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ITC-1.0-Care coordination and supplementary services

Funding Schedule

Integrated Team Care

Existing Activity

Program Key Priority Area

Aboriginal and Torres Strait Islander health

Activity Aim

Contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to care coordination and supplementary services, multidisciplinary care, and support for self-management.

Description of Activity

Clients enrolled in the ITC program are provided with an outreach model of care by clinically trained and qualified care coordinators. Clients are seen either in their own home environment, at medical appointments or at an alternative nominated 'safe place'. By providing outreach services we overcome some of the transport difficulties experienced by clients across the PHN region and offer additional safety, confidentiality and comfort to clients. Care coordinators delivering ITC services are required to have had prior experience working with Aboriginal and or Torres Strait Islander clients and be able to demonstrate cultural awareness and sensitivity to assist clients with self-management skills.

Care coordinators (and any associated support provided by Aboriginal Outreach Workers) act as a conduit between the client and the client's GP and any other health care provider. They are involved in supporting the client's health literacy, improving their adherence and compliance to GP Management Plans and the identified management strategies and to provide necessary and appropriate support to attend primary health care appointment(s). Their extensive knowledge of local service providers and open access to a well-maintained health service provider directory (including allied health and mental health services) is essential to support culturally appropriate service provision and maintain client engagement in the program.

Care Coordinators have access to supplementary services when they need to expedite a client's access to an urgent and essential allied health or specialist service, or transport to access the service, (where this is not publicly available in a clinically acceptable timeframe). The Supplementary Services Funding Pool can also be used to assist clients to access GP-approved medical aids.

Identified Aboriginal outreach workers provide cultural safety to both patients receiving services under ITC care coordination for chronic disease and more broadly to link other members of community with culturally appropriate primary health providers and provide cultural support where necessary.

Clients are triaged for prioritisation depending on co-morbidities/complexity of conditions and if they have additional challenges with homelessness, mental health concerns or low levels of social/ family support. Each patient is connected with a regular GP.

The Indigenous Health Project Officer (IHPO) role supports the connection between the three separate commissioned services (South Eastern Sydney LHD, Sydney LHD, Sydney Children's Hospital Network) delivering care coordination and outreach work support to improve cross boundary referrals and assist with the continuation of a local ITC network for the staff. The IHPO also provides practice support to GPs, Allied Health Providers, practice staff and practice nurses to help facilitate patient access to appropriate closing the gap program initiatives, including care coordination and outreach support. Activities undertaken with Justice Health and other primary health services to improve the transition of patient care will also form part of the work undertaken by the IHPO.

Workforce Type

Indigenous Health Project Officers	1 (PHN)
Care Coordinators	5 (Mainstream Primary Care)
Outreach Workers	5 (Mainstream Primary Care)

Given the known high levels of psychosocial distress and mental health co-morbidities, all ITC staff are encouraged to participate in Mental Health First Aid training, suicide prevention training, accidental counsellor training and conflict resolution/de-escalation training.

In house development opportunities are offered to the Clinical Care Coordinators working within the LHD/LHNs and Aboriginal Outreach Workers.

Non-Aboriginal staff working on ITC initiatives are supported to participate in accredited cultural awareness (at a minimum the NSW Health Respecting the Difference training). Aboriginal Outreach Workers are also supported to complete a Cert III or VI in Aboriginal and/or Torres Strait Islander Primary Health Care.

All staff are supported to attend professional development opportunities and conferences to enhance and expand on their knowledge to deliver quality culturally sensitive and capable services to ITC clients.

All staff have the opportunity to develop a personal development plan which outline their

training and development plans based on their individual training needs.

CESPHN will explore the potential for future traineeships and cadetships to support growth in the general primary health workforce.

