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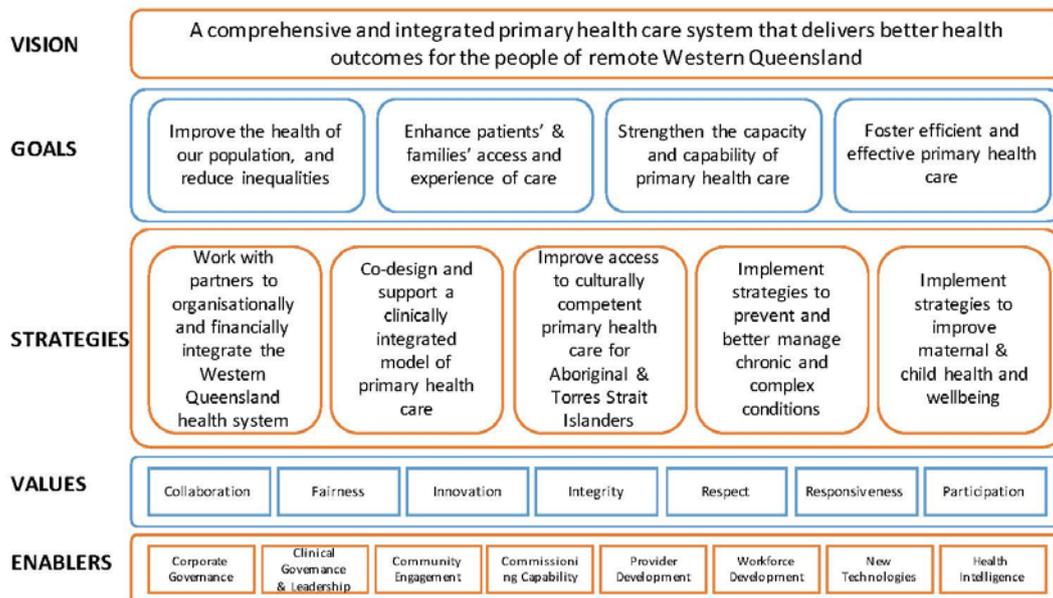
**phn**  
WESTERN QUEENSLAND

An Australian Government Initiative

**WESTERN QUEENSLAND PHN**  
**Activity Work Plan 2016-2018:**  
**Integrated Team Care Funding**

## Strategic Vision

### WQPHN Strategic Plan



The Integrated Team Care Activity (ITC) aims to contribute to the improvement in health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to coordinated and multidisciplinary care; and to close the gap in life expectancy by improving access to culturally appropriate mainstream primary care services.

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.

In comparison to the non-Indigenous population, Aboriginal and Torres Strait Islander people in the WQPHN region are more likely to be admitted for a preventable hospitalisation and be discharged against medical advice.

General health outcomes in the WQPHN region are also unfavourable compared to the rest of Queensland and Australia in general. For the broader population, early deaths are significantly greater for the WQPHN region than averages for Queensland and Australia, and the WQPHN region has high levels of smoking and excessive alcohol consumption and the highest incidence of cancer of all PHNs in Australia

The ITC program is an opportunity to deliver better chronic disease management for Aboriginal and Torres Strait Islander people. It is a key programme for improving wellbeing for Aboriginal and Torres Strait Islander people in WQPHN region, empowering Aboriginal and Islander Community Controlled Health Services (AICCHSs) and their relationships with the wider health system, and to engage people with chronic disease more effectively in their care.

The ITC programme provides funding for:

1. **Care Linkage:** where Care Link staff enable clients to follow their care plan
2. **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 public funding available.

The current 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.

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

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

The research evidence indicates that the barriers for Aboriginal and Torres Strait Islander people in accessing mainstream health services are financial, transport, communication and shame. Systemic racism has also been identified as a barrier to the use of health services.

Greater Aboriginal and Torres Strait Islander participation in and control of primary health care services has been identified at both a state and national level as an effective action to improving health outcomes for Aboriginal and Torres Strait Islander people and contributes to Closing the Gap health outcomes between Indigenous and non-Indigenous Australians. Specific benefits include a more responsive health system, improved quality and cultural security of services and improved levels of family and community functioning.

### **Commissioning Approach**

In late 2016, WQPHN commissioned Nous Group (Nous), an independent consultancy firm, to review the effectiveness and efficiency of the ITC programme in each site across the region and consider the factors driving the best access to the programme and quality of service delivery (the Review).

The Review found that best practice had the following characteristics:

1. an emphasis on spending the greatest proportion of ITC funds on Supplementary Services
2. Care Link Workers being co-located with a GP<sup>1</sup> to facilitate collaborative service delivery
3. Care Link Workers being well connected to the Indigenous community
4. Care Link Workers educating GPs about the programme.

Nous identified that best practice was most often delivered through the holistic model of primary care provided by AICCHSs in Western Queensland.

