HNECC PHN acknowledges the traditional owners and custodians of the land that we live and work on as the First People of this Country.
NOTE
This activity work plan was submitted to the Australian Government Department of Health on July 15, 2016.

Therefore this document may not be fully representative of additional activities undertaken by HNECC PHN that contribute to improving health outcomes for Aboriginal and Torres Strait Islander people.
Introduction

Overview

The aims of Integrated Team Care are to:

- contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to coordinated and multidisciplinary care; and
- contribute to closing the gap in life expectancy by improved 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.

The objectives of Integrated Team Care are to:

- achieve better treatment and management of chronic conditions for Aboriginal and Torres Strait Islander people, through better access to the required services and better care coordination and provision of supplementary services;
- foster collaboration and support between the mainstream primary care and the Aboriginal and Torres Strait Islander health sectors;
- improve the capacity of mainstream primary care services to deliver culturally appropriate services to Aboriginal and Torres Strait Islander people;
- increase the uptake of Aboriginal and Torres Strait Islander specific Medicare Benefits Schedule (MBS) items, including Health Assessments for Aboriginal and Torres Strait Islander people and follow up items;
- support mainstream primary care services to encourage Aboriginal and Torres Strait Islander people to self-identify; and
- increase awareness and understanding of measures relevant to mainstream primary care.
Strategic Vision for Integrated Team Care Funding

Hunter New England Central Coast PHN’s (HNECC) purpose is to deliver innovative, locally relevant solutions that measurably improve the health outcomes of our communities. A primary aim is to improve care in the whole of the health system producing measurable outcomes in Aboriginal health.

As part of this commitment, HNECC aims to contribute to improving health outcomes for Aboriginal and Torres Strait Islander people and contribute to closing the gap in life expectancy. ITC activities will achieve this vision through the delivery of high quality and culturally appropriate services across a very large geographical footprint that includes the Hunter, New England and Central Coast regions. There are over 60,800 people in the HNECC who identify as being of Aboriginal and/or Torres Strait Islander descent, equivalent to 5% of the resident population which is greater than the national average of 3%.

Key elements of this strategic vision are:

- **Visibility** – services are known to other health professionals
- **Accessibility** – services are easily accessible to those who need them and are provided in regions where individuals require treatment. Waiting times for access to services do not negatively impact patient outcomes nor deter individuals from seeking treatment.
- **Integration** – 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, utilising a patient centred approach 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.
- **Resourcing** – services that provide treatment are appropriately supported

Our strategic approach and activities to meet the needs of Aboriginal communities within the HNECC footprint include:

1. **Care Coordination activities** that focus on developing and measuring improvements in individuals in health system/service navigation, skill and technique acquisition, self-monitoring and health insight, social integration and support. Our standard program of care coordination lasts 12 weeks, however patients may stay on longer if required. This includes face to face assessment and stratification, the development of GP MP and/or Shared Care plan, the implementation of action plans and associated education. Once stable, a follow up assessment is completed and patients will usually transition to Supplementary Services only. If they require further Care Coordination at a later date, they will return to the 12 week program through a GP referral.
2. **That we will make progress towards ‘closing the gap’ through improved collaboration and working relationships between mainstream General Practice, Aboriginal Health Service providers, Local Health Districts and other key stakeholders to assist with a uninterrupted patient journey and inform needs and assessment planning and the development of multi programme approaches and cross sectoral linkages.**
3. Focusing on mainstream health services that exist in proximity to Aboriginal communities throughout the region.
4. Providing comprehensive and culturally appropriate access to clinical support and chronic disease management for Aboriginal people.
5. Increasing the uptake of Aboriginal and Torres Strait Islander specific Medicare Benefits Schedule items
6. Overseeing the ITC workforce including ensuring Indigenous Health Project Officers, Care Coordinators and Outreach Workers receive appropriate ongoing peer support, professional guidance and mentoring.
## Proposed Activities

