

Adelaide - Integrated Team Care 2021/22 - 2024/25 Activity Work Plan



ITC - 1000 - ITC1 – Care coordination and supplementary services



Activity Metadata

Applicable Schedule *

Integrated Team Care

Activity Prefix *

ITC

Activity Number *

1000

Activity Title *

ITC1 – Care coordination and supplementary services

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Aboriginal and Torres Strait Islander Health

Other Program Key Priority Area Description

Aim of Activity *

Contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to care coordination, multidisciplinary care, and support for self-management.

Description of Activity *

Services will work within the Adelaide PHN region, across both Aboriginal and Torres Strait Islander Health and mainstream primary care sectors.

Integrated Team Care service activity will focus on providing care coordination and wrap around services to Aboriginal and Torres Strait Islander peoples with chronic conditions who:

- Are at greater risk of experiencing avoidable hospital admissions
- Are not yet using or managing a mix of community-based services and need to overcome barriers to accessing services
- Do not comply with medical regimes
- Have poor health literacy of their chronic disease and would benefit from more intensive education/ support

Integrated Team Care activity that is integral to all roles include:

- Developing and disseminating resources for Aboriginal and Torres Strait Islander people about accessing services and managing chronic disease
- Developing referral pathways that incorporate available services, both locally and in collaboration with other Integrated Team Care services, across metropolitan Adelaide
- Supporting mainstream primary care providers to encourage Aboriginal and Torres Strait Islander people to identify their Indigenous status when accessing mainstream primary care services
- Client advocacy in relation to health care needs
- Supporting inter-agency collaboration
- Promoting the well-being benefits of regular Aboriginal Health Assessments, to Aboriginal and Torres Strait Islander people and to general practices involved in Integrated Team Care client care.

Care Coordinators (CC):

- Support clients to access the services needed to treat their chronic conditions according to General Practitioner (GP) management plans.
- Provide relevant clinical care, education and assistance for clients to participate in regular reviews by their primary care providers.
- Work with clients to assist developing chronic condition self-management skills.
- Coordinate client appointments with allied health and specialist providers.
- Engagement and ongoing liaison with GPs and Practice Nurses to assist in maximising access to Team Care Arrangements and additional services requiring Supplementary Service funding.
- Utilise Supplementary Services funds where relevant to expedite client access to urgent and essential allied health or specialist services, necessary transport to services, where this is not available in a clinically acceptable timeframe.

Aboriginal and Torres Strait Islander Outreach Workers (ATSIOW) undertake a range of non- clinical tasks and will work with clients to:

- Increase access to health services
- Link clients into support and social support agencies as well as community-based support programs
- Promote the principles of culturally competent service provision with all agencies they engage with
- Work with other Integrated Team Care members to assist local Aboriginal and Torres Strait Islander people make better use of available health care services, especially mainstream health services
- Provide practical assistance for clients, taking clients to appointments and services, including for GP care planning, follow-up care, specialist services and community pharmacies.

The Indigenous Health Project Officer will ensure there is a focus on promoting Aboriginal and Torres Strait Islander Health with mainstream practices and work to improve the integration of care across the region. The roles main activities include:

- Identifying and addressing barriers faced by Aboriginal and Torres Strait Islander people when accessing mainstream primary care services.
- Promoting and providing information on initiatives to increase PIPHI registration, CTG co-pay and support, the promotion of Aboriginal Health Checks and promoting access to cultural awareness activities and training.

