



**Australian Government**  
**Department of Health**

**phn**

An Australian Government Initiative

# **Revised Activity Work Plan 2016-2018: Integrated Team Care Funding**

The Activity Work Plan template has the following parts:

1. The updated Integrated Team Care Annual Plan 2016-2018 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 updated Budget for Integrated Team Care funding for 2016-2018 (attach an excel spreadsheet using template provided).

***Nepean Blue Mountains***

**When submitting this Activity Work Plan 2017-2018 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 at [Chris.MacDonald@health.gov.au](mailto:Chris.MacDonald@health.gov.au) on or before 17 February 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

*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, 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.

## 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 commissioning process	<p><b>Provide an update of your transition to ITC as fully commissioned. Briefly describe how the transition has progressed and whether there have been any issues.</b></p> <p>The commissioned organisation Nepean Community Neighbourhood Service (NCNS) commenced delivery of this program on 1<sup>st</sup> May 2017.</p> <p>The following activities were undertaken to ensure continuity of care for the existing clients of the program:</p> <ul style="list-style-type: none"> <li>• Transition of existing ITC staff from NBMPHN to NCNS through a contractual agreement with all entitlements in place on transfer.</li> <li>• All clients were notified of the change in provider and provided with an opt-out consent to information transfer process.</li> <li>• All General Practices' in the region were notified of the change in provider and their contact details.</li> <li>• The NBMPHN website has updated links to the new provider and hosts the referral form in the transition phase.</li> <li>• Facilitated introduction of the new organisation to existing stakeholders where relationships did not previously exist.</li> </ul>
Start date of ITC activity as fully commissioned	1 <sup>st</sup> May 2017
Service delivery and commissioning arrangements	<p>The service delivery model delivered by NCNS:</p> <ul style="list-style-type: none"> <li>• The service delivery model includes two outreach sites, one in Katoomba to service the Upper Mountains and one in Lithgow to service the Lithgow region. This is provided through a co-location model in partnership with a local provider.</li> <li>• Hawkesbury; Penrith and Lower Mountains will be serviced from the Cranebrook office.</li> </ul>
Decision framework	<p><b>Making specific reference to the needs assessment, market analyses, clinical and consumer input (including through the PHN's Clinical Council and Community Advisory Committee), describe how this framework led to the service delivery and commissioning arrangements outlined above.</b></p> <p>There were/are various activities and processes that defined the Decision Framework. These have included:</p> <ul style="list-style-type: none"> <li>- Review of the regional Sharing and Learning Circle consultation outcomes that were previously undertaken in each of the 4 NBMPHN regions;</li> </ul>

	<ul style="list-style-type: none"> <li>- A market analysis of service providers and prospective commissioning opportunities;</li> <li>- The NBMPHN 2016 Needs Assessment and community profiles;</li> <li>- Consultation across PHNs to scope existing models and approaches to commissioning of ITC;</li> <li>- Clinical and consumer input from the NBM clinical Council and Community Advisory Committee;</li> <li>- Ongoing consultation with the Blue Mountains Aboriginal Health Coalition;</li> <li>- 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.</li> </ul> <p>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 was able to:</p> <ul style="list-style-type: none"> <li>- Demonstrate prior experience in the delivery of Aboriginal health and community services;</li> <li>- Demonstrated history of, and capacity to build, constructive and mutually beneficial relationships with Aboriginal people and communities;</li> <li>- Capacity and strategy to deliver ITC services across the 4 PHN regional areas, maximising access and consistency across the region;</li> <li>- Aboriginal self-determination, empowerment and governance structures and strategies;</li> <li>- Willingness and capacity to support and build community capacity through the delivery of services, and in partnership with the PHN.</li> </ul>
Indigenous sector engagement	<p><b>Detail your plans for ongoing engagement with the Indigenous health sector.</b></p> <p>NBMPHN have employed an Aboriginal Liaison Officer. The Aboriginal Liaison Officer role will:</p> <ul style="list-style-type: none"> <li>- Provide operational advice and support to the commissioned organisation and ITC staff;</li> <li>- Lead strategic relationship development with Primary Health and key ITC service provider partners;</li> <li>- Facilitate sector and community introductions to maximise the effectiveness of the ITC program;</li> <li>- Conduct higher-level, strategic community consultations across health domains to identify community health priorities;</li> <li>- Lead sector education initiatives, engaging ITC staff as appropriate;</li> <li>- Monitor program accountability, compliance and reporting requirements;</li> </ul>

	<ul style="list-style-type: none"><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> <p>The NBMPHN will also be undertaking capacity building and development of a Reconciliation Action Plan during 2017 as outlined in the core funding plan. The organisation recognises the opportunity to formalise existing practice and intention to support Aboriginal people and communities in health service delivery, and to further build capacity to meet community needs.</p>
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