

Northern Queensland Primary Health Network

Activity Work Plan

Integrated Team Care

2021-24

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NQPHN acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.



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ITC1 – Care Coordination and Supplementary Services

Activity priorities and description

Program key priority area

Aboriginal and Torres Strait Islander Health

Aim of the activity

The aim is to contribute to improving health outcomes for Aboriginal and Torres Strait Islander peoples with chronic health conditions through better access to care coordination, multidisciplinary care, and support towards self-management of their own health.

Description of activity

ITC will continue to deliver the provision of care coordination and supplementary services for Aboriginal and Torres Strait Islander peoples with chronic health conditions throughout the NQPHN region through the introduction of the implementation of an Integrated Model of Care resulting from recent co-design processes.

It was previously recognised that ITC has not been effectively fulfilling the requirements to deliver successful co-ordination across all health sectors and required significant improvement. In response, NQPHN commissioned an assessment, evaluation, and co-design project to review the implementation and to understand the options for future commissioning of the ITC program in the NQPHN region. This work was undertaken while concurrently maintaining and supporting the delivery of ITC services for eligible clients diagnosed with one or more chronic conditions.

The review found that the current ITC approach experienced elements of fragmented service delivery, variation in implementation, and created areas of both over and under-servicing. Some clients are benefiting from improved access to primary health care, but access is not consistent or equitable and unmet need is not being monitored and met in a systematic way. The findings were used to inform a co-designed process for an appropriate model of care which will be commissioned.

Comprehensive stakeholder engagements and consultations have occurred to enable Aboriginal and Torres Strait Islander consumers and communities to inform the development of a co-designed model of care through authentic and inclusive processes. The development and implementation of the ITC model was evidence-based and included evaluation of best practice and the experience from other activities within NQPHN.

The review made several recommendations including a revised approach to commissioning, increased NQPHN's stewardship and governance, program leadership and support and development of the ITC Workforce.

The national guidelines for ITC are necessarily broad and flexible. These have been ineffective in guiding activities in remote northern Queensland. NQPHN undertook to review and provide localisation of the National guidelines by creating operational guidelines. The model of care which has been codesigned suggests that 'localised', 'placed-based' services are required to meet the various nuanced circumstances experienced throughout the expansive northern Queensland region, particularly reflecting the rural and remote nature of communities. The new, operational guidelines and the proposed model of care will form the basis of a commissioning process for future service delivery undertaken from July 2021.

The recommendations from the ITC review have been endorsed by Clinical Governance Committee and a two phased approach will be adopted for new contracts.

Phase I - Local Implementation Plans

- Development of locally based, implementation plans in place-based settings that enable the interpretation of the regionalised ITC operational guidelines to provide more contextual solutions.

Phase II – Implementation and delivery

- Operationalising and monitoring the Implementation plans to deliver an integrated ITC program (July 2022 – June 2024).

The intent to re-commission the ITC Program in 2020 was delayed due to uncertainties and developments relating to the coronavirus (COVID-19) pandemic. NQPHN adopted a cautious and supportive approach towards a future ITC Request for Tender (RFT) process. This position was proposed to minimise disruption of the valuable ITC program service delivery across the NQPHN region. The continuity of existing ITC services has been maintained under previously approved arrangements until the codesign of the new model of care has been completed, the localised guidelines are in place, the effects of the COVID pandemic have been understood and managed and that the ITC budget availability has been confirmed by the Department for 2021/2024.

It is anticipated that a six-month procurement process will be initiated in July 2021. A further six-month period has been scheduled to allow for any transition activities to occur from December 2021 - June 2022. Newly commissioned arrangements should be fully implemented from July 2022. NQPHN will consider its approach to commissioning every three years to ensure the most appropriate approach is maintained.

The interim management and transition of Indigenous Health Project Officers (IHPO) related activities will continue to be managed and negotiated through NQPHN and current ITC service providers. Supplementary Services accessibility will be delivered through the current ITC service providers who will consider the need for standing approvals, with only the decisions and outcomes relating to identified 'special circumstances' being channelled through NQPHN.

Minimal changes to eligible criteria to access Supplementary Services are anticipated. It is recommended that the NQPHN ITC Project Team will engage proactively with providers to establish a regional 'preferred supplier register' that effectively and efficiently supports the consistent distribution of Supplementary Services in future.

The establishment of a strong and skilled ITC workforce within the NQPHN region will be a significant component of the implementation of the model of care delivery of the ITC program. Improvement in the evaluation of contract monitoring, reporting outputs and performance evaluation are anticipated.

NQPHN engage two of the IHPO staff directly and support some core functions attached to this role. Any changes to the future workforce breakdown, will be determined through the commissioning and procurement processes. Exact workforce number fluctuate reflect a fluid Indigenous health workforce within the primary health care environment.

This activity aims to address key health issues identified in NQPHN's Health Needs Assessment.

