



Aboriginal and Torres Strait Islander peoples health - Improved management of chronic conditions through Integrated Team Care

Commissioning Intentions Document
Version 1.0

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Primary Health Tasmania Commissioning Intention

Primary Health Tasmania will work with Aboriginal and Torres Strait Islander Communities, Aboriginal Community Controlled Health Organisations (ACCHOs) and mainstream primary health service providers to invest our available resources to contribute to sustainable primary health solutions for Aboriginal and Torres Strait Islander peoples.

Primary Health Tasmania will utilise a commissioning process to:

1. Understand primary health service priorities for Aboriginal and Torres Strait Islander peoples and Communities, with a particular focus on people living with chronic conditions
2. Implement targeted primary health care services from 1 January 2017 – 30 June 2018 through the Australian Government's Integrated Team Care program to address these health priorities
3. Implement identified support and capacity building initiatives with primary health service providers to contribute to support effective delivery of services and improved health outcomes for people living with chronic conditions
4. Continue to develop our understanding of, and work towards, culturally safe primary health care and productive engagement with Aboriginal and Torres Strait Islander peoples and ACCHOs and incorporate this across all Primary Health Tasmania commissioned activity.

Executive Summary

The objectives of Primary Health Tasmania have been established by the Australian Government as:

- to increase the efficiency and effectiveness of medical services for patients - particularly those at risk of poor health outcomes; and
- to improve the coordination of care to ensure patients receive the right care in the right place at the right time

Aboriginal and Torres Strait Islander peoples have been identified by the Australian Government as a priority population group. The importance for this focus relates to the continuing difference in health outcomes and life expectancy for Aboriginal Australians and non-Aboriginal Australians. The total Aboriginal and Torres Strait Islander population in Tasmania is approximately 20,000 people.¹

In line with this priority and under the terms of PHN objectives, the Australian Government has provided Primary Health Tasmania with funding for the delivery of the Integrated Team Care (ITC) Program, focused on improving health outcomes and access to appropriate services for Aboriginal and Torres Strait Islander peoples. The ITC program has a particular focus on improving the coordination of care for people living with chronic conditions and improving access to appropriate mainstream primary health care as needed.

Primary Health Tasmania has also been provided with funding for commissioning of mental health and alcohol and other drug services, both of which include Aboriginal and Torres Strait Islander peoples as a priority population group.

In the initial stage of the commissioning cycle ('assessing need'), Primary Health Tasmania has sought to engage with key stakeholders collectively for all three issues (chronic disease, mental health, and alcohol and other drugs). Whilst it is acknowledged that there is often an inter-relationship between the three areas, and people experience comorbidities, the focus of this commissioning intentions document is chronic conditions. This is in order to meet the timing requirements for this program. Aboriginal mental health and alcohol and other drugs programs and services will be included in separate and subsequent commissioning processes.

Moving forwards, however, we will seek opportunities for streamlined approaches to commissioning programs and services in response to the needs of the 'whole person'. We will also do our best to ensure that our processes impose as little duplication as possible on providers who will be submitting proposals in these cycles.

Our journey to understand the areas that Primary Health Tasmania should prioritise in order to deliver improved health outcomes for Aboriginal and Torres Strait Islander peoples starts with an appraisal of the available information and data. Such information and data are presented in this commissioning intentions document. However, this is only a starting point and Primary Health Tasmania will continue to build our understanding through learning from Aboriginal and Torres Strait Islander Communities about their needs, priorities and solutions. We want to facilitate the delivery of culturally safe primary health care for improved health outcomes for Tasmanian Aboriginal and Torres Strait Islander peoples.

¹ Census of Population and Housing: Characteristics of Aboriginal and Torres Strait Islander Australians, 20.128/11/12 2012.

In continuing to strengthen our relationship with ACCHOs we will apply *the Primary Health Networks and Aboriginal Community Controlled Health Organisations – Guiding Principles* developed through the National Aboriginal Community Controlled Health Organisation and PHNs. We are interested in working closely with Communities and Aboriginal Community Controlled Health Organisations (ACCHOs) throughout the commissioning cycle, to continue to build our own understanding of priorities and opportunities and to assist, as needed, with the continuing capability building of commissioned providers and mainstream primary health care providers.

What is commissioning?

At its simplest, commissioning means planning and buying services to meet the health needs of local populations. It involves understanding localised priority issues and procuring appropriate services in order to address those issues in the most effective and efficient manner.

Commissioning is different to the way we have been purchasing health services in the past; with a strong focus on ensuring outcomes for communities and populations, rather than a focus on delivering activity.

As well as planning and procuring, our commissioning model involves a continuous cycle of engagement and collaboration with communities, service providers and other stakeholders to ensure fit-for-purpose services and initiatives are designed and delivered to improve the health of Tasmanians.

Primary Health Tasmania's commissioning model involves four phases in a cyclical process:

1. **Assessing Needs** – understanding what local communities need and working out the local priorities we can address based on this information:
2. **Designing Solutions** – working with others to identify the most efficient and effective ways we can address the identified priorities
3. **Implementing Solutions** – procuring quality health services and initiatives and proactively working with providers to monitor performance and progress towards agreed outcomes
4. **Evaluating Outcomes** – assessing the efficiency and effectiveness of services and initiatives (including value for both health gains and money) against outcomes and informing priorities for future investment in successive commissioning cycles.

While described as four phases, the commissioning cycle is a fluid process, requiring consideration of all elements of commissioning through each phase of the cycle. For example, during the assessing needs phase, measuring and evaluating outcomes needs to be considered early as part of understanding the priority needs and identifying what we want to change. The design and implementing solutions phases then need to lead to measurable and achievable outcomes.

Engagement and collaboration with partners is essential to ensure improved health outcomes in Tasmania.

What is the purpose of this document?

The purpose of this document is to outline the commissioning process Primary Health Tasmania will undertake to inform its investment in Aboriginal and Torres Strait Islander health services and initiatives through to June 2018. This document describes the commissioning cycle, including the approach we will take and the information we will gather to inform commissioning for improved health outcomes for Aboriginal and Torres Strait Islander peoples.

This commissioning intention document is a resource and a basis for ongoing discussion with Aboriginal and Torres Strait Islander peoples, ACCHOs and mainstream providers about priority health issues, particularly in relation to chronic conditions in the first instance.

Working with Communities and health service providers on an ongoing basis is essential to ensure we understand how we can best use the resources we have available to contribute to meeting these needs and also in ensuring that the service investments we make are achieving the health outcomes required for Aboriginal and Torres Strait Islander peoples in Tasmania.

How we will use this document

This is a 'living' document that we will continue to populate as we move through the commissioning cycle, from progressively understanding the needs and priorities to be addressed, designing and implementing the solutions, and evaluating the outcomes.

Consequently, you will note that future Phases in the cycle will be documented as we move through the commissioning process. As we complete each phase of this process, this document will be made available on our website for all stakeholders to access.

We recognise that in embarking on the role of commissioner, there is a need for continued focus on how we develop the best 'picture' of priority needs to be addressed through commissioning. In many cases data and service system information we have access to is not comprehensive and therefore only tells us part of the picture. This makes the perspectives of consumers and providers in understanding priorities even more important. Consumer and provider perspectives also enable us to understand how to improve access to relevant information and aid in the development of an increasingly comprehensive shared picture of priorities moving forward.

Glossary of Terms

To assist with developing a shared understanding of this work, we have developed a glossary of terms, which will be provided as a resource document as part of the tender application.

Why Aboriginal health commissioning?

Aboriginal and Torres Strait Islander peoples have been identified as a priority population group for Primary Health Networks (PHNs). Primary Health Tasmania has been allocated funding to use for commissioning improved health outcomes in the following priority areas:

- chronic conditions (to be resourced through the Integrated Team Care program)
- Mental health
- alcohol and other drugs.

We have moved some way in our needs assessment drilling down into the three priority areas, above. However, the focus of this document is chronic conditions. Aboriginal mental health (MH)

and alcohol and other drugs (AOD) will be included in the commissioning cycles that are specific to mental health, and to alcohol and other drugs.

We acknowledge that separate funding programs can create challenges in delivering a preferred approach of comprehensive care that focuses on the 'whole person', particularly where people are living with multiple health issues (co morbidities) and where there is an interplay between the issues. Whilst the commissioning activities for now will occur according to the separate funding arrangements, we are interested in working with Communities and stakeholders to identify ways we can best utilise funding to support holistic care that delivers health outcomes. This work will inform future commissioning cycles.

Chronic conditions - Integrated Team Care (ITC)

The Integrated Team Care (ITC) program has been established by the Australian Government and is informed by the Program Implementation Guidelines.

The changes included within these guidelines provide opportunities to continue to develop more integrated approaches to care delivery over time.

According to the ITC Program Implementation Guidelines (section 7.2) a chronic condition is defined as follows:

“For the purpose of the ITC Activity, and consistent with the MBS (sic), an eligible condition is one that has been, or is likely to be, present for at least six months.

Dental is not an eligible condition for the purposes of the ITC Activity. Priority should be given to patients with complex chronic care needs who require multidisciplinary coordinated care in order to manage their chronic disease/s....

(section 7.5) ...Not all patients with a chronic condition will need assistance through the ITC Activity. Priority should be given to patients who have complex needs, and require multidisciplinary coordinated care for their chronic disease. This includes, but is not limited to, patients with: diabetes, eye health conditions associated with diabetes, mental health conditions, cancer, cardiovascular disease, chronic respiratory disease, and chronic kidney disease.”

Services to be funded by the ITC program comprise Care Coordinators (including supplementary services), Outreach Workers and Indigenous Health Program Officers (known as Aboriginal Health Program Officers in Tasmania). The guidelines provide opportunities to continue to develop collaborative and coordinated approaches to care over time, to best meet the priority needs of people accessing this program.

Roles and responsibilities for the ITC positions are explained below (according to the guidelines) and are summarised as:

- **Care Coordinators** are qualified health workers (for example, nurses, Aboriginal Health Workers) who support eligible patients to access the services they need to treat their chronic disease according to the General Practitioner (GP) care plan. The work of a Care Coordinator can include providing clinical care, arranging the services in patients' care plans and assisting patients to participate in regular reviews by their primary care providers. Care Coordinators work closely with Outreach Workers in many of these activities. (More details are available in the ITC Activity Implementation Guidelines, Sections 5 and 6.3.).

- **Supplementary Services** provides access to a flexible fund for care coordinators to use when they need to expedite a patient's access to an urgent and essential allied health or specialist service, or the necessary transport to access the service, where this is not publicly available in a clinically acceptable timeframe. The Supplementary Services Funding Pool can also be used to assist patients to access GP-approved medical aids.
- **Outreach Workers** encourage Aboriginal and Torres Strait Islander peoples to access health services and help to ensure that services are culturally competent. They have strong links to the community they work in. Outreach Workers carry out non-clinical tasks, e.g. helping patients to travel to their medical appointments. (More details are available in the ITC Activity Implementation Guidelines, Sections 4 and 6.2); and
- **Aboriginal Health Program Officers** have a policy and leadership role, and work to ensure there is a focus on Aboriginal and Torres Strait Islander health and aim to improve the integration of care across the region. This work includes working collaboratively with stakeholders and providers on needs assessment and planning to inform the PHN on issues and priorities, developing multi-programme approaches and cross-sector linkages, and supporting both Outreach Workers and Care Coordinators. (More details are available in the ITC Activity Implementation Guidelines, Sections 3 and 6.1).

