



Australian Government
Department of Health

phn

An Australian Government Initiative

Activity Work Plan 2018-2021: Integrated Team Care Funding

The Activity Work Plan template has the following parts:

1. The Integrated Team Care Annual Plan 2018-2021 which will provide:
 - a) The strategic vision of your PHN for achieving the ITC objectives.
 - b) A description of planned activities funded by Integrated Team Care funding under the Indigenous Australians' Health Programme (IAHP) Schedule.
2. The Budget for Integrated Team Care funding for 2018-2021 (attach an excel spreadsheet using template provided).

HNECC PHN

When submitted this Activity Work Plan 2018-2021 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and has been endorsed by the CEO.

The Activity Work Plan must be lodged to your Program Officer via email on or before four (4) weeks after the execution of the Integrated Team Care Funding Schedule Deed of Variation.

Overview

This updated Activity Work Plan covers the period from 1 July 2018 to 30 June 2021. To assist with PHN planning, each new activity nominated in this work plan should be proposed for a period for 12 months.

Submitted June, 2018

1. (a) Strategic Vision for Integrated Team Care Funding

Our Vision – Healthy People and Healthy Communities

Our Purpose – To deliver innovative, locally relevant solutions that measurably improve the health outcomes of our communities.

Our Values – Respect – Innovation – Accountability – Integrity – Cooperation – Recognition

Our Principles – We will deliver better health outcomes that are efficient, effective, equitable and sustainable by:

- having a whole of system focus that puts people and communities first
- being responsive to the diversity of, and differences in, our communities and address health inequalities
- helping people understand and care for their own health, and supporting them as partners in a better health system
- supporting and being guided by GPs and other clinicians as leaders in a better health system
- aiming for the best use of health resources, with locally relevant services that are high quality and cost-effective collaborating with other to enable and coordinate timely and appropriate health care, so that people can stay well in their communities

Our Business Fitness – We will:

- focus organisational performance on Flagship Innovation, Local Relevance, Leading Delivery, and Strong Evaluation
- underpin performance with agile, innovative, efficient, cost effective and robust internal administrative and governance functions
- ensure that operations are underpinned by organisational values, clear team- based objectives, staff training and development, effective communication and leadership, and a positive team culture
- utilise Community Advisory Committees and GP-led Clinical Councils that effectively enhance the performance and primary care engagement of the organisation.

Visible – services are known to other health professionals, other service providers (e.g. social services, community services, law enforcement etc) and the community. Services will be clearly described in terms of their place within an integrated stepped care model to assist consumers and service providers to easily identify the level of service provided by mental health or suicide prevention providers.

Accessible – services are easily accessible to those who need them and are provided in regions where individuals require treatment utilising technological solutions where there are limited human resources or isolated populations. Waiting times for access to services do not negatively impact patient outcomes nor deter individuals from seeking treatment. Referral pathways are clearly defined and facilitate patients receiving the right care at the right time and in the right place.

Integrated – different providers understand and work closely with each other to ensure collaborative relationships are developed and nurtured. Region-wide planning occurs at an appropriate level to ensure:

- decisions that may impact parts of the system are fully understood by all stakeholders
- evidence-based, efficient and effective treatment services are supported

- referral pathways and service integration occurs seamlessly between providers to ensure consumers receive the most appropriate service
- Services are mapped to an integrated stepped care model inclusive of suicide prevention services to ensure services are available across the spectrum to support prevention and early intervention as well as graduated services as part of the recovery journey
- Services are coordinated to ensure consumers can seamlessly transition between services in line with an evidence based stepped care model

Patient Centred – Services are designed or revised using participatory methods, where consumers and community are at the centre of models of care, where the best available evidence is used to inform service design and where clinicians and other service providers inform the service, using their experience of the industry and the location. Commissioned services will contain sufficient flexibility to meet the needs of the populations in which they service. Consumers will be able to access services through a streamlined point of entry to support consumer choice and reduce barriers to efficient triage and referral. Design and commissioning activities will be underpinned by collaborative regional needs assessment and planning alongside population health data to ensure PHN activity is in line with demonstrated needs of local communities and consumers.

