



Australian Government

Department of Health

**phn**  
EASTERN MELBOURNE

An Australian Government Initiative

# Primary Health Networks Integrated Team Care Funding

Activity Work Plan 2016–2017

- Annual Plan 2016–2017

Eastern Melbourne PHN



# 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.

This Activity Work Plan covers the period from 1 July 2016 to 30 June 2017.



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

Aboriginal and Torres Strait Islander people face a range of barriers in accessing mainstream services and as the provision of culturally appropriate primary care is central to the improvement of health outcomes for this population, Eastern Melbourne PHN (EMPHN) will continue to work with the community, Aboriginal Gathering and Belonging places, primary care service providers, specialists and allied health professionals to identify local barriers, build capacity within the service system and improve access to culturally safe and appropriate primary care services.

As per the Core Funding Agreement for PHN's, the EMPHN completed a new Comprehensive Needs Assessments for the EMPHN region and this data along with the NKPI's and community consultation will inform future Annual Plans, Budgets and Activity Work Plans.

The key approach will continue to be working in partnership with Aboriginal and Torres Strait Islander Communities. Previous collaboration between the Medicare Locals and the Aboriginal and Torres Strait Islander Communities saw the development of an Aboriginal Health Priority Framework for implementation across the Eastern Melbourne region. EMPHN ITC Program will look to implement all relevant strategies from the Framework.

In the absence of a regional Aboriginal Community Controlled Health Service, EMPHN ITC Program will continue to increase the capacity of mainstream general practice to deliver culturally sensitive and appropriate services in order to strengthen access and referral pathways to the Aboriginal and Torres Strait Islander population.

Work is underway to establish an ACCHO in Healesville, and has significant support from the Aboriginal communities in the east of the region.

The EMPHN aims to better understand and improve the health of Aboriginal and Torres Strait Islander (ATSI) communities in our catchment area. EMPHN aims to facilitate better access to mainstream primary health services and to close

the gap in health disparities between indigenous and non-indigenous populations. Through identified local health needs by the EMPHNs comprehensive needs assessment and consultation with key Indigenous leaders in the region, activities have been tailored to the requirements of the community. Priority areas include the following:

- (1) Integrated care for chronic disease
  - (1.1) An increased focus in palliative care medication and CTG Scripts
- (2) Integrated care for chronic disease prevention
  - (2.1) Health Assessments (715)
- (3) Childhood Immunisation and Maternal Health
- (4) Culturally safe access to mainstream health services
  - (4.1) Cultural Safety Training for primary health care service providers
  - (4.2) Service Mapping
  - (4.4) Development of resources and health literacy
- (5) Aboriginal self-identification
- (6) Reconciliation Action Plan & Aboriginal Health Priorities Framework
- (7) Networking and support
  - (9.1) Actively engage with Belonging and Gathering Places
  - (9.2) Collaborative governance with DHHS for Koolin Balit

These priority areas have also been synthesised from the Integrated Team Care Guidelines (ICT) and therefore reflects the needs of Aboriginal communities through evidence identified not only through local but also State initiatives.

# 1. (b) Planned activities funded by the IAHP Schedule for Integrated Team Care Funding

The below provides an overview of activity planned for 2016-17

Proposed Activities Proposed Activities: 1. ITC – Care Coordination Program	
Six-month transition phase	<p>In light of the Interim Needs Assessment and in support of the established regional referral pathways for community access to chronic health care coordination, EMPHN plans to continue with three of the four partnership arrangements as well as further the scope of the program to the outer north of the EMPHN catchment and deliver the Integrated Team Care (ITC) -Care Coordination Program (CCP) via a subcontracting model. These roles will provide Care Coordination services to Aboriginal and Torres Strait Islander patients who have been referred by a GP into the Care Coordination program within a care plan arrangement.</p> <p>One provider has chosen not to continue to undertake the program and we have transitioned this entire service to a new provider within the same region. Carrington Health is the new provider of the Care Coordination Program in the Inner East of the catchment. Key features of the new model include:</p> <ol style="list-style-type: none"><li>1. Continuity of care – the new model ensures a smooth transition from the existing provider to Carrington Health, and ongoing continuity of care to minimise any client concerns. Carrington Health is working closely with the current provider and has secured appointment of existing program staff to ensure continuity for clients. Client consent to transition information between providers has been sought.</li><li>2. Cultural sensitivity – CH will ensure that services recognise the specific cultural needs of the clients, and are delivered in a manner which is culturally appropriate and accessible. Ongoing review and service development will involve meaningful engagement with clients and community members.</li></ol>

