> 1. NCPHN will provide direct funding to Aboriginal Medical Services who wish to deliver the CCSS program from 1 January 2017, to ensure their clients have access to timely, coordinated and multidisciplinary care. 50% of allocated CCSS funding will be offered to AMSs. This approach acknowledges the significant role AMSs play in the delivery of chronic disease services to Aboriginal people in the region and their strong links with the local community. 2. In addition, NCPHN is using an open market approach whereby Expression of Interests (EOIs) will be sought from suitably qualified and experienced organisations or consortiums to deliver the remaining CCSS and AOW programs. This funding is to support Aboriginal and Torres Strait Islander clients who predominately access mainstream health services. NCPHN encouraged innovative models and approaches to service delivery for CCSS and AOW programs. <p>Indigenous Health Project Officers</p> <p>Indigenous Health Project Officers provide support, that NCPHN considers core-business, such as providing capacity building and advice regarding cultural awareness in NCPHN activities and to the broader primary health care system. These members of the Aboriginal Health team work to improve quality and integration of care for Aboriginal and Torres Strait Islander people and will be an integral part of how NCPHN acts as a change agent to improve primary health care.</p> <p>Following the transition of AOW and Care Coordination programs, Indigenous Health Project Officers will be located in the NCPHN Quality and Innovation stream. NCPHN will continue to build the capacity of mainstream primary care services to provide a culturally safe practice environment and deliver services to Aboriginal and Torres Strait Islander people in a culturally competent manner.</p> <p>In line with the ITC guidelines, to ensure a coordinated, team-based approach with Outreach Workers and Care Coordinators, IHPOs will provide regional guidance, leadership and support for the ITC approach which will extend across the region and be embedded in multiple organisations.</p>
Decommissioning	NA
Decision framework	<p>NCPHN has a procurement decision making framework that applies to all commissioning actions performed. The commissioning of the CCSS and AOW components of the ITC will adhere to NCPHN commissioning protocols with processes to document each step and decision. NCPHN has ensured a consultative and open approach to decision making processes, including but not limited to: consultation with stakeholders; clinical councils; and community advisory structures.</p> <p>The CCSS funds allocated to each AMS across the NCPHN region was based on Aboriginal and Torres Strait Islander Estimated Resident Populations (ERP) figures for 2015. ERP for 2015 are used to adjust for population changes that have happened since the 2011 Census. The allocated funds were determined according to the proportion of the total Aboriginal and Torres Strait</p>

	<p>Islander population from the NCPHN region that live in each LGA.</p> <p>For example, the Ballina LGA has an ERP of 1,607 Aboriginal and Torres Strait Islander people, and this equates to 5.72% of the 28,087 Aboriginal people living in the NCPHN region. The Ballina LGA therefore attracted 5.72% of allocated funds. Funding was then grouped by LGA, according to the AMS that services the persons living in each LGA.</p>																																																																								
Indigenous sector engagement	NCPHN will continue its ongoing consultative approach with stakeholders working in the Aboriginal Health sector, clinical councils and Aboriginal community advisory structures.																																																																								
Decision framework documentation	An NCPHN Procurement Manual has been developed to ensure consistency of approach and clarity of process. The Manual provides a step-by-step guide for the procurement process in the context of commissioning.																																																																								
Description of ITC Activity	Please see attached																																																																								
ITC Workforce	<p>The following staffing levels represent NCPHN employed Care Coordinators, Aboriginal Health Project Officers and Aboriginal Outreach Workers.</p> <table border="1"> <thead> <tr> <th colspan="6">Care Coordinators – Commissioned Out July 2017</th> </tr> <tr> <th></th> <th>Port</th> <th>Kempsey</th> <th>Coffs</th> <th>Lismore</th> <th>Tweed</th> </tr> </thead> <tbody> <tr> <td>Hours budgeted</td> <td>32</td> <td>24</td> <td>38</td> <td>38</td> <td>32</td> </tr> <tr> <td>FTE</td> <td>0.84</td> <td>0.6</td> <td>0.61</td> <td>1</td> <td>0.84</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="6">Aboriginal Health Project Officers – Retained NCPHN</th> </tr> <tr> <th></th> <th>Port</th> <th>Kempsey</th> <th>Coffs</th> <th>Lismore</th> <th>Tweed</th> </tr> </thead> <tbody> <tr> <td>Hours budgeted</td> <td>24</td> <td>11</td> <td>38</td> <td>38</td> <td>38</td> </tr> <tr> <td>FTE</td> <td>0.63</td> <td>.29</td> <td>1</td> <td>1</td> <td>1</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="6">Aboriginal Outreach Workers - Commissioned Out July 2017</th> </tr> <tr> <th></th> <th>Port</th> <th>Kempsey</th> <th>Coffs</th> <th>Lismore</th> <th>Tweed</th> </tr> </thead> <tbody> <tr> <td>Hours budgeted</td> <td>38</td> <td>32</td> <td>38</td> <td>38</td> <td>76</td> </tr> <tr> <td>FTE</td> <td>1</td> <td>0.84</td> <td>1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>	Care Coordinators – Commissioned Out July 2017							Port	Kempsey	Coffs	Lismore	Tweed	Hours budgeted	32	24	38	38	32	FTE	0.84	0.6	0.61	1	0.84	Aboriginal Health Project Officers – Retained NCPHN							Port	Kempsey	Coffs	Lismore	Tweed	Hours budgeted	24	11	38	38	38	FTE	0.63	.29	1	1	1	Aboriginal Outreach Workers - Commissioned Out July 2017							Port	Kempsey	Coffs	Lismore	Tweed	Hours budgeted	38	32	38	38	76	FTE	1	0.84	1	1	2
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ITC Action Plan