Resourced – services that provide treatment for population groups within the community that are most vulnerable receive the greatest support. This will be facilitated by ongoing review of population health data and engagement with consumers and key stakeholders. Rigorous use of best practice literature and other practice evidence will be applied to all resourcing decisions to ensure resourcing supports methodologies which have proven to improve health outcomes and where no evidence exists we will partner with academic bodies to engage in research and evaluation to create evidence to guide practice.

Moving toward culturally responsive Aboriginal Health Care

HNECC PHN believes a fundamental step towards improving health outcomes is for Aboriginal people is to assist the mainstream health system better understand and incorporate Aboriginal culture and customs.

Our PHN has produced this framework to help embed cultural respect principles into our region's primary health care system. The development of this framework has actively involved the people who receive the health services we fund, as well as our staff and our service providers. It will provide our service providers, partners and the PHN with a guide to help deliver quality, culturally safe, responsive health care to Aboriginal and communities across our region and contribute towards Closing the Gap.

We believe PHNs play a vital role in closing the gap in health inequities by ensuring the health services they plan and commission are done in a culturally responsive manner.

We strongly believe our commitment to place Aboriginal people and communities at the centre of the decision making process and implementing a whole of organisation approach to Aboriginal health will lead to improved health outcomes for Aboriginal people and communities within our region.

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

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2018-2021. These activities will be funded under the IAHP Schedule for Integrated Team Care.

ITC1 Integrated Team Care Commissioned Services						
Existing, Modified, or New Activity	Existing					
Start date of ITC activity as fully commissioned	January 16, 2017					
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	Not applicable					
Service delivery and commissioning arrangements	<p>Commissioning Method</p> <p>HNECC PHN's commissioning process for all programs is underpinned by a Commissioning Framework and supporting policies. This framework and subsequent tools have been developed and tested in previous rounds of commissioning for healthcare services, and rigorous reflection has been undertaken to consider area for generalised improvement, as well as areas that can be modified to ensure cultural sensitivities are also factored into the process. These specifically include:</p> <ul style="list-style-type: none"> • Aboriginal Health Needs Assessment • HNECC PHN Cultural Audit and Recommendations, conducted 2017 • HNECC PHN Cultural Framework • HNECC PHN Aboriginal and Torres Strait Islander Commissioning Principles <p>Commissioned Services and delivery</p> <p>In 2018/ 2019 HNECC PHN has determined a contract extension for existing providers is appropriate and important in ensuring service continuity for clients. Commissioned service provider performance is monitored and evaluated quarterly and variations to contracts are negotiated and issued as appropriate to ensure services are being delivered in response to need.</p>					
	<table border="1"> <thead> <tr> <th>Provider</th> <th>Location</th> <th>Provider type</th> </tr> </thead> <tbody> <tr> <td>HealthWISE New England North West</td> <td>New England North West region</td> <td>Mainstream Primary Care provider – subcontracting arrangement with Armajun Aboriginal Medical Service for ITC delivery in some LGAs in the Northern Tablelands</td> </tr> </tbody> </table>	Provider	Location	Provider type	HealthWISE New England North West	New England North West region
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HealthWISE New England North West	New England North West region	Mainstream Primary Care provider – subcontracting arrangement with Armajun Aboriginal Medical Service for ITC delivery in some LGAs in the Northern Tablelands				

	Biripi AMS	Greater Taree region	AMS
	Yerrin AMS	Central Coast	AMS
	Hunter Primary Care	Newcastle and Hunter region	Mainstream Primary Care provider

Decommissioning HNECC PHN does not foresee any decommissioning in 2018/2019.

Decision framework

Decision framework
The Commissioning Framework as outlined below is underpinned by a commitment to continuous improvement incorporating ongoing needs and market analysis and incorporation of stakeholder feedback on how ensure the decision making process matches market need with cost effective and quality focussed supply.

