



Australian Government

Department of Health



An Australian Government Initiative

Activity Work Plan 2019-2021: Integrated Team Care Funding

This Integrated Team Care Activity Work Plan template has the following parts:

1. The Activity Work Plan for the financial years 2019-20 and 2020-2021. Please complete one table for each activity to be undertaken in accordance with the Indigenous Australian's Health Programme Schedule, Item B3 – Integrated Team Care:
 - a) Care coordination and supplementary services; and
 - b) Culturally competent mainstream services.
2. The Indicative Budget for the financial years 2019-20 and 2020-21. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
 - a) Indigenous Australian's Health Programme Schedule, Item B.3 – Integrated Team Care.

South Eastern Melbourne PHN

When submitting this Activity Work Plan to the Department of Health, the PHN must ensure that all internal clearances have been obtained and the Activity Work Plan has been endorsed by the CEO.

Overview

This Core Activity Work Plan covers the period from 1 July 2019 to 30 June 2022. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 36 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

Important documents to guide planning

The following documents will assist in the preparation of your Activity Work Plan:

- Activity Work Plan guidance material;
- PHN Needs Assessment Guide;
- PHN Program Performance and Quality Framework;
- Primary Health Networks Grant Programme Guidelines;
- Integrated Team Care Program Implementation Guidelines; and
- Clause 3, Financial Provisions of the Standard Funding Agreement.

Formatting requirements

- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables, or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

1. (a) Planned activities funded by the Indigenous Australians' Health Program Schedule for Integrated Team Care Funding

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2021. These activities will be funded under the IAHP Schedule for Integrated Team Care.

Proposed Activity 1	
ACTIVITY TITLE	ITC1 – Care coordination and supplementary services
Program Key Priority Area	Indigenous Health
Needs Assessment Priority	Improve Aboriginal and Torres Strait Islander people's access to high quality, culturally appropriate health care, including care coordination services.
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	<p><i>The ITC program will be delivered by two providers within the SEMPHN catchment. One is an Aboriginal Community Controlled Organisation (that operates an Aboriginal Medical Service) which has engaged a local public health service, and Aboriginal gathering places, to deliver the program. The other provider is a leading not for profit community health service who has partnered with a primary health care provider that directly services vulnerable communities.</i></p> <p><i>The two providers and their associated organisations are:</i></p> <ol style="list-style-type: none"> <i>1. Dandenong and District Aborigines Cooperative Limited (DDACL) in collaboration with Peninsula Health, Ngwala Willumbong, and Nairm Marr Djambana community meeting place, and</i> <i>2. A partnership between Star Health Group Limited and Access Health (Salvation Army).</i> <p><i>Each on the providers has the retained ITC workforce of Indigenous Health Project Officers, Care Coordinators and Outreach Workers to deliver the program. Indicative work undertaken is detailed below.</i></p> <p><u><i>Indigenous Health Project Officers (1.8 FTE - DDACL)</i></u></p> <ul style="list-style-type: none"> <i>• Lead and provide strategic direction for the ITC program</i> <i>• Recruit, support and develop the ITC workforce</i> <i>• Support and provide guidance to mainstream primary health care services to improve their cultural competency and provide a more culturally welcoming environment</i> <i>• Provision of cultural awareness training</i> <i>• Encourage self-identification by Aboriginal and Torres Strait Islander people</i>

- *Increase the uptake of Aboriginal and Torres Strait Islander specific Medicare Benefits Schedule items in General Practice*

Care Coordinators (2.6 FTE – DDACL, Peninsula Health and Star Health Group)

- *Improve the health literacy of Aboriginal and Torres Strait Islander people via the dissemination and promotion of relevant information about suitable care and management pathways and activities*
- *Coordination of multidisciplinary care for Aboriginal and Torres Strait Islander people*
- *Provision of supplementary services for Aboriginal and Torres Strait Islander people*
- *Facilitating the access of Aboriginal and Torres Strait Islander people with chronic illness and complex care needs to General Practices and Specialist Clinics, Allied Health services, and required equipment/medical aids*

Outreach Workers (3.6 FTE - DDACL, Ngwala Willumbong, Nairm Marr Djambana and Access Health)

- *Encouraging and assisting Aboriginal and Torres Strait Islander people with chronic illness and complex care needs to attend General Practices and Specialist Clinics, and Allied Health services. This may include support for travel, filling in forms, collecting prescriptions, and attending medical appointments*
- *Support for homeless Aboriginal and Torres Strait Islander people to use both mainstream and Indigenous health services*
- *Community and family liaison*