<table>
<thead>
<tr>
<th>Proposed Activities</th>
<th>Details</th>
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<tr>
<td>Six-month transition phase</td>
<td>The arrangements for the provision of services through CCSS/IIAMPC funding for 2015/2016 have been carried through/extended with current service providers for the period 1 July 2016 to 31 December 2016. This has been necessary to enable a smooth transition that incorporates a new culturally adapted commissioning process.</td>
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<tr>
<td>Anticipated start date of ITC activity</td>
<td>Following the six month transition phase, newly commissioned services will commence delivery on 16th January 2016.</td>
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<td>Will the PHN be working with other organisations and/or pooling resources for ITC?</td>
<td>HNECC PHN will not be pooling resources for this program but will collaborate with relevant local stakeholders as required to meet outcomes.</td>
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<td>Service delivery and commissioning arrangements</td>
<td>As indicated, the first 6 months, as a transition phase, will involve the extension of current service provider contracts across the HNECC PHN area. During this time we will commence with a commissioning process which includes an Expression of Interest followed by a selective tender opportunity. For the ITC Commissioning Process, HNECC has undertaken a comprehensive review of all aspects of its functionality in order to ensure cultural relevance and appropriateness. This has included partnering with the University of Sydney in the roll out of a comprehensive Aboriginal Needs Analysis and the creation of commissioning assessment criteria that ensure achievement of ITC objectives. Underpinning the ITC round of commissioning healthcare services will be the HNECC Commissioning Framework and policies. This framework and tools has been developed and tested in a previous round of commissioning 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. Following the roll out of the comprehensive Aboriginal Needs Analysis to identify priority areas and engage relevant clinical and community stakeholders, HNECC plans to undertake a two-step tender process as part of commissioning ITC services. This involves taking an expression of interest (EOI) to the open market, followed by a selective request for tender (RFT). The EOI will be widely circulated to providers currently registered with the eTenderbox, those currently included on our client management system (CRM), and advertised in the print media and on social media.</td>
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platforms. Specific publications with an Aboriginal audience (i.e. Koori Mail) will also be included in the broader advertisement to ensure a comprehensive market approach is achieved.

Direct engagement with the Aboriginal Community Controlled Health Organisations (ACCHOs) also forms part of the broader communication strategy. This has occurred to date in a series of direct communications between HNECC and all ACCHOs in the region, and continues to inform commissioning arrangements. Capacity building initiatives have also been implemented through a series of Tender Writing Workshops which will be held across the region throughout July and August in preparation for the release of the selective RFT. ACCHOs and current service providers have been directly invited to attend these sessions, which will provide a dual purpose to:

i) Improve the capacity of ACCHOs to respond to future tenders by providing support to practically assist with the completion and submission of tender documentation

ii) Provide HNECC an opportunity to further engage with potential ITC providers during these forums in order to continue to gather information and data that will inform the ongoing needs assessment.

Coinciding with this two-stage approach to market, HNECC will also develop and refine, based on clinical and community feedback and the Commonwealth ITC Guidelines, contract specification, service scope, key performance indicators (KPIs) and reporting mechanisms that will form the basis of the ITC Schedule for commencement of services in January 2017.

As part of the RFT process, industry briefing/respondent forums will also be held. Again this engagement opportunity serves a dual purpose – assisting to build strong trusting relationships through an open and transparent dialogue while also informing the ongoing Aboriginal Health needs assessment and identifying potential areas of future program development. These forums will be held at locations across the region, and will also be available as a webinar presentation to ensure potential respondents in rural and remote locations are not disadvantaged within the process.

It is essential as part of the commissioning process that RFT submissions be rigorously evaluated to ensure that potential service providers are business fit and able to provide services under the ITC contracts, and also comply with the Commonwealth Deed of Funding that is in place with HNECC. Tenders will be evaluated using a four stage approach as outlined below, using weighted criteria.

Stage 1 - Organisational Evaluation – that included evidence or responses related to:

- Public Liability and Professional Indemnity Insurances
- Workers Compensation / Income Protection Insurance
- Business Profile addressing business credentials and certificate of registration
- Clinical Qualifications, Experience and Capacity of providers
- Risk Management policies/frameworks
- Quality Assurance/Clinical Governance
- Evidence of the Quadruple AIM Approach in evaluating service provision
- Evidence of the use of Health Pathways, with a willingness to contribute content to the HealthPathways portal
- Measurement and monitoring of patient participation
- Clinical governance and compliance

Stage 2 - Program Evaluation – outlining a response to the service specifications and including an outline of how services will be accessed and provided

Stage 3 - Price Evaluation

Stage 4 - Combination of Organisational, Program Specific and Tendered Pricing

The tender evaluation panels form an integral part of this process. HNECC proposes that three evaluation teams be convened to consider each sub-region (Central Coast, Hunter and New England) within the HNECC area. This will ensure that local variations in Aboriginal healthcare needs are considered throughout the evaluation process, and this consideration will inform the recommendation submitted to the Executive and Board when considering successful providers. Each evaluation team will comprise of a minimum of three panel members, including:

- A HNECC Subject Matter Expert specific to the contract area;
- A Regional Expert specific to the sub-region; and
- An Independent.

Participation of others in the evaluation panels will be considered by HNECC as part of the commissioning process to ensure equity and transparency is maintained throughout the process. A probity auditor will also be engaged to oversee the process.

