



**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).

***Northern Sydney***

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 Mike Hanlon via email [mike.hanlon@health.gov.au](mailto:mike.hanlon@health.gov.au) on or before 17 February 2017

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

The Northern Sydney PHN (NSPHN) will continue to build relationships and proactively engage with stakeholders, identify barriers in addressing local health services and serve the community to its fullest capacity by continually assessing and monitoring the complexities of the region's Aboriginal and Torres Strait Islander chronic disease and mental health profile.

Our vision of *Achieving together – better health, better care*, is to transform the local service system, ensuring that the right care is delivered in the right place by the right provider to the right user. This approach will underpin the strategic vision of the Integrated Team Care (ITC) program. The NSPHN will continue to contribute to Closing the Gap in Life expectancy of Aboriginal and Torres Strait Islander people who live within our region by improving health outcomes for people with chronic health conditions and the associated wellbeing needs of the client and family. The NSPHN remains focussed on positively impacting the holistic health and wellbeing of our Aboriginal and Torres Strait Islander community by enhancing and broadening the scope of care and access to services and support to this vulnerable and at risk population.

The NSPHN has established an integrated team which supports previous CCSS patients and broader Aboriginal health issues as aligned to the new ITC program guidelines. This will remain in place during the transition period as we establish the local ITC approach and look to commissioned future ITC activity. To achieve this, we will work collaboratively with our Aboriginal and Torres Strait Islander community, stakeholders from the sector including Non-Government Organisations (NGOs), the Local Health District, General Practice, Allied Health and government representatives to understand needs and to develop successful commissioned ITC services. This will build further on improved holistic and coordinated chronic disease and mental management for the community across our region.

The commissioning approach to deliver the ITC activity within the region will follow the NSPHN Integrated Commissioning Framework which covers NSPHN's strategic priority areas:

1. Building Capacity in Primary Care
2. Service Transformation
3. Organisational Excellence
4. Commissioning

Good governance within NSPHN will ensure that the organisation fulfils its overall purpose, achieves its intended outcomes for stakeholders and operates in an effective and ethical manner. Through good governance, NSPHN will make sound commissioning decisions that meet the holistic needs of Aboriginal and Torres Strait Islander communities within the region to achieve integrated care and improved outcomes for chronic disease and mental health management.

During 2017 and onwards, the NSPHN will proactively manage commissioned services in the Alcohol and other Drugs space. The NSPHN will support commissioned clinical structures, processes, and services to promote and develop best practice, and to enhance optimum outcomes for stakeholders, consistent with the NSPHN vision of *achieving together - better health, better care*.

## 1. (b) Planned activities funded by the IAHP Schedule for Integrated Team Care Funding

Public Accountability	
What are the sensitive components of the PHN's Annual Plan? Please list	Not applicable
Proposed Activities	
ITC transition phase	Following an open tender process, the Northern Sydney Local Health District in partnership with a local aboriginal organisation, The Gaimaragal Group have been awarded the Integrated Team Care program. The independent panel, which had community representation, agreed unanimously to recommend, and award the ITC funding to this unique partnership. A staff member of the original NSPHN ITC program has been offered a position by the NSLHD, which has been accepted. This will further ensure smooth transition of existing ITC clients from SNPHN to the NSLHD. To date there have been no issues to report.
Start date of ITC activity as fully commissioned	January 2017.
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	<ul style="list-style-type: none"> <li>• Thorough engagement and collaboration with the community and sector will be pursued throughout the commissioning cycle at NSPHN</li> <li>• The NSPHN will continue to collaborate with the following key stakeholders: <ul style="list-style-type: none"> <li>○ Regional Aboriginal and Torres Strait Islander Community - including existing ITC clients</li> <li>○ The NSPHN clinical and consumer councils – including Aboriginal members</li> <li>○ NSPHN regional general practices, mainstream services and allied health services</li> <li>○ North Sydney Local Health District Aboriginal Health Unit</li> <li>○ North Sydney Local Health District GP Outreach Clinic 'Bungee Bidge'</li> <li>○ Community Care Northern Beaches – NGO and local Aboriginal Health HACC services provider</li> <li>○ Other key stakeholders as identified during consultation</li> </ul> </li> </ul> <p>Currently NSPHN has not pooled resources in the ITC program, however, opportunities to pool resources with other organisations will be explored as an ongoing consideration with key stakeholders and potential partners. This may include state health services (i.e. NSLHD), Family and Community Services and any such NGO appropriate services – this in lieu of an Aboriginal Medical Services within the NSPHN region.</p>
Service delivery and commissioning arrangements	NSPHN undertakes a procurement approach in determining service providers for ITC Services. The Approach to Market is through <b>open tender</b> , to ensure an equitable process in which all appropriate organisations may participate.

