



## **Activity Work Plan 2018-2021: Integrated Team Care Funding**

The Activity Work Plan template has the following parts:

- 1. The Integrated Team Care Annual Plan 2018-2021 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 Budget for Integrated Team Care funding for 2018-2021 (attach an excel spreadsheet using template provided).

#### **Nepean Blue Mountains PHN**

When submitted this Activity Work Plan 2018-2021 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 to your Program Officer via email on or before four (4) weeks after the execution of the Integrated Team Care Funding Schedule Deed of Variation.

#### **Overview**

This updated Activity Work Plan covers the period from 1 July 2018 to 30 June 2021. To assist with PHN planning, each new activity nominated in this work plan should be proposed for a period for 12 months.

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

Please outline, in no more than 500 words, an overview of the PHN's strategic vision for the 12 month period covering this Activity Work Plan. The strategic vision should demonstrate how the PHN will achieve the Integrated Team Care objectives, with reference to Needs Assessment as applicable.

The strategic vision for the ITC Program subject to this reporting period involves:

- 1. The contract monitoring of the commissioned ITC project including reporting and accountability, and in partnership with the new provider, the provision of implementation support, and,
- 2. The ongoing development of Aboriginal and Torres Strait Islander health models, system capacity and stakeholder engagement through retained Aboriginal Liaison Officer role.

Following the commissioning of the ITC Program in May 2017, the NBMPHN will:

- Facilitate Primary Health and broader health service system capacity building, including cultural competency, improve the uptake of the Indigenous PIP, promote MBS Health Checks, referral pathway development, collaborative service design and delivery, and community capacity building initiatives through the Aboriginal Liaison Officer position;
- Work with the broader health service system to implement systemic changes informed by the ITC Program staff feedback, stakeholder feedback and community engagement and priorities;
- Hold regional forums and activities to build Aboriginal service delivery, cultural competency and mainstream service engagement activities in consultation with the ITC commissioned provider, and community stakeholders; and,
- Build NBMPHN capacity to holistically plan and respond to the health and wellbeing needs and priorities of Aboriginal and Torres Strait Islander people residing in the NBMPHN region,
- Through patient journey mapping with Aboriginal people with chronic conditions inform areas
  of improvement for health system access working collaboratively with the NBMLHD and
  health and service providers across the region.

# (b) 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 2018-2021. These activities will be funded under the IAHP Schedule for Integrated Team Care.

Proposed Activities - coactivity	py and complete the table as many times as necessary to report on each
Existing, Modified, or New Activity	Existing Activity
Start date of ITC activity as fully commissioned	1 May 2017 Re-commissioned from 1 July 2018
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	Not Applicable
Service delivery and commissioning arrangements	<ul> <li>The commissioned provider will continue delivery of the ITC program through the following service delivery model:         <ul> <li>Hawkesbury; Penrith and Lower Mountains will be serviced from the Cranebrook office.</li> <li>Co-location within General Practices in the Lithgow LGA to improve access to the ITC program and through an outreach model in the upper Blue Mountains co-located with a local community provider.</li> </ul> </li> <li>The ITC program will be re-commissioned to the current provider. The contract with the ITC provider ensures that expenditure is within the guidelines of the program. The contract includes KPI reporting requirements; contract management meetings and financial reporting requirements ensuring the budget line items align with the requirements of the grant.</li> </ul>
Decommissioning	Not applicable.
Decision framework	<ul> <li>The Decision Framework has included the following:         <ul> <li>Review of the regional Sharing and Learning Circle consultation outcomes that were previously undertaken in each of the 4 NBMPHN regions;</li> <li>A market analysis in 2017 of service providers and prospective commissioning opportunities;</li> <li>The NBMPHN 2016 and 2017 Needs Assessment and community profiles;</li> <li>Consultation across PHNs to scope existing models and approaches to commissioning of ITC through PHN Network meetings;</li> <li>Clinical and consumer input from the NBM Clinical Council and Community Advisory Committee;</li> </ul> </li> </ul>

- Ongoing consultation with the Blue Mountains Aboriginal Health Coalition;
- The 2016 Community Consultation Card Project- this process involved dissemination of 5 consultation cards, requesting community feedback by writing responses on each of the cards. Staff were also able to facilitate and document conversations and ideas with their clients. Over 150 cards were returned, and a report of consultation outcomes was developed and provided to the preferred commissioned agency.