	<p>3. Client choice – care coordination will be provided that responds to the client’s own identified needs and goals, ensuring that the client is able to access the services they require to achieve their goals</p> <p>4. Priority access, clear pathways and effective integration will be provided to the broader suite of CH chronic disease management services and programs.</p> <p>5. Accountability, monitoring, review and reporting will be consistent and transparent, and in line with program guidelines.</p>
<p>Anticipated start date of ITC activity</p>	<p>1st July 2016</p>
<p>Will the PHN be working with other organisations and/or pooling resources for ITC?</p>	<p>The key approach will continue to be working in partnership with Aboriginal and Torres Strait Islander Communities.</p> <p>In the absence of a regional Aboriginal Health Service, EMPHN ITC Care coordination program will continue to increase capacity of mainstream general practice to deliver culturally safe and appropriate services in order to strengthen access and referral pathways for the Aboriginal and Torres Strait Islander population.</p> <p>EMPHN will continue to sub-contract the ITC – Care Coordination Program to four community health organisations from across the catchment with a view to:</p> <ul style="list-style-type: none"> <li>• Supporting continuity of care;</li> <li>• Maintaining trusted relationships within the Indigenous community and with providers</li> <li>• Increasing access;</li> <li>• Increasing the efficiency and effectiveness of the program delivery; and</li> </ul> <p>Supporting the PHN grant programme objective to ensure patients receive the right care, in the right place, at the right time.</p>

<p>Service delivery and commissioning arrangements</p>	<p>The program has been implemented in response to community need and will continue to subcontract the services to external organisations for delivery. The program is evaluated through both quantitative (database MMEX) and qualitative methods (case studies and feedback mechanisms). The Indigenous Health project officer (IHPO) will have continuous access to the MMEX system as a way of monitoring progress. Process evaluations will continue to streamline systems.</p> <p>EMPHN’s sub-contracting model ensures that all eligible patients have equitable access to care coordination. Entry points to care coordinators will be via both general practice and community health services. Access is also through community via word of mouth from those who have had exposure to the program. We actively engage Gathering and Belonging Places across the catchment, who support people in accessing culturally safe primary health care services.</p> <p>The EMPHN does not currently have an Aboriginal Community Controlled Health Organisation (ACCHO) within the catchment, but will work closely with the Victorian Aboriginal Health Service (VAHS) which services clients in the North. Patients who visit an ACCHO outside of the catchment may receive care coordination services through that particular service and in some instances may be referred into one of the EMPHN’s sub-contracted services.</p>
<p>Decision framework</p>	<p>EMPHN will utilise the Victorian Department of Health and Human Services Metropolitan Regional Closing the Health Gap Executive Groups in the Eastern Metropolitan Region and Victorian Aboriginal Health Service (VAHS) and City of Whittlesea Aboriginal Groups for decision making relating to commissioning and other planning matters. Aboriginal people participate in these groups and they are chaired by Aboriginal elders/leaders.</p> <p>Working groups of these Executives will be formed so that Aboriginal peoples are engaged in the process of confirming commissioning “problems”, prioritization, design, implementation and evaluation. This will ensure that “Indigenous ways of knowing, being and doing” are reflected and that solutions are nuanced to respond to the local needs of individual communities.<sup>1</sup></p>

<sup>1</sup>The Urban Indigenous Community, Connections, Culture, Country, Identity and Health.