The WQPHN established a planning collaborative between the AICCHSs to inform the development of a co-commissioning and performance framework for the ITC programme for 2017-18. Underpinning this approach was the need to harmonise the WQPHN and AICCHSs chronic disease management and care coordination functions and gain greater leverage from local infrastructure, cultural intelligence and resources within these local organisations.

WQPHN's commissioning and development methodology considers services provided within the triple aim construct: efficiency, quality and better access across hard to reach populations.

### **Nukal Murra Alliance**

The WQPHN, and the four AICCHSs in Western Queensland will form an alliance called 'Nukal Murra' (meaning plenty hands) which will be collectively responsible for:

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<sup>1</sup> Note that the term 'GP' in this document represents a General Practitioner in a Private Practice; an Aboriginal Medical Centre; and a Hospital and Health Service Practice (Claiming under 19.2B and the Royal Flying Doctor Services across the WQPHN Region).

- delivering ITC services throughout the WQPHN region
- overseeing the Western Queensland Aboriginal and Torres Strait Islander Supplementary Services
- contributing to a perception of the Western Queensland Aboriginal and Torres Strait Islander community that is based on competence and a contribution to community.

## Planned activities funded by the IAHP Schedule for Integrated Team Care Funding

Proposed Activities	
ITC transition phase	<p>The Care Coordination and Supplementary Services (CCSS) and the Improving Indigenous Access to Mainstream Primary Care (IIAMPC) activities have been combined to form the Integrated Team Care (ITC) Activity. The WQPHN's focus over the 2016-2018 period will be to maximise Aboriginal and Torres Strait Islander participation in and control of the ITC programme. This will be achieved by the development and execution of a transition plan for the new ITC programme.</p> <p>The WQPHN commissioned five service providers in 2016-17 to provide CCSS/IIAMPC services – NWRH, , Anglicare, Indigicare, CACH and CWAATSICH.</p> <p>The WQPHN approach to commissioning an independent review (Nous Group) provided an analysis of the ITC programme performance and critique of future state recommendations based on face-to-face consultations and stakeholder feedback. As a result of this process and to ensure continuity of care and transition, the Board identified in July 2017 as the commencement of new preferred provider arrangements within a new performance framework.</p> <p>WQPHN have developed a robust Commissioning and Development Framework. Our commissioning approach for 2016-18 aims to provide a stable operating environment across Western Queensland, whilst also sending a clear message of our intent to make the changes needed to deliver a comprehensive and sustainable primary health care system that is patient-centered, culturally appropriate and outcome-focused.</p> <p>In line with our Commissioning and Development Framework, we have adopted the following approach in transitioning the ITC programme during 2016-18:</p> <ol style="list-style-type: none"> <li>1. Re-contract existing CCSS/IIAMPC services for 12 months to June 2017</li> <li>2. Engage independent consultant Nous Group to review alignment of current services with ITC Guidelines, Programme performance, the WQPHN HNA and the Queensland Government's Transition to Community</li> </ol>

Control Strategic Framework

3. Review best practice approaches for the delivery of ITC services in other parts of Australia
4. Consult with current providers, general practices, other mainstream health services/professionals and ACCHSs on possible service options
5. Develop and execute the transition plan for new ITC programme from July 2017
6. Develop an Alliance Contract for the direct co-commissioning of the ITC programme with Western Queensland AICCHSs
7. Prepare a service implementation plan and monitoring framework to support the successful transition and implementation of the ITC in accordance with the WQPHN strategic Plan and ITC Guidelines.

<p>Start date of ITC activity</p>	<p>From July 2017, the WQPHN and the AICCHS established the Nukal Murra Alliance (Alliance). The Alliance supports and empowers AICCHS and jointly develops and manages specific projects to 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). The new Direct Commissioning arrangements with the Western Queensland AICCHS will commence from 1 July 2017.</p>
<p>Collaboration</p>	<p>The development and implementation of the transition plan for new ITC programme was undertaken in collaboration with previously commissioned service providers, ICCHSs, general practices, HHSs and other mainstream health services/professionals.</p> <p>Under the new Alliance Agreement with the Western Queensland AICCHS there is a resource sharing of salary and on costs to boost the funds available for Supplementary services. This will harmonise other Care Coordination functions between the AICCHS, and provide more equitable (and accountable) uptake of Supplementary services within GP lead chronic disease management for eligible Aboriginal and Torres Strait Islander people.</p>
<p>Service delivery and commissioning arrangements</p>	<p>The planned commissioning and development methodology considered the new services within the triple aim construct: efficiency, quality and better access across hard to reach populations. The WQPHN undertook an external review process as part of the planning, assessment and evaluation of the historical and future performance criteria for this critical programme. WQPHN engaged an independent evaluation partner with demonstrated experience in Aboriginal community health improvement analysis (Nous Group Consulting).</p> <p>The intent articulated in the WQPHN Strategic Plan 2016-2020 guides this process, including the direct engagement of the AICCHS.</p> <p>The WQPHN has established a planning collaborative with the AICCHS and QAIHC to inform the development of a co-commissioning and performance framework for the ITC programme from 2017-18. Underpinning this approach is the harmonisation of the PHN and AICCHS chronic disease management and care coordination functions and greater leverage from local infrastructure, cultural intelligence and resources within these local organisations.</p>

