Australian Government
Department of Health

phn
An Australian Government Initiative

Updated 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).

Gold Coast PHN

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 via email to *Qld_PHN@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.

Local Context

On 1 July 2015, the Primary Care Gold Coast commenced as the Gold Coast PHN, establishing its vision and goals aligned with Commonwealth government expectations.

Strategic Framework

National PHN Goals

- Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes
- Improving coordination of care to ensure patients receive the right care in the right place at the right time

GCPHN Vision

"'Building one world class health system for the Gold Coast"

GCPHN Strategic Goals

Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes	Improving coordination of care to ensure patients receive the right care in the right place at the right time and by the right person	Engage and support General Practice and other stake-holders to facilitate improve-ments in our local health system	Be a high performing, efficient and accountable organisation

GCPHN Strategic Outcomes

People are healthier and take responsibility of own health People with complex illness have improved health outcomes	An integrated health system across the Gold Coast People stay well in their own homes and communities	Strong clinical leadership, capacity and innovation in the Gold Coast primary care sector Strong partnerships facilitate service improvement	Strong and highly effective. governance, leadership and decision making GCPHN has an integrated business model that ensures success GCPHN meets world class commissioning competencies

Values


SUSTAINABLE
Efficient, Effective, Viable
COLLABORATIVE
Partnerships, Integrated, Engaged
INNOVATIVE
Flexible, Pioneering, Evolutionary
INFLUENTIAL
Visible, Valued, Courageous
EVIDENCE-BASED
Research, Documenting, Transparent
ACCOUNTABLE
Respect, Responsible, Outcomes

Aboriginal and Torres Strait Islander Health is one of the 6 national priority areas for PHNs. Over the next 4 years, GCPHN has set the strategic KPI for Aboriginal and Torres Strait Islander health as:

"Improvements to clinical indicators for Chronic Disease management (Diabetes, CKD, COPD, CHD)."

This will be achieved through the objectives and activities of the ITC program as documented in this Activity Work Plan.

Encouragingly, the Gold Coast has seen an increase in Aboriginal and Torres Strait Islander (A&TSI) health checks (715) between 2012 and 2015. This was in addition to the number of services provided to a person by a practice nurse or Aboriginal and Torres Strait Islander health practitioner almost doubling over the same period. Indigenous health checks are essential to effectively identify chronic disease at an early stage and improve self-management.

Continuing on from July 1 2017, GCPHN will continue to collaborate with Kalwun Health in a phase one activity to collect de-identified data on all patients both Aboriginal & Torres Strait Islander and non-Indigenous. This data will be aggregated with mainstream general practice data to commence comparing clinical outcomes of indigenous v's non- indigenous patients.

The data analysis will highlight the patients at highest risk of poor outcomes, and focus resources to ensure their care is better coordinated. This standardised approach across both Aboriginal & Torres Strait Islander and non-Indigenous service providers will ensure mainstream services are culturally competent with the aim of increasing access for Aboriginal & Torres Strait Islander patients to these services.

In order to achieve this strong working partnership will be required between Institute of Urban Indigenous Health (IUIH), GCPHN, Kalwun Development Corporation (Kalwun Health, the only local Aboriginal Medical Service), Gold Coast Hospital and Health Service (GCH) and other providers of A&TSI services including mainstream providers within the Gold Coast region. 2017-18 will focus on the implementation of the Gold Coast regional Aboriginal and Torres Strait Islander collaborative service plan.

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.

Public Accountability	
What are the sensitive components of the PHN's Annual Plan? Please list	NIL

Proposed Activities	
ITC transition phase	GCPHN ITC program was fully commissioned as of 1 October 2016.
Start date of ITC activity as fully commissioned	Kalwun Development Corporation (Kalwun) (the only Gold Coast Aboriginal Medical Service (AMS) delivers the Aboriginal Health Worker (AHW) and Project Officer (PO) components of the program. The Care Coordination and Supplementary Services (CCSS) delivery was commissioned to the Institute of Urban Indigenous Health (IUIH) through Brisbane North PHN from July 2016.
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	GCPHN works in collaboration with the following stakeholders to complete and inform the needs assessment and determine locally appropriate and integrated service solutions: • the Karulbo Partnership (a local regular meeting with representation from organisations working in relation to A&TSI health and wellbeing with around 30 attendees at meetings) • the A&TSI community • Kalwun and • other health and social service providers. South East Queensland PHNs collaborated to jointly commission the CCSS service delivery component to IUIH (through a single contract managed by Brisbane North PHN) from July 2016, this will result in pooling of supplementary service funds.
Service delivery and commissioning arrangements	GCPHN have directly commissioned the mainstream component of program to Kalwun from October 2016 to June 2018. The two existing GCPHN staff were transitioned from GCPHN to Kalwun and continue to work in the program positions. The CCSS service delivery component is commissioned to IUIH (through a single contract managed by Brisbane North PHN) from July 2016 to June 30 2018.
Decommissioning	N/A

Decision framework	Needs assessment and market analyses was conducted through the GCPHN Needs assessment. This was developed in consultation with Indigenous organisations and reviewed during its development by the Karulbo Partnership, Clinical Councils and Community Advisory Committees who provided advice to the Board which informed the development of the Activity Work Plan. DoH stipulated contracting IUIH to deliver the Care Coordination and Supplementary Services (CCSS) component through Brisbane North PHN. The decision to contract Kalwun was based on this being the Gold Coast only AMS and Kalwun's current function of delivering the care coordination component of the CCSS program through a subcontract arrangement with IUIH.
Indigenous sector engagement	Engagement was held with Indigenous organisations and reviewed during its development by the Karulbo Partnership, Clinical Councils and Community Advisory Committees who provided advice to the Board on the Activity Plan. GCPHN is a member of a regional Indigenous health planning stakeholder group to ensure a collaborative approach. Other members include Kalwun, Gold Coast Health and IUIH. This group will be engaged throughout planning process to ensure advice and input from all key stakeholders.
Decision framework documentation	GCPHN's commissioning framework aligns with the DoH requirements under Item B.3 of the ITC Schedule. GCPHN was directed by DoH to contract IUIH through BNPHN for a period up to June 2018 for the CCSS component. Accordingly, we did not apply the decision making framework to this commissioning decision. In regards to the CTG increasing indigenous access to mainstream services program through the Aboriginal Health Worker (AHW) and Project Officer (PO) our decision-making process followed the framework as follows: A needs assessment was conducted that indicated the most appropriate provider for the program was an Indigenous health organisation, with proven expertise in providing highly effective and culturally appropriate holistic health services to the local population. Additionally, it was assessed that considerable efficiencies could be attained, and duplication and waste reduced, through the delivery of the mainstream access program with other AMS programs targeting the population that does attend the Indigenous AMS. Some of these include efficiency in consistent strategy, coordination of services, including reducing the likelihood of duplicated services, and consistency and economies in the development and delivery of relevant training, staff mentoring and professional development. Also considered critical as part of the needs assessment was that any potential service provider was well respected and supported by the local Indigenous population. The alignment between the objectives of this program and the contractual obligations and deliverables required of an AMS, were also considered an important consideration to achieve efficiencies in the delivery of these services. As a result a decision was

	made that if possible these programs be undertaken under a single governance structure within a service provider, in this case an AMS. An assessment of the market determined that there was only one organisation on the Gold Coast that met this criteria, that being Kalwun Health Services as the sole AMS on the Gold Coast. The proposal to commission this component of the ITC program was considered and supported by the Karulbo Indigenous Network that includes representatives from local Elders, health and community service delivery organisations and the GCHHS. The Karulbo Indigenous Network agreed to provide ongoing community engagement, monitoring and input into the program to ensure that it meets the needs of the local population.
Description of ITC Activity	The aim of the ITC program is to improve health equity for Aboriginal and Torres Strait Islander people through culturally appropriate mainstream primary care, provide assistance to Aboriginal and Torres Strait Islander people to obtain primary health care as required, and provide care coordination services to eligible people with chronic disease who require coordinated, multidisciplinary care. Details of delivery of components of model: GCPHN • Increasing awareness of and maximising links between services for Aboriginal and Torres Strait Islander people, including those provided by Commonwealth and state/territory governments, AMSs, and other organisations • Facilitate working relationships and communication exchange between mainstream organisations, AMSs and their peak bodies • Increasing awareness and understanding of the COAG targets to close the gap in Indigenous disadvantage • Collaborating with local Indigenous health services and mainstream health services in a partnership approach for the delivery of primary care services • De-identified data collection, analysis and report generation on the clinical indicators (Diabetes, CKD, COPD, and CHD) IUIH • Provision of strategic team leader role within the GCPHN region, including regional guidance and strategic direction for the team • Developing and implementing a coordinated team-based approach to Aboriginal and Torres Strait Islander health • Providing SEQ team leader & supporting Care Coordinators and Outreach Workers • Increasing awareness of and maximising links between services for Aboriginal and Torres Strait Islander people, including those provided by Commonwealth and state/territory governments, AMSs, and other organisations • Developing and implementing strategies to improve access to mainstream primary care for Aboriginal and Torres Strait Islander people, including through outreach programmes such as the Medical Outreach – Indigenous Chronic Disease Programme

	(MOICDP), the Rural Health Outreach Fund (RHOF), and the Visiting Optometrists Scheme (VOS) • Increasing awareness and understanding of the COAG targets to close the gap in Indigenous disadvantage • Collaborating with local Indigenous health services and mainstream health services in a partnership approach for the delivery of primary care services • Implementation of the CCSS component of the ITC program Kalwun • Operational team leader within the GCPHN region, including guidance and direction for the local team • 2FTE positions o IHPO mainstream o Outreach worker • Developing and implementing a regional GC coordinated team-based approach to Aboriginal and Torres Strait Islander health. Increasing awareness of and maximising links between services for Aboriginal and Torres Strait Islander people, including those provided by Commonwealth and state/territory governments, AMSs, and other organisations, including developing and implementing strategies to improve access to mainstream primary care for Aboriginal and Torres Strait Islander people • Developing and implementing strategies to improve the capacity of mainstream primary care providers to deliver culturally appropriate primary care services to Aboriginal and Torres Strait Islander people, including: o self-identification o uptake of Aboriginal and Torres Strait Islander specific MBS items including item 715 - Health Assessments for Aboriginal and Torres Strait Islander People, care planning and follow up items • Increasing awareness and understanding of the COAG targets to close the gap in Indigenous disadvantage • Improvement plans for the practices developed that target suggested activities and interventions to bring the clinical indicators within optimal range • Collaborating with local Indigenous health services and mainstream health services in a partnership approach for the delivery of primary care services. Results will include – increased number of A&TSI health assessments, improved coordination of care, supporting mainstream service providers to provide culturally appropriate services.
ITC Workforce	**<u>IUIH</u>** 3.5 FTE Care Coordinators **<u>Kalwun (AMS)</u>** 1.0 FTE IHPO 1.0 FTE IOW