<sup>1</sup>Engaging with Indigenous Australia— exploring the conditions for effective relationships with Aboriginal and Torres Strait Islander Communities Issues paper no. 5 produced for the Closing the Gap Clearinghouse Janet Hunt October 2013. <http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2013/ctgc-ip5.pdf>



	<p>These governance arrangements will engender agreed outcomes, be clear about roles and responsibilities and steps to discharge them, and jointly identify indicators of success and monitoring and evaluation processes.<sup>2</sup></p> <p>The terms of reference for working groups established for the purposes of commissioning will be to</p> <ul style="list-style-type: none"> <li>• review and add to community needs assessment – are the identified needs appropriate and relevant?</li> <li>• guide solution design (what is to be commissioned)</li> <li>• provide advice on approach to market (how will services be procured)</li> <li>• provide members to sit on tender panels</li> <li>• ensure that what is commissioned is respectful of Aboriginal culture and culturally safe</li> <li>• guide the development of outcomes and outcome measures</li> <li>• support EMPHN to develop local partnerships and respectful engagement with local Aboriginal communities</li> <li>• provide guidance on key challenges, particularly around integrated service delivery</li> </ul> <p>EMPHN’s Clinical Council and Community Advisory Group may be called upon for advice, as required, and EMPHNs Commissioning and Clinical Governance Committee will be the final arbiter for commissioning decisions.</p>
Decision framework documentation	<p>EMPHN is currently in the process of establishing the above arrangements with the two relevant Victorian Department of Health and Human Services’ Divisions. Documents will be forwarded to DoH when they are in place.</p>
Description of ITC Activity	<p>Updates and promotion of the ITC Care Coordination Program with local Aboriginal and Torres Strait Islander Gathering and Belonging places such as in the North and Mullum Mullum Indigenous Gathering Place, HICSA and Boorndawan Willam in the East, as well as community health services via email, face to face consultation by the Aboriginal Outreach Worker and the GP Engagement Team, and through the EMPHN website</p> <p>EMPHN will continue to promote and update access information for Aboriginal and Torres Strait Islander people to culturally safe agencies and health professionals on the EMPHN website</p> <p>Communications will be directly targeted to providers via the EMPHN website, Newsletter, EMPHN Indigenous Australians’ Health Programme (IAHP) Officers, IAHP Outreach Workers and the broader EMPHN Practice Engagement Team</p>

Information sheets about the ITC Program for both providers and Aboriginal and Torres Strait Islander people will be updated and distributed by the Care Coordinators and Engagement Teams.

Aboriginal and Torres Strait Islander community organisations will be approached, where appropriate, to assist with distribution of ITC Program information via various mediums such as newsletters, radio programs (MMIGP radio program), and networking.

**Indicators**

1. An increase in client self-management of their chronic disease is a key performance indicator for this program. The number of clients requiring less interventions by the Care Coordinators and an increase in the throughput of clients in the program will be measured. This would be identified through the MMEX system and through case studies.
2. Appropriate utilisation of the Supplementary Services funds
3. Funds are utilised in line with the funding parameters as set out in the Standard Funding Agreement Schedule and the ITC Grant Program Guidelines.

**Data Sources**

1. Contracted service providers retained
2. Number of patients receiving care coordination services
3. Number of new clients
4. Number of GPs referring to Care Coordination
5. Number and type of services supported through the Supplementary Services funding
6. Provision and acceptance of six and twelve month Activity and Performance reports (as stated in the Standard Funding Agreement Schedule)
7. Provision and acceptance of an audited financial statement reporting against the Income and Expenditures outlined in the Annual Budget
8. Medicare regarding CTG scripts

The EMPHN ITC workforce is overseen by the Manager – Access and Indigenous Health. It currently comprises an Indigenous Health Project Officer and an Aboriginal Outreach worker. The organisation is in the process of recruiting a further full-time Aboriginal Outreach worker for the North of the catchment.

EMPHN are working with four main providers to deliver the ITC – Care Coordination program, and aim to roll the program out to the Outer North area as soon as possible to meet the needs of the community.

