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 Queensland Primary Health Network

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 via email to Qld_PHN@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

Northern Queensland’s Strategic Plan 2016-19 sets the vision for NQPHN as Northern Queenslanders live happier, healthier, longer lives. (Refer to PHN website; www.primaryhealth.com.au for NQPHN Strategic Plan 2016-2019)

NQPHN’s purpose is; To ensure people of Northern Queensland access primary health care services that respond to their individual and community needs, and are relevant to their culture, informed by evidence, and delivered by an appropriately skilled, well integrated workforce.

NQPHN has the following goals;
- To place individuals at the centre of their own health and wellbeing
- To work with communities to understand local needs and design and implement solutions that improve local health and wellbeing
- To ensure an integrated approach to health and wellbeing
- To build local capacity to improve health and wellbeing outcomes

Underpinning our Strategic plan are our pillars; People, Partnerships, Evidence & Data, Innovation and Governance.

NQPHN is committed to achieving health outcomes by embedding the quadruple aim approach to measuring health outcomes across all activities and commissioning. The activities outlined in this plan do not specify these outcomes to reduce duplication. Outcomes across all activities where applicable include;

- **Patient Experience of Care**
  - Safe and effective care
  - Timely and equitable access
  - Patient and family needs met
- **Quality and Population health**
  - Improved health outcomes
  - Reduced disease burden
  - Improvement in individual behavioural and physical health
- **Sustainable cost and value**
  - Efficiency and effectiveness of services
  - Increased resourcing to primary care
  - Cost savings and quality-adjusted life-years
- **Provider Satisfaction**
  - Increased clinician and staff satisfaction
  - Evidence of leadership and teamwork
  - Quality improvement culture in practice

The NQPHN Health Needs Assessment Identified the following priorities;

1) Aboriginal and Torres Strait Islander Health
- Transfer Care Coordination and Supplementary Services and Improving Indigenous Access to Mainstream Primary Care programs to the New CSS Integrated Team Care Model.
- Aboriginal and Torres Strait Islander Workforce Development
Embark on continuous (rolling) consumer and workforce feedback for Aboriginal and Torres Strait Health services.

- Improve screening and treatment of sexually transmitted diseases.
- Facilitate telehealth use—including GP access via telehealth.
- Increase Indigenous specific aged care access.
- Improve access to higher education for Indigenous Australians.
- Increase after-hours access in remote areas, especially for Indigenous people in Cape York and the Torres Strait.
- Improved communicable diseases management, specifically targeting TB in the Torres Strait.
- Develop Indigenous-specific health promotion materials.

2) Maternal and Child Health
- Increase access to programs and services for families before, during and after pregnancy.
- Increased engagement in maternal and child health services by NQPHN.
- Increase access to specialist parenting programs across the region.

3) Chronic Conditions Management
- Increase support to GPs to coordinate chronic disease management.
- Improve coordination of chronic disease care services within the primary health care sector.
- Facilitate sport and recreational services, especially in rural and remote areas.
- Develop and deliver support mechanisms to improve consumer self-management.
- Improve access to specialist referrals (care), especially for rural and remote residents.

4) Health Care For the Elderly
- Improve community management of the elderly.
- Increase documentation for Advanced Care directives (end of life (EOL) plans).
- Equitable access to allied health services in residential aged care facilities across the region.
- Improve services and access for elderly Indigenous Australians
- Better understanding of regional aged care issues.
- Increased Aboriginal and Torres Strait Islander aged care workforce.
- Increase capacity of aged care workforce

5) Workforce
- Health workforce development
- Workforce recruitment

6) Improved Health System Efficiencies
- Increase access to a skilled workforce in rural and remote areas.
- Telehealth
- Improved access to routine aerial health transport for remote and rural communities.
- Increase communities’ knowledge and understanding of the primary health care system.
- HealthPathways
- Map primary health services
- Increase use of My Health Record
- Increase individuals access to their primary health care team.

7) Health Promotion and Prevention
- Active Healthy Workplaces Program that specifically target smoking reduction/cessation, increased exercise participation, and improved healthy eating.
- Healthy diet and exercise promotion.
- Plan and Implement Cape and Torres Strait Health Promotion Action Agenda.
- Health behaviours, Aboriginal and Torres Strait Islander health.
- Health behaviours
8) After Hours
   - Improve access to afterhours health services.
   - Improve coordination and collaboration across region.
   - Improved integration and coordination of care for better health outcomes in the after-hours period.
   - health promotion and prevention priorities, including local government and other relevant stakeholders.

The objectives of the NQPHN involvement in Aboriginal and Torres Strait Islander Health, is making health better that is free of racism and inequality and all Aboriginal and/or Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. NQPHN acknowledges the importance of social determinants of health as platform to improve health outcomes. NQPHN aims to commission a range of Aboriginal and Torres Strait Islander health initiatives to NQ Indigenous people that;
   - Implement innovative and locally-tailored solutions Aboriginal and Torres Strait Islander Health programs/services, based on community need; and
   - Work to address gaps in Aboriginal and Torres Strait Islander Health service provision, particularly in rural and remote communities within NQPHN.
## 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.

