

# North Western Melbourne - Integrated Team Care

## 2019/20 - 2023/24

### Activity Summary View



## ITC - 1 - Care coordination and supplementary services AWP 23/24



### Activity Metadata

#### Applicable Schedule \*

Integrated Team Care

#### Activity Prefix \*

ITC

#### Activity Number \*

1

#### Activity Title \*

Care coordination and supplementary services AWP 23/24

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Aboriginal and Torres Strait Islander Health

#### Other Program Key Priority Area Description

#### Aim of Activity \*

This activity aims to 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 \*

NWMPHN has commissioned an Aboriginal Community Controlled Health Organisation (ACCHO), as well as three mainstream community health services to deliver the Integrated Team Care program. There is a team approach to client care across the catchment, with Care Coordinators and Aboriginal Outreach Workers being co-located in order to promote collaboration and better client outcomes. The Indigenous Health Project Officer (IHPO) roles work closely with the Care Coordinators and Outreach Workers to support commissioned service providers to better understand the health needs of the Aboriginal community and to

provide culturally appropriate care.

Care Coordinators:

Care Coordination includes:

- Supporting eligible clients to understand their health needs and navigate the health system
- Liaising with general practice to assist clients to get the care they need
- Facilitating access to the most appropriate services in a timely manner
- Developing and maintaining relationships with local community organisations to promote the ITC program and ensure that clients are aware of available resources
- Providing appropriate clinical care and arranging treatment options in accordance with the client's care plan
- Working with the client's family and support networks to ensure that the client's emotional and social wellbeing needs are considered

Outreach Workers:

Outreach Work includes:

- Supporting Care Coordinators to engage clients and their families
- Supporting Aboriginal clients to access health services, attend appointments and manage access to prescribed medications
- Encouraging clients to engage in services that can improve health outcomes
- Linking clients with local Aboriginal community through support to attend social and emotional wellbeing groups
- Identifying barriers to health care access for their clients and supporting Care Coordinators and IHPO's to develop strategies to improve client access

Indigenous Health Project Officers:

Indigenous Health Project Officer activities include:

- Providing general practice and primary care engagement and support
- Increasing awareness of the Practice Incentive Payment Program's Indigenous Health Incentive (PIP IHI)
- Facilitating access to Cultural Awareness Training opportunities for general practice, allied health and community services
- Developing and maintaining culturally appropriate resources for Aboriginal and Torres Strait Islander populations
- Building capacity of the Aboriginal and non-Aboriginal workforce to deliver culturally appropriate services
- Utilising NWMPHN communication channels to provide information on Closing the Gap measures, National Awareness Days and other important Aboriginal and Torres Strait Islander information.

The positions engaged in the program are summarised in the table below including by the PHN or commissioned organisation(s), including AMS\*, mainstream primary care service or PHN:

Workforce Type	FTE	AMS	MPC	PHN
Indigenous Health Project Officers	2.0			2.0 FTE
Care Coordinators	4.0	1.0 FTE	3.0 FTE	0
Outreach Workers	2.6	1.0 FTE	1.6 FTE	0

NWMPHN and commissioned organisations will provide appropriate support and development activities for the ITC workforce that will include:

Provision of peer support and networking opportunities through regular meetings with all Care Coordinators and Aboriginal Outreach Workers. These meetings will enable sharing of case studies, approaches to client work (problem solving), resources and hearing from presenters to best meet identified needs.

Provision of training, workforce development and capacity building activities (including conference attendance) to support skills development and enhancement of high-quality service provision.

Provision of on the job learning and mentoring approaches in collaboration with other PHNs as appropriate.

Commissioned providers are being supported to deliver ITC within a holistic Social Emotional Wellbeing (SEWB) context through investment of Commonwealth psychosocial support schedule resources to compliment ITC activity and funding. The psychosocial activity will provide group-based activities and one to one support aimed at capacity strengthening and life skills building.

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

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

Priority	Page reference
Comorbid conditions - complexity and demand	184
Chronic conditions - range, higher rates, lower uptake of management plans	186
Alcohol and Other Drug Services - demand, prevalence and complexity	184
Preventative health checks - lower rates of screening	185
Smoking Cessation - higher rates	184
Mental Health - demand, prevalence, complexity	183



## Activity Demographics

### Target Population Cohort

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

Improving and supporting Aboriginal and Torres Strait Islander health is a priority. NWMPHN has developed a Reconciliation Action Plan to support the engagement with and focus on our Aboriginal and Torres Strait Islander communities. NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

SA3 Name	SA3 Code
Hobsons Bay	21302
Darebin - North	20902
Essendon	20603
Darebin - South	20602
Brunswick - Coburg	20601
Sunbury	21004
Yarra	20607
Maribyrnong	21303
Moreland - North	21003
Keilor	21001
Melbourne City	20604
Macedon Ranges	21002
Tullamarine - Broadmeadows	21005
Melton - Bacchus Marsh	21304
Wyndham	21305
Brimbank	21301



## Activity Consultation and Collaboration

### Consultation

Stakeholder engagement and co-design approaches will underpin collaborative efforts to ensure the ITC program is structured to best meet the needs of local Aboriginal communities. These activities will promote integrated service responses and be focused on ensuring a transparent and robust process of engagement is undertaken.