<b>Service Delivery Sites</b>	<b>AMS / MS</b>	<b>Geographic/LGA Area</b>	<b>Existing/preferred Qualifications</b>	<b>EFT</b>
Yarra Valley Community Health Service	Mainstream	Yarra Ranges	- one Aboriginal Health Worker - one administration assistant - one manager with oversight	0.5
EACH Social and Community Health	Mainstream	Knox Maroondah	- two registered nurses - one Aboriginal liaison project officer - one manager with oversight	1.0
Banyule Community Health	Mainstream	Whittlesea Nillumbik Banyule	- one registered nurse - one manager with oversight	0.5
Carrington Health	Mainstream	Boroondara Manningham Monash Whitehorse	- one registered nurse - one manager with oversight	0.5
Additional Resource in the Outer North – Provider TBA	Unknown	Whittlesea Mitchell Murrindindi	- one registered nurse - one manager with oversight	Anticipated 0.5

## Proposed Activities: 2. Integrated Chronic Disease Prevention

### 2.1: Advocating the Practice Incentives Program for Indigenous Health Incentives (PIP-IHI).

Six-month transition phase	2.1 The PIP-IHI will be business as usual. There is no need for a transitional period at this stage.
Anticipated start date of ITC activity	July 1 2016 for all activities
Will the PHN be working with other organisations and/or pooling resources for ITC?	2.1. Co-design of all resources with the Aboriginal community, and EMPHN will work closely with accredited Cultural Safety Training providers to deliver the training. These providers will deliver training internally and externally. The Aboriginal Outreach Worker will continue to visit practices and deliver resources to promote and encourage the PIP-IHI program.
Service delivery and commissioning arrangements	2.1. This activity will involve direct engagement and information sharing regarding the benefits of cancer screening, smoking cessation and will link in to the Practice Incentive Program for Indigenous Health Incentive (PIP-IHI) and the relevant health assessments (715's) for Aboriginal clients with general practice. Productivity is evaluated and monitored through the EMPHN CRM data system and reach of GP practices and community and health organisations.
Decision framework	Comprehensive needs analysis and community consultation has provided the impetus for EMPHN to address these particular areas of need across the Indigenous community.
Decision framework documentation	

Description of ITC Activity	<p>2      <i>2.1 Advocating the Practice Incentives Program for Indigenous Health Incentives (PIP-IHI).</i></p> <p>We will provide a tailored, sustainable strategy around increasing cultural safety across the PHN GP sector. This activity is designed to promote cultural awareness and to encourage safe practices for those presenting as ATSI. EMPHN provides information, resources and support to General Practices and pharmacies in an effort to increase the number of Indigenous Health Assessments (Item number 715) being claimed for ATSI people. Small ATSI flags will be purchased that can be placed on General Practice reception desks as a further indication to ATSI patients that the practice is culturally safe. EMPHN will also provide education opportunities for Cultural Safety Training for GP clinics across the region (see 4.1).</p> <p><b>Performance Indicators</b></p> <p>2.1    An increase in awareness of the PIP-IHI across general practice in the region</p> <p><b>Local Performance Indicators</b></p> <p>2.1 Number of clinics able to receive the PIP-IHI payment, and number attending the training</p> <p><b>Data Sources</b></p> <ul style="list-style-type: none"> <li>• Data and reporting as per contractual agreements</li> <li>• Cancer Council database for both screening data and smoking cessation data (baseline data comparison)</li> <li>• ABS statistics (baseline data comparison)</li> <li>• Number of GPs receiving resources and support from EMPHN staff regarding ATSI. (through CRM)</li> <li>• Number of other health service providers who have received support and resources (through CRM)</li> <li>• Increases in the numbers of health assessments claimed by GPs in the catchment area (through CRM)</li> </ul>
ITC Workforce	<p>For all activities, the Indigenous Health Team will have oversight of activities. The Aboriginal Outreach worker will continue to promote PIP-IHI and support the Care Coordinators in their role. The IHPO will provide oversight</p>