A number of ACCHOs currently deliver services under this program or are interested in delivering these services into the future. Additionally, through this program, there is a mainstream provider option to allow for patient choice and access to services. Through this commissioning cycle Primary Health Tasmania is keen to see health and care outcomes. As ITC is an Australian Government funded program, the Australian Government policy for self-identification will be applied.

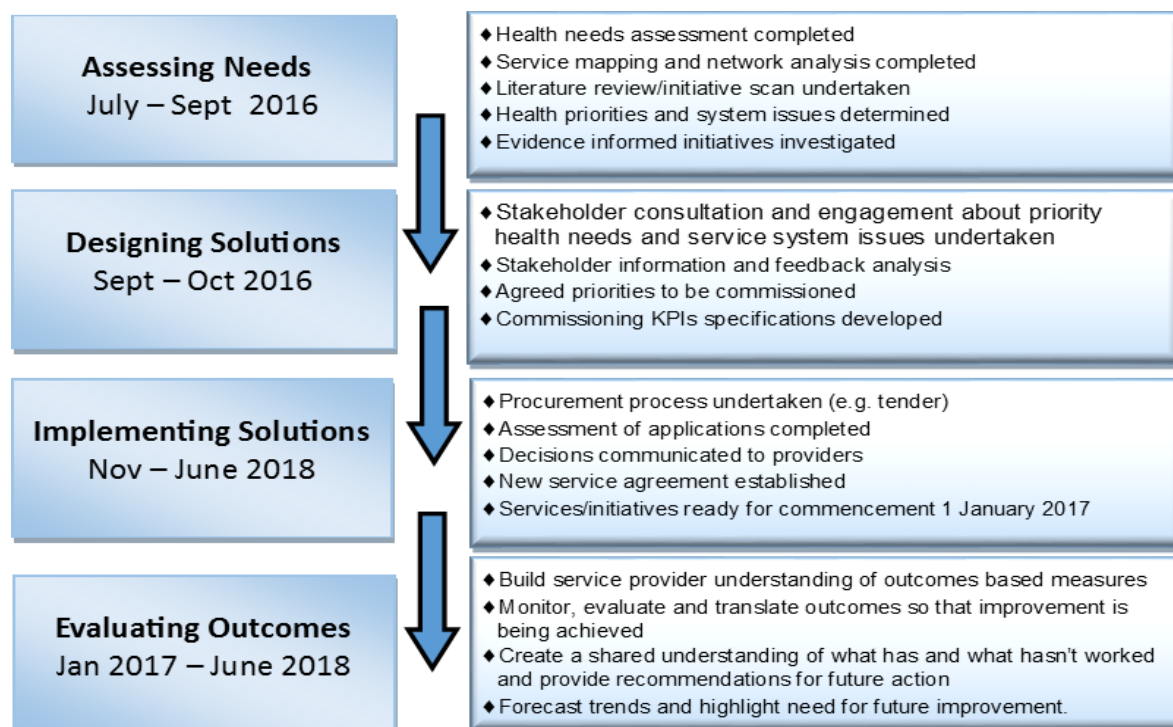
During this commissioning cycle, Primary Health Tasmania will utilise APHO funds to work collaboratively with ACCHOs and other commissioned providers to embed the ITC service delivery program and to work with the mainstream providers to continue to build capacity to provide accessible primary health care services for Aboriginal and Torres Strait Islander peoples. This will include some Primary Health Tasmania employed staff and the use of funds for agreed joint initiatives with the ACCHOs and other commissioned providers to support this work.

Commissioning timeframes

The ITC commissioning cycle runs from July 2016–June 2018, in line with initial funding timeframes set by the Australian Government for the ITC program.

Figure 1, below, shows the steps and timeframes for the ITC Program. This timeframe will ensure the process is implemented efficiently. Any changes that may affect the existing care coordination and supplementary services programs can be effectively transitioned.

Figure 1: Integrated Team Care Commissioning Timelines



Who will we work with?

Continuous stakeholder engagement is a critical element for each phase of the commissioning cycle. Primary Health Tasmania has undertaken a stakeholder analysis to ensure that people interested in Aboriginal and Torres Strait Islander health commissioning have the opportunity to be informed and engaged during the commissioning process.

Stakeholders who work with Aboriginal and Torres Strait Islander peoples include ACCHOs, general practitioners, health and community service providers, pharmacists, local councils, allied health providers, state and Australian Government departments, peak bodies and other interested people.

Principles of engagement we will observe

In line with the *Primary Health Networks and Aboriginal Community Controlled Health Organisations – Guiding Principles*, Primary Health Tasmania will work with Aboriginal and Torres Strait Islander peoples to gain an understanding of the health priorities and potential service solutions, utilising the following guidelines:

- Have broad engagement across our region including with ACCHOs (as outlined in the PHN Program Guidelines).
- Ensure that the ACCHO sector is consulted about all major funding streams (including targeted Aboriginal and Torres Strait Islander funding and mainstream funding)
- Provide representation on PHN working groups.
- Engage with Aboriginal and Torres Strait Islander health stakeholders throughout needs assessment, annual planning, designing and contracting services, including through the relevant PHN governance structures.

- Build consistent, open and respectful working relationships through an agreed engagement/partnership model to improve health outcomes for Aboriginal and Torres Strait Islander peoples, families and communities in alignment with the Implementation Plan and the priorities identified in regional needs assessments.
- Base partnerships on the principles of collaboration, respect for each other's role, respect for Aboriginal and Torres Strait Islander leadership and commitment to support Aboriginal and Torres Strait Islander control of service delivery where possible, a commitment to working productively and the sharing of information.
- Set appropriate timeframes for requests and decisions where possible (including early engagement and time for deliberation and to respond to requests).
- Provide advice about community events for consideration in planning health events and services in the PHN region and/or ACCHOs vicinity.
- Acknowledge the role of, and engage with, Aboriginal Health Partnership Forums in regional planning where appropriate.
- Understand how ACCHOs can:
 - Provide linkages to key Aboriginal and Torres Strait Islander community members, representative bodies and organisations
 - Engage with Aboriginal and Torres Strait Islander peoples, families and communities in order to ascertain their views and incorporate them in evidence-based inputs to PHNs via relevant forums, such as PHN Boards, Clinical Councils or PHN Community Advisory Committees

We will engage throughout the commissioning cycle in the following ways:

- Through representation on the Primary Health Tasmania Clinical Advisory Council
- Establishing a specific Aboriginal and Torres Strait Islander health advisory group for Primary Health Tasmania
- Participating, as appropriate, with the Tasmanian Aboriginal Health Forum and Tasmanian Aboriginal Health Reference Groups
- Sharing information to assist with decision making in the form of population health and service utilisation data, peer-reviewed literature and stakeholder feedback and comment. We will work with service providers to understand the best ways to collect, analyse and share data relating to the services provided.
- Seeking input and feedback from key stakeholders who have a lived experience of the health service system, who hold the expertise, knowledge and understanding of the issues facing Aboriginal and Torres Strait Islander peoples and the service system that exists to support them in their health and social care needs; and
- Facilitating forums to gain feedback from stakeholders on the findings and collation of the information obtained through the project
- Providing opportunities for stakeholders to contact Primary Health Tasmania through email, post and phone contact for people to give feedback on Aboriginal health issues

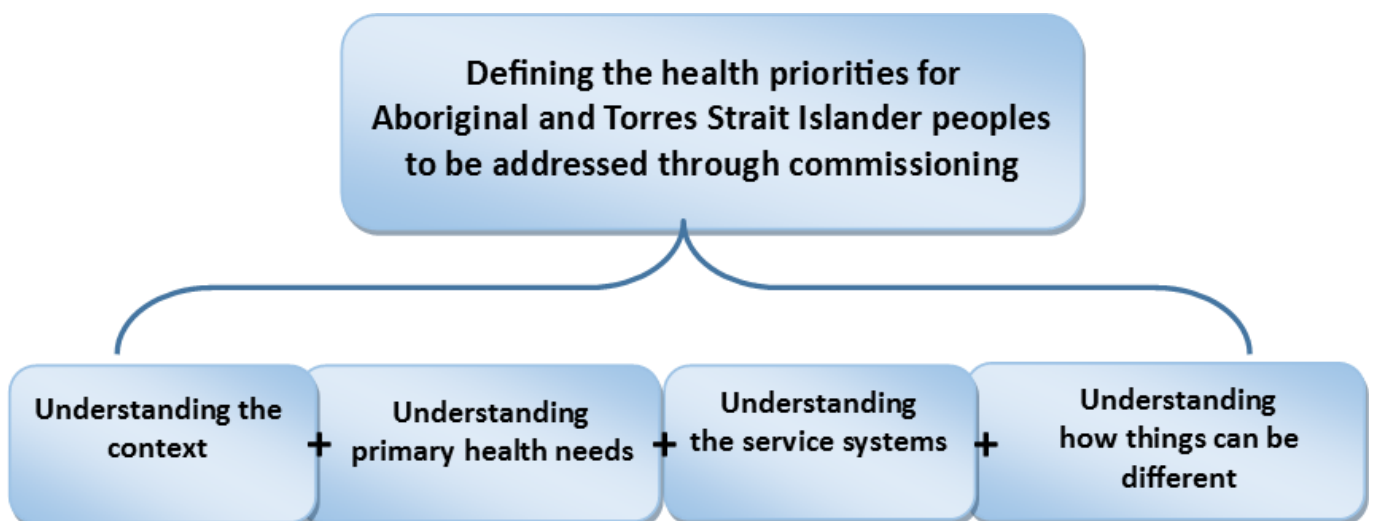
Our approach for engaging with stakeholders will be detailed as part of each phase of the commissioning process.

Evaluating our approach

As commissioning is a relatively new concept for the Australian health system and for Primary Health Tasmania, it is important that the commissioning cycle is evaluated as part of a continuous quality improvement process for the organisation and to ensure that we are achieving the health outcomes desired. We will evaluate the commissioning cycle to understand:

- If we are undertaking the process in the best way possible
- How we can improve processes to make it easier for providers over time
- How we can assess and respond to changes in health outcomes for Aboriginal and Torres Strait Islander peoples and Communities
- If we are engaging with our stakeholders in a meaningful and effective way.

PHASE 1 – ASSESSING NEEDS



1 Understanding Aboriginal and Torres Strait Islander health

1.1 Aboriginal and Torres Strait Islander health baseline needs assessment

In February 2016 Primary Health Tasmania prepared a baseline needs assessment of the state of Aboriginal and Torres Strait Islander peoples' health in Tasmania. The needs assessment describes patterns of population, disease and health service distribution combined with input from the key stakeholders in the Aboriginal and Torres Strait Islander peoples' health sector about their specific needs, opportunities and challenges. The purpose of the needs assessment was to inform Primary Health Tasmania's initial planning of commissioning activities.

