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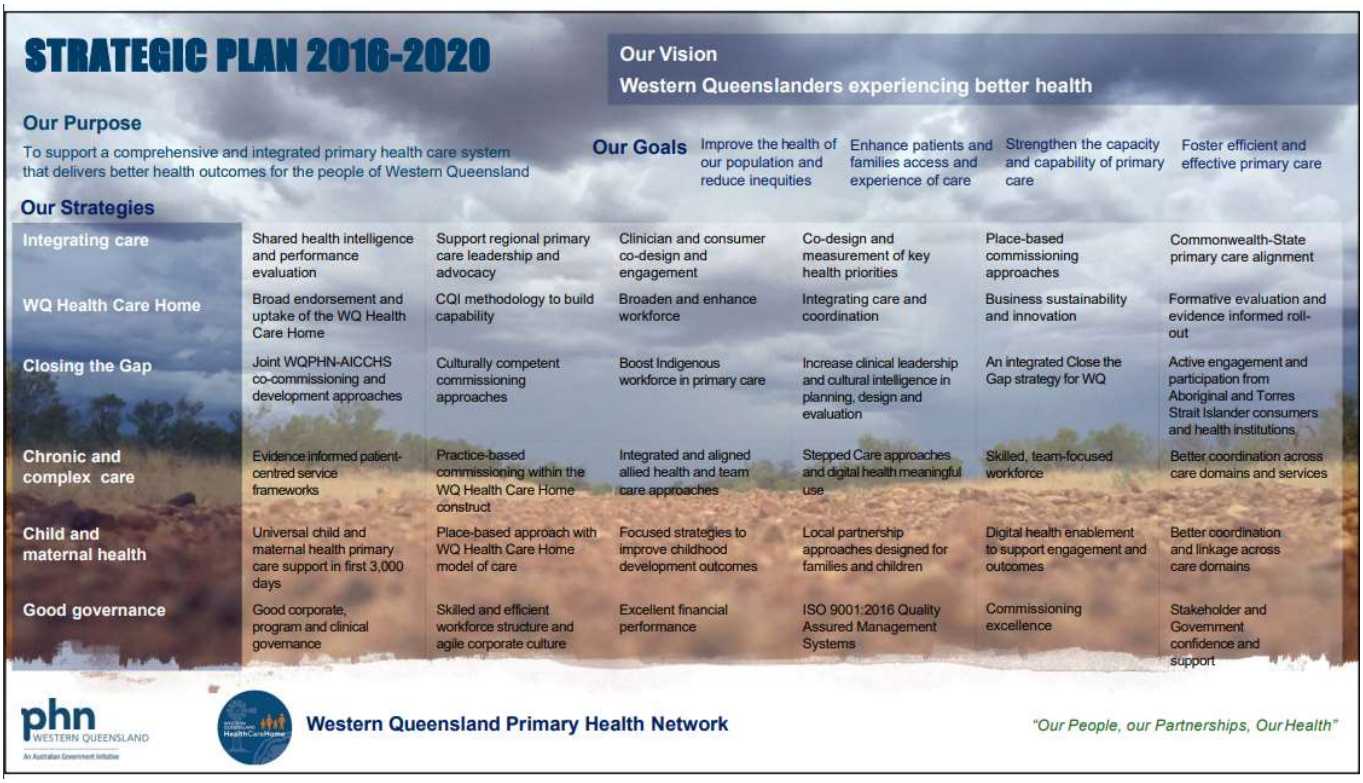
WESTERN QUEENSLAND PHN

Activity Work Plan 2018-2019:

Integrated Team Care Funding

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



www.wqphn.com.au/Strategicplan

Western Queensland's Health Needs Assessment (HNA 2017) has identified that WQPHN region has 10,671 residents (17.2%) who identify as and Aboriginal and Torres Strait Islander peoples. The proportion of Aboriginal and Torres Strait Islander residents is far higher than the proportion for Queensland (4%). With 62% of the total number of Aboriginal and Torres Strait Islander people in Western Queensland reside in the NWHHS. Within the NWHHS, there are two LGAs (Mornington and Doomadgee) with over 90% of the population identifying as Aboriginal and Torres Strait Islander peoples.

The Health Needs Assessment (HNA) identifies a significant number of Aboriginal and Torres Strait Islander people in the WQPHN region, second to the Northern Territory PHN in terms of the proportion of Aboriginal and Torres Strait Islander people compared to the non-Indigenous population.

WQPHN oversee three regions:

1. The North West Region, which is the largest in both size and population with an estimated 8,433 Aboriginal and Torres Strait Islander residents.