### Proposed Activities: 3. Childhood Immunisation and increased access to maternal and child health services (*ICT Guidelines*)

Six-month transition phase	This activity is already in progress and does not require transitioning
Anticipated start date of ITC activity	1st July 2016
Will the PHN be working with other organisations and/or pooling resources for ITC?	As part of Core Flexible Funding, EMPHN is working with the key ACCO's and ACCHO's in and around our catchment (i.e., VAHS, VACCHO as well as those primary organisations based in the East and North). These include Boorndawan Willam, Mullum Mullum Indigenous Gathering place, and HICSA. EMPHN have used the services of Council based nurses to provide immunisations to community.
Service delivery and commissioning arrangements	This will be through direct engagement with the hosting organisation and purchasing of nursing services.
Decision framework	This activity has been a requirement of the Integrated Team Care guidelines. Previous annual planning has also indicated the need to include immunisations across the catchment. Therefore, EMPHN has included immunisation as a priority area for the community but has amended the plan for this to be factored in our broader immunisation approach.

Decision framework documentation	Community has voiced their appreciation and have validated the need to hire nurses to provide vaccinations to community on specified health check days.
Description of ITC Activity	EMPHN will support immunisation nurses to attend Aboriginal specific health days to provide not only immunisation, but information about its importance and the importance of maternal and child health. ACER statistics (National data set) have identified an increase of immunisation rates for Aboriginal communities in Melbourne's East. ACER will be baseline statistics used for the purposes of this project.
ITC Workforce	IHPO's and community members will contract the services of a nurse on a needs basis at Community Health Days run by ACCO's *AMS refers to Indigenous Health Services and Aboriginal Community Controlled Health Services

**Proposed Activities: 4. Culturally safe access to mainstream health services (ICT Guidelines)**

*4.1. Cultural Safety Training & PIP-IHI (ICT Guidelines)*

*4.2. Service Mapping (Priority 5 of the Comprehensive Needs Assessment)*

*4.3. Development of resources and activities to support health literacy*

Six-month transition phase	A transition phase is not required as it is continual work from the previous financial year
Anticipated start date of ITC activity	July 1 2016 for all activities

<p>Will the PHN be working with other organisations and/or pooling resources for ITC?</p>	<p>4.1 We are working with the key ACCO's and ACCHO's in and around our catchment. These include Boorndawan Willam, Mullum Mullum Indigenous Gathering place, Victorian Aboriginal Health Service, Aborigines Advancement League, VACCHO, HICSA and VACCA. We will also work with organisations delivering key Aboriginal services such as Yarra Ranges Council, EACH, Northern Hospital.</p> <p>4.2 EMPHN population health team</p> <p>4.3 EMPHN will liaise with The Health Literacy Foundation and with Aboriginal Belonging and Gathering places.</p>
<p>Service delivery and commissioning arrangements</p>	<p>4.1. This is a commissioned service with the education provided by an approved training provider. Direct engagement is undertaken to advertise the cultural training to General Practices.</p> <p>4.2. This is an evidence-based approach and operates within the improvement cycle of commissioning</p> <p>4.3 This activity is direct service delivery as it collaborates and develops resources for distribution by EMPHN staff and stakeholders</p>
<p>Decision framework</p>	<p>The EMPHN comprehensive needs assessment identified several activities required to increase culturally safe access to mainstream health services for the Aboriginal community.</p> <p>Activity 4.3: Health literacy is an activity that has been identified through consultation with community.</p>
<p>Decision framework documentation</p>	<p>The EMPHN Comprehensive Needs Analysis and community consultation</p>
<p>Description of ITC Activity</p>	<p><i>4.1 Cultural Safety Training &amp; PIP-IHI (ICT Guidelines)</i></p> <p>EMPHN will develop a tailored, sustainable strategy to increase cultural safety within the GP sector of the region, and will meet all of the RACGP mandatory training requirements. The provision of cultural safety training to General practices will support an increase in PIP-IHI registrations and provide health professionals with education about cultural safety. We will also provide information, resources and support to General Practices and pharmacies to increase the numbers of Indigenous Health Assessments (715) being claimed for ATSI people. The Indigenous Team Care team will cover the region through regular consultation with Aboriginal networks, community health organisations and community lunch opportunities with Indigenous Gathering and Belonging Places. Consultation with GP networks and EMPHNs own GP Engagement Team will ensure distribution across the catchment to primary health care providers.</p>