This needs assessment followed the approach outlined in the Australian Government's PHN Commissioning Needs Assessment guide and compiled data from multiple government, non-government and academic sources to describe the current and projected statuses and factors affecting the health outcomes of Aboriginal and Torres Strait Islander peoples in Tasmania. Data sources included the Australian Bureau of Statistics (ABS), Australian Institute for Health & Welfare (AIHW), Public Health Information Development Unit (PHIDU), Tasmanian Department of Health published reports and hospitalisations data, National Health Services Directory (NHSD), Primary Health Tasmania contractual agreements and reports and varied journal sources.

Quantitative data were augmented with findings from consultations conducted either face to face or by telephone meetings, and through individual conversations. Information about services delivered or funded by Primary Health Tasmania was gathered from existing reports, planning documentation and the Primary Health Tasmania stakeholder database. Consultations also occurred with internal Primary Health Tasmania staff working on programs relevant to Aboriginal and Torres Strait Islander peoples' health (particularly staff in the Care Coordination team and No. 34 Aboriginal Health Service) to ascertain the scope of their current activities, as well as key challenges and opportunities.

The timelines involved in completing the needs assessment necessitated rapid turnaround and Primary Health Tasmania has intends to undertake more detailed stakeholder consultation to inform future needs assessment and commissioning activities.

1.2 The limitations of existing administrative data collections

The Australian Bureau of Statistics (ABS) and Australian Institute of Health and Welfare (AIHW) statistics utilise self-identification, which assumes knowledge of biological ancestry and a propensity to identify as Aboriginal or Torres Strait Islander. Eligibility for many Department of Health funded Aboriginal and Torres Strait Islander health, education, employment and social welfare programs is guided by the criteria applied to ascertain Aboriginal or Torres Strait Islander status. Evidence of eligibility is often a requirement of access to these programs.

There are unknown rates of under-reporting or non-self-identification by Aboriginal and Torres Strait Islander peoples in Tasmania. It is, therefore, necessary to note the limitations of the data. All statistics reported are affected by the multiple external factors which could affect propensity to

identify, including real or perceived individual benefits or disincentives in identifying as an Aboriginal or Torres Strait Islander person.

All statistics in this document should, therefore, be treated with caution, bearing in mind that data quality and availability for Tasmanian Aboriginal and Torres Strait Islander peoples is not equivalent to the data quality, quantity or availability for those living across other Australian states. Potentially significant variations from reported statistics need to be accounted for in any planning activities.

1.3 Tasmania's Aboriginal and Torres Strait Islander health profile

1.3.1 Sociodemographic characteristics of the Tasmanian Aboriginal and Torres Strait Islander populations

According to 2011 Census data from the Australian Bureau of Statistics (ABS):

- 3.6% of the total Australian Aboriginal and Torres Strait Islander population, or 19,625 people, live in Tasmania.²
- An estimated 17,223 of these individuals count Tasmania as their place of usual residence, with the remainder being mobile, mostly between Tasmania and Victoria or Queensland.³
- Aboriginal and Torres Strait Islander Tasmanians have a younger population than that of the total Tasmanian population, with a 2011 median age of 22 years as compared to the 2011 total Tasmanian median age of 40 years, the highest across Australia.^{4, 5}
- As for the total Tasmanian population, it is projected that the proportion of younger Aboriginal and Torres Strait islanders will decline slowly, and the proportion of those aged 65 and over will slowly increase over the next two decades.^{6, 7, 8}
- Aboriginal and Torres Strait Islander peoples constitute a higher proportion of the resident population in the west and north western regions of Tasmania, regions classified ranging

² Census of Population and Housing: Characteristics of Aboriginal and Torres Strait Islander Australians, 2011. 28/11/12 2012.

³ Ibid

⁴ Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026. 30/4/14.

⁵ Epidemiology Unit. Health Indicators Tasmania 2013. In: Population Health Branch DoHaHST, editor: Department of Health and Human Services, Tasmania; 2013.

⁶ Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026. 30/4/14.

⁷ Epidemiology Unit. Health Indicators Tasmania 2013. In: Population Health Branch DoHaHST, editor: Department of Health and Human Services, Tasmania; 2013.

⁸ Census of Population and Housing: Understanding the Increase in Aboriginal and Torres Strait Islander Counts, 2006-2011. 17/9/13.

from inner regional to very remote.^{9, 10, 11} The populations of Flinders Island, Circular Head and the West Coast local government areas (LGAs) have the highest proportion of Aboriginal and Torres Strait Islander peoples. However, while the proportion is high, the highest absolute numbers of Aboriginal and Torres Strait Islander Tasmanians live in Hobart's northern suburbs.

- Tasmania as a whole has a lower proportion of families with children when compared to the rest of Australia, however a larger proportion of these families are headed by single parents.¹²
- Data specific to Tasmanian Aboriginal and Torres Strait Islander family composition are unavailable. However, Australian Aboriginal and Torres Strait Islanders have a higher proportion of families with children and of single parented families.¹³
- Despite an upward trend across indicators of educational attainment, Tasmania still ranks as the lowest amongst Australian states and territories across all indicators of educational attainment and health literacy.^{14, 15} Aboriginal and Torres Strait Islander Tasmanians score lower than the Tasmanian average on all measured indicators.¹⁶
- Tasmania has the second highest national unemployment rate as of December 2015, at 6.6%, and the highest seasonal variation in unemployment.¹⁷ Fewer Aboriginal and Torres Strait Islander Tasmanians are employed (full time or part time) when compared with other Tasmanians.¹⁸
- Approximately 10% more Aboriginal and Torres Strait Islander peoples are not in the Tasmanian labour force compared with non-Indigenous persons. Approximately 15% more are in the lowest income quintile.

The 2011 Census indicates that:

- 15% of Tasmanian Aboriginal and Torres Strait Islander households rent private dwellings from government housing authorities, of which 10.6% are classified as overcrowded.¹⁹ In

⁹ Census of Population and Housing: Characteristics of Aboriginal and Torres Strait Islander Australians, 2011. 28/11/12 2012.

¹⁰ PHIDU. Aboriginal and Torres Strait Islander Social Health Atlas. June 2015 2015.

¹¹ Epidemiology Unit. Health Indicators Tasmania 2013. In: Population Health Branch DoHaHST, editor: Department of Health and Human Services, Tasmania; 2013.

¹² Ibid

¹³ Census of Population and Housing: Characteristics of Aboriginal and Torres Strait Islander Australians, 2011. 28/11/12 2012.

¹⁴ Epidemiology Unit. Health Indicators Tasmania 2013. In: Population Health Branch DoHaHST, editor: Department of Health and Human Services, Tasmania; 2013.

¹⁵ SCSEEC. 2012 Annual Report: SCSEEC, 2013.

¹⁶ Australian Bureau of Statistics. 4221.0 - Schools, Australia, 2014. 2010.

¹⁷ Australian Bureau of Statistics. 6202.0 - Labour Force, Australia, Dec 2015. 14/1/16 2016.

¹⁸ Aboriginal and Torres Strait Islander health performance framework 2014: data tables.

¹⁹ Ibid

comparison, the corresponding figures for non-Aboriginal and Torres Strait Islander Tasmanians are 4.1% and 4.9% respectively.²⁰

- As of June 2013, there were 3.2 times as many Aboriginal and Torres Strait Islander Tasmanians compared to non-Indigenous Tasmanians imprisoned.
- The majority of Aboriginal and Torres Strait Islander Tasmanians who were remanded or formally charged in 2013 were young (between 12 and 24 years) males from non-remote locations who had not completed year 12, were not currently abusing alcohol or other substances, and scored in the lowest quintile for socioeconomic disadvantage.
- An estimated 3.6% of those incarcerated reported experiencing bad treatment or discrimination in prison.²¹

1.3.2 Health needs – key findings

- A higher proportion of Aboriginal and Torres Strait Islander peoples self-reportedly have fair/poor health (26.7% vs 19%).^{22, 23} Conversely, fewer report that they are in good health.
- There is a markedly increased proportion of Aboriginal and Torres Strait Islander peoples reporting a disability in non-remote parts of Tasmania. It also appears that Tasmanian Aboriginal and Torres Strait Islander peoples are less likely to utilise existing disability support services than their counterparts from the rest of the Tasmanian population.²⁴
- Aboriginal and Torres Strait Islander Tasmanians are 2.8 times as likely to report a high level of psychological distress as were their non-Indigenous Tasmanian counterparts.²⁵
- Approximately 39.9% of Aboriginal and Torres Strait Islander Tasmanians smoke tobacco, compared with 16.1% of non-Indigenous Tasmanians.²⁶
- Regarding short-term/single occasion risk alcohol intake, 53.5% (in non-remote areas) and 57.5% (in remote areas) of Indigenous Tasmanians report this behaviour. The equivalent figures for non-Indigenous Tasmanians are 52% (non-remote) and 56% (remote).²⁷
- Approximately 1 in 4 Indigenous Tasmanians report some form of substance abuse.²⁸

²⁰ Ibid

²¹ Ibid

²² Services PH. Report on the Tasmanian Population Health Survey. In: Services DoHaH, editor. Hobart: Department of Health & Human Services; 2014. p. 76.

²³ Australian Bureau of Statistics. 4727.0.55.006 - Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results, 2012–13 6/6/14 2014.

²⁴ Aboriginal and Torres Strait Islander health performance framework 2014: data tables.

²⁵ Services PH. Report on the Tasmanian Population Health Survey. In: Services DoHaH, editor. Hobart: Department of Health & Human Services; 2014. p. 76.

²⁶ Epidemiology Unit. Health Indicators Tasmania 2013. In: Population Health Branch DoHaHST, editor: Department of Health and Human Services, Tasmania; 2013.

²⁷ Australian Bureau of Statistics. 4727.0.55.006 - Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results, 2012–13 6/6/14 2014.