SEMPHN Provider Support Officers

- *Provide information and support to General Practices on Aboriginal and Torres Strait Islander people health service support initiatives*
- *Provide linkages to General Practice for the ITC Indigenous Health Project Officers (IHPOs)*

Whole ITC Workforce

- *Increase awareness and promote understanding of the Council of Australian Governments (COAG) targets and Indigenous Reform Service Delivery Principles to contribute to “Closing the Gap”*
- *Encourage self-identification by Aboriginal and Torres Strait Islander people*
- *Increase the uptake of Aboriginal and Torres Strait Islander specific Medicare Benefits Schedule items in General Practice*

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*, mainstream primary care service or PHN:

Workforce Type	FTE	AMS	MPC	PHN
Indigenous Health Project Officers	0	0	0	0
Care Coordinators	2.6	1	1.6	0

	<table><tr><td>Outreach Workers</td><td>3.6</td><td>1</td><td>2.6</td><td>0</td></tr></table> <p><i>The ITC workforce has been provided numerous workforce development activities. These have included on-site and external training, attending conferences and relevant CPD. Some of the activities and opportunities included:</i></p> <ul style="list-style-type: none">• <i>Aboriginal and Torres Strait Islander Mental Health First Aid</i>• <i>Assist Training</i>• <i>WHS Training</i>• <i>GLBTIQ inclusion practices</i>• <i>AOD training for Registered Nurses</i>• <i>Working with Vulnerable Children</i>• <i>Emergency management</i>• <i>Retina Camera Refresher</i>• <i>Indigenous Chronic Disease conference attendance</i>• <i>Two Vision Homeless and Health Conferences attendance</i> <p><i>*AMS refers to Indigenous Health Services and Aboriginal Community Controlled Health Services</i></p>	Outreach Workers	3.6	1	2.6	0
Outreach Workers	3.6	1	2.6	0		
Target population cohort	Aboriginal and Torres Strait Islander people with a diagnosed chronic condition					
Indigenous specific	Yes					
Coverage	Whole PHN Region					
Consultation	<p><i>SEMPHN undertook an approach to market and commissioned ITC services in late 2016. This process involved three components:</i></p> <ol style="list-style-type: none"><i>1. Workshops for interested parties were held to describe the broad process and concepts for the service,</i><i>2. In-depth workshop explained the specific commissioning process and opportunity to provide any clarification for interested parties, and</i><i>3. Competitive tender process held for the provision of services with Application, Assessment and Interview completed.</i> <p><i>SEMPHN will re-engage the two existing ITC commissioned providers to deliver services after 30 June 2019.</i></p>					
Collaboration	<p><i>SEMPHN, Dandenong and District Aborigines Cooperative Limited (DDACL), Star Health Group Limited, Access Health (Salvation Army), Peninsula Health, Ngwala Willumbong and Nairn Marr Djambana are the primary stakeholders in implementing and delivering these services. These stakeholders, with the exception of SEMPHN, all deliver some element of the ITC program in the SEMPHN catchment.</i></p> <p><i>The stakeholders have formed the Integrated Team Care Consortium Steering Committee. This Committee meets on a quarterly basis to discuss the ITC program and resolve any issues stakeholders may have in delivering the services. The meetings also ensure a synergistic approach to the program delivery across the SEMPHN catchment.</i></p>					

Proposed Activity 2	
ACTIVITY TITLE	ITC2 – Culturally competent mainstream services
Program Key Priority Area	Indigenous Health
Needs Assessment Priority	Improve Aboriginal and Torres Strait Islander people's access to high quality, culturally appropriate health care, including care coordination services.
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	<p><i>The ITC program will be delivered by two providers within the SEMPHN catchment. One is an Aboriginal Community Controlled Organisation (that operates an Aboriginal Medical Service) which has engaged a local public health service, and Aboriginal gathering places, to deliver the program. The other provider is a leading not for profit community health service who has partnered with a primary health care provider that directly services vulnerable communities.</i></p> <p><i>The two providers and their associated organisations are:</i></p> <ol style="list-style-type: none"> <i>1. Dandenong and District Aborigines Cooperative Limited (DDACL) in collaboration with Peninsula Health, Ngwala Willumbong, and Nairn Marr Djambana community meeting place, and</i> <i>2. A partnership between Star Health Group Limited and Access Health (Salvation Army).</i> <p><i>Each on the providers has the retained ITC workforce of Indigenous Health Project Officers, Care Coordinators and Outreach Workers to deliver the program. Indicative work undertaken is detailed below.</i></p> <p><i>Each on the providers has the retained ITC workforce of Indigenous Health Project Officers, Care Coordinators and Outreach Workers to deliver the program. Indicative work undertaken is detailed below.</i></p> <p><u><i>Indigenous Health Project Officers (1.8 FTE - DDACL)</i></u></p> <ul style="list-style-type: none"> <i>• Lead and provide strategic direction for the ITC program</i> <i>• Recruit, support and develop the ITC workforce</i> <i>• Support and provide guidance to mainstream primary health care services to improve their cultural competency and provide a more culturally welcoming environment</i> <i>• Provision of cultural awareness training</i> <i>• Encourage self-identification by Aboriginal and Torres Strait Islander people</i> <i>• Increase the uptake of Aboriginal and Torres Strait Islander specific Medicare Benefits Schedule items in General Practice</i> <p><u><i>Care Coordinators (2.6 FTE – DDACL, Peninsula Health and Star Health Group)</i></u></p> <ul style="list-style-type: none"> <i>• Improve the health literacy of Aboriginal and Torres Strait Islander people</i>