	<p>While service specifications have been provided, innovative applications have been encouraged. This strategy will enable NSPHN to work with the market and ensure that the best available ITC services are commissioned in the region, whether services are provided by one organisation or a number of organisations.</p> <p>Contracted services will be monitored and evaluated for the duration of the contract. The NSPHN will meet with contracted organisations at least quarterly and more frequently if required, to monitor progress with service implementation and delivery, and to work with organisations should changes in service delivery be required. Service Providers will be required to submit Progress Reports and Financial Reports throughout the duration of their contract.</p> <ul style="list-style-type: none"> <li>• NSPHN ITC commissioned Service delivery will align to the Department of Health ITC schedule and guidelines to best manage chronic disease within the Aboriginal and Torres Strait Islander community.</li> <li>• Existing and established relationships and service provider arrangements from the previous regional CCSS program may be utilised further for continuation of service delivery, dependent upon the outcomes of the commissioning process.</li> <li>• New providers may be sourced to deliver culturally appropriate services to our community, general practice, and wider primary care services.</li> <li>• As an outcome of the commissioning process, the appropriate full time equivalent (FTE) and skills mix of staff will be employed from the commissioned organisation. Key ITC staff will align to the Department of Health ITC guidelines of Indigenous Health Project Officer (IHPOs), Care Coordinators (CCs) and Aboriginal Outreach Workers (AOW). The final FTE for these staff is dependent on available funding within the region.</li> <li>• The NSPHN Integrated Commissioning process will continue to engage with community and sector to track the progression and development of the ITC program.</li> <li>• There is no regional AMS within Northern Sydney, therefore the it is important to continue close relationships with the following organisations to promote region wide alignment in the provision of aboriginal and Torres Strait islander healthcare: <ul style="list-style-type: none"> <li>○ NSPHN regional general practices, mainstream services and allied health services</li> <li>○ Northern Sydney Local Health District Aboriginal Health Unit</li> <li>○ Northern Sydney Local Health District GP Outreach Clinic 'Bungee Bidgel'</li> <li>○ Other key stakeholders as identified, including NGO's and private providers</li> </ul> </li> </ul>
Decommissioning	Not applicable

Decision framework	<p>During the commissioning process of regional ITC activity, the NSPHN will adopt the NSPHN Integrated Commissioning approach which will utilise available health data to assist in identifying and refining service requirements to determine the most appropriate commissioned outcome is achieved to help improve the health status of the Aboriginal and Torres Strait Islander community.</p> <p>Probity will be ensured throughout the commissioned process by adhering to a process that is transparent, and defensible. The process will actively engage and consist of clinical and consumer input and an independent tender process will successfully identify the most appropriate organisation(s) to deliver ITC activity within the region. Importantly, there will always be Aboriginal representation and involvement during any decision process pertaining to Aboriginal health.</p>
Indigenous sector engagement	<p>Detail your plans for ongoing engagement with the Indigenous health sector.</p> <p>Following NSPHN's Commissioning Framework, all commissioned services involved extensive consultation with the community and the sector to identify service gaps, service co-design and engagement of the market to produce 'service specifications' that are of benefit to the community and impactful.</p> <p>The NSPHN will continue to work closely with the Indigenous communities of Northern Sydney. The NSPHN has a dedicated Aboriginal Health Coordinator who will link with key stakeholder groups and organisations across the region to improve efficiencies and promote access to services within the Aboriginal community.</p> <p>The NSPHN will continue to be active and supportive members of regional committees to help shape and influence the system, including, but not limited to:</p> <ul style="list-style-type: none"> <li>• North Sydney Local Health District Regional Aboriginal Health Committee</li> <li>• North Sydney Local Health District GP Outreach Clinic 'Bungee Bidgel' – Steering Committee</li> <li>• Mana Allawah - Family and Community Services (Northern Sydney District), Aboriginal Steering Committee</li> <li>• Northern Sydney Local Health District Aboriginal Mental Health Steering Committee</li> </ul>
Decision framework documentation	Yes – this has been documented.
Description of ITC Activity	<p>Provide a summary (or attach) your PHN's ITC implementation plan, which includes the work to be done by IHPOs, Care Coordinators, and Outreach Workers in the PHN region.</p> <ul style="list-style-type: none"> <li>• Commencement and of the delivery of the ITC activity as per the NSPHN commissioning agreement and ITC guidelines.</li> <li>• The work to be done by the IHPOS, Care Coordinator and Outreach Worker post 1st January 2017 will be within the role descriptions described in the guidelines, and will form the basis of job</li> </ul>

	<p>descriptions. However, some adjustment will need to be made to these roles if more funding is not made available to the program by collaboration with other funding pools during commissioning process. This may include combining or consolidating roles such as the CC and AOW roles.</p> <p>The NSPHN Commissioning and Partnerships business unit will support and work closely with commissioned organisations to effectively deliver ITC commissioned services.</p>
ITC Workforce	<p>The outcomes of the commissioning and collaboration process will determine the funds available to engage the ITC workforce. With current identified funding, there would likely be a combination of part time staff, which could be identified as follows:</p> <ul style="list-style-type: none"> <li>○ Indigenous Health Project Officers – up to 1 FTE</li> <li>○ Care Coordinators – 0.5 FTE</li> <li>○ Outreach Workers – up to 0.50</li> </ul>