²⁸ Ibid

- Compared to their non-Indigenous counterparts, Aboriginal and Torres Strait Islander Tasmanians were 0.9 times as likely to be insufficiently active, and 1.7 times as likely to be inactive.²⁹
- Overall, 63.7% of Aboriginal and Torres Strait Islander Tasmanians have inadequate fruit or vegetable intake according to NHMRC 2013 guidelines.
- Across all age groups, a higher proportion of Aboriginal and Torres Strait Islander Tasmanians are categorised as overweight or obese, compared with their non-Indigenous counterparts.³⁰

Certain mortality statistics, including standardised death rates, infant mortality rates, perinatal mortality and median age at death are not reportable for Tasmanian Aboriginal and Torres Strait Islander peoples due to the relatively small population size.³¹

Specific causes of death are inaccessible for Tasmanian Aboriginal and Torres Strait Islander peoples. Life expectancy data specific to Aboriginal and Torres Strait Islander Tasmanians is not accessible. The top five causes of death across Tasmania in 2013 are chronic cardiovascular conditions, cancers, endocrine disorders (especially diabetes mellitus), chronic respiratory conditions and mental and behavioural disorders.³²

- Chronic disease data specific to Aboriginal and Torres Strait Islander Tasmanians is scarce. Available data suggests there is substantial morbidity from chronic conditions across Tasmania as a whole.
- In 2014-2015, 83.2% of Tasmanians were reported to have one or more chronic conditions. In 2013, 76.8% of Aboriginal and Torres Strait Islander Tasmanians reported having a long term health condition, and 73.1% of these individuals reported having more than one long term health condition.³³ Musculoskeletal conditions, mental health problems, cancer, cardiovascular disease and chronic respiratory conditions account for the majority of chronic disease burden.³⁴
- In 2014-2015 there were 198 hospital separations amongst Aboriginal and Torres Strait Islander Tasmanians for diagnoses related to mental health. This is likely to be an under-report of the true number of hospitalisations due to poor identification of Aboriginal and Torres Strait Islander peoples in hospitals data. However, 81 of these separations (i.e. 41%) had an additional diagnosis of mental and behavioural disorders due to psychoactive

²⁹ Ibid

³⁰ Epidemiology Unit. Health Indicators Tasmania 2013. In: Population Health Branch DoHaHST, editor: Department of Health and Human Services, Tasmania; 2013.

³¹ Australian Bureau of Statistics. 3302.0 - Deaths, Australia, 2014. 12/11/14 2014.

³² Causes of Death, Australia, 2013 31/3/15 2013.

³³ Australian Bureau of Statistics. 4727.0.55.006 - Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results, 2012–13 6/6/14 2014.

³⁴ Aboriginal and Torres Strait Islander health performance framework 2014: data tables.

substance use³⁵. The AIHW estimates Indigenous Tasmanians are much less likely to be hospitalised for mental health related conditions than non-Indigenous Tasmanians. However, the accuracy of these data are unknown.³⁶

³⁵ National Minimum Dataset Admitted Patient Cohort Tasmania 2014-2015. In: Services DoHaH, editor. National Minimum Dataset Admitted Patient Cohort Tasmania 2014-2015. Tasmania: Department of Health and Human Services; 2014-2015.

³⁶ Australian Health Ministers' Advisory Council, 2015, *Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report*, AHMAC, Canberra.

2 Understanding the Aboriginal and Torres Strait Islander peoples' primary health service system

Aboriginal Community Controlled Health Organisations

Primary Health Tasmania has worked with organisations to develop a service provider profile for the Aboriginal Community Controlled Health Organisations providing services and support for Aboriginal and Torres Strait Islander peoples living across Tasmania.

2.1 Availability of health services for Aboriginal and Torres Strait Islander peoples

2.1.1 Service provision – key findings

Based on self-reported data from the 2012–13 Health Survey:

- 86% of Aboriginal and Torres Strait Islander peoples nationally had a usual place to go for health problems and advice.
- Most Aboriginal and Torres Strait Islander peoples usually went to a doctor if they had a problem with their health (54%), followed by Aboriginal Medical Services (AMS) (17%), community clinics (10%) and hospitals (5%).³⁷
- 14% of Indigenous Australians had no regular source of health care. Use of AMS and community clinics increased by remoteness, from 13% in major cities to 66% in very remote areas.

The survey asked where people would like to go if they were sick or needed advice about their health.

- 53% of Indigenous Australians reported they would prefer to go to a doctor, 26% to an AMS, and 9% to a community clinic.
- Nationally, 27% of Indigenous Australians who said they would like to go to an AMS did not have an AMS available in their local area.
- 6% of Indigenous Australians reported being treated badly in the previous 12 months because they were Aboriginal or Torres Strait Islander peoples.
- Of those who reported being treated badly in the previous 12 months, 20% reported being treated unfairly by doctors, nurses or other staff in hospitals or doctors' surgeries. About 7% of Indigenous Australians reported that they had avoided seeking health care because they had been treated unfairly.

³⁷ Note: some caution is needed as respondents may not clearly differentiate between an AMS and a community clinic or between a doctor at an AMS or another practice.

Aboriginal Community Controlled Health Services

Aboriginal Community Controlled Health Services (referred to as ACCHOs) are controlled by the local Aboriginal community via elected boards of management. ACCHOs play an important role in delivering comprehensive primary health care that is free from discrimination and cultural and social barriers to good quality care. Some ACCHOs deliver care inclusive of medical care, with this service model known as an Aboriginal Medical Service (AMS).

The impact of ACCHOs in the Aboriginal community has come to be more than just effective health service provision. Through employment, education in staff engagement, empowerment, and social action, ACCHOs are key strategic sites for Aboriginal community development.³⁸

ACCHOs are represented by a national peak body (the National Aboriginal Community Controlled Health Organisation (NACCHO)). The Tasmanian Aboriginal Centre (TAC) is the peak representative body affiliated with NACCHO in Tasmania.

Tasmania has a number of ACCHOs working with Communities across the State. These organisations are:

- Cape Barren - located at Cape Barren Island
- Circular Head Aboriginal Corporation - located at Circular Head
- Flinders Island Aboriginal Association - located at Flinders Island
- Karadi Aboriginal Corporation - located at Goodwood in southern Tasmania
- South East Tasmanian Aboriginal Corporation - located at Cygnet in southern Tasmania
- Tasmanian Aboriginal Centre (TAC) (Aboriginal Medical Service) - located at Hobart, Launceston and Burnie

Further information about these services is provided as a separate service profile resource document.

Australian Government funded Aboriginal and Torres Strait Islander health programs

The Australian Government funds a number of Aboriginal and Torres Strait Islander health programs nationally. These programs are also rolled out to Tasmania, with examples including:

- **Medical Outreach Indigenous Chronic Disease Program (MOICDP):** This program is funded by the Australian Government but delivered through the State Government. The focus of the program is access to medical and allied health specialist services into local communities for Aboriginal and Torres Strait Islander peoples.
- **Indigenous Primary Health Care Services:** This includes primary health care, A Better Start to Life, New Directions Mothers and Babies Services, chronic diseases, Healthy For Life and Tackling Indigenous Smoking, along with quality improvement and public health and Indigenous health program officer resources through the NACCHO affiliate.
- **Integrated Team Care:** This is the program described in this Commissioning Intentions document.

³⁸ <http://www.naccho.org.au/about-nacho/naccho-history/>

- **Child and Family Centres:** This is a program funded by both the Australian Government and the State government. It provides funding for two initiatives, with a particular focus on Aboriginal and Torres Strait Islander peoples located at Geeveston and Brighton

State government and Aboriginal and Torres Strait Islander health service delivery

The State Government also funds a number of Aboriginal and Torres Strait Islander health programs, with examples including:

- **Hospital liaison officers:** are employed at the Royal Hobart Hospital and Launceston General Hospital to provide liaison and support for Aboriginal and Torres Strait Islander peoples during a hospital presentation.
- **Child and Family Centres:** as noted above, the Tasmanian government has established these centres in priority communities, two of which received funding from the Australian Government and have a focus on Aboriginal and Torres Strait Islander peoples.
- **TAZREACH:** The Tasmanian government delivers the Australian Government funded MOICDP through the TAZREACH program.

Current Primary Health Tasmania investment in Aboriginal and Torres Strait Islander health

- **Integrated Team Care:** As noted above, this is an Australian Government funded program. This program has been administered through the PHNs, with a number of ACCHOs delivering care coordination, supplementary services and outreach worker elements of the program. Primary Health Tasmania, in its previous form as a Medicare Local, was a mainstream provider of care coordination and outreach worker services, however as part of the transition to a PHN this direct service delivery role ceased at the end of 2015.
- **No. 34 Aboriginal Health Service:** Primary Health Tasmania (and previous iterations of the organisation) has been involved of the delivery of services in an auspice arrangement with Six Rivers Aboriginal Corporation for Aboriginal and Torres Strait Islander peoples living in the Mersey/Leven region in north west Tasmania. Services have been funded through Australian Government funded primary health care and New Directions Mothers and Babies Services. This service has recently been the subject of an approach to market by the Australian Government, with the service planned to transition to a new provider from 1 January 2017.

Current general practice participation in Aboriginal and Torres Strait Islander peoples health incentive schemes

- **Practice Incentive Payment Indigenous Health Incentive (PIP IHI):** The Practice Incentives Program (PIP) Indigenous Health Incentive aims to support general practices and Indigenous health services to provide better health care for Aboriginal and/or Torres Strait Islander patients, including best practice management of chronic disease. There are 161 general practices in Tasmania, with Medicare data indicating there are 124 general practices registered for PIP, of which 108 are registered for Practice Incentive Program (PIP) Indigenous Health Incentive (IHI).

2.1.2 The Aboriginal health workforce

In 2012, 1.7% of Tasmanian university students enrolled in health related courses identified as Aboriginal and Torres Strait Islander, but only 87.2% passed or were certified, compared with 91.4% of the overall student population. In 2011, there were 307 Aboriginal and Torres Strait Islander peoples employed in health related occupations in Tasmania, with 15,930 non-Indigenous counterparts.³⁹ According to the Australian Health Practitioner Regulation Agency (AHPRA), in 2014/15 there were 3 Aboriginal and Torres Strait Islander Health Practitioners registered to work, with Tasmania identified as the principle place of practice⁴⁰.

The TAC trains its own accredited Aboriginal Health Workers (AHW) and also has medical registrars and medical students rotate through its clinics. The service reports shortages of AHWs, dental and dental support staff, and relies on relationships with different groups to provide sessional support for activities, such as physiotherapy. The TAC hosts a public health medical officer, and consequently also has public health registrars rotating through its clinics for supervised training⁴¹.

Organisations other than the TAC reported having difficulties in acquiring clinical staff, with some organisations having limited or no access to GPs, nurses and AHWs. Whilst a variety of allied services are offered across these organisations, funding and service continuity has been flagged as a concern, and sessional allied health provision contributes to challenges in providing a comprehensive primary health care model.⁴²

³⁹ Australian Health Ministers' Advisory Council, 2015, *Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report*, AHMAC, Canberra.

⁴⁰ Australian Health Practitioner Regulation Agency, 2015, *Regulating Health Practitioners in Tasmania, Annual Report Summary 2014/15*

⁴¹ Tasmanian Aboriginal Service. Annual Report: 2015-16.

⁴² Communication: Tasmanian Aboriginal Health Reference Group.

