Australian Government
Department of Health

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Primary Health Networks: Integrated Team Care Funding

Updated Activity Work Plan 2016-2018:

- **Integrated Team Care Funding**

Adelaide PHN

This Activity Work Plan is an update to the 2016-17 Activity Work Plan submitted to the Department in July 2016.

This Updated Activity Work Plan has been endorsed by the CEO.

Submitted on 17 February 2017.

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Introduction

Overview

The aims of Integrated Team Care are to:

- contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to coordinated and multidisciplinary care; and
- contribute to closing the gap in life expectancy by improved access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health and specialists) for Aboriginal and Torres Strait Islander people.

The objectives of Integrated Team Care are to:

- 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;
- foster collaboration and support between the mainstream primary health care and the Aboriginal and Torres Strait Islander health sectors;
- improve the capacity of mainstream primary health care services to deliver culturally appropriate services to Aboriginal and Torres Strait Islander people;
- increase the uptake of Aboriginal and Torres Strait Islander specific Medicare Benefits Schedule (MBS) items, including Health Assessments for Aboriginal and Torres Strait Islander people and follow up items;
- support mainstream primary health care services to encourage Aboriginal and Torres Strait Islander people to self-identify; and
- increase awareness and understanding of measures relevant to mainstream primary health care.

Each PHN must make informed choices about how best to use its resources to achieve these objectives.

This updated Activity Work Plan covers the period from 1 July 2017 to 30 June 2018 and where appropriate will include information of activities for 2016-17.

The updated Activity Work Plan template has the following parts:

1. The updated Integrated Team Care Annual Plan 2016-2018 which will provide:
    a) The strategic vision of your PHN for achieving the ITC objectives.
    b) A description of planned activities funded by Integrated Team Care funding under the Indigenous Australians' Health Programme (IAHP) Schedule.

1. (a) Strategic Vision for Integrated Team Care Funding

The strategic vision of the Adelaide PHN is to achieve better health for Aboriginal and Torres Strait Islander people accessing primary health care in the Adelaide region. It is recognised that the Aboriginal and Torres Strait Islander population experience poorer health and greater exposure to risk factors than other South Australians, and it is the Adelaide PHNs priority to work with multiple providers across the region to improve the health outcomes of this population group.

Implementation and integration of the Closing the Gap Integrated Team Care (CTG ITC) will continue as part of Adelaide PHNs engagement involving Clinical Councils, Consumer and Community Advisory Councils and health priority groups, in particular the Aboriginal Health Priority Group. Aboriginal health and mainstream health providers as well as community groups and consumers are active participants on these groups. Adelaide PHN will foster new and existing working partnerships with Aboriginal Peak bodies, Aboriginal Community Controlled Health Services, Aboriginal Community Organisations as well as primary and state based health and support agencies providing services to Aboriginal and Torres Strait Islander peoples.

Adelaide PHN will continue its collaborative work with the South Australian Health and Medical Research Institute's (SAMHRI) Aboriginal Research Unit, Wardliparingga, and the South Australian Translation Centre on the implementation of research findings to promote access to and deliver culturally appropriate best practice health care for Aboriginal and Torres Strait Islander people. The commissioned agency for CTG ITC will be required to build on the outcomes of this research and translating this into chronic condition management programs and approaches.

Adelaide PHNs strategy for ongoing facilitation of CTG ITC programs is focused on innovative approaches to ensure the program is patient centred and accessible. Adelaide PHN will play a key role in enhancing service system effectiveness and coordination of primary health care services.

The Adelaide PHN will assist the commissioned agency to enhance services for clients, maintaining the continuity of the workforce, and ensuring continuity of referral pathways for General Practice and Aboriginal Community health services.

The Adelaide PHN will drive health system integration, cross sector collaboration and foster quality improvement with a participatory evaluation of the program.

1. (b) Planned activities funded by the IAHP Schedule for Integrated Team Care Funding

The table below outlines the activities proposed to be undertaken within the period 2016-18. These activities will be funded under the IAHP Schedule for Integrated Team Care.

Public Accountability	
What are the sensitive components of the PHN's Annual Plan? Please list	N/A