EMPHN website will also house relevant information and resources available to the community at large. The Cultural Safety Training is also targeted at internal staff. As part of the Reconciliation Action Plan (RAP), organisations are required to have a culturally sensitive workplace which engages Aboriginal employees and encourages them to take up opportunities with the EMPHN.

The Royal Australasian College of General Practitioners (RACGP) provides online cultural safety training for GPs and non-members online. We acknowledge that many staff at practices may encounter difficulties in access due to time constraints, therefore, EMPHN offer to cover the costs of online training for those GPs not members of the RACGP and a staff member who is not a GP (e.g., receptionist, practice manager).

#### *4.2 Service Mapping (Priority 5 of the Comprehensive Needs Assessment)*

Undertaking a service mapping of Aboriginal health services in the community and a review of their placement will assist the EMPHN in increasing awareness of the numbers of culturally safe services. As a collaborative approach, this activity also increases awareness and communication of the need for ATSI services. This activity has the capacity to further develop relationships with key stakeholders for the purposes of sharing knowledge and data. Currently the Yarra Ranges City Council are undertaking a service mapping exercise and EMPHN will also be looking to link in with this activity

#### *4.3 Development of resources and activities to support health literacy*

Resources will be developed to promote asking the 'identity question' at GP Practices, for Closing the Gap Scripts, supporting Aboriginal people to identify at primary health care services and for the PIP IHI Incentive. Previously developed resources will continue to be distributed across the region, and reprinted as required.

As part of this activity, EMPHN will also look at ensuring Health Literacy is addressed. We will engage with The Health Literacy Foundation to look at strategies to improve health literacy across the Aboriginal communities in the catchment.

	<p><b>Performance Indicators</b></p> <p>4.1. An overall increase in PIP-IHI registrations and Health Assessments (715) and an increase in culturally safe primary health care services available to the community. Currently this is a process indicator where the outputs will be an increase in PIP-IHI registration and Aboriginal clients. A pre and port survey will also monitor the impacts of the cultural training itself.</p> <p>4.2. The number of organisations providing services to Aboriginal patients. This will be a process outcome</p> <p>4.3 Numbers of resources distributed</p> <p><b>Local Performance Indicator Targets</b></p> <p>4.1. A survey was undertaken in 2015 regarding the numbers of PIP-IHI registered practices. This will be the baseline for the indicator target which will be completed in July 2016</p> <p>4.2. A comprehensive report on the services available to Aboriginal populations in the Eastern and Northern Metropolitan Region of Victoria</p> <p>4.3. Numbers of resources developed and disseminated</p> <p><b>Data Sources</b></p> <p>4.1. EMPHN’s CRM database. Also Medicare may have data associated with PIP-IHI registrations</p> <p>4.2. Population Health data capturing systems</p> <p>4.3. CRM database</p>
ITC Workforce	<p>The IHPO and Aboriginal Outreach Workers will attend and arrange the nurses to participate in these events. The Aboriginal Outreach Worker is usually the primary participant who will volunteer to assist at the day.</p> <p>*AMS refers to Indigenous Health Services and Aboriginal Community Controlled Health Services</p>