ITC 2 – Culturally Competent Mainstream Services

Activity priorities and description

Program key priority area

Aboriginal and Torres Strait Islander Health

Aim of the activity

The aim of this activity is to 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 peoples and to improve the capacity of mainstream primary care services to deliver culturally appropriate services to Aboriginal and Torres Strait Islander peoples.

Description of activity

The ITC activities associated with improving Cultural Competency of Mainstream Primary Care Services will be strengthened, monitored and co-ordinated through NQPHN and will continue to be implemented during the period 1 July 2021 until 30 June 2024. Uptake of Indigenous MBS items including 715 health checks and ensuring the provision of and utilisation of follow up services will be promoted.


The research undertaken during the ITC review identified that while there were some gains, the cultural capability of mainstream services across the region was not improving consistently.

Sub regional training events targeted at Improving the Cultural Competency of mainstream Primary Health Care services will continue to be supported across the NQPHN region. In 2021/2022 NQPHN will deliver two workshops per region to provide cultural awareness and competency training targeting mainstream providers. This will supplement the suite of localised training provided using respected community members as facilitators working with mainstream providers including GPs and Allied health staff. This work was curtailed in 2020/21 due to COVID restrictions including community lock down arrangements and social distancing requirements. Online training options proved difficult in remote and very remote areas experiencing unreliability of technology and signal issues.

NQPHN will continue to strive to ensure that activities within ITC2 activities support 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 peoples where cultural values, strengths, and differences are recognised and incorporated into the governance, management, and delivery of health services.” Activities will also reflect National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023 aspirations to improve access to culturally appropriate health care which assist in meeting Closing the Gap targets.

There are a number of mainstream primary health services that are unaware of ‘cultural safety’ requirements which may enable Aboriginal and Torres Strait Islander peoples to successfully access culturally appropriate health services in a culturally responsive way. NQPHN will ensure that ‘cultural competency’ is an attribute of all organisations commissioned to deliver ITC services, including all existing ITC providers and an increasing proportion of other general practices and other primary health care providers.

In the future, the improved ITC model of care will be required to consider the domains of cultural competency, define roles, and ensure that the requirements relating to cultural competency are delivered in the most effective and efficient manner that is supportive to the health outcomes of Aboriginal and Torres Strait Islander peoples.



The ITC program will promote the principles of Cultural Competency and raise awareness of 'localised' cultural protocols as appropriate within mainstream services, and encourage respectful behaviour, health literacy levels, creation of welcoming environments, responsive and respectful intake and referral processes.

The critical role of health workforce to achieve culturally respectful services is recognised. The whole of the existing ITC workforce consisting of Indigenous Health Project Officers (IHPO), care coordinators and the outreach workers, are encouraged to support the cultural competency learnings within mainstream primary health services and to identify issues for improvement within mainstream services. These IHPOs, care coordinators and outreach workers will receive ongoing support and developmental activities including training, peer support, professional guidance, and mentoring to assist them. Increasing the cultural competence of mainstream primary care is recommended to be an element of the ITC commissioning process commencing in July 2021.

Mainstream primary health providers entering ITC contracts will be required to ensure that education and training in cultural competency and/or cultural awareness is undertaken by the organisation, and then maintained by undertaking refresher training at least every three years.

Regular reviews of performance will be undertaken which include patient satisfaction/experience and assessment of increased access to services by new patients from Aboriginal and Torres Strait Islander backgrounds. This information will be used to assist in identifying service gaps, training needs and areas for improvement.

NQPHN is focused on implementing an effective ITC program that builds capacities within the primary health sector and enhances the capabilities for all Aboriginal and Torres Strait Islander peoples to access mainstream primary health and Indigenous health services to achieve improved health outcomes for people with chronic conditions. This can be achieved by developing strong regional and local implementation approaches, improved service integration, care coordination, and a person-centred approach focused on the patient journey and continuity of care.

NQPHN will seek opportunities to:

- integrate the NQPHN "Innovate" Reconciliation Action Plan (RAP) 2020 activities into services, particularly those delivering ITC and IAHP funded programs
- encourage participating mainstream primary health organisations to engage in the development of RAPs / resources
- identify with appropriate partners, including ACCHOs, mechanisms to strengthen partnerships to assist in the identification of barriers and enablers towards workforce issues, including encouragement the participation of Aboriginal and Torres Strait Islander peoples in the health workforce to implement localised strategies and plans
- develop culturally appropriate and accessible education, training and employment pathways
- drive an increase in the completion of Aboriginal and Torres Strait Islander Peoples Health Assessment (MBS item 715; cross-activity with HSI3)
- take opportunities to align with the Cultural Respect Framework 2016-2026 and to embed the principles in all contract arrangements, particularly those relating to the ITC model of care.

This activity aims to address key health issues identified in NQPHN's Health Needs Assessment.

