



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 (ITC) 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 Territory 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 to Peta Mayo via email NTHSN.Health@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.

Northern Territory PHN (NT PHN) has developed a Strategic Plan for 2015-2018 in consultation with Company Members, NT PHN's Board, and other primary health care stakeholders. This Strategic Plan includes the vision 'People in the Northern Territory enjoy their best health and wellbeing', and the purpose 'Build local partnerships and direct resources towards an integrated, high quality primary health care system.' The ITC Programme activities commissioned by NT PHN will contribute towards achieving this vision and purpose, and the ITC objectives:

- Collaborative planning with a range of internal and external partners to ensure optimum program design and execution
- Commissioning, procurement and ongoing contract management to best practise standards, ensuring quality, efficiency and culturally appropriate care is provided to clients
- Provision of regular, tailored ITC workforce support activities, including cultural awareness training and activities to increase 715 health assessments and self-identification
- Establishment and maintenance of improved patient pathways between Aboriginal Medical Services and Mainstream Health Services, at primary and secondary care levels.

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	<p>List the Annual Plan components that the PHN considers sensitive and does not wish to upload onto its website. With the exception of Budget information, the department assumes anything that is not listed here will be uploaded by the PHN onto its website, after the Activity Work Plan is approved by the department.</p> <p>N/A</p>
Proposed Activities	
ITC transition phase	<p>NT PHN has completed the following actions in preparation for the six-month transition phase and commencement of Integrated Team Care (ITC) activity:</p> <ul style="list-style-type: none"> • Transitioned existing partner arrangements for Care Coordination and Supplementary Services (CCSS) for the period 1 July 2016 to 31 December 2016. • Transitioned NT PHN service delivery to partner organisations. • Engaged with existing partners to establish their model of service delivery, current and projected funding requirements and client needs. • Strengthened existing relationships with the Aboriginal Medical Service Alliance Northern Territory (AMSANT) to co-design the ITC activity. • Conducted preliminary needs assessment baseline data collection and feedback from a range of stakeholders including AMSANT and partner organisations. • Re-designed the NT PHNs operating model for the Programme, including reduced ITC staffing from 9.5 FTE to 1 FTE, streamlined administration expenses and reduced the business support component from 6.5% in 2015/16 to 4% of 2016/17 and 2017/18 • Prepared a range of budget forecast models to accurately apportion funds to each area of the ITC activity <p>NT PHN used the six-month transition phase 1 July 2016 to 31 December 2016 to collaborate with partners and other stakeholders to finalise the service design for ITC activities, and undertake procurement for ITC service providers to commence delivery of ITC activities on 1 January 2017.</p>
Start date of ITC activity as fully commissioned	1 January 2017
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	NT PHN regularly collaborates with AMSANT and partner organisations to plan and design the ITC service and activities. NT PHN will continue to engage with partners and key stakeholders (including Top End Health Service and Central Australian Health Service) as ITC activities are rolled out.

<p>Service delivery and commissioning arrangements</p>	<p>Provide a description of the service delivery and commissioning arrangements for the ITC Activity. ITC activities will be commissioned by NT PHN. Partner organisations will be procured to deliver ITC activities including the employment of personnel to provide services to eligible chronic disease clients.</p> <p>Briefly outline the planned commissioning method and if the process will involve an approach to market, direct engagement or other approach for the activity. List the type of organisations to be commissioned (e.g. AMS or mainstream primary care organisation). NT PHN has undertaken a collaborative process to plan and design ITC activities. The finalised ITC design determines procurement requirements and in turn the approach to market.</p> <p>Aboriginal Community Controlled Health Services (ACCHS) play a significant role in the delivery of chronic disease services across the Northern Territory (NT). They provide culturally appropriate services and are pivotal links with local Aboriginal people. Only clients residing in Darwin, Katherine, Nhulunbuy, Tennant Creek or Alice Springs have a choice of AMS provider or mainstream health provider. It is widely accepted that up to 90% of the Aboriginal population in the NT prefer to use an AMS rather than a mainstream primary care provider. Based on current partner arrangements and the NT context, the majority of ITC client service delivery activities will be procured from existing ACCHS providers.</p>
<p>Decommissioning</p>	<p>Outline any decommissioning that this activity may result in and potential implications. N/A</p>
<p>Decision framework</p>	<p>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. The decision framework is consistent with NT PHN’s commissioning framework and policies and incorporates approved procurement and commissioning plans informed by the Australian Government PHN Commissioning Guidance.</p> <p>Primary health care services for Aboriginal people in the NT are provided by Aboriginal Services, NT Government primary health care centres, NT PHN funded private services, and private general practice. There has been a strong emphasis on system development within all sectors dealing with chronic conditions.</p> <p>NT PHN utilised a collaborative approach to working with and engaging current partners, and has collaborated with them in order to guide development of the ITC operating model, and undertake commissioning processes. These partners provide clinically competent, culturally safe, accessible, responsive services to meet Aboriginal people’s health needs.</p>
<p>Indigenous sector engagement</p>	<p>Detail your plans for ongoing engagement with the Indigenous health sector. NT PHN collaborates closely and regularly with Aboriginal health partners and peak bodies. NT PHN adheres to the principles outlined in the “<i>PHN and ACCHO Guiding Principles</i>” framework. Ongoing engagement and collaboration is a core component of the NT PHN partnership approach with the Indigenous sector.</p>