The Decision Making Framework for this activity incorporated the following critical elements:

- Evaluation against weighted criteria incorporating an organisational evaluation, program evaluation and price evaluation
- Evaluation panels that include a subject matter expert, a regional expert (knowledge of sub-regional needs) and an independent person (ensuring objectivity of decision making)
 - Guidance notes and an evaluation panel briefing to ensure consistency of practice against established decision making guidelines
- Aboriginal Health Access Team involvement in all stages of the commissioning process to ensure cultural appropriateness of critical activities and maximise commissioning outcomes
- HNECC has established Clinical Councils and Community Advisory Committees with related Terms of Reference that add to other feedback and engagement mechanisms in place to harvest continuous feedback for the purpose of monitoring effectiveness and efficiency of service delivery and inform future improvements.

Indigenous sector engagement

HNECC’s core business involves the provision of services to and with the Aboriginal community through the commissioning of culturally appropriate quality services. It is therefore critical that HNECC effectively engages the Aboriginal community in order to achieve its vision and purpose. This includes but is not limited to: AMS / ACCHO sector, Peak Bodies, local Aboriginal and Torres Strait Islander community, NGOs, Lands Councils, community centres and Elders.

Decision framework documentation	Yes																									
Description of ITC Activity	See attachment 1 – HNECC PHN ITC Program commitment, approach and responsibilities																									
ITC Workforce	<p>HNECC PHN Health Access Staffing Profile</p> <ul style="list-style-type: none"> Aboriginal Health Access Manager, all sub-regions, Located Newcastle, 1FTE, commenced December 2016. Aboriginal Health Access ITC Commissioning Officer, all subregions, Located Newcastle, 1FTE, Commenced March 2017. Aboriginal Health Access Officers <ul style="list-style-type: none"> Vacant 1FTE, Newcastle (Hunter region) Central Coast, 1FTE, commenced October 2017 New England, 1FTE, commenced January 2017 New England , 1 FTE, vacant <p>Commissioned Services – Care Coordinators and Outreach Worker Employment</p> <table border="1"> <thead> <tr> <th>Service Region</th> <th>Contracted Service Provider</th> <th>Service Provider Type</th> <th>Number of Care Coordinators</th> <th>Number of Outreach Workers</th> </tr> </thead> <tbody> <tr> <td>Central Coast Gosford Wyong</td> <td>Yerin AMS</td> <td>Aboriginal Medical Service</td> <td>3.0FTE</td> <td>1.0FTE</td> </tr> <tr> <td>Newcastle Port Stephens Upper & Lower Hunter Great Lakes</td> <td>Hunter Primary Care (HPC)</td> <td>Mainstream Primary Care organisation</td> <td>5.9 FTE (7 staff employed)</td> <td>2.0 FTE (2 staff employed)</td> </tr> <tr> <td>Taree Manning</td> <td>Biripi AMS</td> <td>Aboriginal Medical Service</td> <td>3.0 FTE (4 staff employed)</td> <td>2.0 FTE (2 staff employed)</td> </tr> <tr> <td>New England & North West</td> <td>HealthWISE</td> <td>Mainstream Primary Care Organisation</td> <td>5.3 FTE (7 staff employed)</td> <td>2.4FTE (5 staff employed)</td> </tr> </tbody> </table>	Service Region	Contracted Service Provider	Service Provider Type	Number of Care Coordinators	Number of Outreach Workers	Central Coast Gosford Wyong	Yerin AMS	Aboriginal Medical Service	3.0FTE	1.0FTE	Newcastle Port Stephens Upper & Lower Hunter Great Lakes	Hunter Primary Care (HPC)	Mainstream Primary Care organisation	5.9 FTE (7 staff employed)	2.0 FTE (2 staff employed)	Taree Manning	Biripi AMS	Aboriginal Medical Service	3.0 FTE (4 staff employed)	2.0 FTE (2 staff employed)	New England & North West	HealthWISE	Mainstream Primary Care Organisation	5.3 FTE (7 staff employed)	2.4FTE (5 staff employed)
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New England & North West	HealthWISE	Mainstream Primary Care Organisation	5.3 FTE (7 staff employed)	2.4FTE (5 staff employed)																						
Planned Expenditure 2018-19 (GST Exc) – Commonwealth funding	\$3,596,442																									
Planned Expenditure 2018-19 (GST Exc) – Funding from other sources	Not applicable																									
Funding from other sources	Not applicable																									