Key stakeholders include, but are not limited to, Aboriginal community members, Aboriginal Community Controlled Organisations, mainstream community health services, general practice, local hospital networks, pharmacy, allied health providers, NGOs, local governments and Victorian Government Departments.

NWMPHNs Reconciliation Action Plan (RAP) identifies clear strategies for consultation to enhance commissioning and capacity building approaches to improve the health and wellbeing of Aboriginal people across the catchment. There are a range of mechanisms in place across the commissioning cycle to facilitate consultation, including through the Clinical and Community Advisory Councils, expert advisory groups, Aboriginal Health Expert Advisory Group and consumer and community forums.

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers to be involved at all stages of Commissioning including co-design to support positive consumer experience. This is particularly important with our work with the Aboriginal community and is reinforced through our commitments in our endorsed RAP.

NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services, and this will be a key feature for the ITC program over the coming years.

An evaluation of the ITC program, an identification of needs across the region for this target group, and a number of in-depth consultations and co-design opportunities with currently contracted providers, consumers and other members of the community, were undertaken to analyse the success of the program. Through this process, areas for improvement were identified, and a

refreshed program framework was developed and commissioned for 2022-23 and 2023-24.

NWMPHN has established an Aboriginal Health Advisory Group who meet quarterly to discuss issues pertinent to NWMPHN and the Aboriginal communities in our region. This group consists of Aboriginal people who either work or reside in our region and they provide advice and guidance to NWMPHN on a range of topics including culturally responsive commissioning, building cultural safety in mainstream organisations and evolving health needs in the region.

#### **Collaboration**

Stakeholder engagement and co-design approaches will underpin collaborative efforts to ensure the ITC program is structured to best meet the needs of local Aboriginal communities. These activities will promote integrated service responses and be focussed on ensuring a transparent and robust process of engagement is undertaken.

Key stakeholders include, but are not limited to, Aboriginal community members, Aboriginal Community Controlled Organisations, mainstream community health services, general practice, local hospital networks, pharmacy, allied health providers, NGOs, local governments and Victorian Department of Health and Human Services.



### **Activity Milestone Details/Duration**

#### **Activity Start Date**

27/06/2019

#### **Activity End Date**

29/06/2024

#### **Service Delivery Start Date**

01/07/2019

#### **Service Delivery End Date**

30/06/2024

#### **Other Relevant Milestones**

NA



### **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?**

**Co-design or co-commissioning comments**





## ITC - 2 - Culturally competent mainstream services AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Integrated Team Care

**Activity Prefix \***

ITC

**Activity Number \***

2

**Activity Title \***

Culturally competent mainstream services AWP 23/24

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Aboriginal and Torres Strait Islander Health

**Other Program Key Priority Area Description****Aim of Activity \***

Improve access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health, and commissioned services) for Aboriginal and Torres Strait Islander people.

**Description of Activity \***

There are a range of activities designed to enhance the provision of culturally safe health service delivery. These include:

- Provision of cultural safety training for mainstream primary health care providers and commissioned services
- Delivery of Quality Improvement packages, training and resources for General Practice and commissioned providers
- General Practice support provided to promote the Indigenous Health Incentive payments for registered general practices in the region
- Pharmacy visits to support culturally appropriate interventions and assist to ensure Co-Payment Incentive measures are correctly dispensed
- Analysis of data to identify mainstream general practices who support large numbers of Aboriginal clients and working with these practices to improve best practice care
- Support for general practices with limited numbers of Aboriginal patients to improve capacity to be culturally appropriate

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

Priority	Page reference
Comorbid conditions - complexity and demand	184
Chronic conditions - range, higher rates, lower uptake of management plans	186
Alcohol and Other Drug Services - demand, prevalence and complexity	184
Preventative health checks - lower rates of screening	185
Smoking Cessation - higher rates	184
Mental Health - demand, prevalence, complexity	183



### Activity Demographics

#### Target Population Cohort

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

Improving and supporting Aboriginal and Torres Strait Islander health is a priority. NWMPHN has developed a Reconciliation Action Plan to support the engagement with and focus on our Aboriginal and Torres Strait Islander communities. NWMPHN works and collaborates with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) on activities that impact this target population such as training provision for health professionals across the region.

NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

#### Indigenous Specific Comments

#### Coverage

##### Whole Region

Yes



SA3 Name	SA3 Code
Hobsons Bay	21302
Darebin - North	20902
Essendon	20603
Darebin - South	20602
Brunswick - Coburg	20601
Sunbury	21004
Yarra	20607
Maribyrnong	21303
Moreland - North	21003
Keilor	21001
Melbourne City	20604
Macedon Ranges	21002
Tullamarine - Broadmeadows	21005
Melton - Bacchus Marsh	21304
Wyndham	21305
Brimbank	21301



## Activity Consultation and Collaboration

### Consultation

Stakeholder engagement and co-design approaches will underpin collaborative efforts to ensure the ITC program is structured to best meet the needs of local Aboriginal communities. These activities will promote integrated service responses and be focused on ensuring a transparent and robust process of engagement is undertaken.

Key stakeholders include, but are not limited to, Aboriginal community members, Aboriginal Community Controlled Organisations, mainstream community health services, general practice, local hospital networks, pharmacy, allied health providers, NGOs, local governments and Victorian Government Departments.

NWMPHNs Reconciliation Action Plan (RAP) identifies clear strategies for consultation to enhance commissioning and capacity building approaches to improve the health and wellbeing of Aboriginal people across the catchment. There are a range of mechanisms in place across the commissioning cycle to facilitate consultation, including through the Clinical and Community Advisory Councils, expert advisory groups, Aboriginal Health Advisory Group and consumer and community forums.

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers to be involved at all stages of Commissioning including co-design to support positive consumer experience. This is particularly important with our work with the Aboriginal community and is reinforced through our commitments in our endorsed RAP.

NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services, and this will be a key feature for the ITC program over the coming years.

### Collaboration

Stakeholder engagement and co-design approaches will underpin collaborative efforts to ensure the ITC program is structured to best meet the needs of local Aboriginal communities. These activities will promote integrated service responses and be focussed

on ensuring a transparent and robust process of engagement is undertaken.

Key stakeholders include, but are not limited to, Aboriginal community members, Aboriginal Community Controlled Organisations, mainstream community health services, general practice, local hospital networks, pharmacy, allied health providers, NGOs, local governments and Victorian Department of Health and Human Services.



## Activity Milestone Details/Duration

### Activity Start Date

27/06/2019

### Activity End Date

29/06/2024

### Service Delivery Start Date

01/07/2019

### Service Delivery End Date

30/06/2024

### Other Relevant Milestones

NA



## Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

### Is this activity being co-designed?

Yes

### 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?**

na

**Co-design or co-commissioning comments**

NWMPHN continues to engage with VACCHO and local Aboriginal Community Controlled Organisations in the development of Aboriginal led approaches.

NWMPHN is committed to engagement and partnership with community, consumers and their families and clinicians at all key phases of the commissioning and project lifecycles (needs assessment, planning and design, service procurement, implementation and monitoring and evaluation).

Co-design methodologies will be employed to ensure service users and clinicians have genuine input in the design and development of interventions that may be generated.

NWMPHN's parent body, Melbourne Primary Care Network, has a Stakeholder Engagement Framework and a Community Participation Plan that outlines the role of consumers at all levels of the organisation's work. We are also currently developing a Clinical Participation Plan and an Aboriginal Engagement Framework.

NWMPHN has access to data and insight on community need, existing service provision and service evaluations. This information is included in the design of projects, programs, and services to ensure that they address the prioritised needs of the community, and that appropriate level of funding is available to deliver these services. We do this by:

- Exploring and identifying problems and their root causes
- Co-designing and testing better solutions with the right people.
- Working with our partners to implement programs and to achieve agreed outcomes.
- Reviewing each program to assess what it achieved and what we can learn to build even better services in the future.



## ITC - 3 - Alignment of activities to the National Agreement on Closing the Gap and priority reforms



### Activity Metadata

**Applicable Schedule \***

Integrated Team Care

**Activity Prefix \***

ITC

**Activity Number \***

3

**Activity Title \***

Alignment of activities to the National Agreement on Closing the Gap and priority reforms

**Existing, Modified or New Activity \***

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Aboriginal and Torres Strait Islander Health

**Other Program Key Priority Area Description****Aim of Activity \***

To close the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians within our region.

**Description of Activity \***

There are a range of activities designed to close the health and life expectancy gap that relate to the following priority reforms: Formal partnerships and shared decision making, Building the community-controlled sector and, Shared access to data and information at a regional level.

