



Australian Government

Department of Health



An Australian Government Initiative

Primary Health Networks: Integrated Team Care Funding

Activity Work Plan 2016-2017:

- **Annual Plan 2016-2017**

SEMPHN

When submitting this Activity Work Plan 2016-2017 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and has been endorsed by the CEO.

The Activity Work Plan must be lodged via email to VicTasPHN@health.gov.au on or before 15 July 2016.

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 care and the Aboriginal and Torres Strait Islander health sectors;
- improve the capacity of mainstream primary 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 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.

Each PHN must make informed choices about how best to use its resources to achieve these objectives. PHNs will outline activities to meet the Integrated Team Care objectives in this document, the Activity Work Plan template.

This Activity Work Plan covers the period from 1 July 2016 to 30 June 2017. To assist with PHN planning, each 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 2017-18 at a later date.

The Activity Work Plan template has the following parts:

1. The Integrated Team Care Annual Plan 2016-2017 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.
2. The indicative Budget for Integrated Team Care funding for 2016-2017.

Activity Planning

PHNs need to ensure the activities identified in this Annual Plan correspond with the:

- ITC aims and objectives;
- Item B.3 in the Integrated Team Care Activity in the IAHP Schedule;
- Local priorities identified in the Needs Assessment;
- ITC Implementation Guidelines; and
- Requirement to work with the Indigenous health sector when planning and delivering the ITC Activity.

Annual Plan 2016-2017

Annual plans for 2016-2017 must:

- base decisions about the ITC service delivery, workforce needs, workforce placement and whether a direct, targeted or open approach to the market is undertaken, upon a framework that includes needs assessment, market analyses, and clinical and consumer input including through Clinical Councils and Community Advisory Committees. Decisions must be transparent, defensible, well documented and made available to the Commonwealth upon request; and
- articulate a set of activities that each PHN will undertake to achieve the ITC objectives.

Activity Work Plan Reporting Period and Public Accessibility

The Activity Work Plan will cover the period 1 July 2016 to 30 June 2017. A review of the Activity Work Plan will be undertaken in 2017 and resubmitted as required under Item F.7 of the ITC Activity in the IAHP Schedule.

Once approved by the Department, the Annual Plan component must be made available by the PHN on their website as soon as practicable. Sensitive content identified by the PHN will be excluded, subject to the agreement of the Department. Sensitive content includes the budget and any other sections of the Annual Plan which each PHN must list at Section 1(b).

Once the Annual Plan has been approved by the Department, the PHN is required to perform the ITC Activity in accordance with the Annual Plan.

Useful information

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

- Item B.3 of Schedule: Primary Health Networks Integrated Team Care Funding;
- PHN Needs Assessment;
- Integrated Team Care Activity Implementation Guidelines; and
- Improving Access to Primary Health Care for Aboriginal and Torres Strait Islander People theme in the IAHP Guidelines.

Please contact your Grants Officer if you are having any difficulties completing this document.

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 2016-17. 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	SEMPHN do not consider any aspect of this Annual Plan to be sensitive, with the exception of all reference to budgets.

Proposed Activities	
Six-month 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). <p>Transitioning services to in house aboriginal health workers.</p> <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>

Anticipated start date of ITC activity	It is anticipated the newly commissioned ITC activity will commence on 1 October 2016.
Will the PHN be working with other organisations and/or pooling resources for ITC?	Offers to participate in the commissioning process have being extended to all providers in the region. It is anticipated the providers will provide all commissioned services. SEMPHN will retain the IHPO for twelve months.
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 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. 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
Decision framework	<p>The decision framework is being fully developed and will take into consideration population factors, social determinants, community consultation (through providers and community representative bodies), clinical outcomes data and prior experience of the PHN as a provider of services.</p> <p>The SEMPHN region has an estimated Aboriginal and Torres Strait Islander population of over 5,500. The Urban South has a combined ATSI 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%).¹</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>
Decision framework documentation	The decision making framework is currently being developed as the commissioning process progresses. Documentation in support of the process is being prepared.
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 provider/s will be required to provide a more detailed plan from which the reporting requirements will be based.
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>