ITC2 Improving access to culturally appropriate mainstream primary care

Please note this is a Carry-over approved activity (documentation attached) limited life project ends June 30, 2019

Existing, Modified, or New Activity	New – carry over funded
Start date of ITC activity as fully commissioned	October, 2018
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	Not applicable
Service delivery and commissioning arrangements	Activity 2.1 Service specification/ direct tender approach Activity 2.2 Not a commissioned activity– to be developed and delivered by HNECC PHN Aboriginal Health Access Staff
Decommissioning	Not applicable

Decision framework

Decision framework

The Commissioning Framework as outlined below is underpinned by a commitment to continuous improvement incorporating ongoing needs and market analysis and incorporation of stakeholder feedback on how ensure the decision making process matches market need with cost effective and quality focussed supply.

The Decision Making Framework for this activity incorporated the following critical elements:

- Priorities identified in the HNECC PHN Aboriginal Health Needs Assessment
- Recommendations from the 2017 HNECC PHN Cultural Audit undertaken by Ngaimpe Consulting.

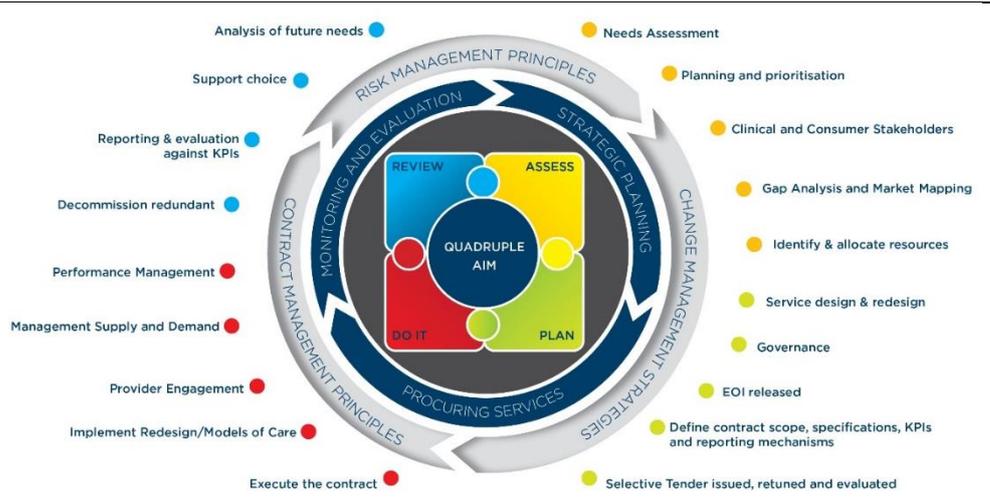
	<ul style="list-style-type: none"> • Evaluation against weighted criteria incorporating an organisational evaluation, program evaluation and price evaluation • Evaluation panels that include a subject matter expert, a regional expert (knowledge of sub-regional needs) and an independent person (ensuring objectivity of decision making) <ul style="list-style-type: none"> • Guidance notes and an evaluation panel briefing to ensure consistency of practice against established decision making guidelines • Aboriginal Health Access Team involvement in all stages of the commissioning process to ensure cultural appropriateness of critical activities and maximise commissioning outcomes • HNECC has established Clinical Councils and Community Advisory Committees with related Terms of Reference that add to other feedback and engagement mechanisms in place to harvest continuous feedback for the purpose of monitoring effectiveness and efficiency of service delivery and inform future improvements.
Indigenous sector engagement	HNECC's core business involves the provision of services to and with the Aboriginal community through the commissioning of culturally appropriate quality services. It is therefore critical that HNECC effectively engages the Aboriginal community in order to achieve its vision and purpose. This includes but is not limited to: AMS / ACCHO sector, Peak Bodies, local Aboriginal and Torres Strait Islander community, NGOs, Lands Councils, community centres and Elders.
Decision framework documentation	Not applicable
Description of ITC Activity	<p>Improving access to culturally appropriate mainstream primary care</p> <p>2.1 Assessment and training for commissioned services providers designed to improve cultural competency of their organisations and a minimum standard for cultural responsiveness and appropriateness across the HNECC PHN footprint. HNECC PHN through a direct tender process will engage a consultant to undertake further cultural competency audits of engaged service providers and clinicians across the footprint before developing and delivering a program of tailored, cultural responsiveness training.</p> <p>2.2 A symposium will be held in each of the New England, Hunter and Central Coast. With the aim of inviting GP's and AMS's to attend and show case local models of care and service providers that are culturally appropriate. Outcomes of the event would include strengthened relationships between mainstream GP's and AMS's to build a community of practice to deliver more culturally appropriate services to the Mob, promotion of the importance of 715s and the identification process and EPC referral.</p> <p>Please note: This activity has been developed in response to the recommendations made in the 2017 HNECC PHN Cultural Audit. Specifically this activity is designed to respond to Recommendation S2, referenced on page 5 of Attachment 3 of this Activity Work Plan.</p>
ITC Workforce	2.1 HNECC PHN Aboriginal Health Access Officers will work with the commissioned consultant to ensure the project is delivered adequately and appropriately. ITC staff employed in service provider organisations will partake in some of the provided assessment and training.