Needs Assessment Priorities

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Activity Demographics

Target Population

Aboriginal and Torres Strait Islander people with a diagnosed chronic condition

Activity Consultation and Collaboration

The commissioning approach was determined to be a direct/ targeted tender process based on feedback from co-design consultations and consumer input. Factored into the decision was the ability of organisations to meet appropriate clinical governance requirements, clinical and cultural experience, qualifications, current capability to meet the needs of the different Aboriginal communities across the entire CESPHN region and community acceptance.

Co-design consultations invited input from services such as the Aboriginal Medical Service, local Aboriginal Community Controlled Organisations, Local Health Districts/ Networks, Non-Government Organisations with strong relationships with the local communities and multidisciplinary primary health service providers and community/ consumer representatives.

Co-design involved developing the service specification, potential models of care, identifying locations for service delivery and identifying potential providers. Those involved in the co-design process were not precluded from applying to be a provider of services in the procurement process.

The delivery model was formulated and developed following the co-design consultations and an EOI process followed with 4 potential providers invited to apply. Organisations invited to participate in this process were the results of rigorous market testing, consideration of co-design outcomes and consumer preference input.

A selection and assessment panel, including representatives from key stakeholders, multidisciplinary primary health care providers and EIS Health Ltd. Community Advisory Council, was formed to review EOIs and determine the contract approval process for

successful organisations.

The two initial providers are to be recommissioned to continue to deliver services to June 2026 based on their demonstrated ability to deliver the program and current consumer satisfaction.

The third provider which commenced service delivery in 2019, delivers services specifically for paediatric patients and those transitioning from paediatrics to adult services.

Activity Milestone Details/Duration

Activity Start Date	30/06/2019
Activity End Date	30/06/2027

Activity Commissioning

Continuing Service Provider / Contract Extension

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	Described above under consultation and collaboration

ITC-2.0-Culturally competent mainstream services

Funding Schedule

Integrated Team Care

Existing Activity

Program Key Priority Area

Aboriginal and Torres Strait Islander health

Activity Aim

Improve 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 and the uptake and utilisation of Aboriginal and Torres Strait Islander specific MBS items.

Description of Activity

2 IHPOs and 1 Consultant (Cultural Advisor) are required to undertake the following activities to improve:

Culturally appropriate mainstream primary care services:

- Deliver an RACGP accredited cultural awareness training package and at a minimum three cultural awareness training sessions per year for GPs/Practice staff/ Allied Health providers and Practice Nurses.
- Follow up practice support for pre/post cultural training opportunities and downloadable resources from the website (including regular updates and news articles).
- Provide specific training to meet the cultural needs of services providing mental health and social and emotional wellbeing support for ITC patients.
- Distribute a culturally sensitivity audit tool for use across all Indigenous Health Initiative participating practices and CESP HN commissioned services with an Aboriginal specific focus for service delivery.
- Provide support within CESP HN to support workplace cultural awareness training initiatives for ITC staff and CESP HN Reconciliation Action Plan activities to align with the ITC program objectives including cultural awareness training for CESP HN staff, Board and Council members to assist with the promotion and dissemination of the training program across the PHN districts and member organisations.
- Distribute a suite of 'how to' video guides for practice promotion of appropriate engagement and interaction in providing an effective MBS 715 and follow up.
- Work with general practices via a practice support model to improve their knowledge and awareness of appropriate items and initiatives targeted towards Aboriginal and

Torres Strait Islander communities.

- Promote program initiatives via the CESP HN website, Sydney health weekly (CESPHN stakeholder resource) and the quarterly Eora Health Messenger Community News.
- Formal partnership arrangement with Cronulla Sharks, Sydney Roosters NRL and the Institute of Urban Indigenous Health (Deadly Choices) program to promote access to locally based culturally appropriate mainstream GPs for MBS 715 and follow up care.