These include:

- Supporting eligible clients to understand their health needs and navigate the health system
- Liaising with general practice to assist clients to get the care they need
- Facilitating access to the most appropriate services in a timely manner
- Working with the client's family and support networks to ensure that the client's emotional and social wellbeing needs are considered
- Developing and maintaining relationships with local community organisations to promote the ITC program and ensure that clients are aware of available resources

- Provision of cultural safety training for mainstream primary health care providers and commissioned services
- Working with ACCHOs and other orgs to improve collection and use of data to understand service use and effectiveness
- Analysis of data to identify mainstream general practices who support large numbers of Aboriginal clients and working with these practices to improve best practice care

In relation to Priority 3 (Transforming government organisations), NWMPHN is implementing an Innovate Reconciliation Action plan which includes activities designed to embed meaningful cultural safety within the organisation, opportunities to learn about Aboriginal and Torres Strait Islander history and cultures, identify and eliminate racism and, build partnerships with Aboriginal and Torres Strait Islander owned and led organisations and business across our region.

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

Priority	Page reference
Alcohol and Other Drug Services - demand, prevalence and complexity	184
Chronic conditions - range, higher rates, lower uptake of management plans	186
Comorbid conditions - complexity and demand	184
Preventative health checks - lower rates of screening	185
Smoking Cessation - higher rates	184
Mental Health - demand, prevalence, complexity	183



## Activity Demographics

### Target Population Cohort

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

Improving and supporting Aboriginal and Torres Strait Islander health is a priority. NWMPHN has developed a Reconciliation Action Plan to support the engagement with and focus on our Aboriginal and Torres Strait Islander communities. NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

### Indigenous Specific Comments

## Coverage

### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Stakeholder engagement and co-design approaches will underpin collaborative efforts to ensure the ITC program is structured to best meet the needs of local Aboriginal communities. These activities will promote integrated service responses and be focused on ensuring a transparent and robust process of engagement is undertaken.

Key stakeholders include, but are not limited to, Aboriginal community members, Aboriginal Community Controlled Organisations, mainstream community health services, general practice, local hospital networks, pharmacy, allied health providers, NGOs, local governments and Victorian Government Departments.

NWMPHNs Reconciliation Action Plan (RAP) identifies clear strategies for consultation to enhance commissioning and capacity building approaches to improve the health and wellbeing of Aboriginal people across the catchment. There are a range of mechanisms in place across the commissioning cycle to facilitate consultation, including through the Clinical and Community Advisory Councils, expert advisory groups, Aboriginal Health Expert Advisory Group and consumer and community forums.

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers to be involved at all stages of Commissioning including co-design to support positive consumer experience. This is particularly important with our work with the Aboriginal community and is reinforced through our commitments in our endorsed RAP.

NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services, and this will be a key feature for the ITC program over the coming years.

An evaluation of the ITC program, an identification of needs across the region for this target group, and a number of in-depth consultations and co-design opportunities with currently contracted providers, consumers and other members of the community, were undertaken to analyse the success of the program. Through this process, areas for improvement were identified, and a refreshed program framework was developed and commissioned for 2022-23 and 2023-24.

NWMPHN has established an Aboriginal Health Advisory Group who meet quarterly to discuss issues pertinent to NWMPHN and the Aboriginal communities in our region. This group consists of Aboriginal people who either work or reside in our region and they provide advice and guidance to NWMPHN on a range of topics including culturally responsive commissioning, building cultural safety in mainstream organisations and evolving health needs in the region.

### Collaboration

Stakeholder engagement and co-design approaches will underpin collaborative efforts to ensure the ITC program is structured to best meet the needs of local Aboriginal communities. These activities will promote integrated service responses and be focussed on ensuring a transparent and robust process of engagement is undertaken.

Key stakeholders include, but are not limited to, Aboriginal community members, Aboriginal Community Controlled Organisations, mainstream community health services, general practice, local hospital networks, pharmacy, allied health providers, NGOs, local governments and Victorian Department of Health and Human Services.



## Activity Milestone Details/Duration

**Activity Start Date**

30/06/2023

**Activity End Date**

29/06/2024

**Service Delivery Start Date**

01/07/2023

**Service Delivery End Date**

30/06/2024

**Other Relevant Milestones**

N/A

**Activity Commissioning**

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

**Not Yet Known:** No**Continuing Service Provider / Contract Extension:** No**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?****Co-design or co-commissioning comments**

n/a



## ITC-Op - 1000 - ITC Operational AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Integrated Team Care

**Activity Prefix \***

ITC-Op

**Activity Number \***

1000

**Activity Title \***

ITC Operational AWP 23/24

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \*****Other Program Key Priority Area Description****Aim of Activity \*****Description of Activity \*****Needs Assessment Priorities \*****Needs Assessment****Priorities**

### Activity Demographics



**Target Population Cohort**

**In Scope AOD Treatment Type \***

**Indigenous Specific \***

**Indigenous Specific Comments**

**Coverage**

**Whole Region**



**Activity Consultation and Collaboration**

**Consultation**

**Collaboration**



**Activity Milestone Details/Duration**

**Activity Start Date**

**Activity End Date**

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**



## Activity Commissioning

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

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

Is this activity being co-designed?

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

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments