



**Australian Government**

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EASTERN MELBOURNE

An Australian Government Initiative

**Integrated Team Care Funding**

**UPDATED  
ACTIVITY WORK PLAN  
2016–2018**

## Overview

This updated Activity Work Plan covers the period from 1 July 2016 to 30 June 2018.

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

NB AMS refers to Indigenous Health Services and Aboriginal Community Controlled Health Services.

We are developing a commissioning and service development approach that responds to the local needs of Aboriginal Communities across the EMPHN region and focusses on Aboriginal Community control and sustainability. Our service planning takes into account Aboriginal Community knowledge and their social and cultural ways of working. It targets access issues and the causes of low utilisation of health and community services in order to reduce barriers to closing the gap on health and wellbeing within Aboriginal Communities.

What we think of when looking at these issues are often mainstream solutions around educating people to assimilate them into mainstream service systems. We assume that Aboriginal Communities have had the same opportunities, learning and experiences as most people and that they should be able to work with the systems available to them. By not learning more about our local Aboriginal Communities we set ourselves up to fail with fragmented services and support, leaving too many opportunities for health and wellbeing plans to break down.

Our plan supports initiatives that address the recommendations made by the Senate Finance and Public References Committee<sup>1</sup>. Our planning relies on community knowledge and feedback through consultations with Aboriginal Community Controlled service providers and feedback from local elders through the EMPHN.

While the needs assessment reflects general data and statistics and feedback from Aboriginal Community organisations we will also incorporate local contemporaneous knowledge about the amount of people needing support and services, current gaps in service and access issues that need to be addressed. We also need to find out about what is working well and promote good practice and promote culturally and socially safe services for the Aboriginal Community. In addition to the cultural training for GP practices, outreach workers and care coordinators will consolidate cultural learning in practices and identify learning needs where turnover of staff has occurred to ensure better engagement with Aboriginal patients and greater awareness around entitlements for the Aboriginal Community.

The primary focus of our commissioning of services under the ITC activity is to remove barriers that prevent access to services and support that are essential for Aboriginal Communities' health and wellbeing. By supporting Aboriginal Community Controlled Organisations to build on their connections to community and to add to their suite of community, cultural and social services, we are tapping into the Community networks and opening up the potential for greater reach of primary

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<sup>1</sup> Commonwealth of Australia Senate Finance and Public Administration References Committee. (2016). Commonwealth Indigenous Advancement Strategy tendering processes. Retrieved from [http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Finance\\_and\\_Public\\_Administration/Commonwealth\\_Indigenous/Report](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/Commonwealth_Indigenous/Report)

health programs into the community. The shared knowledge that these relationships produce will create an environment of better targeted program development for mainstream services toward Aboriginal Community engagement and better cultural and social practice.

Population statistics indicate larger Aboriginal Communities in Whittlesea and the Yarra Ranges, especially in and around Healesville. While there is no Aboriginal Community Controlled Health Organisation, we are working with Aboriginal Community Controlled Organisations to build on their knowledge and community connections. The other advantage of concentrating on ACCOs is that they provide other community services and support especially around connecting to culture and community.

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

Proposed Activities: : 1. Integrated care for Chronic Disease	
1.1: ITC - Care Coordination Program	
ITC transition phase	<p>EMPHN will continue to sub-contract care coordination and supplementary services and expand in the outer north of the EMPHN catchment. In the transition phase, one provider chose not to continue and we transitioned this service to a new provider, Carrington Health (Inner East). Key features of the new model included:</p> <ol style="list-style-type: none"> <li>1. Continuity of care – the new model ensured a smooth transition from the existing provider to Carrington Health, and ongoing continuity of care to minimise any client concerns. Carrington Health worked closely with the original provider and secured appointment of existing program staff to ensure continuity for clients. Client consent to transition information between providers was provided.</li> <li>2. Cultural sensitivity – CH ensures 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> <li>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</li> <li>4. Priority access, clear pathways and effective integration are provided to the broader suite of CH chronic disease management services and programs.</li> <li>5. Accountability, monitoring, review and reporting are consistent and transparent, and in line with program guidelines.</li> </ol>
Start date of ITC activity as fully commissioned	1 <sup>st</sup> July 2016
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	<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 with the aim of contracting ACCOs or other services with Aboriginal programs, as determined by the community and in accordance with the Senate Finance and Public References Committee<sup>2</sup> recommendations. Our strategy</p>

