Central and Eastern Sydney - Integrated Team Care
2021/22 – 2024/25
Activity Summary View

ITC - 1 - Care coordination

Activity Metadata

Applicable Schedule *

Integrated Team Care

Activity Prefix *

ITC

Activity Number *

1

Activity Title *

Care coordination

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aboriginal and Torres Strait Islander Health

Aim of Activity *

Contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to care coordination, 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.

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 (MPC)
- Outreach Workers - 5 (MPC)

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 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 *

Needs Assessment

2022-2024 Needs Assessment

Priorities

Priority	Page reference
Aboriginal and Torres Strait Islander Health	29
Access, integration and coordination	41

Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander people with a diagnosed chronic condition.

Indigenous Specific *

Yes

Indigenous Specific Comments

The program was designed following consultation with the Aboriginal Medical Service Redfern, Local Aboriginal Land Councils (La Perouse and Metropolitan), Tribal Warrior, Wyanga Aged care, Kurranulla Aboriginal Corporation, La Perouse Community Alliance, community-controlled organisation representatives, Ngala Nyanga Mai young parents' group, and CESPHN Aboriginal Health and Wellbeing Advisory Committee.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

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 initial two providers are to be recommissioned to continue to deliver services to June 2024 based on their demonstrated ability to deliver the program and current consumer satisfaction.

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

Collaboration

Invited participants of program co-design consultations include: Aboriginal Medical Service Redfern, Local Aboriginal Land Councils (La Perouse and Metropolitan), Sydney LHD, South Eastern Sydney LHD, Sydney Children's Hospital Network (Randwick), St

Vincent's Hospital Network, Justice Health and Forensic Mental Health Network, Tribal Warrior, Wyanga Aged care, Kurranulla Aboriginal Corporation, NCIE, NGOs (Benevolent Society, Weave, The Settlement, The Fact Tree, NSW Police (ALO Maroubra), High School AEOs (Matraville High School), Endeavour High School Clontarf Program Director, LGA diversity.

Further consultations were held with the La Perouse Community Alliance, attended by a representative of the Department of Aboriginal Affairs and later with the La Perouse community members, community controlled organisation representatives and local council Diversity Officers (in total 27 participants).

An additional consultation was held with the Ngala Nyanga Mai young parents group (12 participants). Input has also been sought throughout the development of the second CESPHN Innovate Reconciliation Action Plan 2021-2023 via the CESPHN Aboriginal Health and Wellbeing Advisory Committee. Feedback from 94 previous ITC program participant surveys was also considered for the preferred model of care and location of services.

All three services commissioned to deliver ITC services between 2021-2024 are mainstream LHD/LHN chronic care services with demonstrable past experience of working with the communities across the CESPHN region and each with an Aboriginal Executive Unit offering cultural mentoring and supervision on site. The commissioned organisations will employ the care coordinators and outreach staff and have full responsibility for direct service delivery and provision of approved supplementary services for qualifying patients (fully funded by CESPHN ITC program).

CESPHN will continue to provide contract guidance and advice in line with ITC program guidelines and ensure appropriate service evaluation measures and risk management application to all aspects of service delivery. CESPHN will support:

- ITC service providers to connect with the local appropriate primary health providers to meet the needs of the patients by providing a comprehensive and holistic service directory of primary care services participating in IHI
- continual development and maintenance of Healthpathways for Aboriginal and Torres Strait Islander peoples
- referral pathways to other CESPHN funded programs including PSS, AOD services, shared cancer services, community health screening and promotion opportunities
- quarterly community health news communication strategy
- program promotion and communication on program eligibility to primary health care providers across the PHN district, in printed matter and resources and during meetings and practice visits.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2024

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

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 - Supplementary services

Activity Metadata

Applicable Schedule *

Integrated Team Care

Activity Prefix *

ITC

Activity Number *

2

Activity Title *

Supplementary services

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aboriginal and Torres Strait Islander Health

Aim of Activity *

Improve access to appropriate health care through the provision of supplementary services for eligible Aboriginal and Torres Strait Islander people with chronic disease

Description of Activity *

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 the necessary 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.

Needs Assessment Priorities *

Needs Assessment

2022-2024 Needs Assessment

Priorities

Priority	Page reference
Aboriginal and Torres Strait Islander Health	29
Access, integration and coordination	41

Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander people with a diagnosed chronic condition who are enrolled in the ITC Program.

Indigenous Specific *

Yes

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Commissioned service providers.

Collaboration

Commissioned service providers, local allied health and specialist services and transport services.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2024

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

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

ITC - 3 - Culturally competent mainstream services

Activity Metadata

Applicable Schedule *

Integrated Team Care

Activity Prefix *

ITC

Activity Number *

3

Activity Title *

Culturally competent mainstream services

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Aboriginal and Torres Strait Islander Health

Aim of Activity *

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
- support school-based psychologists with cultural learning to improve the opportunities for early intervention in schools and improve referral pathways and networks to culturally appropriate supporting services
- distribute a culturally sensitivity audit tool for use across all Indigenous Health Initiative participating practices and CESPHN commissioned services with an Aboriginal specific focus for service delivery
- provide support within CESPHN to support workplace cultural awareness training initiatives for ITC staff and CESPHN Reconciliation Action Plan activities to align with the ITC program objectives including cultural awareness training for CESPHN staff, Board and Council members to assist with the promotion and dissemination of the training program across the PHN districts and member organisations
- develop 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 CESPHN website, Sydney health weekly (CESPHN stakeholder resource) and the quarterly Eora Health Messenger Community News
- formal partnership arrangement with Cronulla Sharks 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
- collaborate with Community Restorative Centre (CRC) to expand their Pathways Home Program to incorporate 715 health assessments for young people referred into the service. The program will have a strong emphasis on connection to primary health care and comprehensive health checks.

Workforce Type:
- Indigenous Health Project Officers - 1 (PHN)
- Indigenous Health Program Officer - 1 (IUHI)
- Indigenous Health Program Officer - 1 (CRC)
- Outreach Workers / Consultants - 1 (PHN)

Workforce development provided for staff under this activity includes:
- Cert VI Workplace Training and Assessment
- National Course Code: 10655NAT

Needs Assessment Priorities *

Needs Assessment

2022-2024 Needs Assessment

Priorities

Priority	Page reference
Aboriginal and Torres Strait Islander Health	29
Primary care workforce	45
Access, integration and coordination	41

Activity Demographics

Target Population Cohort

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).

Indigenous Specific *

Yes

Indigenous Specific Comments

The cultural training package was developed following co-design consultations with community members across the region. Local Aboriginal community Elders and representatives will assist with the delivery of the training. The Institute for Urban Indigenous Health resources will be used for promotion of Aboriginal specific health assessments.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

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.

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.

Collaboration

RACGP endorsement of the training for CPD training points. CESPHN Aboriginal Advisory review of the pre reading content and online training package. Local Aboriginal community Elders/representatives will participate in the delivery of the training.

For design and implementation: GPs, practice staff, Institute for Urban Indigenous Health, Aboriginal Advisory members, LHD/LHNs, Justice Health and Forensic Mental Health Network.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2024

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): Yes

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.