3 Models of care for chronic diseases - findings

3.1 Evidence-based responses to address health needs

Evidence suggests that “a strong primary health care sector is essential to the health and wellbeing of a population, and that a strong primary health care sector is associated with better population health, reduced costs of health care provision, and greater efficiency within the system”.⁴³

Reducing the burden of chronic disease requires comprehensive and well-coordinated primary health care for Aboriginal and Torres Strait Islander peoples. Comprehensive and accessible primary health care can be provided by ACCHOs and mainstream health services.⁴⁴

Poor access and ineffective primary health care services is directly related to increased avoidable hospital admissions.⁴⁵ Research focusing on the costs and the health outcomes associated with primary care use by Indigenous people with diabetes in remote communities in the Northern Territory demonstrates that improved access to primary health care, which is responsive to the needs of Aboriginal and Torres Strait Islander peoples, is both cost-effective and associated with better health outcomes.⁴⁶

Given the strong link between primary health care and health outcomes and the significant contribution ACCHOs make towards reducing the health disadvantage experienced by Aboriginal and Torres Strait Islander peoples, it is important as a PHN to understand the characteristics that support the delivery of health provided by ACCHOs and their unique models.⁴⁷

Components of effective Aboriginal and Torres Strait Islander peoples’ chronic disease services have been variously described in the literature and include the following:

⁴³ Comino E, Harris M, Haas M et al. Optimizing access to best practice primary health care: a systematic review. Canberra, Australia: APHCRI; 2010.

⁴⁴ Australian Institute of Health and Welfare March 2012, Risk factors contributing to chronic disease, AIHW, Canberra, cat no. PHE 157.

⁴⁵ Shah BR, Gunraj N, Hux JE. Markers of access to and quality of primary care for Aboriginal people in Ontario, Canada. *Am J Public Health*. 2003;93(5):798–802.

⁴⁶ Thomas SL, Zhao Y, Guthridge SL, Wakerman J. The cost-effectiveness of primary care for Indigenous Australians with diabetes living in remote Northern Territory communities. *Med J Aust*. 2014;200(11):658-62.

⁴⁷ Harfield, S., Davy, C., Kite, E., McArthur, A., Munn, Z., Brown, N. & Brown, A. (2015). Characteristics of Indigenous primary health care models of service delivery: a scoping review protocol. *The JBI Database of Systematic Reviews and Implementation Reports*, 13(11), 43-51.

1. Basic health intervention delivery characteristics

- Role substitution – a patient may be seen by an Aboriginal Health Worker or a nurse in addition to, or instead of, a doctor.^{48, 49, 50}
- Compliance management – e.g. medication dosing and appointment recalls.^{51, 52}
- Staff training activities – e.g. cultural training in addition to professional training for non-Aboriginal staff.⁵³
- Integration of cultural values of family and community into health provision. Service offers home visits, community visits in addition to clinic-based activity. Seeing other family members as part of routine consultations is encouraged.^{54, 55}
- Model embeds case conferencing and the management of complex medical conditions in service delivery. Includes culturally safe, community level health-worker led models of care coordination. Service model includes strong focus on shared health record, team-based care.⁵⁶

⁴⁸ Aspin C, Brown N, Jowsey T, Yen L, Leeder S. Strategic approaches to enhanced health service delivery for Aboriginal and Torres Strait Islander people with chronic illness: a qualitative study. *BMC health services research*. 2012;12:143.

⁴⁹ Chang AB, Taylor B, Masters IB, Laifoo Y, Brown AD. Indigenous healthcare worker involvement for Indigenous adults and children with asthma. *The Cochrane database of systematic reviews*. 2010(5):Cd006344.

⁵⁰ Deshmukh T, Abbott P, Reath J. 'It's got to be another approach': an Aboriginal health worker perspective on cardiovascular risk screening and education. *Australian family physician*. 2014;43(7):475-8.

⁵¹ Hamrosi K, Taylor SJ, Aslani P. Issues with prescribed medications in Aboriginal communities: Aboriginal health workers' perspectives. *Rural and remote health*. 2006;6(2):557.

⁵² Swain L, Barclay L. They've given me that many tablets, I'm bushed. I don't know where I'm going: Aboriginal and Torres Strait Islander peoples' experiences with medicines. *The Australian journal of rural health*. 2013;21(4):216-9.

⁵³ Govil D, Lin I, Dodd T, Cox R, Moss P, Thompson S, et al. Identifying culturally appropriate strategies for coronary heart disease secondary prevention in a regional Aboriginal Medical Service. *Australian journal of primary health*. 2014;20(3):266-72.

⁵⁴ Champion S, Franks C, Taylor J. Increasing community participation in an Aboriginal health service. *The Australian journal of rural health*. 2008;16(5):297-301.

⁵⁵ DiGiacomo ML, Thompson SC, Smith JS, Taylor KP, Dimer LA, Ali MA, et al. 'I don't know why they don't come': barriers to participation in cardiac rehabilitation. *Australian health review : a publication of the Australian Hospital Association*. 2010;34(4):452-7.

⁵⁶ Reeve C, Humphreys J, Wakerman J, Carter M, Carroll V, Reeve D. Strengthening primary health care: achieving health gains in a remote region of Australia. *The Medical journal of Australia*. 2015;202(9):483-7.

2. Population health, social and community activities

- Provision of other services – e.g. social work and counselling, in addition to medical services.^{57, 58}
- Provision of services usually provided by outside agencies – e.g. pharmacy, financial and housing assistance, incorporated in service model.⁵⁹
- Health promotion and community development activities included in service model.⁶⁰
- Integrated chronic disease testing must be repeated throughout adult life for timely diagnosis.⁶¹

3. Management and governance structures

- Community participation improves community motivation and sustainability. Community identifies their own issues and sets their own goals, might contact people outside the community to assist them where needed.⁶²
- Partnership between ACCHO, community health services and hospital encouraged.⁶³
- Strategies to improve access to chronic illness care tailored to local circumstances. Locally determined strategies supported by mainstream service providers.⁶⁴
- Community representation on Boards, governance bodies and management structures.⁶⁵

⁵⁷ Hayman N, Armstrong R. Health services for Aboriginal and Torres Strait Islander people: handle with care. *The Medical journal of Australia*. 2014;200(11):613.

⁵⁸ Harch S, Reeve D, Reeve C. Management of type 2 diabetes - a community partnership approach. *Australian family physician*. 2012;41(1-2):73-6.

⁵⁹ Hayman N. Strategies to improve indigenous access for urban and regional populations to health services. *Heart, lung & circulation*. 2010;19(5-6):367-71.

⁶⁰ Hurst S, Nader P. Building community involvement in cross-cultural Indigenous health programs. *International journal for quality in health care : journal of the International Society for Quality in Health Care / ISQua*. 2006;18(4):294-8.

⁶¹ Hoy WE, Kondalsamy-Chennakesavan S, Smith J, Sharma S, Davey R, Gokel G. Setting up chronic disease programs: perspectives from Aboriginal Australia. *Ethnicity & disease*. 2006;16(2 Suppl 2):S2-73-8.

⁶² Snijder M, Shakeshaft A, Wagemakers A, Stephens A, Calabria B. A systematic review of studies evaluating Australian indigenous community development projects: the extent of community participation, their methodological quality and their outcomes. *BMC public health*. 2015;15:1154.

⁶³ Reeve C, Humphreys J, Wakerman J, Carter M, Carroll V, Reeve D. Strengthening primary health care: achieving health gains in a remote region of Australia. *The Medical journal of Australia*. 2015;202(9):483-7.

⁶⁴ Champion S, Franks C, Taylor J. Increasing community participation in an Aboriginal health service. *The Australian journal of rural health*. 2008;16(5):297-301.

⁶⁵ Huffman MD, Galloway JM. Cardiovascular health in indigenous communities: successful programs. *Heart, lung & circulation*. 2010;19(5-6):351-60.

4. Patient transport services

- Provision of transport for patients to and from appointments.⁶⁶

3.2 Reviews and analyses of service models

Commissioned in 2001 by the then Office for Aboriginal and Torres Strait Islander Health (OATSIH), the *Achievements in Aboriginal and Torres Strait Islander Health* report provided evidence on what works in Aboriginal health by detailing evaluations of 10 case studies of public health interventions in Aboriginal communities. The major point drawn from this report is the importance of community participation and engagement in a health intervention, rather than prescriptive 'one-size-fits-all' approaches. The report criticised the organisational and funding fragmentation of the Australian health system, claiming that such disintegration contributes to the inequity, duplication and inefficiency present in the system, which also prevents appropriate responses to local needs.⁶⁷

A 2007 review by Black, commissioned by OATSIH, identified health, social economic and environment interventions to improve health outcomes. The review stresses the importance of basing interventions in an Aboriginal setting on trusting relationships and community ownership.⁶⁸

Similarly, a review by Griew in 2008 states that fundamental to a successful intervention is genuine local Indigenous community engagement as a means to maximise participation; leading to community control. A collaborative approach, integrating intersectoral, cross portfolio and collaboration between different government bodies and non-government institutions is encouraged.⁶⁹

In 2014, KPMG conducted a review of the national Indigenous Chronic Disease Package.⁷⁰ According to the findings of the review, there is a need to embed key features of chronic disease management into existing structures and systems. Strategies to embed features into the existing primary care service system should consider the following:

- How the care coordination function could be embedded in the role of practice nurses and Aboriginal Health Workers (AHWs)

⁶⁶ Walker BF, Stomski NJ, Price A, Jackson-Barrett E. Perspectives of Indigenous people in the Pilbara about the delivery of healthcare services. *Australian health review* : a publication of the Australian Hospital Association. 2014;38(1):93-8.

⁶⁷ Shannon C, Wakerman J, Hill P, Barnes T, Griew R. *Achievements in Aboriginal and Torres Strait Islander Health*: Australian Government Department of Health and Ageing 2003.

⁶⁸ Black A. *Evidence of effective interventions to improve the social and environmental factors impacting on health: Informing the development of Indigenous Community Agreements*. Canberra: Commonwealth of Australia 2007.

⁶⁹ Griew R, Tilton E, Cox N, Thomas D. *The link between primary health care and health outcomes for Aboriginal and Torres Strait Islander Australians*: Office for Aboriginal and Torres Strait Islander Health, Department of Ageing 2008.

⁷⁰ KPMG. *National Monitoring and Evaluation of the Indigenous Chronic Disease Package: Final Evaluation Summary Report*. June 2014.

- Requirements that clinical staff involved in the management of patients with a chronic disease have core competencies in chronic disease management including assisting patients to self-manage
- Inclusion of an outreach support function in the expected role of community based primary health care organisations
- Requirements that primary health organisations with a systems integration role prioritise making the system work for people with a chronic condition, and
- Inclusion of cultural competence as a core requirement of general practice accreditation.

An integrated approach to building the capacity of individuals to manage their own health is required. This includes training health staff in chronic disease self-management, the activities of AHWs and care coordinators in supporting individuals with a chronic disease, and the activities of the preventive health teams in encouraging and supporting individuals to adopt healthier life styles.

3.3 The role of Aboriginal Community Controlled Health Organisations (ACCHOs)

An ACCHO is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management.

The models of comprehensive primary health care that are used in ACCHOs are well described. Clinical services, health promotion, cultural safety, and community engagement are all underpinned by research, evaluation and planning activity. These are the essential components in these models.

In addition, particularly for maternal and child health, models of family-centred primary health care extend comprehensive team-based care of individuals to members of families or households, often with outreach services. These models complement the resources, time and evidence base needed to manage more problems of greater complexity at each consultation than are usually seen in mainstream general practices.

