Australian Government
Department of Health

phn
An Australian Government Initiative

Activity Work Plan 2020-2021:

Integrated Team Care Funding

This Integrated Team Care Activity Work Plan template has the following parts:

1. The Activity Work Plan for the financial years 2019-20 and 2020-2021. Please complete one table for each activity to be undertaken in accordance with the Indigenous Australian's Health Programme Schedule, Item B3 – Integrated Team Care:
    a) Care coordination and supplementary services; and
    b) Culturally competent mainstream services.
2. The indicative Budget for the financial years 2019-20 and 2020-21. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
    a) Indigenous Australian's Health Programme Schedule, Item B.3 – Integrated Team Care.

Gold Coast PHN

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

Overview

This Activity Work Plan covers the period from 1 July 2019 to 30 June 2022. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 36 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

Important documents to guide planning

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

- Activity Work Plan guidance material;
- PHN Needs Assessment Guide;
- PHN Program Performance and Quality Framework;
- Primary Health Networks Grant Programme Guidelines;
- Integrated Team Care Program Implementation Guidelines; and
- Clause 3, Financial Provisions of the Standard Funding Agreement.

Formatting requirements

- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

Updated PPERS fields requirements

- Fields highlighted in blue have been added due to PPERS requirements or missing in previous template.
- Please update highlighted blue fields.
- Don't delete any new blue fields, rather indicate NA if not applicable.

1. (a) 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 2019-2021. These activities will be funded under the IAHP Schedule for Integrated Team Care.

Proposed Activity 1	
ACTIVITY TITLE	ITC1 – Care coordination and supplementary services
Existing, Modified, or New Activity	Existing Activity If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible. Existing – no changes
Program Key Priority Area	Aboriginal and Torres Strait Islander Health
Needs Assessment Priority	Improve Aboriginal and Torres Strait Islander people's access to high quality, culturally appropriate health care, including care coordination services. • Cultural competency, transport and cost effective access to services for Aboriginal and Torres Strait Islander people • Focus on chronic disease early identification and self-management • Large growth in Aboriginal and Torres Strait Islander population in Ormeau-Oxenford • Gaps remain in terms of life expectancy and many contributing factors • Higher rates of Aboriginal and Torres Strait Islander people with diabetes and COPD in the region and higher rates of smoking Page 1 of Aboriginal and Torres Strait Islander Health Needs Assessment Summary (page 355 of 359 in full Needs Assessment submitted)
Aim of Activity	Contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to care coordination, multidisciplinary care, and support for self-management.
Description of Activity	IUIH has been commissioned through Brisbane North PHN to provide Care Co-ordination and Supplementary Services on behalf of Gold Coast PHN IUIH implement this service through the provision of a strategic team leader role within the GCPHN region, including regional guidance and strategic direction for the SEQ team and sub contract with Kalwun (Gold Coast AMS) to employ the local care co-ordinators (3.6 FTE) who work directly with the clients on the program.

	The model of care includes • Access to the service via referral from AMS practitioner or Mainstream GP via IUIH • A care-coordinator is allocated to the patient and makes direct contract to arrange and appointment, which may be a location of their choice or at one of the AMS centres. • The care co-ordinator will complete a holistic assessment including liaising with any other health professional involved in their care to determine their goals and needs. • A care plan is developed with the patients which includes building the patients understanding of their chronic disease and how to manage it. The care co-ordinator sets up regular appointments with the client to monitoring the persons progress against their goals • Gold Coast Health run a number of chronic disease outpatient programs that specifically designed for Indigenous that patients are referred to which include education and self-management training. These include heart failure, diabetes, chronic obstructive pulmonary and kidney disease self-management programs. • The local Indigenous care co-ordinator has been trained by Flinders University in their self- management program and approach and at the time was the largest Indigenous cohort training in the country. Overarching strategies include; • 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. • 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. **Workforce Type** Indigenous Health Project Officers 1 FTE Care Coordinators 3.6 FTE Outreach Workers 1 FTE *AMS refers to Indigenous Health Services and Aboriginal Community Controlled Health Services

Target population cohort	Aboriginal and Torres Strait Islander people with a diagnosed chronic condition
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? Yes If yes, briefly describe how this activity will engage with the Indigenous sector Assist Aboriginal and Torres Strait Islander people to obtain primary health care as required, provide care coordination services to eligible Aboriginal and Torres Strait Islander people with chronic disease/s who require coordinated, multidisciplinary care.
Coverage	Gold Coast PHN Region (Gold Coast SA4)
Consultation	Strong working partnerships will be maintained 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.
Collaboration	GCPHN works in collaboration with the following stakeholders to complete and inform the needs assessment and determine locally appropriate and integrated service solutions: 1. 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) 2. the A&TSI community 3. Kalwun (AMS), 4. Institute of Urban Indigenous Health (IUIH) 5. Gold Coast Health – Aboriginal & Torres Strait Islander Services 6. 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) with a renewed contract that has been in place from 1 July 2019, this enables pooling of supplementary service funds. Quarterly meeting is held between all South East Queensland PHN and IUIH to review process across ITC.
Activity milestone details/duration	Provide the anticipated activity start and completion dates **(including** the planning and procurement cycle): Activity start date: 1/07/2020 Activity end date: 30/06/2022

