



Australian Government

Department of Health



An Australian Government Initiative

Updated Activity Work Plan 2016-2018: Integrated Team Care Funding

South Eastern Melbourne PHN

Revised April 2017

Approved June 2017

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.

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

SEMPHN's strategic vision for the ITC program in the 2015/16 year is to see its smooth transition and successful implementation.

We see this occurring following a commissioning and design process which includes:

- Engagement with the majority of the sector, including consumers, health services, community services, private providers, representative organisations and governments. This engagement will be in both the planning stages and also on an ongoing basis in the form of formal review and reporting and informal feedback and discussion.
- Co-designed processes and systems where the consumers and providers have a genuine level of input into the processes and programs for the delivery of services.
- Engagement of the indigenous community in the design process.

We see the success being measured by outcomes which include:

- Increased, appropriate uptake in the use of services provided
- A greater level of engagement by the consumers and local indigenous communities
- Stronger collaborations between providers
- An increase understanding by mainstream providers of the health needs of the indigenous community

It is our goal that this year will see more foundations built to ensure the provision of successful and sustainable programs and services which ultimately improve health outcomes for the indigenous community.

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

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

Proposed Activities	
ITC transition phase	<p>The services provided by SEMPHN are currently provided in three geographic areas. SEMPHN has contracted the provision of these existing services as at 30/6/2015 to three providers. The services will continue to be provided in an unchanged manner. These are short term contracts which conclude at 30 September 2016.</p> <p>Providers contracted for this period are:</p> <p>Peninsula Health</p> <ul style="list-style-type: none"> – covering Frankston and Mornington Peninsula LGA's – providing two Care Coordinators via their Aboriginal Harp program <p>Access Health</p> <ul style="list-style-type: none"> - covering Port Philip, Stonnington, Kingston, Bayside, Glen Eira LGA's - providing one care coordinator (Aboriginal Health worker) <p>Dandenong District Aborigines Cooperative Limited</p> <ul style="list-style-type: none"> - covering Greater Dandenong, Casey, Cardinia LGA's - providing one care coordinator (Aboriginal Health worker). Transitioning services to in house aboriginal health workers. <p>SEMPHN has appointed an Indigenous Health Project Officer (IHPO) for a twelve month period to maintain continuity and assist with the transition process.</p> <p>From early July 2015 SEMPHN has commenced a commissioning process. It is anticipated that the commissioning process will be concluded with new providers in place by 1 October 2016.</p> <p><u>Update</u> - The contracts for this time period were extended until 31/12/2016 due to unforeseen delays in the commissioning process.</p>
Start date of ITC activity as fully commissioned	<p>It is anticipated the newly commissioned ITC activity will commence on 1 October 2016.</p> <p><u>Update</u> – the commissioned activity commenced on 1 January 2017</p>
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	<p>Please describe arrangements if the PHN is collaborating or pooling resources with other organisations, including other PHNs.</p>
Service delivery and commissioning arrangements	<p>The commissioning arrangements for the ITC activities will be undertaken as an approach to market.</p> <p>The process will involve three components:</p> <ol style="list-style-type: none"> 1. A workshop event for all potentially interested parties; providers, enablers, participants, coordinating organisations, representative

	<p>bodies, etc. This event will describe the broad elements and concepts process and seek input in relation to issues seen as of particular relevance to the catchment.</p> <ol style="list-style-type: none"> 2. An in depth workshop where the specific commissioning process will be explained and the opportunity for clarification is presented. 3. A competitive tender process for the provision of services. <ol style="list-style-type: none"> a. Application b. Assessment against specific criteria. c. Interview
Decommissioning	Outline any decommissioning that this activity may result in and potential implications.
Decision framework	<p>The decision framework been developed and provided as an attachment to this annual work plan.</p> <p>The SEMP HN region has an estimated Aboriginal and Torres Strait Islander population of over 5,500. The Urban South has a combined ABORIGINAL AND TORRES STRAIT ISLANDER population of 1224 and has seen relatively static growth in all five LGAs from 2001-2011. In comparison the wider Southern Metropolitan Region which has experienced large pockets of growth in the City of Casey, Frankston and Mornington Peninsula.</p> <p>The unemployment rate within the indigenous population is more than twice that of the non-indigenous population within the region (11.1% and 5.2%) and the median weekly income is 30% lower.</p> <p>The prevalence of individual chronic conditions in the region is consistent with the social gradient and age profile among the non-indigenous population. Diabetes prevalence is highest in Greater Dandenong (6.0%), Frankston (4.5%), Kingston (4.4%) and Mornington Peninsula (4.4%) and lowest in Port Phillip (2.7%) and Stonnington (2.8%).</p> <p>Data for the 2010/11 financial year show that for the indigenous clients within the region comprise 3.8% of the total AOD clients. This is a significant over representation of the indigenous community which comprises just 0.4% of the total community in region.</p> <p>This framework, in its development stage, has been used to assist the informing of the process for commissioning and services which may be required.</p>
Indigenous sector engagement	Detail your plans for ongoing engagement with the Indigenous health sector.
Decision framework documentation	The decision making framework and supporting documentation is as an attachment to the annual work plan.
Description of ITC Activity	The specific ITC activities to be provided will be developed in consultation with those providers successful in the commissioning process. They will be required to provide an indicative activity plan and associated budget as part of the tender process. Following appointment the successful

	<p>provider/s will be required to provide a more detailed plan from which the reporting requirements will be based.</p> <p><u>Update January 2017</u></p> <p>From 1 January 2017 the ITC activity is to be provided by two parties:</p> <ol style="list-style-type: none"> 1. A consortia led by Dandenong and District Aborigines Cooperative Limited (DDACL) and including Peninsula Health, Ngwala Willumbong, and several community meeting places. 2. A partnership between Inner South Community Health Service and Access Health (Salvation Army) <p>The funding is to be provided over 18 months.</p> <p>Activities funded will include:</p> <ul style="list-style-type: none"> - Support for mainstream health services to build cultural competency. - Increasing 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 - Facilitating the access of ABORIGINAL AND TORRES STRAIT ISLANDER people with chronic illness and complex care needs to GP's, Specialist Clinics and equipment - Provision of supplementary services - Building the capacity of the Willum Warrain and Nairn Marr Djambana Aboriginal Gathering places at Hastings and Frankston to support the access of ABORIGINAL AND TORRES STRAIT ISLANDER people <ul style="list-style-type: none"> o Management via provision of Outreach workers o Operating costs - Cultural awareness education - Support for homeless ABORIGINAL AND TORRES STRAIT ISLANDER people to utilise both indigenous and mainstream health services - Update for 2017/18 - There is no proposed change to the description of services from that described above and commenced in January 2017.
ITC Workforce	<p>SEMPHN will be engaging one IHPO directly.</p> <p>The total number of IHPO's , Care Coordinators and Outreach Workers to be commissioned will be determined by the outcome of the commissioning process, and the particular services commissioned.</p> <p><u>Update January 2017</u></p> <p>The workforce to support the service provision from January 2017 will be:</p> <ul style="list-style-type: none"> - Indigenous Health Project Officer 1.8 FTE - Care Coordinators 2.4 FTE - Outreach Workers 3.8 FTE