	2.2 HNECC PHN Aboriginal Health Access Officers will develop the sessions and models for these symposiums in partnerships with PHNs clinical and community advisory committees, service providers and other key stakeholders.
Planned Expenditure 2018-19 (GST Exc) – Commonwealth funding	2.1 \$100,000 2.2 \$200,000
Planned Expenditure 2018-19 (GST Exc) – Funding from other sources	Not applicable
Funding from other sources	Not applicable

ITC3 Improving access and health outcomes

Please note this is a Carry-over approved activity (documentation attached) limited life project ends June 30, 2019

Existing, Modified, or New Activity	New- carryover funded
Start date of ITC activity as fully commissioned	July 1, 2018
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	Not applicable
Service delivery and commissioning arrangements	Service specification/ direct tender approach.
Decommissioning	Not applicable
Decision framework	Decision framework The Commissioning Framework as outlined below is underpinned by a commitment to continuous improvement incorporating ongoing needs and market analysis and incorporation of stakeholder feedback on how ensure the decision making process matches market need with cost effective and quality focussed supply.



The Decision Making Framework for this activity incorporated the following critical elements:

- Priorities identified in the HNECC PHN Aboriginal Health Needs Assessment
- Recommendations from the 2017 HNECC PHN Cultural Audit undertaken by Ngaimpe Consulting.
- Evaluation against weighted criteria incorporating an organisational evaluation, program evaluation and price evaluation
- Evaluation panels that include a subject matter expert, a regional expert (knowledge of sub-regional needs) and an independent person (ensuring objectivity of decision making)
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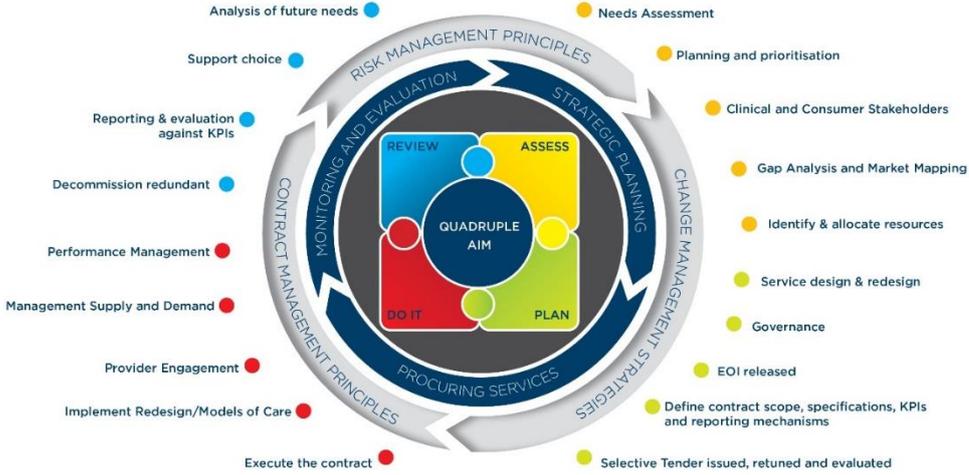
Indigenous sector engagement	HNECC’s core business involves the provision of services to and with the Aboriginal community through the commissioning of culturally appropriate quality services. It is therefore critical that HNECC effectively engages the Aboriginal community in order to achieve its vision and purpose. This includes but is not limited to: AMS / ACCHO sector, Peak Bodies, local Aboriginal and Torres Strait Islander community, NGOs, Lands Councils, community centres and Elders.
