

Northern Territory PHN – After Hours Primary Health Care

ACTIVITY WORK PLAN

phn NORTHERN TERRITORY
An Australian Government Initiative

RURAL Workforce AGENCY NT

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After Hours-Homelessness Access Program

1. Aim of Activity

The Northern Territory (NT) experiences 12 times the national average rate of homelessness. Aboriginal and Torres Strait Islander people are considerably overrepresented in this population, making up 87% of the homeless population. The program aims to enhance access to primary healthcare for individuals experiencing homelessness or at risk of homelessness. It seeks to achieve this by improving the efficiency and effectiveness of primary healthcare services tailored to this population and having a particular focus on being culturally responsive. Additionally, the program aims to enhance planning, coordination, integration and support for these services, ensuring better outcomes for individuals whilst homeless or at risk of homelessness.

2. Description of Activity

The commissioned services within the Homelessness Access Program (HAP) encompass culturally defined homelessness and aligns with the Australian Bureau of Statistics (ABS) definitions of homelessness. Activities utilise innovative, culturally led and a multi-disciplinary team approaches to assess and stabilise the immediate primary healthcare needs of transient and displaced (homeless) clients. As in the case of the Katherine Individual Support Program (KISP), this may include multidisciplinary shared care, case management and outreach services to vulnerable individuals who are homeless or at risk of homelessness within the Katherine community, noting the intersection with social determinants and allowing access to legal services that support individuals to address legal challenges that significantly impact short and long term health outcomes, will be available. Specifically, these supports may include:

- Culturally safe and appropriate legal advice and support within the primary healthcare setting, with optional support and participation of key members of the regular shared care team (for example, Aboriginal Health Practitioners).
- Support to address health-harming legal challenges. For example, domestic violence interventions, access to housing and diversion from the justice system into mental health and alcohol and other drug (AOD) treatment programs.

In the hostels primary care pilot, activities utilise a partnership model with NT Health to provide an innovative model of care with Nurse Practitioners and an Aboriginal Liaison Officer providing in-reach primary care to complex and vulnerable patients in temporary accommodation.

In the Darwin pilot, acknowledging the large Aboriginal and Torres Strait Islander population living rough, HAP supports Aboriginal Community Controlled Health Organisations (ACCHO)-led care to deliver comprehensive primary care.

3. Needs Assessment Priorities

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support after hours services.	60
Population Health - Equitable access to health care and social services, especially for those living in rural and remote areas.	52
Population Health - Provide access to health prevention, promotion, early intervention and navigation supports for at-risk populations.	56
AOD - Holistic, integrated and Aboriginal and Torres Strait Islander led responses to alcohol and other drug use in line with the Social Emotional Wellbeing (SEWB) model of service delivery.	41
Population Health - Contribute to and support opportunities to increase transparency, cross-sector networking and partnership opportunities for family, domestic and sexual violence.	28
Population Health - Address the impact of social and cultural determinants and system issues that affect health, including housing, food security, education, employment, historical and cultural factors.	18

4. Demographics

This activity is for Territorians at risk of or experiencing homelessness and in need of primary care in the following areas:

- Darwin city and suburbs
- Palmerston
- Katherine.

It will be delivered through a local ACCHO or, where this is not possible, will employ Aboriginal staff to lead a culturally responsive approach.

5. Consultation and Collaboration

Consultation

Comprehensive consultation and engagement was conducted with the Darwin-based ACCHO Danila Dilba Health Service and St John's supporting the Darwin based activity.

In the Big Rivers Region, the 'KISP consortium' enables consultation and collaboration across all involved stakeholders and community.

Consultation was also undertaken with NT Health, Danila Dilba Health Service and organisations running hostels.

Collaboration

- Danila Dilba Health Service
- Wurli Wurlinjang Health Service
- NT Health
- Menzies School of Health Research – data collection & evaluation partner (KISP)
- Governance Group: NT Health, Larrakia Nation, Aboriginal Medical Service Alliance NT (AMSANT), Northern Territory PHN and other key service providers
- Members of the 'KISP consortium'.

6. Commissioning

Each activity included consultation from the onset of the program, bringing together all key stakeholders to ensure there was an opportunity to discuss and plan the service with all relevant voices at the table.

7. Milestones

- Implementation of an evaluation and participatory action research project will be completed by 30 June 2025
- Darwin pilot with Danila Dilba Health Service – approx. Sept 2024
- Hostel primary health care pilot with NT Health – Feb 2025.

Multicultural Access Program

1. Aim of Activity

The program aims to:

- Increase access to primary healthcare for multicultural communities in the NT through the implementation of a model of support and by identifying and addressing systemic barriers currently faced by multicultural communities
- Increase the efficiency, effectiveness and navigability of primary healthcare services for multicultural communities
- Increase confidence of primary healthcare service providers in providing effective, comprehensive, appropriate, timely and sustainable primary healthcare to multicultural communities.

