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| **Nepean Blue Mountains - Integrated Team Care****2022/23 - 2026/27****Activity Summary View** |

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| **ITC - 1 - 2024-25 Care Coordination and Supplementary Service** |

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| **Activity Metadata** |

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| **Applicable Schedule \***  |
| Integrated Team Care |
| **Activity Prefix \***  |
| ITC |
| **Activity Number \*** |
| 1 |
| **Activity Title \***  |
| 2024-25 Care Coordination and Supplementary Service |
| **Existing, Modified or New Activity \***  |
| Existing |
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| **Activity Priorities and Description** |

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| **Program Key Priority Area \***  |
| Aboriginal and Torres Strait Islander Health |
| **Other Program Key Priority Area Description**  |
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| **Aim of Activity \***  |
| Contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to care coordination, multidisciplinary care, and support for self-management. |
| **Description of Activity \***  |
| The commissioned provider will continue delivery of the ITC program through the following service delivery model:• Hawkesbury; Penrith and Lower Mountains will be serviced from the Cranebrook office.• Co-location within General Practices in the Lithgow LGA to improve access to the ITC program and through an outreach model in the upper Blue Mountains co-located with a local community provider.The ITC program will continue to be contracted to the current provider to deliver the program. The contract with the ITC provider ensures that expenditure is within the guidelines of the program. The contract includes KPI reporting requirements; contract management meetings and financial reporting requirements ensuring the budget line items align with the requirements of the grant.The role of the Indigenous Health Project Officer includes team leadership, coordination and management of the ITC program. The role has developed a robust team based approach to the delivery of the program and to ensure geographical coverage. The IHPO will continue to promote the ITC program across the NBM region; the health care neighbourhood including primary care and pharmacy providers and provide information about the program across the region. This role will work closely with the Aboriginal Liaison Officer employed by the PHN to improve the cultural competency of mainstream services across the region.The Care Coordinators have developed relationships and will continue to work closely with the GP’s across the region to assist Aboriginal people to access the health system and coordinate care.The Aboriginal and Torres Strait Islander Outreach Workers will continue to work closely with the community to improve promotion of MBS 715 Health Assessments; Care Planning and identifying Aboriginal and Torres Strait Islander people who could benefit from improved access to health and supplementary services. The Outreach Workers provide assistance with transport to assist people to attend appointments and provide feedback relating to barriers faced by Aboriginal people when accessing health services.Workforce Type Indigenous Health Project Officers 1.0 Care Coordinators 2.6 Outreach Workers 2.6 Workforce development provided for staff under this activity:The staff under this activity will be provided with the opportunity to participate in workforce development activities including: attendance at conferences; workshops on chronic conditions in Aboriginal populations (delivered by ACI and other providers), development of skills aligning with their position. |
| **Needs Assessment Priorities \*** |
| **Needs Assessment** |
| Needs Assessment 2021/22 - 2023/24 |
| **Priorities** |
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| **Priority** | **Page reference** |
| Address the need for culturally appropriate Services | 302 |
| Commission services to improve coordination of care | 255 |
| Increase culturally secure service provision through linking mainstream and Aboriginal community-controlled services | 301 |
| Increase the number of local health services identified as culturally safe for Aboriginal people to attend | 307 |
| Increase the workforce capacity for Aboriginal Health Workers/local Aboriginal Health and Community Services in the NBM region | 308 |
| Address the need to improve access to culturally appropriate health services | 306 |
| Address the need to improve access to primary healthcare services | 306 |

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| **Activity Demographics** |

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| **Target Population Cohort**  |
| Aboriginal and Torres Strait Islander people with a diagnosed chronic condition |
| **In Scope AOD Treatment Type \*** |
|  |
| **Indigenous Specific \*** |
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| **Indigenous Specific Comments**  |
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| **Coverage**  |
| **Whole Region**  |
| Yes |
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| **Activity Consultation and Collaboration** |

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| **Consultation**  |
| Consultation to commence the commissioning of the ITC programs commenced in 2016 and included: - Review of the regional Sharing and Learning Circle consultation outcomes that were previously undertaken in each of the 4 NBMPHN regions;- A market analysis in 2017 of service providers and prospective commissioning opportunities;- The NBMPHN 2016 and 2017 Needs Assessment and community profiles;- Consultation across PHNs to scope existing models and approaches to commissioning of ITC through PHN Network meetings;- Clinical and consumer input from the NBM Clinical Council and Community Advisory Committee;- Ongoing consultation with the Blue Mountains Aboriginal Health Coalition;- The 2016 Community Consultation Card Project- this process involved dissemination of 5 consultation cards, requesting community feedback by writing responses on each of the cards. Staff were also able to facilitate and document conversations and ideas with their clients. Over 150 cards were returned, and a report of consultation outcomes was developed and provided to the preferred commissioned agency. |
| **Collaboration**  |
| Greater Western Aboriginal Health Service (GWAHS) – As the AMS service commenced delivery in June 2019 the collaboration with this service is crucial to ensure that the needs of the Aboriginal community are being met. NBMLHD Aboriginal Governance Committee – provides input and advice on the delivery of the ITC program within in the community.General Practices – access to service and referral support for Aboriginal patients.NBMLHD & NBMPHN Joint Aboriginal Mental Health and AOD committee – provide input broadly into access to service concerns for Aboriginal patients across the region. |
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| **Activity Milestone Details/Duration** |

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| **Activity Start Date**  |
| 30/06/2016 |
| **Activity End Date**  |
| 29/06/2025 |
| **Service Delivery Start Date** |
| July 2016 |
| **Service Delivery End Date** |
| June 2025 |
| **Other Relevant Milestones** |
| NIL |
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| **Activity Commissioning** |

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| **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 |
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| **Is this activity being co-designed?**  |
| No |
| **Is this activity the result of a previous co-design process?**  |
| Yes |
| **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?**  |
| Nil |
| **Co-design or co-commissioning comments**  |
| Co-Design occurred prior to commissioning in 2016-17 including a market analysis in 2017 of service providers and prospective commissioning opportunities; consultation across PHNs to scope existing models and approaches to commissioning of ITC through PHN Network meetings; clinical and consumer input from the NBM Clinical Council and Community Advisory Committee; ongoing consultation with the Blue Mountains Aboriginal Health Coalition; in 2016 a Community Consultation Card Project- this process involved dissemination of 5 consultation cards, requesting community feedback by writing responses on each of the cards. Staff were also able to facilitate and document conversations and ideas with their clients. Over 150 cards were returned, and a report of consultation outcomes was developed and provided to the preferred commissioned agency.The Aboriginal Health Partnership Committee includes NBMLHD and AMS and NBMPHN providing an opportunity to ensure that needs are met across the region for the target group. |
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| **ITC - 2 - 2024-25 Culturally Competent Mainstream Services** |

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| **Activity Metadata** |

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| **Applicable Schedule \***  |
| Integrated Team Care |
| **Activity Prefix \***  |
| ITC |
| **Activity Number \*** |
| 2 |
| **Activity Title \***  |
| 2024-25 Culturally Competent Mainstream Services |
| **Existing, Modified or New Activity \***  |
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| **Activity Priorities and Description** |

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| **Program Key Priority Area \***  |
| Aboriginal and Torres Strait Islander Health |
| **Other Program Key Priority Area Description**  |
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| **Aim of Activity \***  |
| Improve access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health, and specialists) for Aboriginal and Torres Strait Islander people |
| **Description of Activity \***  |
| The NBMPHN will maintain a component of the ITC IHPO funding to ensure the ongoing engagement and consultation functions of the PHN with the Aboriginal community and health sector. The Aboriginal Liaison Officer works closely with the IHPO role within the commissioned provider and activities include:- Working with mainstream primary care to improve cultural competency, including the delivery of Cultural Competency Training accredited by the RACGP;- Lead strategic relationship development with Primary Health and key ITC service provider partners;- Facilitate sector and community introductions to maximise the effectiveness of the ITC program;- Conduct higher-level, strategic community consultations across health domains to identify community health priorities;- Lead sector education initiatives, engaging ITC staff as appropriate;- Monitor program accountability, compliance and reporting requirements;- Provide operational, strategic and cultural advice to the PHN in the design and delivery of Aboriginal health services, in collaboration with the community and key stakeholders.Specify which positions will be engaged by the PHN or commissioned organisation(s). If engaged at a commissioned organisation, specify whether it is an AMS\*, mainstream primary care service or PHN.Workforce Type FTE AMS MPC PHNIndigenous Health Project Officers 0.6 - - 0.4Outreach Workers - - - -Consultants - - - -Other: specify - - - -Please provide a description of workforce development provided for staff under this activity.The staff under this activity will be provided with the opportunity to participate in workforce development activities including: attendance at conferences; workshops on chronic conditions in Aboriginal populations (delivered by ACI and other providers), development of skills aligning with their position.\*AMS refers to Indigenous Health Services and Aboriginal Community Controlled Health Services |
| **Needs Assessment Priorities \*** |
| **Needs Assessment** |
| Needs Assessment 2021/22 - 2023/24 |
| **Priorities** |
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| **Priority** | **Page reference** |
| Address the need for culturally appropriate Services | 302 |
| Address lack of culturally safe mental health services for Aboriginal communities | 283 |
| Increase culturally secure service provision through linking mainstream and Aboriginal community-controlled services | 301 |
| Address the need to improve access to culturally appropriate health services | 306 |

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| **Activity Demographics** |

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| **Target Population Cohort**  |
| Aboriginal and Torres Strait Islander people with a diagnosed chronic condition |
| **In Scope AOD Treatment Type \*** |
|  |
| **Indigenous Specific \*** |
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| **Indigenous Specific Comments**  |
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| **Coverage**  |
| **Whole Region**  |
| Yes |
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| **SA3 Name** | **SA3 Code** |
| Blue Mountains - South | 12402 |
| Dural - Wisemans Ferry | 11502 |
| Penrith | 12403 |
| Fairfield | 12702 |
| Bathurst | 10301 |
| Rouse Hill - McGraths Hill | 11504 |
| Lithgow - Mudgee | 10303 |
| Richmond - Windsor | 12404 |
| Hawkesbury | 11503 |
| St Marys | 12405 |
| Blue Mountains | 12401 |

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| **Activity Consultation and Collaboration** |

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| **Consultation**  |
| Consultation to commence the commissioning of the ITC programs commenced in 2016 and included: - Review of the regional Sharing and Learning Circle consultation outcomes that were previously undertaken in each of the 4 NBMPHN regions;- A market analysis in 2017 of service providers and prospective commissioning opportunities;- The NBMPHN 2016 and 2017 Needs Assessment and community profiles;- Consultation across PHNs to scope existing models and approaches to commissioning of ITC through PHN Network meetings;- Clinical and consumer input from the NBM Clinical Council and Community Advisory Committee;- Ongoing consultation with the Blue Mountains Aboriginal Health Coalition;- The 2016 Community Consultation Card Project- this process involved dissemination of 5 consultation cards, requesting community feedback by writing responses on each of the cards. Staff were also able to facilitate and document conversations and ideas with their clients. Over 150 cards were returned, and a report of consultation outcomes was developed and provided to the preferred commissioned agency. |
| **Collaboration**  |
| Mainstream General Practices and Primary Care Providers across the region. Greater Western Aboriginal Health Service (GWAHS) – As the AMS service commenced in June 2019 the collaboration with this service is crucial to ensure that the needs of the Aboriginal community are being met.NBMLHD Aboriginal Governance Committee – provides input and advice on the delivery of the ITC program within in the community. General Practices – access to service and referral support for Aboriginal patients.NBMLHD & NBMPHN Joint Aboriginal Mental Health and AOD committee – provide input broadly into access to service concerns for Aboriginal patients across the region. |
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| **Activity Milestone Details/Duration** |

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| **Activity Start Date**  |
| 30/06/2021 |
| **Activity End Date**  |
| 29/06/2025 |
| **Service Delivery Start Date** |
| July 2021 |
| **Service Delivery End Date** |
| June 2025 |
| **Other Relevant Milestones** |
| Activity is valid for full duration of AWP |
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| **Activity Commissioning** |

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| **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):** Yes |
| **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?**  |
| Outline any decommissioning that this activity may result in and potential implications. |
| **Co-design or co-commissioning comments**  |
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| **ITC - 3 - 2024-25 Alignment to National Agreement on Closing the Gap and Priority Reforms** |

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| **Activity Metadata** |

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| **Applicable Schedule \***  |
| Integrated Team Care |
| **Activity Prefix \***  |
| ITC |
| **Activity Number \*** |
| 3 |
| **Activity Title \***  |
| 2024-25 Alignment to National Agreement on Closing the Gap and Priority Reforms |
| **Existing, Modified or New Activity \***  |
| Existing |
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| **Activity Priorities and Description** |