Workforce Type

Indigenous Health Project Officers	1 (PHN)
Indigenous Health Program Officer	1.4FTE (IUHI)

Outreach Workers

Consultants	1 (PHN)
Other: specify	

Workforce development provided for staff under this activity includes:

- Cert VI Workplace Training and Assessment
- National Course Code: 10655NAT

Needs Assessment Priorities

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Activity Demographics

Target Population

Providers of primary health care services to Aboriginal and Torres Strait Islander people (GPs Allied Health, Justice Health, practice staff and nurses).

Community members / community groups and schools (for activities relating to Aboriginal specific MBS promotion).

Activity Consultation and Collaboration

The cultural training package was drafted following co-design consultations with community members across the region and in consultation with an Aboriginal cultural consultancy. Community members were given the opportunity to have input into the content of reading materials with a strong emphasis on local relevance and not an 'off the shelf' package or online resource. Components of it are regularly updated in line with any changes applied to MBS items and fees.

A cultural audit tool has been developed for roll out and adoption in mainstream health

care services and commissioned services.

Aboriginal Advisory members have been consulted on content of resources and marketing collateral.

Focus groups have been held with community groups across gender and age spectrum for development of resources.

Activity Milestone Details/Duration

Activity Start Date	30/06/2019
Activity End Date	30/06/2027

Activity Commissioning

Continuing Service Provider / Contract Extension

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	As described above under consultation and collaboration

ITC-3.0-Alignment of activities to the National Agreement on Closing the Gap and its priority reforms

Funding Schedule

Integrated Team Care

Existing Activity

Program Key Priority Area

Aboriginal and Torres Strait Islander health

Activity Aim

The aim of the activity is to guide CESPHN's approach to alignment with the National Agreement on Closing the Gap and associated priority reforms

Description of Activity

CESPHN will continue to:
facilitate regular forums with members of our Aboriginal Health and Wellbeing Advisory group.

have an Aboriginal representative Board member

convene regular meetings between the board and advisory group

All forms of communication, guidance and advice received from community representatives will be documented and distributed for transparency and accountability.

We will continually involve Aboriginal services and communities in the design and evaluation of programs and in providing oversight to our annual needs assessments, CESPHN will review and refine our ongoing Aboriginal engagement guidelines under the guidance and advice of the Aboriginal Advisory group.

Aboriginal representatives will continue to be involved in both interview panels and on tender review panels where possible.

CESPHN's Reconciliation Action Plan outlines the way in which our approaches include creating opportunities for employment for and procurement from Aboriginal and Torres Strait Islander businesses.

Through our current Aboriginal Workers Circle we will continue to provide a forum for all Aboriginal staff working in commissioned services to network and identify areas whereby CESPHN can support local workforce development and capacity building.

There will be ongoing work to partner with local community-controlled organisations such as the La Perouse Land Council, Babana Aboriginal, Tribal Warrior, Mudgin-gal, Kurranulla and the Institute for Urban Indigenous Health to support community developed initiatives.

Supporting Indigenous employment is a strong focus within CESP HN commissioned services with many service agreements specifying the employment of self-identified Aboriginal or Torres Strait Islander positions

Ensuring mechanisms for data protection, sharing and service evaluation within community-controlled services and with the Advisory and representative Councils/ Board.

Continue to update a dedicated Aboriginal health page on CESP HN website with content reviewed and contributed to by community-controlled services.

Continue to develop a community media resource the Eora Health Messenger, distributed quarterly via partner community-controlled organisations The resource is compiled of programs and services aiming to keep community informed of programs and services available in the CESP HN region, with contributions from local community-controlled organisations.

Needs Assessment Priorities

Priority	Page reference
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Activity Demographics

Target Population

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Activity Consultation and Collaboration

Eora Health Messenger was developed following a series of focus groups. Regular consultation occurs at quarterly meetings with community-controlled organisations

A CESP HN Board member attends all Aboriginal Advisory meetings

Activity Milestone Details/Duration

Activity Start Date	30/06/2023
Activity End Date	30/06/2027

Activity Commissioning

Other Approach (please provide details)

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	N/A