



Australian Government
Department of Health



An Australian Government Initiative

Activity Work Plan 2019-2021: Integrated Team Care Funding

This Integrated Team Care Activity Work Plan has the following parts:

1. The Activity Work Plan for the financial years 2019-20 and 2020-2021.
 - a) Care coordination and supplementary services; and
 - b) Culturally competent mainstream services.

Northern Queensland PHN

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

These activities will be funded under the IAHP Schedule for Integrated Team Care.

Proposed Activity 1	
ACTIVITY TITLE	ITC1 – Care coordination and supplementary services
Program Key Priority Area	Indigenous Health
Needs Assessment Priority	Improve Aboriginal and Torres Strait Islander people's access to high quality, culturally appropriate health care, including care coordination services. Page 47 Chronic diseases in Aboriginal and Torres Strait Islander people. Page 92 ITC expand and enhance ITC. P111. Opportunities – Transfer care co-ordination and supplementary services and improve access to mainstream primary care programs to new Integrated Team Care model. P45 - 47 Poorer health outcomes, Social and Cultural determinants, health behaviours and remote and very remote Aboriginal and Torres Strait Islander communities.
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	<p>ITC1. Development of potential model/s of care arising from co-design processes, leading to the commissioning of the new model/s of ITC service provision.</p> <p>It has been widely recognised that ITC has not been effectively fulfilling requirements to deliver successful co-ordination across all sectors and requires significant improvement. NQPHN embarked on a comprehensive process to redefine the model/s of service for ITC in the region.</p> <p>Comprehensive stakeholder engagement in co-design processes have occurred and enabled Aboriginal and Torres Strait Islander consumer and communities to inform the development of model/s of care through authentic and inclusive processes.</p> <p>The process to enable development of potential model/s of service will be completed by the end of July 2019. This will be undertaken by a consultant and validated by an Indigenous expert advisory group. It is anticipated that a mix of models may be required to meet the various nuanced circumstances experienced throughout the region particularly reflecting the rural and very rural communities. The most appropriate and transparent procurement processes will be used to implement each of the model/s.</p> <p>The development of model/s will be evidence-based and utilise evaluation of best practice and experience of other activities in NQPHN including integrated place-based commissioning informed by place-based knowledge regarding continuity of care for people with diagnosed with chronic conditions.</p> <p>The ITC model/s will be implemented from January 2020. Details of the model/s will be provided in the next ITC activity work plan annual update. Initial models will be implemented for a minimum period to June 2021. Evaluation of</p>

	<p>activities will be a significant component of the implementation of ITC and model/s will seek to improve evaluation of contract monitoring, reporting, and performance evaluation.</p> <p>The continuity of existing services will be maintained under previously approved arrangements until new model/s are commissioned and implemented in January 2020.</p> <table border="1"> <thead> <tr> <th>Workforce Type</th> <th>FTE</th> <th>AMS</th> <th>MPC</th> <th>PHN</th> </tr> </thead> <tbody> <tr> <td>Indigenous Health Project Officers</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Care Coordinators</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Outreach Workers</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table> <p>It is not anticipated that NQPHN will engage ITC staff directly. The workforce breakdown will be determined through the development of model/s and the commissioning process.</p> <p>*AMS refers to Indigenous Health Services and Aboriginal Community Controlled Health Services</p>	Workforce Type	FTE	AMS	MPC	PHN	Indigenous Health Project Officers	N/A	N/A	N/A	N/A	Care Coordinators	N/A	N/A	N/A	N/A	Outreach Workers	N/A	N/A	N/A	N/A
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Care Coordinators	N/A	N/A	N/A	N/A																	
Outreach Workers	N/A	N/A	N/A	N/A																	
Target population cohort	Aboriginal and Torres Strait Islander people with a diagnosed chronic condition																				
Indigenous specific	Yes																				
Coverage	Whole of NQPHN region																				
Consultation	Consultations across all areas of the NQPHN region including representatives from existing ITC contracted service providers, general practice, allied health and specialist mainstream service providers, consumers of ITC services, carers, community members, Aboriginal Medical Services and Hospital and Health Services (HHSs).																				
Collaboration	Wide ranging collaboration has occurred in the co-design element of this project. A consultant was commissioned to undertake the process. The consultant has collaborated widely to gain insights. An Indigenous Advisory Group (IAG) has been convened as part of the validation process for proposed model/s. The IAG is composed of Executive Directors of Indigenous Health within the HHSs, representatives of Queensland Aboriginal and Islander Health Council (QAIHC), CEO from an AMS outside NQPHN, and three Indigenous academics.																				
Activity milestone details	Activity is valid for full duration of AWP																				
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input checked="" type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed?</p>																				