Proposed Activities	
ITC transition phase	*Provide an update of your transition to ITC as fully commissioned. Briefly describe how the transition has progressed and whether there have been any issues.* The service delivery of the Integrated Team Care (ITC) program was commissioned to an external agency from July 1, 2016. The Closing the Gap (CTG) program transitioned in the new format as the Closing the Gap Integrated Team Care (CTG ITC) program to a single organisation, who has experience in managing the program. The Northern Health Network (NHN) was contracted by Adelaide PHN to provide the CTG ITC service in the North during 2015-16, and has been funded to continue in the North and expand to the West and Southern area of metropolitan Adelaide under the new ITC guidelines. Through the Adelaide PHN needs assessment, the Aboriginal and Torres Strait Islander health profile analysis positioned the need for the CTG ITC services to remain accessible in the Northern, Western and Southern regions. The services continue to operate from these regions and the program currently operates from three sites across the region, Edinburgh North, Port Adelaide and Edwardstown. The Adelaide PHN has continued to provide practical support to the NHN in transitioning 2016/17 CTG ITC staff, reporting, data and integration and general practice support tools, for continuity, equity and coverage of the program. Adelaide PHN will continue to support NHN with this work to ensure there are opportunities for further integration of services across the regions.
Start date of ITC activity as fully commissioned	1 July 2016. Northern Health Network as a commissioned agency committed to and provided an efficient delivery of services during the transition phase to with minimal disruption or impact to client management and care. Existing CTG ITC clients, referring agencies and primary health

	organisations were advised of the new ITC program format and new service management arrangements through various mechanisms e.g The Integrated Team Care workforce, APHN networks, communiques, Clinical Councils and Health Priority Groups.
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	*Please describe arrangements if the PHN is collaborating or pooling resources with other organisations, including other PHNs.* Adelaide PHN will not be pooling resources with other organisations, including other PHNs, for ITC service delivery in 2017-18. The Adelaide PHN will continue to consolidate and extend collaborative working relationships with Aboriginal Peak bodies, Aboriginal Community Controlled Health Services, Aboriginal Community Organisations as well as primary and state based health and support agencies providing services to Aboriginal and Torres Strait Islander peoples. Adelaide PHN and Country SA PHN are working collaboratively to ensure that state-wide supports and referral processes are inclusive, streamlined and workforce development education and network opportunities are provided for CTG ITC workforce.
Service delivery and commissioning arrangements	*Provide a description of the service delivery and commissioning arrangements for the ITC Activity.* *Briefly outline the planned commissioning method and if the process will involve an approach to market, direct engagement or other approach for the activity. List the type of organisations to be commissioned (e.g. AMS or mainstream primary care organisation).* The Adelaide PHNs Needs Assessments and consultation processes identified the geographic areas of highest Aboriginal and Torres Strait Islander populations and those with poorest health outcomes. This analysis positioned the need for CTG services to remain accessible in Northern, Western and Southern metropolitan Adelaide regions. No changes to the existing CTG program locations are planned for 2017-18. There have been three CTG ITC teams delivering the program in Adelaide's North, Central/West and South areas and commissioning processes have therefore been structured to continue these programs. For the 2016-18 period, NHN were directly engaged to continue provision of the CTG ITC program for Aboriginal and Torres Strait Islander people in the Northern metropolitan area. Agencies in other regions with established working relationships with the CTG ITC program were explored and approached to gauge interest and capacity. Due to market failure, the existing provider of the Northern metropolitan CTG program, NHN was approached to expand Western and Southern based teams, this agency has been commissioned using a direct procurement approach.

	The rationale for this approach was to ensure stability and transition of existing workforce and to safeguard transition of service management and delivery for clients. Furthermore the procurement approach was led and supported by both the West and South CTG ITC workforce, with assistance from the Adelaide PHN. Essential criteria for the NHN included the capacity to maintain the provision of both services in the Western and Southern Adelaide region, current working relationships, agency understanding and knowledge of the program, therefore reducing the impact of having to relocate the service, the agency's ability to provide a culturally safe work environment as well as knowledge of managing community based, mobile teams. The NHN is a mainstream primary health care organisation that has experience in providing Aboriginal specific health and support services. Adelaide PHN will require the NHN to maintain and strengthen their engagement with the Aboriginal Community Controlled Health sector, health and support service sector to ensure integration across sectors and services. Established relationships and partnerships will be continued and encouraged.
Decommissioning	*Outline any decommissioning that this activity may result in and potential implications.*
Decision framework	*Making specific reference to the needs assessment, market analyses, clinical and consumer input (including through the PHN's Clinical Council and Community Advisory Committee), describe how this framework led to the service delivery and commissioning arrangements outlined above.* The needs assessment and engagement processes has generated significant information, input and feedback in relation to specific issues, gaps in services, high prevalence chronic conditions, potentially preventable hospital admissions, inappropriate emergency department presentations, lack of integration across sectors and regions. Needs Assessment feedback, population health data, and the existing service provision profile in the region were triangulated to establish the most relevant location, activities and focus for CTG ITC services. The model of CTG ITC service delivery has a strong focus on working with mainstream primary health to improve their capacity to provide culturally sensitive and welcoming primary health care services. There is one Aboriginal Community Controlled Health Service in metropolitan Adelaide with service delivery sites in the northern and central CBD areas of Adelaide. This service works closely with existing CTG ITC programs to extend the reach of coordinated care services for Aboriginal and Torres Strait Islander people. Due diligence of the approached organisation was undertaken to confirm the veracity of their business model, organisational stability, and ability to deliver culturally relevant primary health care services. There is confidence that the NHN infrastructure and workforce will successfully provide the ongoing management and implementation of the program. Along with the administration of the CTG ITC program, a range of other funded Adelaide PHN programs will have priorities and activities imbedded