Guidance notes and an evaluation panel briefing will be prepared and provided to the Evaluation Panel members to assist with the process and to ensure decisions are made based on merit through pre-determined evaluation criteria. All Evaluators will be requested to sign HNECC’s Confidentiality and Conflict of Interest Declarations prior to receiving access to the Tender documents.

Considering the final quadrant of the HNECC Commissioning Framework will see ITC contracts executed with the successful respondents. It is recognised that this period may result in services being transitioned from existing providers to new providers. HNECC is committed to supporting this transition to ensure service continuity is
maintained throughout this period. The Aboriginal Health Access Team, working in collaboration with others across the organisation, will provide this transitional support, including but not limited to:

- Reviewing the schedules, KPIs and reporting requirements to clarify expectations;
- Establishing/building key relationships with providers to plan and monitor ongoing service provision;
- Support consumer/community choice;
- Contribute to the ongoing development of models of care and co-design opportunities that remain culturally sensitive and in line with the identified healthcare needs and priorities;
- Collating provider feedback and reporting requires to inform HNECC Annual Activity Work Plan and Strategic Plan.

It is anticipated that HNECC will commission ITC service with the following organisations:

- Aboriginal Corporation registered under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and administered by the Office of the Registrar of Indigenous Corporations;
- Company incorporated under Corporations Act 2001 (Commonwealth of Australia) – may be not-for-profit or for-profit proprietary company (limited by shares or by guarantee) or public companies;
- Organisations established through specific Commonwealth or State/Territory legislation (for example, many public benevolent institutions, churches, universities, unions).

### Decision Making Framework

An extensive Aboriginal Needs Analysis is currently in progress in collaboration with University of Sydney. This analysis builds upon and supplements the Baseline Needs Assessment recently carried out by the PHN.

The Approach to HNECCPHN Aboriginal Needs Analysis is as follows:

**Phase 1 – Literature Review**

- Review of the published and grey literature regarding the health needs and status of Aboriginal and Torres Strait Islander people living in the HNECCPHN.
- Review of the published and grey literature regarding health service provision and access of Aboriginal and Torres Strait Islander people living in the HNECCPHN.
- Identification of health programs for Aboriginal and Torres Strait Islander people within the HNEPHN that have been demonstrated to be effective or are anecdotally considered to be effective.

**Phase 2 – Quantitative Analysis**

- Identification of all available data about the health of Aboriginal and Torres Strait Islander people in the HNECCPHN (ABS, Medicare, local data).
- Identification of questions that should and can be answered using the available data.
- Critique of the quality of the data about Aboriginal and Torres Strait Islander people used to facilitate health service planning and delivery.
Phase 3 – Barriers and enablers to healthy living and service access
- Using a qualitative approach – interviews with Aboriginal and Torres Strait Islander health consumers and service providers about barriers and enablers to healthy living and accessing health services in the HNECCPHN.

Phase 4 – Report and recommendations
- Integration of information gathered in phases 1-3 to report on findings and make recommendations about how to improve the health of Aboriginal and Torres Strait Islander people living in HNECCPHN.

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 incorporates the following critical elements:
- Assessment of EOI applications against specified criteria followed by targeted request for tenders (RFTs)
- Evaluation of RFTs 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
• The engagement of a Probity Auditor to oversee the process

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.

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. A cost effective Community Engagement and Advisory Model is an important tool to facilitate this process. Furthermore, in addition to capturing input from Clinical Councils and Community Advisory Committees, the HNECC is in the process of strengthening the Aboriginal member numbers within these groups to then form a HNECC Aboriginal Advisory Committee (AAC). The purpose of this group is to provide advice that will inform a coordinated, whole of organisation, whole of HNECC approach to the effective, efficient and culturally safe development and delivery of HNECC services and related systems and policies to Aboriginal people in accordance with the HNECC vision and purpose.

The AAC will achieve its purpose by:
• Providing cultural advice to HNECC in terms of relevant policies and practice
• Supporting the development and implementation of a HNECC Reconciliation Action Plan that ensures cultural competence and integrity is embedded in HNECC systems and practices
• Monitoring and supporting activities aimed at promoting and communicating HNECC services and reinforcing the HNECC brand
• Providing advice on the HNECC Strategic Plan to ensure it meets the needs of Aboriginal people
• Representing Aboriginal people and communities and advocating needs on their behalf
• Identifying issues and solutions relating to the commissioning and delivery of services
• Providing communication and engagement mechanisms for Aboriginal people and communities across the HNECC footprint
• Providing a two-way channel of communication with HNECC Community Advisory Committees.
| Description of ITC Activity | Our strategic direction and activities, as one large approach, to meet the needs of Aboriginal communities within the HNECC footprint include:  
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