Leadership in ACCHOs involves both ACCHO management and the community, and the care model is more team-based than general practitioner-focused. For the ACCHOs, care:

- is patient-focused and may encompass the family
- has significant physician input
- is integrated with allied health specialists, mental health professionals and community services
- is preferably delivered in the home, and
- is underpinned by participation in clinical quality-improvement programs.

3.4 The role of mainstream services

Aboriginal and Torres Strait Islander peoples use mainstream general practices as well as ACCHOs (both community controlled and state/territory funded services). However, there has been variation in the degree to which general practices have provided culturally 'sensitive and appropriate services.' It is important that mainstream general practice identifies their Aboriginal and

Torres Strait Islander patients so that the person can access the relevant Aboriginal and Torres Strait Islander specific Medical Benefits Scheme (MBS) and Pharmaceutical Benefits Scheme (PBS) items, immunisation and other services.

However, one of the challenges for many general practices is that Aboriginal and Torres Strait Islander patients are a small proportion of their total patient population, leading to variation in practice ability to develop the necessary competencies in Aboriginal and Torres Strait Islander health. What could Aboriginal and Torres Strait Islander primary health care in Tasmania look like?

3.5 Elements that support better service delivery

Tasmania's Aboriginal health services are part of a broader health system and it is important that this connection is retained, while also ensuring that the particular needs for Aboriginal people are incorporated into future system planning and resource allocation. The literature review and consultation conducted by KP Health highlighted the following elements that support the best health service delivery for Aboriginal and Torres Strait Islander peoples:

- Local communities need to determine the health and social care priorities. The place-based approach needs to be supported to encompass a community development approach, fostering local partnerships;
- Where possible, ACCHOs are the preferred provider of services to Aboriginal people. However, not all services can be provided by ACCHOs. Therefore, high quality, culturally appropriate mainstream services are also required to be accessed by Aboriginal people
- Specialised Aboriginal health professionals have an important and growing role to play in improving the quality of health services Aboriginal people receive
- Developing the capacity of the mainstream workforce to move from cultural awareness, cultural competence with the ultimate aim of delivering culturally safe services is critical to the success of improved integrated and coordinated health services
- Sharing of data across organisations with a view to improve overall understanding of needs and targeting of service delivery and care to Aboriginal and Torres Strait Islander peoples living in Tasmania
- Comprehensive and well-coordinated primary health care that is accessible for Aboriginal and Torres Strait Islander peoples should be provided by ACCHOs and mainstream health services
- Essential components of service models include clinical services, health promotion, cultural safety and community engagement that are underpinned by research, evaluation and planning.
- Leadership in ACCHOs involves both ACCHO management and the community, and the care model is more team-based than general practitioner-focused
- Care is patient-focused and holistic, which may encompass the family and/or other support systems, has significant physician input, is integrated with allied health specialists, mental health professionals and community services, with flexible delivery options, and is underpinned by participation in clinical quality-improvement programs
- Successful intervention requires genuine local Aboriginal community engagement as a means to maximise participation leading to community control. A collaborative approach,

integrating inter-sectoral, cross portfolio and collaboration between different government bodies and non-government institutions is encouraged.

These elements have been incorporated into our thinking and our discussions with stakeholders about how we best target commissioning for improved chronic conditions outcomes.

4 Understanding Aboriginal and Torres Strait Islander peoples' primary health care priorities and potential service solutions for Tasmania

Primary Health Tasmania has undertaken consultation to understand priority needs and potential service solutions for Aboriginal and Torres Strait Islander peoples for chronic conditions through the ITC program.

Primary Health Tasmania sought input through the following:

- An analysis of publicly available population health and service utilisation data
- A review of the peer-reviewed literature
- Stakeholder consultations that sought input and feedback from key stakeholders who have a lived experience of the Aboriginal health service system, who hold the expertise, knowledge and understanding of the issues facing Aboriginal and Torres Strait Islander peoples and the service system that exists to support them in their health and social care needs
- A facilitated state-wide forum that sought feedback from stakeholders on the findings and collation of the information obtained through the project
- The provision of email, post and phone contact for people to give feedback on Aboriginal health issues.

The following service delivery themes have emerged as issues for discussion and formed the basis for discussion with stakeholders as part of the designing solutions process to understand other perspectives on what ideal primary health services delivery for Aboriginal Tasmanians looks like.

1. There are major barriers to Aboriginal people in Tasmania receiving the services they need some of which include cost, transport, access to culturally specific services, low levels of health literacy, limited advocacy and appropriate support system
2. Communities themselves should lead the delivery of services wherever possible and are best placed to improve the health outcomes of people within their community
3. Mainstream services are often underequipped to provide services for Aboriginal people in Tasmania, with a continued need to work towards achieving cultural safety in service delivery
4. That the data collected and reported for mortality, morbidity and burden of disease rates for Aboriginal people should be improved to aid in the assessment and delivery of services.

4.1 Who was consulted?

Preliminary Consultation

Twenty-eight people participated in the preliminary consultation via face-to-face meetings and phone interviews. The focus of engagement included chronic conditions, mental health and alcohol and drug issues. These participants represented six ACCHOs, two Aboriginal community

controlled organisations, and a small number of consumers. Findings from this consultation were provided as themes for discussion at the consultation forum.

Consultation Forum

Twenty-five individuals representing 16 organisations (representing ACCHOs and mainstream service deliverers) attended the consultation forum. The following organisations were represented:

- Circular Head Aboriginal Health Corporation
- Flinders Island Aboriginal Association Incorporated (FIAAI)
- Karadi
- No 34 Aboriginal Health Service
- South East Tasmania Aboriginal Corporation (SETAC)
- Tasmania Aboriginal Centre (TAC)
- Alcohol, Tobacco and other Drugs Council Tasmania Incorporated
- Cornerstone Youth Services Incorporated
- Department of Health and Human Services
- Diabetes Tasmania
- Heart Foundation
- Quit Tasmania – Cancer Council Tasmania
- TAZREACH (Department of Health and Human Services)

Participants discussed case studies that focused on chronic conditions, mental health and alcohol and drug issues and then provided responses to a series of questions. These highlighted the barriers to good health care and the potential approaches that could be implemented to ensure best quality care to improve health outcomes for Aboriginal and Torres Strait Islander peoples.

4.2 What we learned through the Assessing Needs phase

Primary Health Tasmania has analysed the feedback from the community consultations and combined this with what we had already learned about the elements for delivering high quality and safe primary health care. This has provided us with an understanding of our commissioning opportunities for the first cycle of commissioning and how these align with our overarching organisational objectives, namely to:

- Increase the efficiency and effectiveness of medical services for patients - particularly those at risk of poor health outcomes, and
- Improve the coordination of care to ensure patients receive the right care in the right place at the right time.

Responses from the consultations were collected, collated, coded, themed and analysed. The following four themes have emerged as important for Aboriginal health for service delivery across chronic conditions, mental health and drug and alcohol:

- ✓ **Improved integrated, comprehensive care** - Continuity of care across professionals, communication between different providers and provider organisations and coordination of care

between providers, sharing of records including electronically, ACCHOs is a preferred provider of care and incorporating, integrated, comprehensive care across mainstream and specialist Aboriginal health services is accessed when required, multidisciplinary team including Aboriginal care coordinators to support the person to receive cultural safe care from mainstream services,

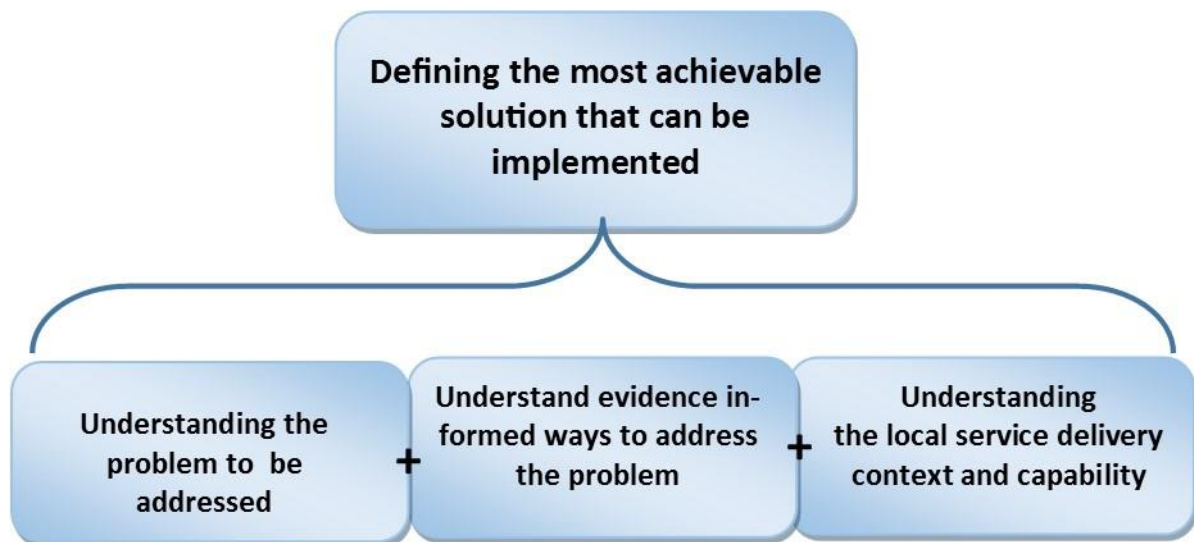
- ✓ **Comprehensive assessment that is person centred and holistic** - Keeping the person engaged with their care and making sure they are at the centre of decision making, providing additional support to Aboriginal people at appointments so that they can better understand their health care needs and what is required to self-manage their care, ideally provided by specialist Aboriginal health organisations themselves, support to navigate their way through mainstream health systems and services and needing advocates to ensure the care they receive is timely, holistic and culturally appropriate, be aware of client's background, family, social history, and preconceived ideas, focus on things (other than just the clinical presentation and 'fixing' clinical problems) e.g life style changes, financial situation, transport options, cost of care, utilising Aboriginal Health Checks and increasing the use of MBS items for care options.
- ✓ **Culturally safe care delivered by suitably qualified workforce** - there should be a continuous improvement focus towards achieving cultural safety in all mainstream organisations commissioned for Aboriginal and Torres Strait Islander peoples health. Resources, training and development is a priority for mainstream providers including general practice so that the client feels safe, cared for and respected, appropriate clinical governance measures are implemented, the workforce is trained and builds capability to deliver high quality clinically safe care and appropriate IT infrastructure and data collection supports are in place
- ✓ **Better access to care** - being able to get an appointment in timely manner, reducing impact of rurality – isolation, increased access to transport, flexible mainstream services, need to access multiple (and specialist) services when required, access to culturally specific lifestyle health promotion, having flexible opening hours and possibility to see people in their homes.