Elements of the Decision Framework detailing community and service provision needs and preferences were documented in the EOI and RFP documents and processes, requiring specific response by respective applicants. The successful applicant and current commissioned provider has been able to:

- Demonstrate prior experience in the delivery of Aboriginal health and community services;
- Demonstrated history of, and capacity to build, constructive and mutually beneficial relationships with Aboriginal people and communities;
- Capacity and strategy to deliver ITC services across the 4 PHN regional areas, maximising access and consistency across the region;
- Aboriginal self-determination, empowerment and governance structures and strategies;
- Willingness and capacity to support and build community capacity through the delivery of services, and in partnership with the PHN.

The ITC program has been successfully delivered by the current commissioned provider demonstrating regional coverage for the past 13 months with good client outcomes.

### Indigenous sector engagement

The NBMPHN will maintain a component of the ITC IHPO funding to ensure the ongoing engagement and consultation functions of the PHN with the Aboriginal community and health sector. The Aboriginal Liaison Officer works closely with the IHPO role within the commissioned provider and provides:

- Operational advice and support to the commissioned organisation and ITC staff;
- Works with mainstream primary care to improve cultural competency;
- Lead strategic relationship development with Primary Health and key ITC service provider partners;
- Facilitate sector and community introductions to maximise the effectiveness of the ITC program;
- Conduct higher-level, strategic community consultations across health domains to identify community health priorities;
- Lead sector education initiatives, engaging ITC staff as appropriate;
- Monitor program accountability, compliance and reporting requirements;

	<ul> <li>Provide operational, strategic and cultural advice to the PHN in the design and delivery of Aboriginal health services, in collaboration with the community and key stakeholders.</li> </ul>
	The NBMPHN's Reconciliation Action Plan has been implemented and involves a number of activities focused on Indigenous Sector and community engagement. The RAP formalises NBMPHN's intention to support Aboriginal people and communities in health service delivery, and build capacity in mainstream and Aboriginal organisations to meet the needs of the Aboriginal community.
Decision framework documentation	Yes, the NBMPHN Commissioning Framework policy and associated procedures incorporates the principles of decision framework process. The Reconciliation Action Plan is published and will be available on the NBMPHN website.
Description of ITC Activity	The ITC program was successfully implemented in May 2017 in the commissioning of the ITC program and the delivery of this program will continue through re-commissioning of this organisation.  The role of the Indigenous Health Program Officer includes team leadership, coordination and management of the ITC program. The role has developed a robust team based approach to the delivery of the program and to ensure geographical coverage. The IHPO will continue to promote the ITC program with the NBMLHD; the health care neighbourhood including primary care and pharmacy providers and provide information about the program across the region.  The IHPO retained by the PHN will provide operational and strategic support to build and develop effective health care models and service delivery activities to improve the health and wellbeing of Aboriginal and Torres Strait Islander people and communities. This role will also work closely with Practice Support teams to promote MBS Health Checks and Indigenous PIP and will deliver cultural competency training across the region for mainstream practices including coaching and mentoring in primary care settings to improve cultural safety. The role will provide ITC program monitoring and reporting, support and lead community development activities; provide guidance in organisational planning and needs analysis initiatives and develop and facilitate service system education and capacity building initiatives.  The Care Coordinators have developed relationships and will continue to work closely with the GP's across the region to assist Aboriginal people to access the health system and coordinate care.  The Aboriginal and Torres Strait Islander Outreach Workers will continue to work closely with the community to improve promotion of MBS Health Assessments; Care Planning and identifying Aboriginal and Torres Strait Islander people who could benefit from improved access to health and supplementary services. The Outreach Workers provide assistance with transport to assist people to attend app
ITC Workforce	The number of workers engaged by the commissioned organisation (mainstream service) in each of the ITC Worker categories include:

	1
	Aboriginal Health Outreach Workers 2.6 FTE Care Coordinators 2.6 FTE Indigenous Health Promotion Officer Team Leader 1.0 FTE
	Engaged by the PHN:
	Indigenous Health Promotion Officer (IHPO) 0.4 FTE
Planned Expenditure 2018-19 (GST Exc) –	
Commonwealth funding	
Planned Expenditure 2018-19 (GST Exc) –	
Funding from other sources	
Planned Expenditure 2019-20 (GST Exc) –	
Commonwealth funding	
Planned Expenditure 2019-20 (GST Exc) –	
Funding from other sources	
Planned Expenditure 2020-21 (GST Exc) –	
Commonwealth funding	
Planned Expenditure 2020-21 (GST Exc) –	
Funding from other sources	
Funding from other sources	If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).
	Not Applicable