



Australian Government

Department of Health

phn

An Australian Government Initiative

Updated Activity Work Plan 2017-2018: Integrated Team Care Funding

Central Queensland, Wide Bay, Sunshine Coast PHN

Overview

The aims of Integrated Team Care are to:

- contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to coordinated and multidisciplinary care; and
- contribute to closing the gap in life expectancy by improved 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.

The objectives of Integrated Team Care are to:

- achieve better treatment and management of chronic conditions for Aboriginal and Torres Strait Islander people, through better access to the required services and better care coordination and provision of supplementary services;
- foster collaboration and support between the mainstream primary care and the Aboriginal and Torres Strait Islander health sectors;
- improve the capacity of mainstream primary care services and GPs to deliver culturally appropriate services to Aboriginal and Torres Strait Islander people;
- increase the uptake of Aboriginal and Torres Strait Islander specific Medicare Benefits Schedule (MBS) items, including Health Assessments for Aboriginal and Torres Strait Islander people and follow up items;
- support mainstream primary care services to encourage Aboriginal and Torres Strait Islander people to self-identify; and
- increase awareness and understanding of measures relevant to mainstream primary care.

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

Central Queensland, Wide Bay, Sunshine Coast PHN's (the PHN) strategic objectives are:

1. Embed Good Governance
2. Foster Leadership, Workforce Capability and Culture
3. Inform commissioning services through population health planning
4. Build Productive and Effective Partnerships
5. Optimise Health and Wellbeing

These represent the PHN's approach to the strategic vision for Integrated Team Care (ITC).

Embedding a strong governance framework that will oversee the regional delivery of ITC services in response to the needs identified our population health planning activities supports the building of workforce capability and expertise. The PHN, working in close collaboration with its partner organisations and GPs, seeks to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples across the Central Queensland, Wide Bay and Sunshine Coast catchment areas through the delivery of the ITC program.

We will build relationships, workforce capacity, capability and sustainability of service models to improve Aboriginal and Torres Strait Islander primary health care in a culturally appropriate and responsible way that ensures equitable access to resources.

The PHN has a strong track record in consulting with, and listening to, the identified needs of the Aboriginal and Torres Strait Islander community in the different areas of our expansive region. We are committed to maintaining a cultural presence and actively promote Indigenous leadership within PHN in all of our activities. Our community is telling us different stories in different areas, and we must be respectful of their needs and aspirations for strong, healthy communities as we consider the transition to ITC.

For our PHN, ITC represents the opportunity to work collaboratively with the Hospital and Health Services and the Community Controlled sector within our region. For Aboriginal and Torres Strait Islander people, this agreement means that our organisations work together respectfully to achieve a focussed, coordinated local system that is patient centred, ultimately improving health outcomes.

ITC supports a relationship of cooperation and collaboration to create a better primary health care system for local Aboriginal and Torres Strait Islander communities – providing people with the right health services, at the right place, at the right time through culturally safe and appropriate providers (including GPs).

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

Proposed Activities	
ITC transition phase	<p>As per Department of Health requirements, the PHN will transition ITC services to commissioned external providers. During the transition period, the PHN will primarily continue with the current service delivery model utilised in 2016-17.</p> <p>Detailed plans to transition are currently in negotiation and include:</p> <ul style="list-style-type: none"> • Collaborative planning and in-depth analysis of the caseloads, disease mix and supplementary services spending of both the PHN and the preferred providers. This planning will ensure that the transition for CCSS clients will occur in the most appropriate, culturally sensitive and clinically responsible manner. • The gradual shift of CCSS clients across to the preferred providers. A process to move clients and their records across to the preferred organisation will be developed along with a process to ensure that the appropriate number of labour inputs are in place to manage clients. • An agreement will be reached that sees the preferred providers taking up IOW activity.
Start date of ITC activity as fully commissioned	<p>Transition plans commenced as of 1 July 2016 as per the ITC guidelines, with a commitment to a staged approach for full commissioning of the ITC program to external providers by 1 July 2017.</p>

Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?

The PHN will take a collaborative approach to the planning and commissioning of the ITC program. Where feasible and appropriate, ITC activities will be undertaken in partnership with a broad range of stakeholders including QAIHC, AMSs, GPs and other key stakeholders.

To this end, collaborative planning activities commenced in June 2016, with an Aboriginal and Torres Strait Islander Primary Health Care Forum held with key stakeholders across the PHN region. Further consultation and collaboration at an area-specific level is now being progressed. These consultation sessions are complemented by discussion and input from the Clinical Councils and Community Advisory Councils as well as the Mental Health Drug and Alcohol Regional Strategic Collaboratives (MHDARSC), which have specific Aboriginal and Torres Strait Islander representation.

The PHN is committed to maximising resources and increasing value-based outcomes in the delivery of high quality services to the Aboriginal and Torres Strait Islander population. We intend to achieve this through respectful listening and a collaborative approach to person-centred care that is mindful of the social and cultural determinants of health. It is recognised that authentic, respectful and effective consultation with Elders, the local communities and service providers takes time and commitment.

Service delivery and commissioning arrangements	The commissioning approach under this activity will vary across the region and be dependent upon the local capacity and capability of service providers and GPs, which will be determined through consultation and market-sounding with a focus on outcome-based commissioning.
Decision framework	<p>The PHN will utilise a number of key resources and strategies to inform the decision making process in relation to the delivery of activities under the ITC program including, but not limited to:</p> <ul style="list-style-type: none"> • Findings of the PHN Health Needs Assessment; • Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health; • National Aboriginal and Torres Strait Islander Health Plan 2013-2023 and its Implementation Plan; • National, state and local Aboriginal and Torres Strait Islander strategies and plans; • Market-sounding through consultation and collaboration with peak bodies, ACCHOs, GPs and other key stakeholders; and • Community and consumer consultation including Elders, Community Advisory and Clinical Committees and the Mental Health Drug and Alcohol Strategic Collaboratives in Central Queensland, Wide Bay and Sunshine Coast. <p>In relation to making decisions about commissioning ITC activities, consideration is given to whether a service provider organisation or GP demonstrates:</p> <ul style="list-style-type: none"> • A governance structure that includes strong representation from respected Elders along with mainstream community representatives. • Established collaborative planning processes for Aboriginal and Torres Strait Islander health service delivery between our PHN and, where relevant, the respective Hospital and Health Service. • An existing commercial relationship with our PHN that revolves around the shared delivery of CCSS and CTG activities. • Comprehensive engagement with general practice, specialists and allied health.
Indigenous sector engagement	<p>Ongoing engagement with the Aboriginal and Torres Strait Islander health sector will be achieved by continuing current effective stakeholder engagement strategies including individual and group strategies and local forums.</p> <p>Engagement and guidance through formalised bodies such as the Community Advisory Council and the Clinical Council, Mental Health and Alcohol and Other Drugs Strategic Collaborative will continue.</p>