

# Nepean Blue Mountains - Integrated Team Care

## 2024/25 - 2027/28

### Activity Summary View



## ITC - 1 - 2025-26 Care Coordination and Supplementary Service



### Activity Metadata

#### Applicable Schedule \*

Integrated Team Care

#### Activity Prefix \*

ITC

#### Activity Number \*

1

#### Activity Title \*

2025-26 Care Coordination and Supplementary Service

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

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Aboriginal and Torres Strait Islander Health

#### Other Program Key Priority Area Description

#### Aim of Activity \*

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 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 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 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 Health Lead 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 peoples 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 peoples 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

### Needs Assessment Priorities \*

#### Needs Assessment

NBMPHN\_Needs Assessment 2024

#### Priorities

Priority	Page reference
Increase the workforce capacity for Aboriginal and Torres Strait Islander Health Workers / local Aboriginal and Torres Strait Islander Health and Community Services in the NBM region	130
Address the need for culturally appropriate services.	195
Increase the uptake of Aboriginal and Torres Strait Islander Health Assessment and absolute CVD risk assessment in primary care	129
Increase the number of local health services identified as culturally safe for Aboriginal and Torres Strait Islander people to attend	129
Address the need to improve access to culturally appropriate health services	128
Collaboration with local councils	125



#### Activity Demographics

#### Target Population Cohort

Aboriginal and Torres Strait Islander peoples

**In Scope AOD Treatment Type \***

**Indigenous Specific \***

**Indigenous Specific Comments**

**Coverage**

**Whole Region**

Yes



## Activity Consultation and Collaboration

### 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 NBM Aboriginal Partnership Committee

### 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 Partnership 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.



## Activity Milestone Details/Duration

### Activity Start Date

29/06/2016

### Activity End Date

29/06/2026

### Service Delivery Start Date

01/07/2016

**Service Delivery End Date**

30/06/2026

**Other Relevant Milestones**



**Activity Commissioning**

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

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

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

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

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

**Decommissioning**

**Decommissioning details?**

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



## ITC - 2 - 2025-26 Culturally Competent Mainstream Services



### Activity Metadata

#### Applicable Schedule \*

Integrated Team Care

#### Activity Prefix \*

ITC

#### Activity Number \*

2

#### Activity Title \*

2025-26 Culturally Competent Mainstream Services

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

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Aboriginal and Torres Strait Islander Health

#### Other Program Key Priority Area Description

#### Aim of Activity \*

Improve access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health, and 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, consultation and integration role of the PHN with the Aboriginal community and health sector. The PHN Aboriginal Health Lead works closely with the IHPO role within the commissioned provider to deliver the activities below:

- 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.

The positions engaged in this activity by the PHN or commissioned organisation(s) is under the IHPO role with the funding split as indicated below:

Workforce Type	FTE	AMS	MPC	PHN
Indigenous Health Project Officers	0.6	-	-	0.4

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

NBMPHN\_Needs Assessment 2024

### Priorities

Priority	Page reference
Increase the workforce capacity for Aboriginal and Torres Strait Islander Health Workers / local Aboriginal and Torres Strait Islander Health and Community Services in the NBM region	130
Increase the uptake of Aboriginal and Torres Strait Islander Health Assessment and absolute CVD risk assessment in primary care	129
Increase the number of local health services identified as culturally safe for Aboriginal and Torres Strait Islander people to attend	129
Address the need to improve access to culturally appropriate health services	128



## Activity Demographics

### Target Population Cohort

Aboriginal and Torres Strait Islander people with a diagnosed chronic condition

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

### Indigenous Specific Comments

## Coverage

### Whole Region

Yes

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
St Marys	12405
Blue Mountains	12401
Hawkesbury	11503



## Activity Consultation and Collaboration

### 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.



## Activity Milestone Details/Duration

**Activity Start Date**

30/06/2016

**Activity End Date**

29/06/2026

**Service Delivery Start Date**

July 2016

**Service Delivery End Date**

June 2026

**Other Relevant Milestones**

Activity is valid for full duration of AWP



**Activity Commissioning**

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

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** 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**

na



## ITC - 3 - 2025-26 Alignment to National Agreement on Closing the Gap and Priority Reforms



### Activity Metadata

#### Applicable Schedule \*

Integrated Team Care

#### Activity Prefix \*

ITC

#### Activity Number \*

3

#### Activity Title \*

2025-26 Alignment to National Agreement on Closing the Gap and Priority Reforms

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

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Aboriginal and Torres Strait Islander Health

#### Other Program Key Priority Area Description

#### Aim of Activity \*

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 2025-2028 being implemented in July 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 Association for the Hawkesbury and the 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 attended by our Aboriginal Health Lead.

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 July 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](https://www.nbmphn.com.au/getattachment/a8de636d-b433-4d5b-91d2-f72c9a1596af/597_0722-RAP-Report_2022_FINAL_WEB.pdf)

## Needs Assessment Priorities \*

### Needs Assessment

NBMPHN\_Needs Assessment 2024

#### Priorities

Priority	Page reference
Increase the workforce capacity for Aboriginal and Torres Strait Islander Health Workers / local Aboriginal and Torres Strait Islander Health and Community Services in the NBM region	130
Facilitate networking opportunities to support Aboriginal and Torres Strait Islander Men's health and social determinants of health	131
Facilitate the contribution of Aboriginal and Torres Strait Islander Elders in the region in assessing need and service planning.	131
Address lack of culturally safe mental health services for Aboriginal and Torres Strait Islander communities	169
Increase the uptake of Aboriginal and Torres Strait Islander Health Assessment and absolute CVD risk assessment in primary care	129
Increase the number of local health services identified as culturally safe for Aboriginal and Torres Strait Islander people to attend	129
Address the need to improve access to culturally appropriate health services	128



### Activity Demographics

#### Target Population Cohort

Aboriginal and Torres Strait Islander peoples and communities

#### In Scope AOD Treatment Type \*

**Indigenous Specific \***

**Indigenous Specific Comments**

**Coverage**

**Whole Region**

Yes



## Activity Consultation and Collaboration

**Consultation**

**Collaboration**



## Activity Milestone Details/Duration

**Activity Start Date**

30/06/2022

**Activity End Date**

29/06/2025

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**



## Activity Commissioning

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

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

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