



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).

Murray 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 <name of Grant Officer> via email <email address> on or before 17 February 2017. This plan was updated to provide additional information to the Dept and resubmitted 23 March 2017.

This Activity Work Plan was approved by the Department 1 May 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

The 2017-2018 year provides an important period for the ITC teams across the catchment to deepen its integration with local health service systems, and importantly have impact upon the access and quality of care that is provided for Aboriginal and Torres Strait Islander people within mainstream health service. Stronger service integration and coordination to support Indigenous people with chronic disease, including mental health will be a key area of focus for the network of ITC teams.

2016 – 2017 has seen Murray PHN deploy a full and transparent approach to commissioning arrangements for ITC, with outreach, care coordination and Indigenous Health Project Offices all part of the service delivery model that has been commissioned. In this process, the engagement with Aboriginal and Community Controlled Health Organisations has been central to the transfer of service delivery responsibilities through the commissioning process.

Placed based service delivery options have been developed across the catchment, and while each reflect the leading agency of the ACCHOs, each also have locally developed approaches to embed and or engage mainstream health services as part of the overall service design.

Beyond the establishment, implementation and maturity of the ITC teams across the catchment, key priorities Murray PHN for this activity is:

- The development of a CQI framework to support the ongoing quality and performance of the ITC activity
- Strengthening the synergy between commissioned ITC activity and Murray PHN Health priorities and commissioning investment to improve the effectiveness, efficiency and impact to local health system improvement for Aboriginal and Torres Strait Islander people;
- The overall influence and oversight of the catchment wide ACCHO network (refer to IN 2) to shape and provide guidance of the investment, and its integration with broader commissioning responsibilities and accountabilities of Murray PHN.

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>During the period July to December 2016, Murray PHN has managed the transition to fully commissioned ITC activity arrangements. The timing, sequences and transfer details of the ITC transition has involved the redundancy of staff in IHPO and IHOW roles who were previously employed by Murray PHN. On this basis, full details of the transition plan (i.e. Staff redeployment and redundancy schedules) will not be included on public information uploaded on the Murray PHN website.</p> <p>This Activity Work Plan will be uploaded on the Murray PHN website once it is approved by the department.</p>

Proposed Activities	
ITC transition phase	<p>Murray PHN has used the transition period from 1 July 2016 to December 2016 to undertake a period of community engagement and consultation, service design and commissioning. ITC activity contracts have commenced from 1 January 2017, with organisations which were selected via a competitive commissioning activity.</p> <p>The commissioning approach was designed and delivered in a way to:</p> <ul style="list-style-type: none"> • Support ACCHO understanding of context and purpose • Build capacity of the market to effectively participate in a commissioning experience <p>The approach included:</p> <ul style="list-style-type: none"> • Regional briefings • Expression of interest stage • Dialogue with preferred tenderers • Request for Proposal <p>Each stage was delivered within the allowable timeframes. Feedback mechanisms and process improvements have been documented and have supported broader commissioning processes, specifically as it relates to commissioning services that directly target and are to benefit Aboriginal and Torres Strait Islander people.</p>
Start date of ITC activity as fully commissioned	1 January 2017
Is the PHN working with other	Murray PHN has a commitment to collaborate with stakeholders including ACCHOs, VACCHO and mainstream health services to design and deliver ITC services. We recognise that there is considerable synergy across a range of

<p>organisations and/or pooling resources for ITC? If so, how has this been managed?</p>	<p>agencies that share an objective to improve health outcomes for Aboriginal and Torres Strait Islander people.</p> <p>Within Murray PHN, that synergy includes:</p> <ul style="list-style-type: none"> • Victorian State Government Koolin Balit Strategic Plan • Murray PHN General Practice QI, workforce capacity and commissioning activity that directly impacts Indigenous communities. • Regional and catchment wide Indigenous networks <p>Whilst we acknowledge the extent of current and emerging opportunity for co-investment, there is no existing arrangement of pooling resources in place.</p>
<p>Service delivery and commissioning arrangements</p>	<p>ITC activity contracts have commenced from 1 January 2017. Previous comments have described the specific elements and sequence of the approach. As a result, the following organisations which were selected via a competitive and transparent commissioning process:</p> <ul style="list-style-type: none"> • Bendigo & District Aboriginal Co-Operative, • Mallee District Aboriginal Services, • Njernda Aboriginal Corporation, • Rumbalara Aboriginal Corporation, • Albury Wodonga Aboriginal Health Service, • Primary Care Connect.
<p>Decommissioning</p>	<p>There is no decommissioning that is related to ITC activity.</p>
<p>Decision framework</p>	<p>ITC is one aspect of Murray PHN’s strategic approach to improving the efficiency and effectiveness of models of care and coordination and integration of care for Aboriginal and Torres Strait Islander people. The decision framework for ITC service design has been considered in conjunction with planning for mental health, suicide prevention and drug and alcohol services.</p> <p>This work is ongoing and has been informed by :</p> <p>Local Research and Engagement:</p> <ul style="list-style-type: none"> • Murray PHN Needs Assessment, which incorporates regional profiles, stakeholder and service mapping; • Feedback from Aboriginal and Torres Strait Islander representative networks and organisations (including Loddon Mallee Aboriginal Reference Group, ACCHOs and VACCHO). • Clinical input through the Clinical Council Advisory Committees; • Regional and stakeholder and consumer engagement • Staff engagement <p>National Frameworks, Strategy & Research</p> <ul style="list-style-type: none"> • National and State policy, including Koolin Balit, <i>National Aboriginal and Torres Strait Islander Health Plan 2013-2023</i>; • Review of literature, including Couzos et al 2016; AHHA PHN discussion paper series: Paper three: Aboriginal and Torres Strait Islander health, 2015.