<sup>2</sup> Commonwealth of Australia Senate Finance and Public Administration References Committee. (2016). Commonwealth Indigenous Advancement Strategy tendering processes. Retrieved from [http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Finance\\_and\\_Public\\_Administration/Commonwealth\\_Indigenous/Report](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/Commonwealth_Indigenous/Report)

	<ul style="list-style-type: none"> <li>• Supports continuity of care</li> <li>• Maintains trusted relationships within the Indigenous community and with providers</li> <li>• Increases access to the breadth of services community members require</li> <li>• Increases the efficiency and effectiveness of the program delivery; and</li> <li>• Supports the PHN grant programme objective to ensure patients receive the right care, in the right place, at the right time.</li> </ul>
Service delivery and commissioning arrangements	<p>The program has been implemented in response to community need and will continue to commission services. 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>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.</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 service and in some instances may be referred into one of the EMPHN’s sub-contracted services.</p>
Decommissioning	<p>Contracts expire for the Care Coordinators and Supplementary Services on 30 June 2017. A decision is yet to be made if the contracts will be extended to June 2018 or recommissioned. This will be dependent upon the timing of Department of Health’s advice regarding future funding for ITC in 2018/19</p>
Decision framework	<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>3</sup>. These governance arrangements will engender agreed outcomes, be clear about roles and responsibilities and steps to discharge</p>

<sup>3</sup> The Urban Indigenous Community, Connections, Culture, Country, Identity and Health.

<sup>3</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>them, and jointly identify indicators of success and monitoring and evaluation processes.<sup>4</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>
Indigenous sector engagement	<p>Through our reconciliation action plan which will be developed in early 2017 there will be new initiatives that concentrate on engaging with Aboriginal Communities and in supporting community planning and the development of initiatives through Aboriginal Community Controlled Health Organisations and Aboriginal Community Controlled Organisations.</p>
Decision framework documentation	<p>EMPHN Aboriginal Health and Wellbeing Commissioning Strategy.</p>
Description of ITC Activity	<p>Promotion of the ITC Care Coordination Program is via local Aboriginal and Torres Strait Islander Gathering and Belonging places such as Mullum Mullum Indigenous Gathering Place, HICSA and Boorndawan Willam, as well as community health services via email, face to face consultation by Aboriginal Outreach Workers and the GP Engagement Team, and through the EMPHN website and Health Pathways.</p> <p>Communications will be directly targeted to providers via the EMPHN website, Newsletter, EMPHN Aboriginal Health and Wellbeing Program staff, Outreach Workers and the broader EMPHN GP Practice Engagement Team.</p> <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 GP Practice Engagement Teams.</p> <p>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.</p> <p><b>Indicators</b></p>

1. Care coordination utilisation is an indicator of the program’s accessibility. The breadth of services that clients are referred to is an indication that the service is working in a holistic, comprehensive social model of health.

2. Supplementary Services 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. MMEX Client Management System.

EMPHN’s ITC workforce is overseen by the Manager who has oversight of care coordination activities in the contracted service delivery organisations. EMPHN is working with four providers to deliver the ITC – Care Coordination program, and will roll the program out to the Outer North early in 2017.

Service Delivery Sites	AMS / MS	Geographic/LGA Area	Existing/preferred Qualifications	EFT
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 officer - one manager with oversight	1.0
Banyule Community Health	Mainstream	Whittlesea Nillumbik Banyule	- one registered nurse - one outreach worker* - one manager with oversight	1.0
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 outreach worker** - one manager with oversight	Anticipated 1.0
Additional Resource in the East Provider TBA	Unknown	Knox, Boroondara, Maroondah, Yarra Ranges, Monash, Whitehorse	- one outreach worker - one manager with oversight	Anticipated 0.4

	<p>*outreach worker = 0.5 EFT</p> <p>**outreach worker = 0.4 EFT</p> <p>There is not a standalone IHPO component in our model although the ITC Coordinator role employed by EMPHN incorporates some IHPO aspects.</p>
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## Proposed Activities: 2. Chronic Disease Prevention