Decision framework documentation	Yes
Description of ITC Activity	<p>This activity will include capacity building, support and training packages (for ACCHOS and non-ACCHOS) around the ITC program and Chronic Disease Management including measuring access, experiences and outcomes for Aboriginal and Torres Strait Islander people accessing the ITC program. Training for existing providers, AMS and ACCHOS across the HNECC PHN region will focus on building knowledge, understanding and education of and around:</p> <ul style="list-style-type: none"> • Patient Reported Outcomes Measures and culturally appropriate tools • Patient Reported Experience Measures and culturally appropriate tools

	Please note: This activity has been developed in response to the recommendations made in the 2017 HNECC PHN Cultural Audit. Specifically this activity is designed to build the foundation for the implementation of Recommendation M5, referenced on page 10 of Attachment 3 of this Activity Work Plan.
ITC Workforce	This activity has been designed to increase the capacity of <ul style="list-style-type: none"> • HNECC PHN Aboriginal Health Access Officers • Service provider employed Care Coordinators and Aboriginal Outreach Workers • AMS / ACCHO employed Aboriginal Health program staff connected or interfacing with the ITC program in regions where the program is contracted to a mainstream primary care organisation.
Planned Expenditure 2018-19 (GST Exc) – Commonwealth funding	\$160,000
Planned Expenditure 2018-19 (GST Exc) – Funding from other sources	Not applicable
Funding from other sources	Not applicable

ITC4 Connecting communities to coordinated care and enhancing importance of Aboriginal Elders and piloting “On Country Care”

Please note this is a Carry-over approved activity (documentation attached) limited life project ends June 30, 2019

Existing, Modified, or New Activity	New – carryover funded
Start date of ITC activity as fully commissioned	July 1, 2018
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	Not applicable
Service delivery and commissioning arrangements	Not a commissioned activity– to be developed and delivered by HNECC PHN Aboriginal Health Access Staff

