

Australian Government



Primary Health Networks: Integrated Team Care Funding

Activity Work Plan 2016-2017:

- Annual Plan 2016-2017
- Annual Budget 2016-2017

Nepean Blue Mountains

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 to Chris Macdonald via email Chris.MacDonald@health.gov.au on or before 15 July 2016.

Introduction

Overview

The aims of Integrated Team Care are to:

- 1. 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
- 2. 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:

- 1. 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;
- 2. foster collaboration and support between the mainstream primary care and the Aboriginal and Torres Strait Islander health sectors;
- 3. improve the capacity of mainstream primary care services to deliver culturally appropriate services to Aboriginal and Torres Strait Islander people;
- 4. 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;
- 5. support mainstream primary care services to encourage Aboriginal and Torres Strait Islander people to self-identify; and
- 6. 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:

- The Integrated Team Care Annual Plan 2016-2017 which will provide:
 - \circ $\;$ The strategic vision of your PHN for achieving the ITC objectives.
 - A description of planned activities funded by Integrated Team Care funding under the Indigenous Australians' Health Programme (IAHP) Schedule.
- 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

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 that demonstrates how the PHN will achieve the Integrated Team Care objectives.

Nepean Blue Mountains PHNs current strategic vision

The Nepean Blue Mountains PHN is a not for profit organisation that works to improve health for the communities of Blue Mountains, Hawkesbury, Lithgow and Penrith.

We do this by working with and providing support to General Practice, other primary health care providers and the many health and non-health stakeholders across the region.

Our Vision

Improved health for the people in our community.

Our Mission

Empower local general practice and other healthcare professionals to achieve high quality, accessible and integrated primary healthcare that meets the needs of our community.

Our Values

Respect ~ Ethical Practice ~ Quality ~ Collaboration ~ Continuous Improvement

Guiding Principles

The guiding principles for our work are:

- A continuing effective relationship between a patient and their preferred primary care provider.
- A care model that ensures people receive the right care in the right place at the right time.
- Joined up health care to enable a smooth, optimal health journey for patients.
- High quality, sustainable health services.
- A focus on those at risk of poor health outcomes.

Cultural competence

The Nepean Blue Mountains PHN strives to support the delivery of clinically appropriate care that is culturally safe, high quality, responsive and accessible for all Aboriginal and Torres Strait islander people across the region. These will contribute to improved health outcomes and to closing the gap in life expectancy which we aim to achieve by:

- Increasing the cultural capacity of mainstream primary care to support greater engagement by the Community, thereby increasing access and;
- Building the capacity of Aboriginal and Torres Strait Islander organisations to have greater participation in the planning and delivery of local health solutions and services to the Community.

The following Activity plan demonstrates how the PHN will integrate its strategic vision to achieve the Integrated Team Care objectives.

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.

Proposed Activities	
Six-month transition phase	During the six-month transition phase 01 July – mid Jan 2017 NBM PHN will:
	 Ensure service continuity to patients Provide a seamless transition for patients Collect data on ITC service utilisation Engage an Aboriginal Consultant to support the development of a service model of delivery for the new Integrated Team Care program Design a localised and culturally competent ITC service model Develop a contingency plan to address potential market failure
Anticipated start date of ITC activity	The NBM PHN aims to commission the ITC service by mid-January 2017
Will the PHN be working with other organisations and/or pooling resources for ITC?	In the development of a sustainable and culturally competent ITC model, NBM PHN intends to consult and collaborate with new and or established Aboriginal organisations and Aboriginal Community members.
Service delivery and commissioning arrangements	A transitional arrangement for the continued delivery of ITC services, utilising the existing NBM PHN ITC Team, will commence 01 July 2016 and continue until commissioning.
	Achieving quality service delivery that produces positive outcomes for patients and value for money will be a core requirement of commissioning activities.
Decision framework	The decision-making framework for the successful tenderer will be based on the <i>commissioning arrangements</i> as well as a demonstrated evidence of addressing the needs assessment, market analyses, cultural competence and clinical and consumer input.

	In the event of an unsuccessful tender process, the contingency will be implemented with the PHN continuing to delivery services until a successful tenderer is identified.
Decision framework documentation	NBMPHN Commissioning Framework policy and associated procedures incorporate the principles of the decision framework process.
Description of ITC Activity	 Continuity of front line ITC services 01 July – mid-January 2017 01 July to 31 December 2016: Engagement of Aboriginal consultant to support consultation process 01 October 2016 to January 2017: Commissioning approach to market Mid-January to 30 June 2017: Commissioned Phase
ITC Workforce	The ITC Workforce engaged by the successful tenderer(s) will depend on the commissioned service delivery model but will comply with the staffing composition recommendations under the Integrated Team Care Program guidelines e.g. Care Coordinators. Aboriginal Outreach Workers, Indigenous Health Project Officer Team Leader.