The themes above are strongly aligned with a number of the elements for quality service delivery identified prior to consultations. In addition to these themes, our earlier learning also identified elements that need to be implemented to enhance the health outcomes and these include:

- ✓ **Identifying and addressing priority health outcomes** through data informed evidence - the priority health condition/s to be addressed, the health outcome to be achieved for this priority health condition, the evidence that has been used to identify this priority health condition, the target group and how these people have been or will be identified, the measures that will be used to demonstrate improvement/change relating to the health condition

All this information will be used to inform Phase 2 - Designing Solutions. As noted above, for pragmatic reasons, the commissioning focus in the first instance is chronic conditions (through Integrated Team Care). This will be followed by commissioning processes for mental health and alcohol and drugs. However, over the next year we hope to work with others to identify opportunities and strategies to create integrated approaches to address these health issues.

PHASE 2 – DESIGNING SOLUTIONS



5 Aboriginal and Torres Strait Islander health commissioning options

5.1 Integrated Team Care for Improving the management of chronic conditions

As part of the needs assessment phase of commissioning, the consultations identified that (a) better integrated and coordinated services and systems, and (b) increased access to primary health care services that are culturally sensitive will deliver the best health outcomes for Aboriginal and Torres Strait Islander peoples.

Successful integration of health and community services for Aboriginal and Torres Strait Islander peoples requires all service elements to be implemented simultaneously for health care delivery to be effective, these being:

- Improved integrated, comprehensive care
- Comprehensive health assessment that is person centred and holistic
- Culturally safe care delivered by suitably qualified workforce
- Better access to care
- Identifying and addressing priority health outcomes

Figure 2, below, provides a collective overview of the elements of integration and how they may work together to support primary health care for improvement of health outcomes for Aboriginal and Torres Strait Islander peoples.

Figure 2: Elements to support integrated service delivery for improved health outcomes



5.2 What outcomes will be commissioned for Aboriginal and Torres Strait Islander health care?

The elements that support better health service delivery for Aboriginal and Torres Strait Islander peoples as described in 4.2 are well aligned with our overarching organisational PHN objectives which are:

- To increase the efficiency and effectiveness of medical services for patients - particularly those at risk of poor health outcomes; and
- To improve the coordination of care to ensure patients receive the right care in the right place at the right time.

These elements and our objectives have strongly informed the commissioning design for Aboriginal health and have been the basis for determining the following commissioning intention for chronic conditions in the first instance.

Primary Health Tasmania will commission the delivery of the Integrated Team Care Program (ITC), focused on improving health outcomes and access to appropriate services for Aboriginal and Torres Strait Islander peoples. The ITC program has a particular focus on improving the coordination of care for people living with chronic conditions and improving access to appropriate mainstream primary health care as needed.

5.3 How will tenders be assessed?

In line with the commissioning intention, Primary Health Tasmania will assess tenders based on 4 criteria, as summarised at Figure 3.

Please note this information will appear as a series of questions in the Aboriginal Health and Torres Strait Islander health tender application documentation.

Figure 3: Tender assessment criteria summary

Criterion	Weighting
1. Applicant has clearly outlined how Integrated Team Care services will be provided, including: <ul style="list-style-type: none"> • An understanding of the Aboriginal and Torres Strait Islander peoples' priority health and care needs in your community • Description of how services available to clients will be identified • How the right services for clients will be sourced • How access to services (transport, cost, support and advocacy) will be improved. 	30%
2. Appropriate service model profile for delivering integrated, comprehensive culturally appropriate care. This includes: <ul style="list-style-type: none"> • Applicant's suitable experience and capacity to deliver proposed services (integrated team care approach – care coordination, Aboriginal outreach worker and supplementary services). • Applicant has an available, culturally aware, suitably qualified local workforce. 	30%
3. Clear evidence of appropriate risk assessment, management and mitigation strategies and processes specific to this project, including evidence of: <ul style="list-style-type: none"> • Clinical governance and safety, and • Approaches to support person centred care. 	20%
4. Evidence of the organisation's viability to deliver the proposed service, including: <ul style="list-style-type: none"> • Submission of a budget (with cost analysis) to deliver the service • Evidence of value for money in the organisation's proposed delivery of a quality 'Integrated Team Care' service to eligible Aboriginal and Torres Strait peoples with chronic disease/s. 	20%
Total:	100%

Figure 4: Detailed tender assessment criteria

<p>Criterion 1 Applicant has clearly outlined how Integrated Team Care services will be provided</p>
<p>1.1 What are the chronic conditions most prevalent in your community for Aboriginal and Torres Strait Islander peoples? Please describe/outline the information and/or data you have that shows this, including the geographic coverage of your program</p> <p>1.2 What are the issues that impact on people’s care, including their access to care, in your community? Please describe/outline the information and/or data you have showing how access to care affects people’s health outcomes</p> <p>1.3 Describe your proposed approach/program and explain.</p> <ul style="list-style-type: none"> • Who will be eligible for the program, and what criteria will be used to assess eligibility? • How will eligible people access the program? • What services will be delivered in this program? Please describe what will be provided via each element of the program – care coordination, outreach workers and supplementary services. • Where will services be provided? • If this proposal is a collaborative approach, please describe your role in the collaboration (for example, lead partner in a collaboration of organisations)? Please list others who will be involved in delivering this program, their role, and the extent of their involvement. • How will your organisation develop relationships and communicate with referring practitioners for clients during their care coordination service? <p>1.4 What outcomes will show that your approach is leading to improved health outcomes, for the people who have the most prevalent chronic conditions in your community? What will you measure to show this?</p> <p>1.5 What outcomes will show that your approach has improved people’s care, including access to care, cultural safety, social determinants of health etc? What will you measure to show this?</p> <p>1.6 It is important to ensure that there is optimal use and uptake of resources available to Aboriginal and Torres Strait Islander peoples. This includes an increased uptake of Aboriginal and Torres Strait Islander specific Medicare Benefits Schedule (MBS) items. How will your approach deliver improved awareness and uptake?</p> <p>1.7 What software will you use to record, store, and report your outcomes/measures in electronic format?</p> <p>1.8 (OPTIONAL QUESTION) Primary Health Tasmania will be commissioning for improved outcomes in mental health and alcohol and drug for Aboriginal and Torres Strait Islander peoples. How does the organisation see their role in contributing to these improved health outcomes for their client group?</p>
<p>Criterion 2 Appropriate service model profile for delivering integrated, comprehensive culturally appropriate care</p>
<p>2.1 Detail the workforce that will be utilised to deliver the activities described as part of the integrated care team model, including:</p> <ul style="list-style-type: none"> • How the existing workforce resources will be used as part of the service model • The new or additional workforce resources required, including how the workforce will be engaged (e.g. employed or consultant). • The competencies required for these roles and any associated credentialing process that will be implemented <p>2.2 What external organisations/individuals will you collaborate with to deliver these services? Please specify the organisations/individuals and how collaboration will occur. Please also outline any formal or informal arrangements between yourself and other organisations/individuals</p>

2.3 Cultural appropriate care – please answer either question 2.3.1 **or** 2.3.2.

- 2.3.1 For mainstream providers: Describe how you will you work towards cultural safety for Aboriginal and Torres Strait Islander peoples accessing your service.
- 2.3.2 For ACCHOs: Describe how you will work with mainstream service providers to work towards cultural safety within their services.

2.4 Describe the resources/training and development (capacity building) that will be undertaken for your workforce during the program. For mainstream providers please include specific reference to cultural safety and cultural awareness training.

Criterion 3 Clear evidence of appropriate risk assessment, management and mitigation strategies and processes specific to this project

3.1 Describe your clinical governance arrangements to ensure the service is safe, effective, and of high quality. Please also, describe and/or provide evidence of:

- Current policies and protocols for managing clinical accountability
- How you incorporate continuous improvement into your service delivery
- Adherence to legislation, standards and regulatory bodies relevant to the service delivered

3.2 How your organisation manages risk, including evidence of:

- How you identify, monitor, report and respond to incidents and risk
- Your workplace safety standards, systems and procedures.

3.3 What strategies or mechanisms will you have in place to:

- a) ensure people have access to relevant information related to this service
- b) invite and capture consumer input, views and feedback and
- c) incorporate/reflect the consumer's perspectives in your service model and service delivery?

Please also describe and/or provide evidence of your approach to:

- Complaints and feedback
- Consent and confidentiality

Criterion 4 Evidence of the organisation's viability to deliver the proposed service

4.1 What are your business goals and strategies, and how do they relate to the performance of your proposal?

4.2 Detail the type of services that your organisation currently provides. (Please include your business/company structure).

4.3 Provide a breakdown of all costs associated with your proposal to deliver the services: including hourly rates, travel, accommodation, materials, supplementary services pool, and any establishment one-off costs (please provide cost inclusive and exclusive of GST). Please use the attached budget template.

4.4 Outline your organisation's corporate governance and financial internal controls.

4.5 Please include proof of your organisation's financial sustainability (e.g. letter from accountant, audited financial report, summary statement.)

4.6 Provide details of current insurances including type, insurer, policy number, \$ cover and expiry date. (Preferably provide copy of certificates).

4.7 Please provide details for organisations that you nominate as a referee, please include a contact name, phone number and email address.

5.4 Example of applying the evaluation criteria

Criteria	Examples of information to consider including in responding to questions
<p>Criterion 1:</p> <p>Applicant has clearly outlined how Integrated Team Care services will be provided, including:</p> <p>An understanding of the Aboriginal and Torres Strait Islander peoples' priority health and care needs in your community</p> <ul style="list-style-type: none"> • Description of how services available to clients will be identified • How the right services for clients will be sourced • How access to services (transport, cost, support and advocacy) will be improved. <p>Weighting percentage = 30%</p>	<p>Patterns such as % of client group with particular chronic conditions observed through services currently or previously provided.</p> <p>The geographical area to be covered by the proposed service and an outline knowledge of the local population, such as.</p> <ul style="list-style-type: none"> ○ xxx conditions are identified as being experienced by xxx% of the community: (e.g. diabetes and associated eye health, mental health, cancer, cardio vascular disease, chronic respiratory disease and chronic kidney disease). ○ Social determinants of health priorities for the area include: xxx (e.g. high unemployment, access to housing, education, social isolation). ○ These priorities have been identified through xxx (e.g. surveys, access to data, communication with and referrals from xxx services). <p>The service has routine links with xxx local services and xxx specialist services.</p> <p>Clients eligible for the program will be identified through xxx strategies, for example:</p> <ul style="list-style-type: none"> ○ Potential clients enrolled for chronic disease management and referred through their primary health provider. ○ Those that have complex care needs and multiple co-morbidities. ○ Clients known to have had repeated and/or otherwise avoidable hospital admissions. <p>The services delivered through the program will include (one or more of) the following elements:</p> <ul style="list-style-type: none"> ○ Care coordination ○ Outreach worker ○ Use of supplementary service funds, with priorities for use including xxx <p>The care coordination service will focus on xxx activities and will deliver the service xxx (e.g. face-to-face and via phone).</p> <p>Care Coordinators will access Supplementary Services as part of service delivery. Based on information gathered through xxx (e.g. current experience in delivering this service, feedback from local health providers) likely priorities for these funds will be xxx</p> <p>The outreach workers service will focus on xxx activities.</p> <p>The staff will use xxx standard tools and documentation for assessment, care planning and service delivery.</p> <p>Care coordination and outreach worker services will ensure a collaborative approach through (examples may include):</p> <ul style="list-style-type: none"> ○ Care coordinators and outreach workers will work together by xxx (e.g. meeting weekly to discuss shared clients, using a shared record for recording relevant client information, etc) ○ The ITC staff will work with other service providers within the organisation by xxx