Summary of Workforce Requirements (including FTE rate and commissioned service provider types being AMS, MSP or PHN)

Please Note:

AMS = Aboriginal Medical Service

MSP = Mainstream Service Provider

Workforce Breakdown

- Indigenous Health Project Officers: N/A
- Care Coordinators: 5.4 FTE (MSP)
- Outreach Workers: 6.8 FTE (MSP)

Please provide a description of workforce development provided for staff under this activity:

- All staff continue to participate in cultural learning activities
- Various interagency forums are supported by the provider and Adelaide PHN
- Adelaide PHN will be working with the provider to implement a workforce development plan to ensure staff have access to up to date accredited training and access to conferences and forums

Needs Assessment Priorities *

Needs Assessment

Adelaide PHN Needs Assessment 2019/20-2021/22 - Update November 2020

Priorities

Priority	Page reference
IH-GPH3. Accessibility to and appropriateness of primary health care services for Aboriginal and Torres Strait Islander people	92



Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander people with a diagnosed chronic condition

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The commissioned agency will work in partnership with Adelaide PHN in collaboration with Aboriginal State peak bodies, to consolidate and extend collaborative working relationships with Aboriginal Community Controlled Health Organisations, primary health and acute services, as well as primary and state based health and support agencies.

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Campbelltown (SA)	40104
Norwood - Payneham - St Peters	40105
Burnside	40103
Port Adelaide - West	40402
Charles Sturt	40401
Prospect - Walkerville	40106
Tea Tree Gully	40205
Marion	40302
Port Adelaide - East	40203
Unley	40107
Holdfast Bay	40301
Mitcham	40303
Salisbury	40204
Onkaparinga	40304
Playford	40202
West Torrens	40403
Adelaide City	40101



Activity Consultation and Collaboration

Consultation

- After 2 years of consultation with the Aboriginal community, local Elders, our membership groups, stakeholders and staff, Adelaide PHN received final endorsement from Reconciliation Australia for its Innovate Reconciliation Action Plan. The Innovate RAP spans over a period of two years from July 2020 – July 2022 and is led by an internal working group with representation from all portfolios across the organisation. Through the Innovate RAP, Adelaide PHN will map out the next phase of our path towards reconciliation and will:
 - o Support the strengthening and maintenance of our relationships with Aboriginal people, communities and organisations, and
 - o Support us in working effectively with Aboriginal people and communities in ensuring that the services we commission are culturally safe, appropriate and respectful
- Organisational resources are committed to regularly inform stakeholders about the program and supporting cultural responsiveness.
- Key stakeholders including the Aboriginal and Torres Strait Islander community are aware of commissioned services and activities which support culturally safe service delivery.
- Together with the provider, the Adelaide PHN hosts and attends sector events and community events to engage broadly with stakeholders
- The Adelaide PHN has established an Aboriginal Community Advisory Council. The establishment of this Council has drawn on broad community representation from across the region and is now an integral part of Adelaide PHN membership structure. The Aboriginal Community Advisory Council provides advice to Adelaide PHN Board, to Adelaide PHN to understand locally relevant

Aboriginal community perspectives in relation to health, on community experience of health care, and how services can be delivered, on interpretation of local health data, about the health and service needs of the community.

- The commissioned service provider delivering the ITC program has established an Aboriginal Reference Group to provide guidance and consultancy for services provided through the ITC program.

Collaboration

As the program has been established for a length of time, stakeholders work well with established pathways for implementation of the program.

- Local Health Networks: Assist ITC in the development of referral pathways for clients accessing their Primary Health Care and acute services
- General mainstream practices: Engage with ITC team and clients to ensure care coordination and chronic disease self-management is supported.
- ACCHOs: Support and collaborate with referral pathways to ensure appropriate shared care arrangements.
- Aboriginal Hospital Liaison units – Both teams work closely to ensure appropriate referrals are put in place to ensure wrap around supports for clients accessing in and out of acute care services
- Social support services such as Housing, Centrelink, emergency relief funding are all key stakeholders of the program that offer pathways and assist the ITC team to provide wrap around services that support clients with self-management and keeping healthy in the home.
- Joint community events and stakeholder forums with the above stakeholders take place throughout the year to support collaboration and provide consistent health messages to the community.