	If applicable, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Existing and ongoing activity **If applicable**, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Service delivery start date: July 2020 Service delivery end date: June 2022 Amy other milestones? No other milestones Activity is valid for full duration of AWP Prior to July 2020 • The Integrated Team Care Working group (led by Brisbane North) is interested to understand further the outcomes we are achieving for Aboriginal and Torres Strait Islander clients of the ITC program. As such they are seeking information on what data is currently collected and could be shared with the group for evaluation and quality improvement purposes. The four different PHN regions will participate. From July 2020 – June 2021 • Following the survey, Brisbane North will gather data and understand what can be shared to better the program.
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: ☐ Not yet known ☒ Continuing service provider / contract extension ☐ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. ☐ Open tender ☐ Expression of Interest (EOI) ☐ Other approach (please provide details) 2a. Is this activity being co-designed? No

	2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No 4a. Co-design or co-commissioning details
Decommissioning	1a. Does this activity include any decommissioning of services? No 1b. If yes, please provide a description of the proposed decommissioning process and any potential implications

ACTIVITY TITLE	ITC2 – Culturally competent mainstream services
Program Key Priority Area	Aboriginal and Torres Strait Islander Health
Existing, Modified, or New Activity	Existing Activity If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible. Existing – no changes
Needs Assessment Priority	Improve Aboriginal and Torres Strait Islander people's access to high quality, culturally appropriate health care, including care coordination services. - Cultural competency, transport and cost effective access to services for Aboriginal and Torres Strait Islander people - Focus on chronic disease early identification and self-management - Large growth in Aboriginal and Torres Strait Islander population in Ormeau-Oxenford - Gaps remain in terms of life expectancy and many contributing factors - Page 1 of Aboriginal and Torres Strait Islander Health Needs Assessment Summary (page 355 of 359 in full Needs Assessment submitted)

Aim of Activity	Improve 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

Description of Activity	• Operational team leader within the GCPHN region, including guidance and direction for the local team
	• 2FTE positions
	  ○ IHPO mainstream
	  ○ Outreach worker
	• 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:
	  ○ self-identification
	  ○ 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
	• 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
	
	Deliverables required align with the PHN Performance Framework and include but not limited to;
	
	Improving Access
	
	• Increase of PIP IHI General Practices in the Gold Coast PHN region.
	• Increase number of 715 Health Checks to align with the National Average
	• Deliver (Gold Coast PHN region) at least four large group Cultural Awareness training sessions per year, which will have at least 40 individuals complete the course.
	• Deliver one Yarning Circles each year to collect patient feedback. One in each PHN region
	
	Workforce Type-FTE-AMS-MPC-PHN
	
	Indigenous Health Project Officers—1 AMS
	
	Outreach Workers—1 AMS
	
	Consultants----
	
	Other: specify----

	*AMS refers to Indigenous Health Services and Aboriginal Community Controlled Health Services
Target population cohort	Aboriginal and Torres Strait Islander people with a diagnosed chronic condition
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? Yes If yes, briefly describe how this activity will engage with the Indigenous sector This program will assist Aboriginal and Torres Strait Islander people to obtain primary health care as required and improve access for Aboriginal and Torres Strait Islander people to culturally appropriate mainstream primary care.
Coverage	Whole PHN region
Consultation	Strong working partnership will be maintained 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.
Collaboration	GCPHN works in collaboration with the following stakeholders to complete and inform the needs assessment and determine locally appropriate and integrated service solutions: 1. 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) 2. the A&TSI community 3. Kalwun (AMS), 4. Institute of Urban Indigenous Health (IUIH) 5. Gold Coast Health – Aboriginal & Torres Strait Islander Services 6. 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) with a renewed contract that has been in place from 1 July 2019, this enables pooling of supplementary service funds. Quarterly meeting is held between all South East Queensland PHN and IUIH to review process across ITC.
Activity milestone details	Provide the anticipated activity start and completion dates **(including** the planning and procurement cycle): Activity start date: 1/07/2020

	Activity end date: 30/06/2022 **If applicable**, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Existing and ongoing activity **If applicable**, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Service delivery start date: July 2020 Service delivery end date: June 2022 Amy other milestones? No other milestones Activity is valid for full duration of AWP Prior to July 2020 • IUIH facilitates a yearly forum. A workshop will be held in May 2020 instead of a larger forum and it will focus on all IHPO and Outreach Workers. Each region will share in detail what their model is and what's working well and what the challenges are. This would be an opportunity to learn from other regions and integrate these roles, so no region is working in isolation. • Quality Improvement activity to commence with GCPHN Practice Support Team and the IHPO. Action plans to be developed are: o How to become culturally safe/increase identification/Indigenous PIP registration (this could be divided into 2) o How to increase quality of care and increase health outcomes by, maximising care plans and care coordination and Practice Nurse item number 10986 From July 2020 – June 2021 • Implement any changes from the IUIH workshop which will assist the IHPO and outreach roles. • Implement the Quality Improvement action plans • IHPO attending practice visits with the Practice Support Team.
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: ☐ Not yet known

	☒ Continuing service provider / contract extension ☐ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. ☐ Open tender ☐ Expression of Interest (EOI) ☐ Other approach (please provide details) 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No 4a. Co-design or Co-commissioning details
Decommissioning	1a. Does this activity include any decommissioning of services? No 1b. If yes, please provide a description of the proposed decommissioning process and any potential implications