Decommissioning	Not applicable
Decision framework	<p>Decision framework</p> <p>The Commissioning Framework as outlined below is underpinned by a commitment to continuous improvement incorporating ongoing needs and market analysis and incorporation of stakeholder feedback on how ensure the decision making process matches market need with cost effective and quality focussed supply.</p>  <p>The Decision Making Framework for this activity incorporated the following critical elements:</p> <ul style="list-style-type: none"> • Priorities identified in the HNECC PHN Aboriginal Health Needs Assessment • Recommendations from the 2017 HNECC PHN Cultural Audit undertaken by Ngaimpe Consulting. • Evaluation against weighted criteria incorporating an organisational evaluation, program evaluation and price evaluation • Evaluation panels that include a subject matter expert, a regional expert (knowledge of sub-regional needs) and an independent person (ensuring objectivity of decision making) <ul style="list-style-type: none"> • Guidance notes and an evaluation panel briefing to ensure consistency of practice against established decision making guidelines • Aboriginal Health Access Team involvement in all stages of the commissioning process to ensure cultural appropriateness of critical activities and maximise commissioning outcomes • HNECC has established Clinical Councils and Community Advisory Committees with related Terms of Reference that add to other feedback and engagement mechanisms in place to harvest continuous feedback for the purpose of monitoring effectiveness and efficiency of service delivery and inform future improvements.
Indigenous sector engagement	<p>HNECC's core business involves the provision of services to and with the Aboriginal community through the commissioning of culturally appropriate quality services. It is therefore critical that HNECC effectively engages the Aboriginal community in order to achieve its vision and purpose. This includes but is not limited to: AMS / ACCHO sector, Peak Bodies, local Aboriginal and Torres Strait Islander community, NGOs, Lands Councils, community centres and Elders.</p>

Decision framework documentation	Yes
Description of ITC Activity	<p>This activity will provide opportunity to connect more than 500 elders from the HNECC PHN footprint to the ITC programme. Will introduce community members, many of whom will be in an “on country” setting, an introduction to ITC. This activity will enable to PHN to further connect with community Elders across the HNECC footprint by</p> <ul style="list-style-type: none"> • Partnering with ITC service providers to provide basic health checks and the importance of 715s in an “on country” setting • Promoting the ITC program • Increasing awareness of and maximising links between services for Aboriginal and Torres Strait Islander people • Promoting importance of self-identification • Chronic disease education and support • Connection to culturally safe, responsive and appropriate care <p>This activity has been developed in response to a number of our Service Provider Organisation’s reporting that there a numerous Aboriginal populations across the HNECC PHN region who are disengaged from primary health care. HNECC PHN believes this activity which as described above, consists of taking ITC program education, basic health checks in partnership with Service Provider organisations, self-identification and chronic disease awareness workshops and introducing Elders and their families to local primary care staff will break down a number of the barriers that exist in terms of accessing mainstream primary care. Taking this kind of activity to country will also give mainstream primary care providers a better understanding of the holistic nature of the issues faced by Aboriginal and Torres Strait Islander people and the importance, of culturally appropriate care.</p> <p>This activity will be further developed and delivered by HNECC PHN’s IHPOs whose role (as outlined in 3.1 of the Implementations Guidelines) is to: developing and implementing strategies to improve access to mainstream primary care for Aboriginal and Torres Strait Islander people, including through outreach programmes such as the Medical Outreach – Indigenous Chronic Disease Programme (MOICDP), the Rural Health Outreach Fund (RHOF), and the Visiting Optometrists Scheme (VOS);</p> <ul style="list-style-type: none"> • developing and implementing strategies to improve the capacity of mainstream primary care providers to deliver culturally appropriate primary care services to Aboriginal and Torres Strait Islander people, including: <ul style="list-style-type: none"> o self-identification; o uptake of Aboriginal and Torres Strait Islander specific MBS items including item 715 - Health Assessments for Aboriginal and Torres Strait Islander People, care planning and follow up items; • increasing awareness and understanding of the COAG targets to close the gap in Indigenous disadvantage; and • collaborating with local Indigenous health services and mainstream health services in a partnership approach for the delivery of primary care services. <p>This activity addresses objectives 2, 4, 5, 6 of the ITC Program.</p> <p>Please note: This activity has been developed in response to the recommendations made in the 2017 HNECC PHN Cultural Audit. Specifically this activity is designed to respond to or enable the</p>

	foundational work to later implement Recommendations S3, S4, S6, M2 referenced on pages 6, 7 and 9 of Attachment 3 of this Activity Work Plan.
ITC Workforce	As described in other ITC Activity tables
Planned Expenditure 2018-19 (GST Exc) – Commonwealth funding	\$70,000
Planned Expenditure 2018-19 (GST Exc) – Funding from other sources	\$0
Planned Expenditure 2019-20 (GST Exc) – Commonwealth funding	\$20,000 *Approved in carry-over request (see Attachment 2)
Planned Expenditure 2019-20 (GST Exc) – Funding from other sources	\$0
Funding from other sources	Not applicable