	<ul style="list-style-type: none"> • Murray PHN Strategic plan, in particular strategic goals, objectives and priorities. <p>The above needs analysis and review culminated in the discernment of evaluation criteria which was included in each of the commissioning methodologies (as outlined below). The evaluation criteria is summarised as follows:</p> <ul style="list-style-type: none"> • <i>Service delivery model</i> Detailing the approach and service model • <i>Approach to coordination and integration</i> Demonstrating how they will improve access to culturally appropriate mainstream health services • <i>Partnership and Leadership</i> Demonstrating how the tenderer will connect with Indigenous networks and leadership • Approach to respond to equity Demonstrating how the ITC team will improve access for community members that are hard to reach • Value for money <p>The commissioning arrangements outlined above included a competitive approach to the market. This was developed through:</p> <ul style="list-style-type: none"> • Consultation with Aboriginal and Torres Strait Islander representative networks and organisations • Industry briefings conducted in each region • A two-stage EOI and RFT commissioning approach • Clear and transparent RFT specifications and evaluation criteria
Indigenous sector engagement	<p>The Murray PHN ACCHO network is a primary mechanism for the organisation to frame, develop and seek feedback regarding priority areas of the health service system and its impact to Indigenous health and wellbeing. To this end the Network provides over arching oversight and gives agency to the voice, representation and leadership of individual ACCHOs within their respective areas of country and also collectively, as an Indigenous voice across the Murray PHN catchment area.</p> <p>At a more local and regional level, the four regional teams of the organisation are participants in local indigenous specific networks and initiatives that occur.</p> <p>From a business to business perspective, the organisations direct involvement with both the Regional and Central department of Health and Human Services is an ongoing and shared commitment. Similarly, and through the agency of VPHNA, Murray PHN contributes to the leadership and engagement with Indigenous peak organisations, particularly VACCHO.</p> <p>Each of these engagement mechanisms were resourced as part of the design, development and communication of the commission of ITC activity across the catchment. The significance of ongoing engagement continues as the ITC activity matures and develops.</p>

Decision framework documentation	The decision framework supporting the commissioning decision making was developed and communicated in the engagement activities and documented in its communication material. Through doing so, Murray PHN has aimed to support a fully transparent and open process prior, during and after the commissioning process.																																																									
Description of ITC Activity	<p>Project plans are currently under development by each of the respective ACCHO organisation. A framework / template has been provided to support aggregation of effort. Recognising the synergy between Murray PHN priority and ITC activity, and also to foster collaboration and partnership, we have applied a principle of co-authorship in the development of the plan.</p> <p>With this in mind, the first contractual milestone for all contracts is the provision of the project plan by the end of February. An aggregated summary of the plan will be supplied to the Department at this time.</p>																																																									
ITC Workforce	<p>Murray PHN has recently completed a commissioning exercise to allocate funding for 13.4 FTE for ITC roles. In addition, 1 FTE has been allocated for an Indigenous Health Project Officer who will be engaged by Murray PHN. These arrangements are expected to continue through to 30 June 2018.</p> <table border="1" data-bbox="443 1010 1417 1809"> <thead> <tr> <th rowspan="2">Service Provider</th> <th rowspan="2">AMS</th> <th colspan="3">Staffing (FTE)</th> <th rowspan="2">Total FTE</th> </tr> <tr> <th>IHPO</th> <th>AOW</th> <th>CC</th> </tr> </thead> <tbody> <tr> <td>Albury Wodonga Aboriginal Health Service (AWAHS) as Consortia lead agency</td> <td>Yes</td> <td>0.8</td> <td>1</td> <td>1</td> <td>2.8</td> </tr> <tr> <td>Bendigo and District Aboriginal Co-operative (BDAC)</td> <td>Yes</td> <td>0.8</td> <td>0.8</td> <td>0.8</td> <td>2.4</td> </tr> <tr> <td>Mallee District Aboriginal Services (MDAS)</td> <td>Yes</td> <td>1</td> <td>1.1</td> <td>1.5</td> <td>3.6</td> </tr> <tr> <td>Primary Care Connect (PCC)</td> <td>No</td> <td>1</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>Njernda Aboriginal Corporation</td> <td>Yes</td> <td>0</td> <td>0</td> <td>1</td> <td>1</td> </tr> <tr> <td>Rumbalara Aboriginal Co-operative</td> <td>Yes</td> <td>0</td> <td>1.6</td> <td>1</td> <td>2.6</td> </tr> <tr> <td>Murray PHN</td> <td>No</td> <td>1</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td colspan="2">Total</td> <td>4.6</td> <td>4.5</td> <td>5.3</td> <td>14.4</td> </tr> </tbody> </table>	Service Provider	AMS	Staffing (FTE)			Total FTE	IHPO	AOW	CC	Albury Wodonga Aboriginal Health Service (AWAHS) as Consortia lead agency	Yes	0.8	1	1	2.8	Bendigo and District Aboriginal Co-operative (BDAC)	Yes	0.8	0.8	0.8	2.4	Mallee District Aboriginal Services (MDAS)	Yes	1	1.1	1.5	3.6	Primary Care Connect (PCC)	No	1	0	0	1	Njernda Aboriginal Corporation	Yes	0	0	1	1	Rumbalara Aboriginal Co-operative	Yes	0	1.6	1	2.6	Murray PHN	No	1	0	0	1	Total		4.6	4.5	5.3	14.4
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