Achieve better treatment and management of chronic conditions for Aboriginal and Torres Strait Islander people, through better access to the required services and better care coordination and provision of supplementary services				
What will we do? /Strategy	How will we do it?	How will measure it?	Target:	Timelines
Continue to provide Care Coordination services during commissioning period	Maintain current direct employment of CCSS workforce throughout the region during the commissioning period	Services delivered: <ul style="list-style-type: none"> • Episodes of Care • Numbers of Clients • Numbers and types of services accessed through CCSS • Numbers and types of medical aids provided through the CCSS 	<ul style="list-style-type: none"> • To be incorporated in contracts when tendered • To be incorporated in contracts when tendered • As required • As required 	March 2017 Transitioned by July 2017 Commissioned July 2017- Jun 2018
Continue to develop the ACCHO and mainstream health sector to be able to provide Care Coordination services to clients wishing to use their service for care coordination	Develop EOI for consultation	EOI Developed	N/A	Completed
	Consult with advisory groups regarding EOI	Number of consultations	N/A	Completed
	EOI process	<ul style="list-style-type: none"> • Assessment panel recruited • Specifications developed • EOI advertised • EOIs reviewed and assessed 	N/A	February 2017
	Industry briefings re EOI process	Briefing sessions held		Feb 2017
	Inform community and services of successful applicant/s	Successful applicant notified.	N/A	March 2017
	Manage transfer of patients	<ul style="list-style-type: none"> • Review of clinical software needs conducted • Clinical file transfer conducted • Face-to-face handover meetings conducted 	100% patient files transferred and face-to-face handover conducted before commencement of commissioned services.	March 2017
	Support successful organisation to provide service (where required)	<ul style="list-style-type: none"> • Specific areas of support required are identified • Ongoing provision of support 	N/A	Ongoing
	Complete the Care Coordination manual and training plan to support providers to deliver the service	<ul style="list-style-type: none"> • Competed CCSS service delivery Manual • Training processes developed and delivered 	Manual completed Training provided	Completed

What will we do? /Strategy	How will we do it?	How will measure it?	Target:	Timelines
Collaborate with other agencies to provide a holistic response to health inequity and respond to the social determinants of health	Further develop existing partnerships with agencies and Local Health Districts	<ul style="list-style-type: none"> • Meetings held • Collaborations / joint projects • Partnerships and MOU's developed (where required) 	4 joint projects	Ongoing
Identify barriers to access of CCSS programs (if any)	Through community engagement and feedback and engagement with general practice identify issues and develop solutions to ensure ease of access for Aboriginal and Torres Strait Islander people to chronic care coordination	<ul style="list-style-type: none"> • Barriers identified • Solutions developed 	At least 4 community feedback/engagement/forums held around the region per annum	Ongoing
Work with partners to develop opportunities for integration to improve the Aboriginal health system	Support the development of strategic plans for the: <ul style="list-style-type: none"> • Local Health Districts • Aboriginal Community Controlled health services • Aboriginal Services • MNC Aboriginal Health Accord • NNSW Partners In Aboriginal Health 	<ul style="list-style-type: none"> • NCPHN input into the development of external planning processes • Opportunities identified 	One opportunity for integration identified	Ongoing
	Research opportunities for integration to ensure validity/appropriateness.	Opportunities identified	N/A	Ongoing
	Work with community advisory groups to ensure opportunities meet their needs	Opportunities identified	N/A	Ongoing
Continue to implement the Integration of Aboriginal chronic care programs in the northern region of the PHN region.	Regular working group meetings with LHD and NCPHN	<ul style="list-style-type: none"> • Progress against Integration plan • Reported quarterly 	As per integration work plan	Ongoing

Improve the capacity of mainstream primary care services to deliver culturally appropriate services to Aboriginal and Torres Strait Islander people