Decision framework documentation	<p>Has the decision framework outlined above been documented?</p> <p>NT PHN’s Commissioning Policy provides the processes and governance for decision making in commissioning services. The framework guides commissioning of ITC activities and documentation is updated regularly to record key programmatic decisions. The NT PHN ITC Commissioning report documents the tender process, approach to market, decision framework, rationale and outcomes.</p>
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> <p>NT PHN has conducted an initial needs assessment, market analysis, stakeholder engagement and budget modelling for ITC planning.</p> <p>The ITC operating model for the Northern Territory for 2016/17 and 2017/18 includes three key activities:</p> <ul style="list-style-type: none"> • Activity 1: ITC Team (Care Coordinators and Outreach Workers) and Supplementary Services with ACCHS partners • Activity 2: ITC Team (Care Coordinators and Outreach Workers) and Supplementary Services with Mainstream PHC partners • Activity 3: ITC Workforce Capacity Development and Support <p>Activity 1: ITC Team and Supplementary Services with ACCHS partners</p> <p>A procurement round was conducted during the transition period to commission ITC activities for the delivery of care coordination and outreach worker services. The Activity 1 procurement process allowed applicants to identify their service model, staffing requirements, and costs for delivery of their ITC Team. A focus on service continuity (existing CCSS partners with care coordinator services), and meeting ‘real costs’ of service provision informed the evaluation of tender applications.</p> <p>Ten Aboriginal organisations were successful in receiving ITC funding for 1 January 2017 – 30 June 2018. Partner organisations collectively employ 26.1 FTE Care Coordinator positions and 2 FTE Outreach Workers across locations NT wide. The work tasks carried out by Care Coordinators and Outreach Workers are consistent with the role and activities listed in section 5.1 and 5.2 of the ITC activity implementation guidelines.</p> <p>It should be noted that applications were received for 34.6 FTE Care Coordinators and 15.5 Outreach Workers, however available funding was unable to meet this demand. Additionally, applications reflected increased costs per FTE for the 16/17 and 17/18 period resulting in NT PHN increasing funding to meet actual costs to some partners with no additional FTE positions.</p> <p>Supplementary Services funding was allocated to partners aligned to ITC team service model and care coordinator FTE.</p> <p>Activity 2: ITC Team and Supplementary Services with Mainstream PHC partners</p> <p>Transition arrangements established with service provider organisations from 1 July 2017, following the cessation of NT PHN direct service delivery, remain in place in Darwin and Alice Springs. Expansion of the support provided to clients of mainstream service is underway with NT PHN engaging key stakeholders to co-design an approach to address the needs of Aboriginal client users of mainstream</p>

	<p>health services. It is anticipated new or expanded services will commence on 1 July 2017.</p> <p>Activity 3: Workforce Support and Capacity Building Current partners provide team leadership and supervision to their ITC team, which is equivalent to the description of the Indigenous Health Project Officer (IHPO) role in the ITC activity implementation guidelines. NT PHN considers this appropriate and suitable given the context and geography of the NT.</p> <p>Partners and stakeholders have clearly articulated that other workforce development and education activities would be valuable for the ITC team and program. NT PHN intend to utilise the Indigenous Health Project Officer role to lead this.</p> <p>NT PHN has contracted the design of the ITC Workforce Development Plan to a consultant agency. A suitable partner will be engaged to employ an Indigenous Health Project Officer/s to lead ITC Workforce Support and Capacity Building and implement the ITC Workforce Development Plan.</p> <p>Other ITC activities to be delivered by NT PHN include:</p> <ul style="list-style-type: none"> • NT PHN’s Practice Support teams provide regular and consistent information and support to all General Practices in the NT, including training on MBS items related to Aboriginal and Torres Strait Islander incentives and claiming. • NT PHN’s Workforce Branch provides regular professional development and education events to the primary health care workforce across the NT. A key topic presented is cultural awareness and competence. • NT PHN is currently working with Aboriginal Broadcasting Association to develop and deliver a Media Campaign to increase awareness of the Aboriginal and Torres Strait Islander (MBS 715) health assessment. The Media Campaign will deliver television and radio advertisements and a short documentary, broadcast in three Indigenous languages plus English throughout the NT.
ITC Workforce	<p>Indicate number of Indigenous Health Project Officers, Care Coordinators and Outreach Workers. Specify which positions will be engaged by the PHN or commissioned organisation(s). If engaged at a commissioned organisation, specify whether it is an AMS* or mainstream primary care service *AMS refers to Indigenous Health Services and Aboriginal Community Controlled Health Services</p> <p>ITC Activity 1 commissions 10 AACHS to deliver ITC from 1 January 2017 – 30 June 2018, who collectively employ 26.1 FTE Care Coordinator positions and 2 FTE Outreach Workers across locations NT wide.</p> <p>ITC Activity 2 anticipate commissioning 1-2 mainstream primary health care organisations from 1 July 2017 – 30 June 2018. The type of position (care Coordinator or Outreach Worker) will be determined through the design process.</p> <p>ITC Activity 3 – anticipate commissioning 1 organisation from March/April 2017 – 30 June 2018, to employ 1-2 Indigenous Health Project Officers.</p>