## 5. Aboriginal Self Identification *(Priority 5 of the Comprehensive Needs Assessment)*

Six-month transition phase	This is a new activity and will not require a transitional phase
Anticipated start date of ITC activity	July – September 2016
Will the PHN be working with other organisations and/or pooling resources for ITC?	EMPHN will lease with the Victorian Department of Health and Human Services – Eastern Region and Northern Region regarding the research project
Service delivery and commissioning arrangements	
Decision framework	This was a priority area previously noted in the PHN’s Aboriginal Health and Priority Framework. It is also falls within the Integrated Team Care Activity Guidelines. There is a notable lack in evidence for immunisation to occur within Aboriginal communities which has been identified through the Comprehensive Needs Analysis and through community consultation
Decision framework documentation	See Appendix 3.
Description of ITC Activity	An exercise in gathering evidence, this project will enable the development of outputs. This process includes initial evidence gathering, methodological development, data translation and eventual knowledge translation.
ITC Workforce	An IHPO will coordinate the research project where the AOW will undertake the data gathering process within the community.

## 6. Reconciliation Action Plan & Aboriginal Health Priorities Framework (ICT Guidelines)

Six-month transition phase	This activity is continuous from previous business. There is no requirement for a transition period.
Anticipated start date of ITC activity	July 1 2016
Will the PHN be working with other organisations and/or pooling resources for ITC?	Karen Milward Consulting, Reconciliation Victoria, Indigenous Advisory Committee, Koolin Balit, Aboriginal Health and Wellbeing networks
Service delivery and commissioning arrangements	EMPHN have previously commissioning the services of Karen Milward to provide oversight and direction of the RAP and the Aboriginal Health Priorities Framework. This plan will include the implementations of recommendations. Further consultation will be commissioned as required as these documents are implemented.
Decision framework	This was a priority area previously noted in the PHN's Aboriginal Health and Priority Framework. It is also falls within the Integrated Team Care Activity Guidelines. There is a notable lack in evidence for immunisation to occur within Aboriginal communities which has been identified through the Comprehensive Needs Analysis and through community consultation
Decision framework documentation	These documents are a pre-requisite for the implementation and delivery of projects and programs designed for Aboriginal communities
Description of ITC Activity	<p>6.1 The EMPHN Reconciliation Action Plan (RAP) is developed and reported against to ensure that built strategies improve cultural responsiveness across primary health care settings. EMPHN are looking to develop a regional approach to the recruitment and retention of Aboriginal staff in a range of health professions</p> <p>6.2 The Aboriginal Health Priorities determines the health needs of the Aboriginal community in our catchment and provides direction for projects and initiatives. It is based in community consultation and is an evidence-based document.</p> <p>6.3 Delivery of activities around the Reconciliation Action Plan, Reconciliation week, and the Aboriginal Health Priorities Framework. This is a process indicator as the work is a live framework. The RAP is reportable against Reconciliation Victoria's criterion. The Aboriginal Health Priorities Framework will align with the strategic directions outlined in the current plan and with the EMPHN wide strategic annual plan</p>
ITC Workforce	An IHPO will coordinate the research project where the AOW will undertake the data gathering process within the community.

## 7. Networking and support (ICT Guidelines)

Six-month transition phase	This activity is continuous from previous business. There is no requirement for a transition period.
Anticipated start date of ITC activity	July 1 2016
Will the PHN be working with other organisations and/or pooling resources for ITC?	Aboriginal Health and Wellbeing Committee, Indigenous Advisory Committee, Koolin Balit, Boorndawan Willam, Mullum Mullum Indigenous Gathering Place, HICSA, DHHS, Northern Regional Aboriginal Steering Committee, Banyule and Whittlesea Advisory Group. Other organisations who are close to the North are VAHS, The Aborigines Advancement League, and Northern health
Service delivery and commissioning arrangements	All consultation in this activity will contribute to the co-design and commissioning of future activities.
Decision framework	This is core business for the organisation
Decision framework documentation	N/A
Description of ITC Activity	7.1 Actively engage with Belonging and Gathering Places across the East and the North. 7.2 Collaborative governance with DHHS for Koolin Balit, through the Aboriginal Health and Wellbeing Committee All networking activities will be tracked and monitored through the Client Relationship Management System (CRM).
ITC Workforce	All members of the Indigenous Team Care team will participate in networking activities and relationship building opportunities.



**FOR MORE INFORMATION**

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