

Integrated Team Care

Activity Work Plan
2022 — 2026

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ITC - 1 - ITC1 – Care Coordination and Supplementary Services

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

North Coast ITC services were established in 2017 through two commissioning methods:

- (1) Direct approach to six Aboriginal Community Controlled Health Services (ACCHS) covering nine sites and,
- (2) Request for Proposals for delivering services to Aboriginal and Torres Strait Islander people receiving care coordination and supplementary services from mainstream general practices.

HNC ITC Workforce Table:

Workforce	FTE	AMS	MPC	PHN
Indigenous Health Project Officers:	3.92	0	0	4
Care Coordinators:	14	9	7	0
Outreach Workers:	7	0	8	0

The contracted ITC service providers are largely meeting the expected KPIs for service delivery. Care Coordinators support eligible clients through one-on-one care coordination and access to supplementary services. Outreach Workers help clients to access health care services including assistance with travel to their medical appointments and ensuring that services are culturally competent. Clients are able to access ITC services via GP referral to an Aboriginal Medical Service or mainstream provider. In Northern NSW clients can also be referred via the Integrated Aboriginal Chronic Care (IACC) referral line, which aims to connect clients with the most appropriate chronic disease services, including ITC services.

HNC Indigenous Health Project Officer's (IHPO's) support ITC contracted providers regularly via phone, email and face to face. Activities include providing leadership, working with ITC Contracted Services on projects to improve access to the ITC program and raising the awareness of the ITC program. The IHPO's meet regularly with Local Health Districts, ACCHSs and non-profit

organisations to collectively improve access to health services for Aboriginal and Torres Strait Islander people.

Each provider supports their ITC employees in workforce development opportunities as required.

HNC supports collaboration and quality improvement with the ITC workforce through regular Chief Executive and Senior Managers meetings and the coordination of an interactive online forum supporting networking and the sharing of resources. From July 2019 a new Resource Allocation Model was implemented to distribute funding. The Resource Allocation Model ensures that ITC funding is more effectively directed to areas of need.

In 2022-23 to 2023-2024 HNC will continue to contract the 11 existing ITC service providers to deliver Care Coordination and Supplementary Services. During this period HNC will also work collaboratively with ACCHSs to develop a road map of how the ITC program could be transitioned should the Department of Health contract the ACCHSs direct.

Needs Assessment Priority

NCPHN Needs Assessment 2021-2024

Needs Assessment Priority
Reduce rates of chronic conditions in Aboriginal and Torres Strait Islander people

Target Population Cohort

Aboriginal and Torres Strait Islander people with a diagnosed chronic condition

Indigenous Specific	Yes
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Coverage

Whole Region

SA3 Name	SA3 Code
Inverell - Tenterfield	11002
Port Macquarie	10804
Kempsey - Nambucca	10802
Richmond Valley - Coastal	11201
Tweed Valley	11203

Richmond Valley - Hinterland	11202
Clarence Valley	10401
Coffs Harbour	10402
Inverell - Tenterfield	11002

Consultation

HNC will continue its ongoing consultative approach with stakeholders working in Aboriginal health including Aboriginal Medical Services, Aboriginal health and social care organisations, Clinical Councils, Local Health Districts and Aboriginal community advisory structures.

From July 2019 HNC implemented a weighted needs-based funding formula for ITC. The funding formula was developed in collaboration with all ITC providers and specialist expertise from a health economist.

From June 2022 HNC will work collaboratively with ACCHSs to develop a roadmap of how the ITC program could be structured locally should the Department of Health contract ACCHSs direct to deliver Care Coordination and Supplementary Services.

Collaboration

HNC will continue its ongoing approach to co-designing commissioned services in collaboration with the Aboriginal Health sector, the Local Health Districts, clinicians, and community members.

Activity Milestone Details/Duration

Activity Start Date	30/06/2019
Activity End Date	29/06/2024
Other relevant milestones	Activity is valid for full duration of AWP

Procurement approach

Continuing Service Provider / Contract Extension

Is this activity being co-designed?	Yes
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
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Co-design or co-commissioning comments

HNC will continue its ongoing approach to co-designing commissioned services in collaboration with the ACCHSs, the Local Health Districts, clinicians and community members.

ITC - 2 - ITC2 – Culturally competent mainstream services

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

Description of Activity

HNC's Indigenous Health Project Officer (IHPO) positions work alongside HNC Primary Health Care Coordinators to ensure culturally appropriate mainstream primary health care services are delivered on the North Coast. HNC's Aboriginal Health Coordinators are skilled Aboriginal and/or Torres Strait Islander professionals.

HNC will:

- contract cultural educators to provide face to face cultural awareness training across the region every year of funding
- provide in-situ cultural safety and Closing the Gap coaching, support and education to primary health care providers as required.
- promote Closing the Gap initiatives to non-Aboriginal primary health care providers through resources and one on one engagement
- raise awareness of Aboriginal and Torres Strait Islander days of celebration within primary health care settings to improve cultural understanding.

Workforce	FTE	AMS	MPC	PHN
Indigenous Health Project Officers:	2	0	0	2
Outreach Workers:	0	0	0	0
Consultants:	1	0	0	1
Other: Specify	0	0	0	0

HNC will support individual IHPOs to attend cultural awareness programs and professional development opportunities in cultural safety as required.

HNC will work with Local Health Districts, ACCHSs and other non-profit organisations in the health sector to support cultural safety programs to increase reach of localised programs to primary health professionals.

From June 2022 HNC will work collaboratively with ACCHS to develop a roadmap of how the ITC program could be structured locally should the Department of Health contract the ACCHSs direct to deliver Care Coordination and Supplementary Services. HNC will support this transition, as well as improved relationships with ACCHSs, through the establishment of a Healthy North Coast Aboriginal Partnerships.

Needs Assessment Priorities

NCPHN Needs Assessment 2021-2024

Needs Assessment Priorities	
Reduce rates of chronic conditions in Aboriginal and Torres Strait Islander people	

Target Population Cohort

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Consultation

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Collaboration

HNC will continue its ongoing approach to co-designing commissioned services in collaboration with the Aboriginal health sector, Local Health Districts, clinicians and community members.

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Decommissioning	No