	within them, to ensure Aboriginal and Torres Strait Islander Health is considered and addressed beyond the ITC program. [Please refer to the Adelaide PHN Activity Plan 2017/18 for more details].
Indigenous sector engagement	*Detail your plans for ongoing engagement with the Indigenous health sector.* Adelaide PHN will foster new and existing working partnerships with Aboriginal Peak bodies, Aboriginal Community Controlled Health Services, Aboriginal Community Organisations as well as primary and state based health and support agencies providing services to Aboriginal and Torres Strait Islander peoples.
Decision framework documentation	*Has the decision framework outlined above been documented?* Yes
Description of ITC Activity	*Provide a summary (or attach) your PHN's ITC implementation plan, which includes the work to be done by IHPOs, Care Coordinators, and Outreach Workers in the PHN region.* The NHN delivers the integrated service model across 3 sites. CTG ITC staff members are directly employed by this agency. Each service delivery site includes Care Coordinators and Aboriginal and Torres Strait Islander Outreach Workers working closely together engaging with clients referred to the program. The teams implement coordination and support plans that assist and encourage clients improve their ability to better manage their chronic health conditions. NHN have responsibility for oversight for CTG ITC program, including recruitment and retention of team members, clinical governance and adherence to the program guidelines to ensure continuous program activity. The NHN will also support resource development, referral pathways, program and service promotion and coordination. A culturally safe working environment, including appropriate working space and administrative support for the CTG programme is be provided by the NHN. Ongoing peer support, professional guidance and mentoring is provided for the CTG ITC team. This includes professional networking opportunities, liaising with other CTG ITC service providers to enhance skills, share information and facilitating peer support, cultural support for Aboriginal team members, and clinical mentoring including discussions on case studies or models of care. The CTG ITC workforce within the Northern Health Network:

	Community Health Coordinator The Community Health Coordinator provides leadership to the CTG ITC service by undertaking the responsibilities of the Team Leader. The role ensures there is a focus on Aboriginal health with an aim to improve the integration of care across the Adelaide PHN region. This work includes partnering with the Adelaide PHN on planning, developing multi-program approaches and cross-sector linkages, and supporting both Care Coordinators and Aboriginal and Torres Strait Islander Outreach Workers. **Care Coordinators** The Care Coordinators are Registered Nurses who support eligible clients to access the services they need to treat their chronic condition according to the General Practitioner (GP) Care Plan. The role of a Care Coordinator includes but is not limited to assisting in the provision of clinical care, arranging the services in clients' care plans, and assisting clients to participate in regular reviews with their primary care providers. **Aboriginal and Torres Strait Islander Outreach Workers** The Aboriginal Outreach Workers encourage Aboriginal and Torres Strait Islander people to access health services and help to ensure that services are culturally competent. Aboriginal and Torres Strait Islander Outreach Workers have strong links to the community they work in and carry out non-clinical tasks. This includes liaison with local cultural support organisations, community liaison, establishing links with local Aboriginal and Torres Strait Islander communities to promote the importance of improving health outcomes and encourage and support the increased use of health services. **Supplementary Services** The Supplementary Services Funding Pool is accessed by Care Coordinators to expedite a client's access to an urgent and essential allied health or specialist service, or the necessary transport to access the service, where this is not publicly available in a clinically acceptable timeframe. The Supplementary Services Funding Pool is also to be used to assist clients to access GP-approved medical aids. Services work within the Adelaide PHN region, across both Aboriginal and Torres Strait Health and mainstream primary care sectors. CTG ITC service activity focuses on providing care coordination services to eligible people with chronic conditions who need assistance to access primary health care services to improve their health status.
ITC Workforce	*Indicate number of Indigenous Health Project Officers, Care Coordinators and Outreach Workers. Specify which positions will be engaged by the PHN or commissioned organisation(s). If engaged at a commissioned organisation, specify whether it is an AMS* or mainstream primary care service* **AMS refers to Indigenous Health Services and Aboriginal Community Controlled Health Services* All CTG ITC workforce are employed by NHN to deliver services across three sites where there is the highest number of Aboriginal and Torres Strait Islander residents within the Adelaide PHN region. All previous CTG

	ITC staff had their employed contracts renewed. Current NHN employed staff numbers: • Care Coordinators: 6.86 FTE across the 3 services • Aboriginal and Torres Strait Islander Outreach Workers: 6.7FTE across the 3 services • Community Health Coordinator: 1.0FTE across the 3 services Approximately 60% of staff currently employed in CTG roles are Aboriginal and Torres Strait Islander.