### *2.1: Increase access to cancer screening, childhood immunisation and other primary health initiatives.*

ITC transition phase	2.1 This is a new activity that will commence in early 2017
Start date of ITC activity as fully commissioned	February 2017.
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	2.1 EMPHN will be working with Aboriginal communities via Aboriginal Community Controlled Organisations including gathering/belonging places.
Service delivery and commissioning arrangements	2.1 EMPHN will use a selective tender process to the ACCOs who are based in strategic locations identified as having the highest Aboriginal populations.
Decommissioning	Not applicable.
Decision framework	Comprehensive needs analysis, national and local cancer and immunisation data and community consultation has provided the impetus for EMPHN to address these particular areas of need across Aboriginal communities
Indigenous sector engagement	EMPHN has engaged with ACCOs who are well placed to engage with community members who may need to access cancer screening and childhood immunisation.
Decision framework documentation	National Aboriginal and Torres Strait Islander Health Plan Closing The Gap Clearinghouse What Works In Aboriginal Communities
Description of ITC Activity	<p><b>2.1: Increase access to cancer screening and childhood immunisation.</b></p> <p>Communities and individuals will be linked into cancer screening, immunisation and smoking cessation activities (clinical activities will be provided by health professionals as appropriate).</p> <p><b>Performance Indicators</b></p> <p>2.1 An increase in childhood immunisation rates across selected age groups.</p>



	<p>2.2 An increase in access to and participation in smoking cessation clinics.</p> <p>2.3 An increase in breast cancer screening rates in Whittlesea.</p> <p><b>Local Performance Indicators</b></p> <p>2.1 The number of community members linked into immunisation and the number of immunisation activities coordinated.</p> <p>2.2 The number of people participating in clinics based in the catchment.</p> <p>2.3 The number of community members linked into cancer screening and the number of local cancer screening activities coordinated.</p> <p><b>Data Sources</b></p> <ul style="list-style-type: none"> <li>• Data and reporting as per contractual agreements</li> <li>• Victorian Cancer Council database for both screening data and smoking cessation data (baseline data comparison)</li> <li>• ABS statistics (baseline data comparison)</li> <li>• Immunisation Registry.</li> </ul>
ITC Workforce	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

<b>Proposed Activities: 3. Enhancing Eye Health Capacity in Primary Health Services</b>	
ITC transition phase	This is a new activity that will commence in early 2017
Start date of ITC activity as fully commissioned	1 <sup>st</sup> February 2017
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	EMPHN will work with ACCOs ACCHOs in and around our catchment (i.e., VAHS, VACCHO as well as primary organisations and general practices and hospital networks to get the care pathways localised. These include, Bubup Wilam, Boorndawan Willam, Mullum Mullum Indigenous Gathering place, and HICSA as well as Local Government Aboriginal liaison and Hospital Aboriginal Liaison Officers.
Service delivery and commissioning arrangements	Not applicable.
Decommissioning	

Decision framework	Incidence of eye health issues compared to the non-Aboriginal population. High incidence of diabetes in the Aboriginal population and associated risk of eye health issues
Indigenous sector engagement	The Outreach Worker will be based at the Aboriginal Community Controlled peak health body in Victoria, VACCHO, and will engage with ACCOs in and around our catchment (i.e., VAHS,, Bubup Wilam, Boorndawan Willam, Mullum Mullum Indigenous Gathering place, and HICSA as well as Local Government Aboriginal liaison and Hospital Aboriginal Liaison Officers.
Decision framework documentation	Roadmap to Close the Gap for Vision. Indigenous Eye Health Unit Melbourne School of Population Health. The University of Melbourne. January 2012
Description of ITC Activity	EMPHN will work with Aboriginal Communities and service providers to identify problems with access to eye health care. Evidence of issues in the primary health system that affect eye health outcomes for Aboriginal Communities will be gathered and we will work with providers and the community to develop sustainable strategies to improve eye health including socially and culturally appropriate pathways and practice.
ITC Workforce	The Aboriginal Health Program Coordinator will have oversight of the project in collaboration with the ACCOs and Aboriginal Communities across the region.