2. The Central West Region, with an estimated 1,546 Aboriginal and Torres Strait Islander residents.

3. The South West Region, with an estimated 3,868 Aboriginal and Torres Strait Islander residents.

The Aboriginal and Torres Strait Islander population is distinctly younger than the overall population. Over half of the Aboriginal and Torres Strait Islander population is under the age of 24 years, compared to around one-third for the total population. There is also a sharp contrast in the proportion aged 65 years and over (4% compared with 11%). Our HNA also shows that 35% of all children aged under 15 years in Western Queensland identify as an Aboriginal or Torres Strait Islander person

WQPHN Strategic Priorities in Closing the Gap

Chronic disease is a critical problem for Aboriginal and Torres Strait Islander people in the WQPHN region. The burden of disease for Aboriginal and Torres Strait Islander people living in remote areas is 1.47 times that of Aboriginal and Torres Strait Islander people living in major cities.

The most significant chronic disease burdens are, in order:

- cardiovascular disease
- diabetes
- cancer
- chronic respiratory diseases

WQPHN has established the Nukal Murra Alliance which brings together the Western Queensland Primary Health Network (WQPHN) and the Aboriginal and Torres Strait Islander Community Controlled Health Services (AICCHS) in a regionally focused, culturally informed partnership to improve the health, social and emotional wellbeing of our communities.

This approach harmonises the PHN and AICCHS chronic disease management and care coordination functions and creates greater leverage from local infrastructure, cultural intelligence and resources within these local organisations.

Within these regions, four AICCHS operate to deliver primary health services:

1. Gidgee Healing Aboriginal Medical Services (Gidgee) – North West region
2. Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health (CWAATSICH) – South West region
3. Cunnamulla Aboriginal Corporation for Health (CACH) – South West region
4. Goondir Health Services (Goondir) – South West region.

The WQPHN is responsible for oversight and allocation of commissioned funding to the individual AICCHSs, and two main initiatives are funded as part of the WQITC program:

- **Care Linkage:** where specialist Care Link staff, attached to individual AICCHSs, enable and support clients to participate in their care plan through coordination and integration
- **Supplementary services:** which are used to pay for clients to access allied health or specialist services (including medical aids) or necessary transport where there is no other available public funding.

1. (b) Planned activities funded by the Indigenous Australians' Health Program Schedule for Integrated Team Care Funding

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2018-2021. 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	*Nil*

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Existing, Modified, or New Activity	**Existing** - The WQPHN, developed an integrated model in 2017 for the Integrated Team Care (ITC) program and established the Nukal Murra Health Support Service which assume collective responsibility for delivering ITC services throughout the region to all Aboriginal and Torres Strait Islander people, not just patients of the AICCHSs. The new Nukal Murra Health Support Service (NMHSS) was introduced in July 2017 and will continue for the duration of the funding agreement.
Start date of ITC activity as fully commissioned	1 July 2018 - The Nukal Murra Alliance activities support the WQPHN Strategic Plan 2016-2020 (Strategic Plan), the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 and the Gayaa Dhuwi Declaration 2015 (Plans).
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	The NMHSS provides a hub and spoke model that assists the four AICCHS with central coordination for all matters relating to financial acquittals, training, governance, engagement with mainstream general practices and continuous quality improvement. Resources are pooled under the Nukal Murra Alliance with central decision making and reporting. Activity and financial reporting is communicated bi-monthly in the form of report cards for circulation amongst the Clinical Chapters, WQPHN Board of Directors, mainstream service providers, Nukal Murra Alliance members and community.

Service delivery and commissioning arrangements	The commissioning approach used by the WQPHN is direct engagement under an Alliance Contract with the four AICCHSs within the WQPHN catchment area. This approach is consistent with ***WQPHN Commissioning for Better Health*** and supports a place-based commissioning approach across the seven Commissioning Localities (CL) of the WQPHN. This commissioning approach considers primary care flows, funding, demographic and cultural considerations and also reflects the National Indigenous Reform Agreement service delivery principles, through the implementation of the ITC Program in Western Queensland: • **Priority principle**: Programs and services should contribute to Closing the Gap by meeting the targets agreed by the Council of Australian Governments (COAG) while being appropriate to local needs. • **Indigenous engagement principle**: Engagement with Aboriginal and Torres Strait Islander men, women, children and communities should be central to the design and delivery of programs and services. • **Sustainability principle**: Programs and services should be directed and resourced over an adequate period of time to meet the COAG targets. • **Access principle**: Programs and services should be physically and culturally accessible to Aboriginal and Torres Strait Islander people and recognise the diversity of urban, regional and remote needs. • **Integration principle**: There should be collaboration between and within governments at all levels and their agencies to effectively coordinate programs and services. • **Accountability principle**: Programs and services should have regular and transparent performance monitoring, review and evaluation. The Nukal Murra Health Support Service (NMHSS) program is designed to improve the management of chronic disease amongst Aboriginal and Torres Strait Islander people by strengthening partnerships between Aboriginal and Torres Strait Islander organisations and the wider health system. The program also seeks to empower people with chronic disease to be more effectively engaged in their care through providing a culturally informed, seamless and integrated approach to care. The NMHSS aims to: • improve the way chronic diseases are managed for Aboriginal and Torres Strait Islander people in Western Queensland • deliver Supplementary Services to those in need of urgent and chronic disease management for which public funding is not already available • prioritise spending on those who are most vulnerable • ensure access to Supplementary Services is distributed according to population, and that each region is supported to spend their allocation • ensure all GPs in the region understand the program and how to access it.
Decommissioning	None