Decommissioning	<p>The PHN consulted with stakeholders regarding their support for the Transition to Community Controlled policy direction. The decision of the Board to develop a co-commissioning and performance framework with the Western Queensland AICCHS has been communicated to the Department of Health. Prior to July 2017 the planned decommissioning has occurred and at 30 August 2017 all services had transitioned clients to the Nukal Murra Health Support Service.</p> <p>North West Remote Health, Anglicare and Indigicare were provided six months' notice of intention to decommission services. The WQPHN has worked with all providers to assist this process. It has not been possible to transition any staff across to the new programme however there have been no adverse responses/events/feedback to date regarding these arrangements.</p>
Decision framework	<p>The commissioning of the independent Nous review has provided the Board with excellent analysis of the ITC programme, opportunities for improvement and service reconfiguration, and alignment with the WQPHN HNA and Strategic Plan. Clinical Chapter meetings have also been fully informed of these developments and supportive of both the Boards decision to harmonise programmes for targeting Aboriginal and Torres Strait Islander people with chronic disease but also the transition to community control where appropriate. The transition to AICCHSs preferred provider arrangements and adoption of a co-commissioning and performance framework was supported by extending commissioned contracts until 30 June 2017 to enable time for transition activities.</p>
Indigenous sector engagement	<p>WQPHN has collaborated with QAIHC and held workshops with AICCHS to consider both the harmonisation of chronic disease programmes, but also the core elements of a co-commissioning and performance framework. AICCHS are well represented at all levels of the organisations governance, however a co-commissioning work group has been established to guide the development and implementation of service design and reporting requirements under the new contracts.</p> <p>The Nukal Murra Alliance has been established which includes membership of the four AICCHS and the WQPHN. The Alliance will support AICCHS and jointly develop and manage specific projects to 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). The Alliance will provide strategic oversight and evaluation of the ITC programme to improve the way chronic disease is managed for Aboriginal and Torres Strait Islander people in Western Queensland.</p>
Decision framework	<p>The WQPHN facilitated a transition from previous service provider contracts to the region's AICCHS. This</p>

documentation	<p>decision has been articulated in the organisation's Strategic Plan and identified in the WQPHN HNA. The rationale to support these arrangements has been reinforced through an independent review of the ITC programme, its performance and its opportunity to innovate and improve greater efficiency, cultural competency and strategic alignment within the WQPHN Commissioning and Development framework.</p> <p>The WQPHN is using an <i>Alliance Contracting</i> approach and has collaborated with Northern Territory and Western Australia PHNs in the development of this agreement. A detailed Service description including roles, responsibilities, open book accounting and governance framework has been developed and forms part of the Alliance agreement.</p>
Description of ITC Activity	<p>The WQPHN established an ITC working group which met monthly with all commissioned providers to ensure providers across the vast Western Queensland region have a common understanding of ITC requirements and meeting all the required outcome measures. There is a wide variation in both the service and staff configuration and outcome measures because of the geography and isolation, and relatively underdeveloped general practice systems.</p> <p>The movement to the Nukal Murra Alliance co-commissioning and development leverages from the significant resources and infrastructure across the WQPHN region. The new ITC service delivery arrangements will work with individual general practices to place a greater emphasis on coordination as part of a comprehensive chronic disease management plan for their Aboriginal and Torres Strait Islander clients being referred into the ITC programme for supplementary services. The transition to AICCHS provider arrangements will create greater Indigenous Health Project Officer (IHPO) and Indigenous Outreach Worker (IOW) outcome measures and will be supported by shared data protocols to monitor the overall performance of ITC.</p> <p>The co-commissioning and performance framework under development will outline key outcome measures including greater uptake and innovation of supplementary service as a percent of total funds, as well as ensuring access to Aboriginal and Torres Strait Islander patients of mainstream general practice services.</p>
ITC Workforce	<p>All IHPO, IOW and Coordination functions were provided under commissioned contracts with 6.0FTE staffing within the programme providing IOW, IHPO and Coordination roles. 2 x 0.5FTE of these positions were located within two AICCHS. The independent review provided advice on preferred providers and configuration of the workforce across the WQPHN region reflective of available budget.</p> <p>Under the new commissioning arrangement with the AICCHS from 1 July 2017, the total number of positions</p>

engaged in the programme have not decreased, and there is a significantly greater emphasis on the uptake of supplementary services and support for a greater part of the coordination function to be undertaken as part of the chronic disease management activities within the general practice settings.