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| **Program Key Priority Area \***  |
| Aboriginal and Torres Strait Islander Health |
| **Other Program Key Priority Area Description**  |
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| **Aim of Activity \***  |
| The aim of this activity is to ensure alignment of activities to the National Agreement on Closing the Gap and Priority Reforms including:- Development and enhancement of strong regional partnerships at a place based level to improve the health outcomes of Aboriginal and Torres Strait Islander peoples in NBM region;- Support the workforce development and capacity building of the community controlled sector;- Improve cultural safety for Aboriginal peoples when engaging with NBMPHN and its commissioned services and improve opportunities for shared decision making through data sharing arrangements and transparency. Achieved through the actions and opportunities outlined in the WHL (NBMPHN) Reconciliation Action Plan 2022-24 activities and the Stretch RAP 2025-2027, implementing January 2025. |
| **Description of Activity \***  |
| The aims of this activity will be achieved through the following key actions:1. Further embedding local Aboriginal governance arrangements through formal partnership agreements with key Aboriginal and Torres Strait Islander partners and stakeholders including but not limited to Greater Western Aboriginal Health Service (GWAHS), Aboriginal Health Unit at Nepean Blue Mountains Local Health District, Rural Doctors Network, Merana Aboriginal Community Corporation and Aboriginal Community Resource Centre. These partnership agreements continue to operate and build on the previous partnership arrangements through the MoU with Penrith City Council, NBMLHD, GWAHS and NBMPHN. These formalised partnership arrangements continue to provide will provide opportunities for shared decision making.2. We will continue to support and build capacity in the Community Controlled sector through providing education and capacity building opportunities for Aboriginal and Torres Strait Islander workforce, including continued engagement with the Aboriginal Workers Network which is chaired by our Aboriginal Liaison Officer.3. Through our current Reconciliation Action Plan 2022-2024 we continue to focus on progressing towards reconciliation through embedding internal structural and cultural mechanisms and work with our commissioned providers to deliver culturally safe services. In our Stretch RAP commencing in January 2025, we will continue our journey towards reconciliation further focusing our influence within our local community. We will continue to enhance our relationships with Aboriginal people and communities across the region and engage them in activities to inform the work we undertake, including the use of data to identify need and plan services in the region. These activities will be further enhanced by activities in outlined in our RAP https://www.nbmphn.com.au/getattachment/a8de636d-b433-4d5b-91d2-f72c9a1596af/597\_0722-RAP-Report\_2022\_FINAL\_WEB.pdf |
| **Needs Assessment Priorities \*** |
| **Needs Assessment** |
| Needs Assessment 2021/22 - 2023/24 |
| **Priorities** |
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| **Priority** | **Page reference** |
| Address the need for culturally appropriate Services | 302 |
| Collaboration with local councils | 236 |
| Address high proportion of Aboriginal people experiencing long term mental health conditions | 280 |
| Address lack of culturally safe mental health services for Aboriginal communities | 283 |
| Address service System Integration and interoperability | 291 |
| Increase culturally secure service provision through linking mainstream and Aboriginal community-controlled services | 301 |
| Increase the workforce capacity for Aboriginal Health Workers/local Aboriginal Health and Community Services in the NBM region | 308 |
| Facilitate the contribution of Aboriginal Elders in Lithgow in assessing need and service planning | 309 |
| Develop local guidelines containing culturally safe services | 310 |
| Encourage stronger linkages and collaboration between PHN and LHD | 312 |
| Facilitate service Integration | 296 |
| Map local Aboriginal specific services | 304 |
| Address the need to improve access to culturally appropriate health services | 306 |

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| **Activity Demographics** |

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| **Target Population Cohort**  |
| Aboriginal and Torres Strait Islander peoples and communities |
| **In Scope AOD Treatment Type \*** |
|  |
| **Indigenous Specific \*** |
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| **Indigenous Specific Comments**  |
|  |
| **Coverage**  |
| **Whole Region**  |
| Yes |
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| **Activity Consultation and Collaboration** |

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| **Consultation**  |
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| **Collaboration**  |
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| **Activity Milestone Details/Duration** |

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| **Activity Start Date**  |
| 30/06/2022 |
| **Activity End Date**  |
| 29/06/2025 |
| **Service Delivery Start Date** |
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| **Service Delivery End Date** |
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| **Other Relevant Milestones** |
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| **Activity Commissioning** |

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| **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):** Yes |
|  |
| **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?**  |
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| **Co-design or co-commissioning comments**  |
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