Decision framework	The collective resources, health intelligence, service delivery model, infrastructure and cultural intelligence of each of the Nukal Murra Alliance members provides the WQPHN with the confidence that the service delivery and commissioning arrangements for the ITC programme, reflects the necessary components to ensure the outcomes and deliverables are achieved. The Nukal Murra Alliance members meet quarterly to consider the performance of the ITC patient enrolment, experience and uptake, including support for referrals from private general practice networks. The Care Access Manager provides support for Care Link workers and assists the engagement and linkage with GPs and Practice staff. The decision making, and reporting framework applied to the NMHSS is strongly influenced by the Quadruple Aim, which has seen over the past year the NMHSS working towards shaping supply and managing performance of both individual AICCHSs and mainstream service providers providing supplementary services and referrals. This model has seen a steady growth in the numbers of Aboriginal and Torres Strait Islander MBS Items being completed by mainstream providers as this is the impetus for clients to be eligible to access supplementary services.
Indigenous sector engagement	The Nukal Murra Alliance reflects and symbolises the leadership and collaboration of the Members and our shared aspiration to strengthen service alignment, integration and consumer engagement to improve Aboriginal and Torres Strait Islander health outcomes in Western Queensland. Through the Nukal Murra Alliance governance mechanisms it reflects the commitment to working together, as equals, to harness our individual strengths, increase our collective impact and achieve our shared objectives. The Nukal Murra Alliance will: • identify and promote opportunities for joint commissioning and design of health services • promote and encourage a clinically integrated model of primary health care • promote and support transition pathways for Aboriginal and Torres Strait Islander community participation and control of health care • contribute to the development of AICCHS providers through commissioning and expanding the scope and scale of services • improve access to culturally competent primary health care for Western Queensland's Aboriginal and Torres Strait Islander people • improve the cultural competence of mainstream services • provide a base from which to jointly develop and manage specific projects and the delivery of services in line with these objectives • ensure an enduring, region-wide, structural framework to deliver Alliance initiatives such as culturally competent models of care and workforce strategy, and improve access to contemporary evidence and information • work together to drive reform through key initiatives such as the Western Queensland Integrated Team Care Program and Social and Emotional Wellbeing Programs.

	The ***WQPHN Commissioning for Better Health*** CLs considers primary care flows, funding, demographic and cultural considerations. The location of the four ACCIHS within the Western Queensland catchment ensures that AICCHS work to community boundaries and in the Central West where this is no AICCHSs, community engagement and co-location of the Carelink Worker in an Aboriginal Community Controlled Organisations ensures connection and collaboration in co-design, planning and reporting.
Decision framework documentation	Collateral has been developed and distributed throughout the catchment, available online, and provided by Care link workers, Aboriginal Health Workers and health partners to ensure clients and referring practices understand the eligibility and process requirements of ITC.
Description of ITC Activity	***1 Care Access Manager*** *provides central coordination of aspects of the programme deliverables whilst also providing education and training to Carelink Workers and mainstream general practices, assists client with enquiries, manages data and reporting, financial approvals and acquittals and administrative tasks associated with the implementation and support of the NMHSS.* *The Care Access Manager works closely with Aboriginal Health Workers in both AICCHSs and mainstream practices to ensure that clients are completing chronic disease management plans to assist in access to ongoing care coordination and access to supplementary services.* ***8 Carelink Workers*** *are located across the four AICCHSs within the WQPHN and provide care coordination and outreach worker functions as part of their roles and responsibilities. The Carelink Workers work closely with clients supporting them to access services, assist clients with their health literacy and when requested act as a conduit between clients and health care professionals.* *WQPHN also funds* ***2 Indigenous Health Project Officers*** *(one in the NW and another in the SW) to assist mainstream practices support Aboriginal and Torres Strait Islander clients. This position has a dual role of increasing the cultural competence of the mainstream GP whilst also providing care coordination and outreach functions for clients.*
ITC Workforce	*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 Service* *Care Access Manager x 1 Charleville (AICCHS)* *Carelink Worker x 1 St George (AICCHS)* *Indigenous Health Project Officer x 1 St George (mainstream GP)* *Indigenous Health Worker x 1 Mt Isa Medical (Mainstream GP)*

	Care Link Worker x 1 Cunnamulla (AICCHS) *Care Link Worker x 2 Charleville / Roma (AICCHS)* *Care Link Worker x 4 Mount Isa (AICCHS)* *Accounting support, Data portal administration and reporting, Supplementary Services payments, administration and financial reconciliation provided through the Brokerage service hosted by the Central West Areas Aboriginal and Torres Strait Islander Community Health (CWAATSICH).*
Funding from other sources	*The Nukal Murra Alliance members provide in-kind resources to support the program through hosting care link workers and clinical supervision, providing access to infrastructure, IT, motor vehicle fleet and administrative support.*