<table>
<thead>
<tr>
<th>Public Accountability</th>
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<tr>
<td>What are the sensitive components of the PHN's Annual Plan? Please list</td>
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<tr>
<th>Proposed Activities</th>
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<tr>
<td><strong>ITC transition phase</strong></td>
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<td><strong>Start date of ITC activity as fully commissioned</strong></td>
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<td><strong>Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?</strong></td>
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| **Service delivery and commissioning arrangements** | NQPHN have two different approaches to the ITC program, in different service delivery settings, that will each warrant a different approach to commissioning;  
1. Aboriginal Medical Services ITC model (NATISHA have won the ACCHOs bid)  
2. Mainstream General Practice ITC model (NAHPL, Health Reimagined have won a consortia bid)  
In order to inform relative community (LGA) resource allocation, NQPHN will use a population and needs based resource allocation tool, that employs a weighted capitation formula based on;  
• Population size – Age/Sex Groups  
• Socio-Economic Deprivation (SEIFA)  
• Proportion of Aboriginal and Torres Strait Islander people  
• Remoteness  
• Unavailability of services  
• Disease status, and  
• Social cohesion (as indicated by employment/school attendance rates) |
Aboriginal Medical Services ITC Model

NQPHN have engaged with the Northern Aboriginal and Torres Strait Islander Alliance (NATSIA) to deliver the Aboriginal Medical Services ITC model across the entire NQPHN footprint. NATSIA has been in existence since early 2010, and is a collective consortium of many ACCHOs in our NQPHN footprint. Through NATSIA, NQPHN will collaborate and engage our Aboriginal and Torres Strait Islander people and communities to design an ITC program that is equitably distributed, and NQPHN will support NATSIA to establish organisational functions and processes to support effective ITC program delivery. Northern Peninsula Area Family and Community Services (NPAFACS) have been identified as the most suitable provider for the ITC program in the Northern Peninsula Area and Torres Strait Island regions. NPAFACS has been undertaking community engagement in the Torres Strait Islands region in preparedness to rollout the ITC program.

Through this approach and model design NQPHN will foster a collective approach with Aboriginal Medical Services (AMSs), and Aboriginal Community Controlled Health Organisations (ACCHOs) that fosters collaboration and partnership. Indigenous Health Program Officers (IHPOs) will have responsibility for consortium capacity building, support and coordination; in addition to working closely with IHPO peers in the Mainstream General Practice ITC model to coordinate activities and services across the two models. Depending on the model co-design outcomes, Indigenous Outreach Workers (IOW’s) and Care Coordinators (CC’s) and Supplementary Services fund pool may be either; a separate team of shared resources delivering services working across various AMS’s or ACCHO’s, or may be allocated to individual AMS’s or ACCHO’s toward embedded positions and services; consistent with the ITC program guidelines.

Mainstream General Practice ITC model

NQPHN will approach the market seeking a consortium to deliver the Mainstream General Practice ITC Model across the entire NQPHN footprint. It is anticipated that this approach to market will open with an Invitation to Apply or Request for Tender in September 2016.

Indigenous Health Program Officers (IHPOs) will have responsibility for mainstream General Practice and primary health care capacity building, support and coordination; in addition to working closely with IHPO peers in the Aboriginal Medical Services ITC model to coordinate activities and services across the two models. Depending on the model co-design, Indigenous Outreach Workers (IOW’s) and Care Coordinators (CC’s) and Supplementary Services fund pool may be either; a separate team of shared resources delivering services working across various mainstream practices with an identified high proportion of Aboriginal and Torres Strait Islander patients, or may be allocated to individual General Practices toward embedded positions and services; consistent with the ITC program guidelines.

The co-design process has been finalised. Northern Area Primary Health Limited (NAPHL) is the head contract holder for the Mainstream GP ITC Model and has partnered with Health Reimagined for the Cairns and surrounding area. NAPHL will operate as a consortia, providing the ITC services to the GP’s under the NAPHL consortia.

Services will be delivered as per the consortia model and ITC program. NAPHL will be seeking to enter into service delivery arrangements with GP’s across the NQPHN footprint and will employ the IHPO’s directly. Care Coordinators and Indigenous Outreach Workers will be split between NAPHL and Health Reimagined.

Decommissioning

NQPHN used a resource allocation model to determine evidence based funding distribution considerate of population, burden of disease, rural and remoteness, variance of service delivery cost in remote areas, and availability of providers. The review of funding distribution for this program has resulted in some changes in
the volume of funding available to regions at a Local Government Area level. In particular, any reductions in funding for the mainstream consortium, and the Cairns area, have caused some concerns for these providers which have been addressed through discussion and compromise by NQPHN and providers where possible.