ITC5 Contribute to closing the gap in life expectancy between Aboriginal and Torres Strait Islander people

Please note this is a Carry-over approved activity (documentation attached) limited life project ends June 30, 2019

Existing, Modified, or New Activity	New – carryover funded
Start date of ITC activity as fully commissioned	July 1, 2018
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	Not applicable

Service delivery and commissioning arrangements	Direct engagement approach – existing providers
Decommissioning	Not applicable
Decision framework	<p>Decision framework</p> <p>The Commissioning Framework as outlined below is underpinned by a commitment to continuous improvement incorporating ongoing needs and market analysis and incorporation of stakeholder feedback on how ensure the decision making process matches market need with cost effective and quality focussed supply.</p> <p>The Decision Making Framework for this activity incorporated the following critical elements:</p> <ul style="list-style-type: none"> • Priorities identified in the HNECC PHN Aboriginal Health Needs Assessment • Recommendations from the 2017 HNECC PHN Cultural Audit undertaken by Ngaimpe Consulting. • Outcomes from Service Provider Communities of Practice (held with the PHN quarterly) • Aboriginal Health Access Team involvement in all stages of the commissioning process to ensure cultural appropriateness of critical activities and maximise commissioning outcomes
Indigenous sector engagement	<p>HNECC’s core business involves the provision of services to and with the Aboriginal community through the commissioning of culturally appropriate quality services. It is therefore critical that HNECC effectively engages the Aboriginal community in order to achieve its vision and purpose. This includes but is not limited to: AMS / ACCHO sector, Peak Bodies, local Aboriginal and Torres Strait Islander community, NGOs, Lands Councils, community centres and Elders. This particular activity has been developed in response to engagement with community and PHN service providers through their quarterly Community of Practice meetings.</p>

Decision framework documentation	Yes
Description of ITC Activity	<p>This activity will be developed using short term grant funding for existing ITC program service providers.</p> <p>The activity will be a pilot designed in conjunction with existing ITC Service providers across the HNECC PHN footprint which aims to test and then evaluate how and which early intervention preventative measures are most effective in attributing to the reduction of re-admission to ITC and improved patient outcomes, which result in ITC clients being capacity strengthened to self-manage their complex chronic condition longer term.</p> <p>This activity has been developed to investigate further ways the ITC programs in the HNECC PHN region can achieve better treatment and management of chronic conditions for Aboriginal and Torres Strait Islander people by testing, in a culturally appropriate setting, which early intervention measures work best to compliment the care coordination and supplementary services components of the ITC program with the aim of capacity strengthening clients to self-manage and subsequently avoid re-admission / referral.</p> <p>Some examples include:</p> <ul style="list-style-type: none"> • Education with a pharmacist around filling scripts – and budgeting education so at the end of the 12 weeks the client can afford to pay for their own medications. • Working with an exercise physiologist and having input into the development of their own ongoing gym program and then, assisted by the pilot, learning how to manage their own finances to pay for a gym membership. <p>This would help to build an ITC client’s individual capacity to assist with the ongoing management and better treatment of their condition. At the conclusion of the pilot the evaluation will assist HNECC PHN and its service providers for the program to increase awareness and understanding of measures relevant to mainstream primary care.</p> <p>This activity addresses objectives 1 and 5 of the ITC program.</p>
ITC Workforce	As described in other ITC Activity tables
Planned Expenditure 2018-19 (GST Exc) – Commonwealth funding	\$98,837
Planned Expenditure 2018-19 (GST Exc) – Funding from other sources	\$0

Funding from other sources	Not applicable
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