	<p>Yes</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>Current providers were invited to participate fully in the co-design processes for future models. Continuity of ITC services will be maintained with modification of current contracts if required in the interim period for up to six months to December 2019. Transition arrangements from existing services to new models of delivery will be planned and executed to ensuring minimal disruption. Strong communication activities will be activated to ensure smooth transition and community awareness and service provider realignment</p>

Proposed Activity 2	
ACTIVITY TITLE	ITC2 – Culturally competent mainstream services
Program Key Priority Area	Indigenous Health
Needs Assessment Priority	Improve Aboriginal and Torres Strait Islander people’s access to high quality, culturally appropriate health care, including care coordination services.
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	<p>ITC2 Culturally competent mainstream services</p> <p>NQPHN will strive to ensure that activities in this area accord with the Vision of the Cultural Respect Framework 2016-2026 which states that “The Australian health system is accessible, responsive, and safe for Aboriginal and Torres Strait Islander people where cultural values, strengths, and differences are recognised and incorporated into the governance, management, and delivery of health services.”</p> <p>Many mainstream health services are unaware of cultural considerations which enable Aboriginal and Torres Strait Islander people to successfully access culturally responsive services in a culturally safe, accessible manner. NQPHN will ensure that cultural competency is an attribute of all organisations commissioned to provide services in ITC activity and provide a range of support activities to general practices and other health care providers.</p> <p>The new model/s for ITC will consider the issue of cultural competency, define roles, and ensure that the improvements in cultural competency are delivered in the most effective end effective way. Mechanisms to ensure this, will be tailored in each model.</p> <p>The ITC program will promote the principles of Cultural Competency and raise awareness of cultural protocols as appropriate within mainstream services</p>

including respectful behaviour, health literacy levels, creation of welcoming environments, responsive and respectful reception and intake processes. The critical role of health workforce to achieve culturally respectful services is recognised. The ITC supported workforce of Indigenous health project officers particularly the outreach workers, will be deployed to help ensure ITC services in mainstream services are culturally competent. These officers will receive ongoing support and development activities including formal training, peer support, professional guidance, and mentoring. Mainstream providers entering ITC contracts will be required to ensure that education and training in cultural competency is undertaken by the organisation and maintained by undertaking refresher at least every three years. Regular review of performance will be reported and include service patient satisfaction/experience and assessment of increased access to services by new patients from Aboriginal and Torres Strait Islander backgrounds. This will identify areas for improvement.

NQPHN will seek opportunities to:

- integrate the NQPHN Reconciliation Action Plan 2018 activities into services, particularly those delivering ITC and IAHP services
- identify with appropriate partners, including ACCHOs, mechanisms to strengthen partnerships to assist in the identification of barriers and enablers to workforce issues including Aboriginal and Torres Strait Islander participation in the workforce and devise effective localised strategies
- develop culturally appropriate and accessible education and employment pathways
- take opportunities to align with the Cultural Respect Framework 2016-2026 and to embed the principles in all contract arrangements, particularly those relating to ITC model/s of care
- encourage development of Reconciliation Action Plans/statements for participating mainstream organisations.

Workforce Type	FTE	AMS	MPC	PHN
Indigenous Health Project Officers	N/A	N/A	N/A	N/A
Outreach Workers	N/A	N/A	N/A	N/A
Consultants	N/A	N/A	N/A	N/A
Other: specify	N/A	N/A	N/A	N/A

It is not anticipated that NQPHN will engage ITC staff directly. The workforce breakdown will be determined through the development of model/s and the commissioning process for the ITC process. It is anticipated that outreach workers will support the improvement of cultural competency of mainstream services.

*AMS refers to Indigenous Health Services and Aboriginal Community Controlled Health Services

Target population cohort	Aboriginal and Torres Strait Islander people with a diagnosed chronic condition
Indigenous specific	Yes
Coverage	Whole of NQPHN region

Consultation	Co-design workshops and activities for ITC. Report from Aboriginal and Torres Strait Islander Health Workshop Cairns, November 2018 including Queensland Government Minister for Health and Minister for Ambulance Services.
Collaboration	Workforce development agencies - by incorporating cultural competency training and development into mainstream health service training programs. ACCHOSs - as partners in culturally safe service provision. Practice nurses, GPs, Front of house practice staff - in creating and maintaining culturally safe environments and delivering respectful health services.
Activity milestone details	Activity is valid for full duration of AWP
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	The current contract with Northern Australia Primary Health Limited includes a requirement to address barriers to accessing mainstream services by Aboriginal and Torres Strait Islander people including assisting them to become more culturally appropriate, improve cultural safe workplaces and services, and include cultural awareness training. Opportunities to include similar activities will be included in the procurement process for the new ITC model/s.