What will we do? /Strategy	How will we do it?	How will measure it?	Target:	Timelines
Develop opportunities to provide cultural awareness training to general practice	Provide at least 12 opportunities per annum for two staff from general practices throughout the region to attend cultural awareness training – please note that cultural awareness training will be provided by Local Aboriginal people in each area	<ul style="list-style-type: none"> • Numbers of cultural awareness trainings identified • Outcomes of discussions with practices about their needs regarding cultural awareness 	<p>12 opportunities per annum throughout the region</p> <p>Monthly reporting – issues / barriers/needs</p>	Ongoing
Offer general practices access to events, training and programs delivered by NCPHN Aboriginal health team and partners	Work with NCPHN Clinical Councils to identify need for training and opportunities to improve understanding of Aboriginal people’s health and culture	<ul style="list-style-type: none"> • Opportunities for training identified • General practice involvement in Aboriginal and Torres Strait islander events 	At least 4 opportunities per annum to provide upskilling or further training on various issues relating to Aboriginal health; best provision of service to Aboriginal and Torres Strait Islander people	Ongoing
Ensure Aboriginal Outreach Workers work with clients to facilitate and support their health journey alongside general practice.	Provide in-house support to clients of general practice for: <ul style="list-style-type: none"> • Advocacy • Support access to services • Flinders Model of Care • Promotion of Aboriginal and Torres Strait Islander specific MBS item numbers • Support to improve asking the identification question 	<ul style="list-style-type: none"> • Practice visits • Client support visits • Advocacy • Numbers of services accessed/ facilitated • Referrals made out of the program 	At least one visit to every practice in the region per year	<p>March 2017</p> <p>Transitioned by July 2017</p> <p>Commission July 2017 – Jun 2018</p>
Support commissioned Aboriginal Outreach Workers to continue to deliver appropriate services.	Work with commissioned AOWs to ensure they are meeting KPIs and to assist them to maximise opportunities to support clients and engage with local communities.	<ul style="list-style-type: none"> • KPI review meetings • Joint health promotion projects/events. • Practice visits. 	<ul style="list-style-type: none"> • IHPO and AOW meeting at least once each fortnight • Minimum of 2 collaborative health promotion project/event each quarter (including Cultural Awareness Training and First Aid in Community) 	Ongoing

What will we do? /Strategy	How will we do it?	How will measure it?	Target:	Timelines
			<ul style="list-style-type: none"> • AOW is attending 100% of practice visits with IHPO 	
Increased Health literacy	Provision of events and programs that support increased health literacy specifically: <ul style="list-style-type: none"> • Chronic Disease – what is it, types, targeted issues • Good health • Understanding what services are available, how to access them, referral systems 	<ul style="list-style-type: none"> • Number of Programs developed /delivered • Resources developed or obtained • Surveys pre and post events • Client surveys 	<ul style="list-style-type: none"> • 6 programs or sessions held per annum throughout the region • Pre and post surveys for each event • Resources provided to community 	Ongoing

Foster collaboration and support between the mainstream primary care and the Aboriginal and Torres Strait Islander health sectors

What will we do? /Strategy	How will we do it?	How will measure it?	Target:	Timelines
Promote collaboration between mainstream and Aboriginal and Torres Strait Islander sectors	Invite mainstream providers and ACCHOS to attend forums regarding specific health issues and solution design	<ul style="list-style-type: none"> • Issues identified • Number of forums held 	4 forums held per annum	Ongoing
	Ensure Aboriginal health service inclusion on NCPHN Clinical Councils	Numbers of Aboriginal health services with representation on the Clinical Councils	2 Aboriginal members/Aboriginal health services represented on each clinical council	Ongoing
NCPHN to develop a Reconciliation Action plan that will include strategies informed by mainstream stakeholders and Aboriginal services	<ul style="list-style-type: none"> • Develop a working group within the PHN • Meet regularly • Consult with Aboriginal and Torres Strait Islander Community • Develop a draft plan • Consult internally and externally • Allocate funds to the process • Launch RAP 	<ul style="list-style-type: none"> • Measure against a Gantt chart the progress of the RAP • RAP developed and launched 	RAP developed and launched	Ongoing

Support mainstream primary care services to encourage Aboriginal and Torres Strait Islander people to self-identify; and increase awareness and understanding of measures relevant to mainstream primary care

What will we do? /Strategy	How will we do it?	How will measure it?	Target:	Timelines
Provide cultural awareness training to mainstream primary health care providers	Cultural awareness training	<ul style="list-style-type: none"> • Provision of training – numbers of events held • Pre and post evaluation of the training 	12 opportunities provided throughout the region for cultural awareness training	Ongoing
Further develop and disseminate items to support self-identification in the practice/pharmacy /allied health service	<ul style="list-style-type: none"> • Posters for practices/services • Provision of documents appropriate to specific health professions 	<ul style="list-style-type: none"> • Practice visit numbers • Numbers and types of items disseminated 	129 practice visits	Ongoing
Develop/update tools for MBS Items	<ul style="list-style-type: none"> • MBS Item Ready Reckoners • Programs available to Aboriginal and Torres Strait Islander people for eg care coordination, chronic disease management; Flinders Model of Care 	<ul style="list-style-type: none"> • Resources developed • Training provided 	As needed	Ongoing
Provide training and development opportunities for mainstream general practice and ACCHOS	<ul style="list-style-type: none"> • Identity question training opportunities including cultural awareness • Support in developing GP Management Plans 	<ul style="list-style-type: none"> • Number of training sessions provided • Number of Cultural Awareness sessions provided 	As needed	Ongoing