The Omega Health GP in Cairns was decommissioned due to consortia arrangement and change of ownership of the GP business. Omega Health did not apply for the ITC program funding.

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<th>Decision framework</th>
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| NQPHN has the highest Aboriginal and Torres Strait Islander (~83,000) population in Qld. The Aboriginal and Torres Strait Islander population are among the most vulnerable with our PHN. Our PHN Indigenous mean age of death is markedly younger (~60 years) compared with non-Indigenous (~76 years); a sixteen-year gap in life expectancy. Aboriginal and Islander Community Controlled Health Services data indicates that Diabetes prevalence amongst Indigenous adults is estimated to be between 15—25% of persons. Torres and Cape report over 70% of overweight and obese persons. There is a high proportion of Indigenous adults at risk of renal disease was over 30%, 2012. In our PHN, we have a high proportion of Aboriginal and Torres Strait Islander persons who report high levels of disadvantage (SEIFA) low education achievement, overcrowded housing, low access to transport/private vehicles and poor access to services. The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 highlights the need for a multifaceted approach to closing the gap in health outcomes, includes a shared collaborative model between ACCHOs and mainstream primary health care. A review of resource distribution in the NQPHN footprint informed by CCSS and IIAMPC program data and reporting has determined that resources have previously been distributed in a manner that is not consistent with need, or informed by an evidence based approach. NQPHN will use the aforementioned relative community (LGA) resource allocation tool to inform decision making in addition to qualitative data gathered through engagement with;
- Primary health care providers, and General Practice (including Aboriginal Medical Services, through NATSIA and the NQPHN AMS advisory group),
- Indigenous community- including a planned Broader engagement at different Indigenous specific community events (i.e. NAIDOC etc.).
- Non- government and community groups,
- Health and social services and government departments and agencies for the delivery of Care Coordination program. |

Community engagement was informed through the *Our Yarn, Our Health, Our Future* approach. The IAP2 model of stakeholder and community engagement will guide the engagement methodology, predominantly through informing and consultation. *Participatory Action Research* information will be captured based on reflection, data collection, and action that aims to improve health and reduce health inequities through involving the people who, in turn, take actions to improve their own health. The information obtained will be analyzed to identify the core themes within each region and documented within the engagement report and in turn inform the appropriate commissioning approach.

NQPHN have established an ITC program coordination group consisting of all commissioned providers to ensure collaboration and sharing of program learnings.

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<th>Indigenous sector engagement</th>
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<td>NQPHN will continue to engage providers continuously over the life of this program to support ongoing review of data and learnings, share successes and challenges and directly facilitate continuous quality improvement. Provider and patient feedback will form part of the program KPIs and metrics.</td>
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Northern Peninsula Area Family and Community Services (NPAFACS) have been identified as the most suitable provider for the ITC program in the Northern Peninsula Area and Torres Strait Island regions. NPAFACS has been undertaking community engagement in the Torres Strait Islands region in preparedness to rollout the ITC program.

NPAFACS is the most suitable provider for the ITC program in the NPA and Torres Strait Island region. NPAFACS are an established community based organisation in the NPA region and have been providing family and community services to the NPA region for many years. NPAFACS also have a GP clinic based in Injinoo and are expanding their primary health service delivery in the NPA and are seeking membership with the Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA). NPAFACS will be directly funded to deliver the ITC program for the NPA and Torres Strait Island region and will employ the IHPO, Care Coordinators and Indigenous Outreach Workers directly.

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<th>Decision framework documentation</th>
<th>Yes</th>
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<td>Description of ITC Activity</td>
<td>NQPHN will employ 2 relationship coordinators and an ITC program lead to oversee the two consortium, support quality improvement and strong collaboration, and prevent duplication of any systems, processes and services. These staff will ensure that the ITC program has strong regional coordination of ITC activities across a large and diverse area, and multiple consortium, which necessitates a central coordination and capacity building function that must be provided by NQPHN. These staff will take a policy and leadership role within NQPHN. They will function as team leaders to ensure there is a focus on Indigenous health and aim to improve the integration of care across the region. This work includes needs assessment and planning, developing multi-programme approaches and cross-sector linkages, and supporting both Outreach Workers and Care Coordinators including coordinating ITC workforce development activities and quality improvement. These positions will act as primary ITC program leaders (IHPO role) and will provide direction to other consortium based ITC staff.</td>
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**Aboriginal Medical Services ITC model**

Half of the staffing resources will be allocated to the Aboriginal Medical Services ITC Model including:
- 2 Indigenous Health Project Officers
- 12-20 FTE Care Coordinators
- 6-7 FTE Indigenous Outreach Workers

**Mainstream General Practice ITC model**

Half of the staffing resources will be allocated to the Mainstream General Practice ITC Model including:
- 2 Indigenous Health Project Officers
- 12-20 FTE Care Coordinators
- 6-7 FTE Indigenous Outreach Workers