**Proposed Activities: : 4. Culturally safe access to mainstream health services**

*4.1. Culturally safe practice in primary health services*

*4.2. Service Mapping of culturally safe services*

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

ITC transition phase	A transition phase is not required as it is continual work from the previous financial year
Start date of ITC activity as fully commissioned	Some of the work on consulting with organisations around the service mapping has commenced.
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	<p>4.1 We are working with the key ACCOs and ACCHOs 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 and Whittlesea Council.</p> <p>4.2 The ITC Outreach workers will work to improve cultural safety in their respective catchments.</p>

Service delivery and commissioning arrangements	<p>4.1. EMPHN will commission an approved training provider to provide cultural safety and/or engagement training for GPs. Direct engagement and advertising throughout the GP network will be undertaken. Outreach workers will provide Aboriginal Communities with an avenue to greater engagement with primary health providers and will endorse good practice and provide opportunities to improve and build on culturally safe practice.</p> <p>4.2. Outreach workers will be commissioned out to ITC provider organisations.</p>
Decommissioning	Not applicable.
Decision framework	<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>4.3: Health literacy is an activity that has been identified through consultation with community and through research carried out by the Australian Commission on Safety and Quality in Health Care</p>
Indigenous sector engagement	<p>We will continue to consult with ACCOs and ACCHOs throughout the region and will continue to develop culturally and socially informed feedback processes and our networking with Aboriginal Communities to guide our response to access and service use issues. The development of a reconciliation plan will also guide the organisation to better understand, engage and work with Aboriginal Communities.</p>
Decision framework documentation	<p>The EMPHN Comprehensive Needs Analysis and community consultation. HEALTH LITERACY: taking action to improve safety and quality. Australian Commission on Safety and Quality in Health. August 2014</p>
Description of ITC Activity	<p><i>4.1 Culturally safe practice in primary health services</i></p> <p>The provision of cultural safety training to General practices will support an increase in PIP-IHI registrations and provide health professionals with education and ongoing support. We will also provide information, resources and support to General Practices to increase the numbers of Indigenous Health Assessments (715) being claimed for Aboriginal people. ITC activities will promote and consolidate cultural safety training across the catchment through consultation with Aboriginal networks, community health organisations and community lunch opportunities with Indigenous Gathering and Belonging Places. EMPHN's GP Engagement Team will promote cultural safety training and EMPHN website and GP newsletter will also be used Cultural Safety Training is offered to EMPHN staff.</p> <p>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</p>

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*

Service mapping of Aboriginal Community identified culturally safe services will be undertaken in collaboration with Aboriginal Community organisations and service providers who are delivering services and support to Aboriginal Communities. This activity has the capacity to further develop relationships with key stakeholders for the purposes of sharing knowledge and data.

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

EMPHN will work with outreach workers and care coordinators to develop strategies and implement effective practice to support better understanding of health and wellbeing services and health activities for individuals from Aboriginal Communities

#### **Performance Indicators**

4.1. An increase in PIP-IHI registrations and Health Assessments (715) and This is a process indicator where the outputs will be an increase in PIP-IHI registration. A pre and post survey will also monitor the impacts of the cultural training itself.

4.2. Development of a list of culturally safe services for distribution through ACCOs and ACCHOs and other services who provide services to Aboriginal Communities

4.3 Qualitative feedback from outreach workers, coordinators and service providers that indicates individuals have better understanding and knowledge of health issues and plans.

#### **Local Performance Indicator Targets**

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

4.2. A comprehensive list of culturally safe services available to Aboriginal populations in the EMPHN region and there is increased use of listed services by the Aboriginal Community.

4.3. Feedback from service providers indicates better compliance with health plans and better outcomes for service users

#### **Data Sources**

4.1. EMPHN's CRM database. Also Medicare may have data associated with PIP-IHI registrations.

	4.2 MMeX. 4.3 Qualitative reporting.
ITC Workforce	The Aboriginal Health Program Coordinator will have oversight of these activities and will coordinate the cultural training and the formulation and distribution of the culturally safe services list. The outreach workers will be involved in cultural safety follow up and support with service providers and will assist with health literacy support when working with individuals.
Funding from other sources	If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).