Activity Milestone Details/Duration

Activity Start Date

01/07/2020

Activity End Date

30/06/2024

Service Delivery Start Date

July 2020

Service Delivery End Date

June 2024

Other Relevant Milestones

Activity valid for the full duration of this AWP



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A



ITC - 2000 - ITC2 – Culturally competent mainstream services



Activity Metadata

Applicable Schedule *

Integrated Team Care

Activity Prefix *

ITC

Activity Number *

2000

Activity Title *

ITC2 – Culturally competent mainstream services

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Aboriginal and Torres Strait Islander Health

Other Program Key Priority Area Description**Aim of Activity ***

Improve 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.

Description of Activity *

The Adelaide PHN provides extra resources for the Indigenous Health Project Officer (IHPO). This position ensures there is a focus on promoting Aboriginal and Torres Strait Islander Health with mainstream practices and work to improve the integration of care across the region.

This activity is funded via the Core Flexible Funding Stream - linked to CF6. Aboriginal and Torres Strait Islander Cultural Learning and Capacity Building Program.

The IHPO role provides face to face information and education sessions with the aim to increase cultural safety to deliver appropriate services for Aboriginal and Torres Strait Islander peoples across the Adelaide metropolitan region.

This includes:

- Promoting improved identification and recording of Aboriginal patients

- Supporting cultural learning
- Promotion of PIP IHI and MBS item numbers for services
- Supporting the connection of services to improve referral pathways and patient experience.
- Supporting the increased participation of mainstream primary health care providers in education programs specific to Aboriginal and Torres Strait Islander health and cultural learning
- Facilitating and supporting working relationships and communication with mainstream primary health care providers in relation to the IAHP
- Working in in close collaboration with Adelaide PHN to support integration with other initiatives and service access for Aboriginal and Torres Strait Islander people across the Adelaide metropolitan region
- Providing support and advice to the Adelaide PHN in relation to strategic activities including but not limited to; Adelaide PHN membership, Reconciliation Action Plan implementation, Cultural awareness training and opportunities

Workforce Type FTE AMS MSP PHN

Indigenous Health Project Officers 1 1

Outreach Workers

Consultants 1

Other: specify

AMS = Aboriginal Medical Service

MSP = Mainstream Service Provider

The Adelaide PHN works with the provider in a capacity building role, such as participating in regular workforce network to share and discuss relevant program, training, professional development events and information. The IHPO role is utilized to identify these above opportunities which assist with cultural capacity building.

Various interagency forums and training are supported by the provider and Adelaide PHN.

Adelaide PHN are working with the provider to implement a workforce development plan to ensure staff have access to up to date accredited training and access to conferences and forums.

Adelaide PHN are working with educator providers to ensure cultural competency training and education is available to all commissioned service providers. This is delivered on an as needs basis and is supported by the work of the IHPO which assists in identifying educational needs of providers.

Needs Assessment Priorities *

Needs Assessment

Adelaide PHN Needs Assessment 2019/20-2021/22 - Update November 2020

Priorities

Priority	Page reference
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Activity Demographics

Target Population Cohort

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In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The commissioned agency will work in partnership with Adelaide PHN in collaboration with Aboriginal State peak bodies, consolidate and extend collaborative working relationships with Aboriginal Community Controlled Health Organisations, primary health and acute services, as well as primary and state based health and support agencies.

Coverage**Whole Region**

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**Activity Consultation and Collaboration****Consultation**

Adelaide PHN have in place a communications strategy to inform all stakeholders of information and sessions available.

Ongoing engagement with the Cultural Learning Provider, reviewing attendance, and participant evaluations.

Collaboration

- Mainstream General Practices – a key focus of the program is working with GPs and providing specific information with face to

face visits on the Aboriginal and Torres Strait Islander IAHP initiatives. GP practices provide feedback to the IHPO post sessions and request information required.

- Primary Health Care providers across the Adelaide PHN region
- Education Providers



Activity Milestone Details/Duration

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01/07/2020

Activity End Date

20/06/2024

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Service Delivery End Date

June 2024

Other Relevant Milestones

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Open Tender: No

Expression Of Interest (EOI): No

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No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A