via the dissemination and promotion of relevant information about suitable care and management pathways and activities

- *Coordination of multidisciplinary care for Aboriginal and Torres Strait Islander people*
- *Provision of supplementary services for Aboriginal and Torres Strait Islander people*
- *Facilitating the access of Aboriginal and Torres Strait Islander people with chronic illness and complex care needs to General Practices and Specialist Clinics, Allied Health services, and required equipment/medical aids*

Outreach Workers (3.6 FTE - DDACL, Ngwala Willumbong, Nairm Marr Djambana and Access Health)

- *Encouraging and assisting Aboriginal and Torres Strait Islander people with chronic illness and complex care needs to attend General Practices and Specialist Clinics, and Allied Health services. This may include support for travel, filling in forms, collecting prescriptions, and attending medical appointments*
- *Support for homeless Aboriginal and Torres Strait Islander people to use both mainstream and Indigenous health services*
- *Community and family liaison*

SEMPHN Provider Support Officers

- *Provide information and support to General Practices on Aboriginal and Torres Strait Islander people health service support initiatives*
- *Provide linkages to General Practice for the ITC Indigenous Health Project Officers (IHPOs)*

Whole ITC Workforce

- *Increase awareness and promote understanding of the Council of Australian Governments (COAG) targets and Indigenous Reform Service Delivery Principles to contribute to "Closing the Gap"*
- *Encourage self-identification by Aboriginal and Torres Strait Islander people*
- *Increase the uptake of Aboriginal and Torres Strait Islander specific Medicare Benefits Schedule items in General Practice*

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*, mainstream primary care service or PHN.

Workforce Type	FTE	AMS	MPC	PHN
Indigenous Health Project Officers	1.8	1.8	0	0
Outreach Workers	0	0	0	0
Consultants	0	0	0	0
Other: specify	0	0	0	0

The ITC workforce has been provided numerous workforce development

	<p>activities. These have included on-site and external training, attending conferences and relevant CPD. Some of the activities and opportunities included:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Mental Health First Aid • Assist Training • WHS Training • GLBTIQ inclusion practices • AOD training for Registered Nurses • Working with Vulnerable Children • Emergency management • Retina Camera Refresher • Indigenous Chronic Disease conference attendance • Two Vision Homeless and Health Conferences attendance <p>*AMS refers to Indigenous Health Services and Aboriginal Community Controlled Health Services</p>
Target population cohort	Aboriginal and Torres Strait Islander people with a diagnosed chronic condition
Indigenous specific	Yes
Coverage	Whole PHN region
Consultation	<p>SEMPHN undertook an approach to market and commissioned ITC services in late 2016. This process involved three components:</p> <ol style="list-style-type: none"> 1. Workshops for interested parties were held to describe the broad process and concepts for the service, 2. In-depth workshop explained the specific commissioning process and opportunity to provide any clarification for interested parties, and 3. Competitive tender process held for the provision of services with Application, Assessment and Interview completed. <p>SEMPHN will re-engage the two existing ITC commissioned providers to deliver services after 30 June 2019.</p>
Collaboration	<p>SEMPHN, Dandenong and District Aborigines Cooperative Limited (DDACL), Star Health Group Limited, Access Health (Salvation Army), Peninsula Health, Ngwala Willumbong and Nairn Marr Djambana are the primary stakeholders in implementing and delivering these services. These stakeholders, with the exception of SEMPHN, all deliver some element of the ITC program in the SEMPHN catchment.</p> <p>The stakeholders have formed the Integrated Team Care Consortium Steering Committee. This Committee meets on a quarterly basis to discuss the ITC program and resolve any issues stakeholders may have in delivering the services. The meetings also ensure a synergistic approach to the program delivery across the SEMPHN catchment.</p>