#### Proposed Activities: 5. Aboriginal Self Identification

ITC transition phase	This is a new activity and will not require a transitional phase.
Start date of ITC activity as fully commissioned	Not applicable.
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	EMPHN is working with its contracted ITC providers to support this activity.
Service delivery and commissioning arrangements	Not applicable.
Decommissioning	Not applicable.
Decision framework	This was a priority area previously noted in the PHN's Aboriginal Health and Priority Framework. It also falls within the Integrated Team Care Activity Guidelines.
Indigenous sector engagement	Via contracted service providers.
Decision framework documentation	AIHW 2010. National best practice guidelines for collecting Indigenous status in health data sets. Cat. no. IHW 29. Canberra: AIHW
Description of ITC Activity	EMPHN will utilise its Cultural Safety Training to train general practice staff and other service staff to "ask the question". EMPHN's ITC providers will also support clients to identify and advocate for clients at services which are reported to be insensitive.

ITC Workforce	The Aboriginal Health Program coordinator will coordinate the activity. The outreach worker will support GP practices and other service providers to develop practice that will enhance identification of people from Aboriginal Communities.
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<b>Proposed Activities: 6. Reconciliation Action Plan &amp; Aboriginal Health Priorities Framework</b>	
ITC transition phase	This activity is continuous from previous business. There is no requirement for a transition period.
Start date of ITC activity as fully commissioned	16 <sup>th</sup> December 2016
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	Karen Milward Consulting, HICSA, Mullum Mullum Indigenous Gathering Place, Bubup Wilam, individuals from the Aboriginal Community and other Aboriginal Community groups and organisations
Service delivery and commissioning arrangements	EMPHN has previously commissioned the services and will continue to work with Karen Milward to provide oversight and direction of the Reconciliation Action Plan. EMPHN will commence a comprehensive process to embed safe cultural practice across the organisation. Further activities will be commissioned as the work unfolds.
Decommissioning	
Decision framework	<i>For EMPHN to work effectively with Aboriginal communities and their organisations, it needs to build respectful relationships and its workforce and Board needs to understand why a culturally safe and tolerant workplace is necessary for this to be achieved. A RAP provides EMPHN with a strong foundation to achieve our engagement objectives with the Aboriginal and Torres Strait Islander communities in our catchment, and delivering broader outcomes, particularly better service delivery to Aboriginal and Torres Strait Islander peoples and communities.</i>
Indigenous sector engagement	The consultant engaged to develop the reconciliation action plan and the Aboriginal Health Priorities Framework will engage with Aboriginal Communities across the region in the development and implementation of the plan.
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	6.1 The EMPHN will work with a consultant to develop and implement a plan to develop culturally and socially safe engagement and collaboration practice across the organisation. 6.2 The Aboriginal Health Priorities will determine the health needs of the Aboriginal community in our catchment and will provide direction for projects and initiatives. It will be based in community consultation and is an evidence-based document.

	<p>6.3 Delivery of activities around the Reconciliation Action Plan, Reconciliation week, and the Aboriginal Health Priorities Framework.</p> <p>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.

<b>Proposed Activities: 7. Networking and support</b>	
ITC transition phase	This activity is continuous from previous business. There is no requirement for a transition period.
Start date of ITC activity as fully commissioned	July 1 2016
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	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.
Decommissioning	
Decision framework	This is core business for the organisation.
Indigenous sector engagement	Actively engage with Aboriginal Communities, Aboriginal Community organisations, ACCOs, ACCHOs, Belonging and Gathering Places across the East and the North.
Decision framework documentation	N/A
Description of ITC Activity	Collaboration with Commonwealth, State and Local Government initiatives for Aboriginal Communities across the EMPHN region such as the Living

	<p>Well project in Whittlesea, the Integrated Service Delivery Hub initiative with HICSA</p> <p>All networking activities will be tracked and monitored through the Client Relationship Management System (CRM).</p>
ITC Workforce	<p>All members of the Indigenous Team Care team will participate in networking activities and relationship building opportunities.</p>





**FOR MORE INFORMATION**

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