Criteria	Examples of information to consider including in responding to questions
Criterion 1 cont'd	<ul style="list-style-type: none"> ○ Care coordinators will ensure strong links with other services within the organisation occur through xxx (e.g. referral pathways). ○ The service will work closely with xx general practices in the area covered by service delivery. These will be achieved through activities including but not limited to: xxx (e.g. formal referral process and electronic messaging, joint case review meetings) ○ The service will work closely with allied health providers and specialists involved in the person's care through xxx <p>Outcomes for the program will be demonstrated through xxx (Examples of measures might include):</p> <ul style="list-style-type: none"> ○ Changes in self-management self-reported knowledge and behaviours in managing the health condition/s ○ Changes in client health risk factor behaviours such as reduced smoking rates, or increased levels of physical activity ○ Changes in clinical measure (for example such as HbA1C for people with diabetes) ○ Changes in the number of hospital presentations and/or length of stay in hospital ○ Decrease in the proportion of clients reporting fair or poor health status ○ Increased proportion of clients with a care plan that is shared and has input from multiple health service providers. ○ Changes in client reported outcomes for their experience of access to services. ○ Examples of delivering holistic care such as assisting in addressing social determinants of care e.g. community housing <p>Baseline measures will be completed within the first xxx weeks of service delivery and will be repeated every xxx months.</p> <p>The service will collaborate with ACCHOs, Primary Health Tasmania and other primary health care providers to understand and promote resources and services available to community members.</p> <p>Care coordinators and outreach workers will support, educate and disseminate resources in relation to the benefits of for xxx programs e.g. 715 Aboriginal Health Checks.</p> <p>The service will implement/use xxx clinical information system (e.g. Communicare/Medical Director and spreadsheets for e.g. of Supplementary Service use) and staff will be trained within xxx weeks of program commencement.</p> <p>The service will encourage clients to sign up to MyHealth Record.</p> <p>(RESPONSE TO OPTIONAL QUESTION)</p> <p>The service has potential to focused on addressing mental health and alcohol and drug health issues. (examples might include):</p> <ul style="list-style-type: none"> ○ The service currently delivers xxx services/programs which focus on addressing xxx needs. ○ The service has service provider links with xxx services and refers clients to the services and/ or has shared care arrangements ○ The service has referral pathways established for xxx services ○ The service currently has skilled staff or would skill existing staff in: screening, brief intervention, treatment for xxx health issues <p>The service has the capacity to develop new service models focused on xxx issues, which would take the form of xxx.</p>

Criteria	Examples of information to consider including in responding to questions
<p>Criterion 2:</p> <p>Appropriate service model profile for delivering integrated, comprehensive culturally appropriate care. This includes</p> <ul style="list-style-type: none"> • Applicant's suitable experience and capacity to deliver proposed services (integrated team care approach – care coordination, Aboriginal outreach worker and supplementary services). • Applicant has an available, culturally aware, suitably qualified local workforce. <p>Weighting percentage = 30%</p>	<p>The workforce required for this service, and the main service delivery site for these positions will be:</p> <ul style="list-style-type: none"> • xxx fte care coordinator (Hobart) • xxx fte outreach worker (Hobart) <p>These positions will be supported by existing service resources funded from other programs, including (for example):</p> <ul style="list-style-type: none"> • Xx fte care coordinator (Hobart) • Xx fte outreach worker (Hobart) • Xx fte reception/administrative staff (Hobart) <p>The intention is to fill these positions through xxx (e.g. offering extensions to current contracts, blending this role with a similar xxx role, employing new staff)</p> <p>In line with the ITC program implementation guidelines, care coordinators will be required to have the following qualifications, skills and attributes (for example):</p> <p>Care coordinator:</p> <ul style="list-style-type: none"> • Registered nurse, Occupational Therapist • Current working with vulnerable persons check • Strong communication skills and experience working in multi-disciplinary teams • Motivational interviewing skills <p>Outreach worker</p> <ul style="list-style-type: none"> • Aboriginal health worker, community worker • Current working with vulnerable persons check • Good interpersonal skills and experience in developing good service provider networks <p>The process we will undertake to ensure staff have the appropriate qualifications and credentials will be xxx.</p> <ul style="list-style-type: none"> • This application is a collaboration between xxx and xxx. xxx will take leadership for the service agreement accountabilities and employing the staff. Xxx organisation will contribute through providing access to the allied health service as part of a multi-disciplinary team approach to care • A collaboration has been established with xxx transport provider in xxx region to assist with transport of clients for clients requiring access to specialist care outside the local region in order to maximise use of transport resources. <p>The service will work with Primary Health Tasmania to review and develop a cultural safety training module for mainstream service providers who work within our service and with local providers to support the delivery of culturally appropriate care.</p> <p>(or)</p> <p>The organisation will ensure all employees attend cultural awareness training and we will include xxx initiatives within our quality improvement program to support progress towards being a culturally safe organisation. We will develop relationships with xxx ACCHOs and xxx Communities through xxx actions.</p> <p>Workforce will have access to a training and development program prioritising xxx areas of development in line with their roles.</p>

Criteria	Examples of information to consider including in responding to questions
<p>Criterion 3:</p> <p>Clear evidence of appropriate risk assessment, management and mitigation strategies and processes specific to this project, including evidence of:</p> <ul style="list-style-type: none"> • Clinical governance and safety, and • Approaches to support person centred care <p>Weighting percentage = 20%</p>	<p>The organisation adheres to xxx legislative and regulatory requirements and has the current policies and protocols relating to managing clinical accountability. Examples of these include:</p> <ul style="list-style-type: none"> • xxx <p>The process used by the organisation for reviewing, updating and checking compliance with policies/protocols is xxx.</p> <p>The organisation has/will develop a continuous quality improvement program in place. This program follows the xxx standards. The quality improvement program is implemented in the organisation through (for example): an organisational quality improvement plan, including quality improvement as a standard agenda item on staff meetings.</p> <p>The organisation has the xxx process in place to identify, monitor and respond to incidents and risks.</p> <p>Risks identified for this program include (for example):</p> <ul style="list-style-type: none"> • Overlapping of services with other ITC providers • xxx <p>Mitigating risks:</p> <ul style="list-style-type: none"> • Open communication with all ITC service providers • xxx <p>The organisation has policies and protocols for ensuring a safe workplace. Examples of these include:</p> <ul style="list-style-type: none"> • xxx <p>The process used by the organisation for reviewing, updating and checking compliance with policies/protocols is xxx.</p> <p>Clients are informed and have input into service planning in the following ways (for example)</p> <ul style="list-style-type: none"> • All relevant information for this service is supplied to new clients in an 'introduction information pack'. Information contained in the packs will be reviewed to ensure they align with principles for improving health literacy. • The service has/will develop a feedback form that will be included in 'introduction information pack' and each client will be invited to give their feedback on the service and program. This will include the option to give compliments, suggestions and complaints. • Clients are involved in care planning and review meetings with service providers so they can have direct input into their care • Consent and confidentiality form will also be available/developed. <p>New clients will be asked to give written consent upon entry into the program.</p>

Criteria	Examples of information to consider including in responding to questions
<p>Criterion 4:</p> <p>Evidence of the organisation's viability to deliver the proposed service, including:</p> <ul style="list-style-type: none"> • Submission of a budget (with cost analysis) to deliver the service • Evidence of value for money in the organisation's proposed delivery of a quality 'Integrated Team Care' service to eligible Aboriginal and Torres Strait peoples with chronic disease/s. <p>Weighting percentage = 20%</p>	<p>The organisation has been operating for xxx years and has a strategic plan outlining the vision and priority areas for focus including xxx</p> <p>A copy of the organisational structure is attached at xxx.</p> <p>The organisation delivers the following services. These include:</p> <ul style="list-style-type: none"> • xxx <p>The organisation has the following procedures in place to ensure the organisation's finances are managed appropriately (e.g. management of fraud or material mis-statement of financial reports)</p> <ul style="list-style-type: none"> • xxx

5.5 Assessment Process

Primary Health Tasmania will form a tender assessment panel, which will include internal representatives, along with independent external expertise and an independent probity advisor. The panel will be guided by a number of fundamental principles in undertaking this role. These are:

- Independence
- Expertise, knowledge and experience
- Ethics
- Conflict of interest
- Confidentiality and security of information.

Primary Health Tasmania will assess tenders based on the 4 criteria using a weighted evaluation methodology (shown as percentages in figure 3).

5.6 Out of Scope

Program funds cannot be used for the following:

- Capital works
- To fully fund transport services, however, some reasonable allocation of funds for equitable access to activities associated with the service model may be considered
- Services that duplicate or replace existing services provided by other organisations, including state and territory government services
- Interstate travel/costs not associated with the funded service, any overseas travel or related expenses
- Legal costs or compensation associated with employment related disputes or actions
- For delivery of dental services
- To provide clinical services (other than those provided through care coordination)
- To purchase assets.

5.7 Contract term

The contract term is from 1 January 2017 – 30 June 2018. Successful providers will be expected to work closely with Primary Health Tasmania between being notified as a successful tender and 1 January 2017 to ensure preparedness for commencement of services from 1 January 2017.

5.8 Preparing and submitting your tender

- All tender applications must be submitted via Primary Health Tasmania's Tenderlink portal <https://www.tenderlink.com/primaryhealthtas/> .
 - Respondents are encouraged to seek clarification on issues relating to the tender. All questions on clarifications received from applicants during the open process must be submitted in writing using the online forum within Tenderlink.
 - When a question is received, the Primary Health Tasmania procurement advisor receives all alerts around questions and will liaise with the project support officer/project manager to obtain the necessary response accordingly. Responses will be made available on the Tenderlink online forum.
 - Further information on the general terms and conditions can be found at Tenderlink.
-

5.9 Resources available from Primary Health Tasmania

A range of resources are available on the Primary Health website to assist with the planning and development of tender applications and services for commissioning. These can be found at: <http://www.primaryhealthtas.com.au/commissioning/aboriginal-health-services-commissioning-resources>

5.10 Key dates for Aboriginal and Torres Strait Islander Commissioning

Activity	Date
Tender invitation and assessment milestones	
Tenders open via Tenderlink by midday	Tuesday 18 October
Newspaper advertisements (3 Tasmanian newspapers)	Wednesday 19 October
Tender applications close at 2pm	Tuesday 15 November
Tender evaluation, shortlisting and selection	Wednesday 16 November – Monday 12 December
Contract negotiations and executions (including submission of detailed project plan and finalisation of specific outcome measures monitoring and reporting)	Monday 12 December – Friday 16 December
Commissioned activity commences	Tuesday 3 January 2017
Contract completion	30 June 2018



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