2. Description of Activity

Northern Territory PHN will commission the Multicultural Access Program. This program supports primary healthcare access for people in the NT from culturally and linguistically diverse backgrounds and refugees. The program will do this by:

- Identifying and supporting services for people from culturally and linguistically diverse, or refugee, backgrounds where it is demonstrated that there are challenges and barriers to accessing and navigating primary healthcare services
- Promoting coordination between services at a local level and supporting local service providers to build capacity in having the skills and systems to provide effective care
- Partnering with stakeholders to identify and address systemic barriers faced by multicultural communities in accessing primary healthcare.

Northern Territory PHN will consult with local providers to commission culturally appropriate providers to support members of the Culturally and Linguistically Diverse (CALD) community to access primary healthcare and social support services.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Provide access to health prevention, promotion, early intervention and navigation supports for at-risk populations.	56
Population Health - Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations.	51

4. Demographics

This activity is for Territorians from culturally and linguistically diverse backgrounds, refugees and primary care givers servicing these communities in the following areas:

- Darwin city and suburbs
- Palmerston.

5. Consultation and Collaboration

Consultation

Northern Territory PHN commissioned an assessment of health needs for multicultural communities in the NT. Consultation and engagement with local providers and community was undertaken to inform commissioning decision making.

Collaboration

- Melaleuca Australia – lead agency
- Members of the CALD community.

After-hours in Regional Hubs

1. Aim of Activity

This activity aims to:

- Maintain continuity of after-hours services in regional centres of the NT
- Identify and commission new services and/or expand existing services to increase the availability and accessibility of after-hours primary healthcare.

2. Description of Activity

This activity involves commissioning primary healthcare after-hours services in regional locations across the NT.

Northern Territory PHN will continue to support and work with existing providers to commission after-hours services that address need in regional communities. Activities include mobile after-hours services in the Greater Darwin and Katherine regions, delivered by local ACCHS. Additional commissioning decisions will be informed by the results highlighted in the Northern Territory PHN After Hours Needs Assessment.

Northern Territory PHN will explore opportunities for joint planning for social and unsociable after-hours services with NT Health in a regional approach to co-design, co-development and co-commissioning. This ensures a strategic approach and the opportunity to review service delivery and identify areas for quality improvement in collaboration with providers.

Priority areas identified in the Northern Territory PHN After Hours Needs Assessment include:

- Increasing after-hours access to primary healthcare services in urban, rural and remote areas
- Increasing after-hours access to Aboriginal health workforce
- Increasing after-hours support for front-line health professionals, including nursing and allied health practitioners
- Increasing after-hours support for residential aged care facilities
- Increasing after-hours access to pharmacy services.

Localised after-hours activities will be identified in collaboration with appropriate stakeholders throughout the commissioning process. Key stakeholders include, but are not limited to, Aboriginal community members, ACCHOs, Northern Territory PHN commissioned providers including mainstream community health services, general practices, local hospital networks, pharmacies, allied health providers, NGOs and NT Health.

Service usage and demographic data will continue to be reported quarterly to Northern Territory PHN. The intended outcome for this program is the continued provision of appropriate primary care in the after-hours period for people living in NT regional centres.

Workforce access, capacity and capability are critical areas of need to support the delivery of commissioned programs by Northern Territory PHN. Where required, this activity could include workforce development initiatives to improve access, quality and sustainability of services to the communities in the NT.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support after hours services.	60
Population Health - Equitable access to health care and social services, especially for those living in rural and remote areas.	52
Population Health - Provide access to health prevention, promotion, early intervention and navigation supports for at-risk populations.	56

4. Demographics

All Territorians who experience barriers to accessing urgent primary healthcare in the after-hours period.

5. Consultation

Consultation

These services are ongoing. After hours services are planned with awareness of services delivered by local ACCHO's, Urgent Care Centres and Local Hospital Networks.

Digital and Telehealth After-hours project in remote communities

1. Aim of Activity

This activity aims to:

- Maintain service continuity for existing commissioned after-hours services in remote communities
- Maintain existing and identify new professional development and training opportunities for remote health workers to support after-hours access to primary healthcare
- Commission new services and expand existing services to increase the availability and accessibility of after-hours primary healthcare services in remote communities.

2. Description of Activity

This activity involves commissioning ACCHS to deliver culturally appropriate after-hours services in remote Aboriginal communities across the NT.

Northern Territory PHN will address the need for primary care in remote Aboriginal communities through commissioning new and/or expanding existing after-hours services that are fit for purpose, complementary to current service provision and culturally appropriate. Commissioning decisions will be informed by the needs and priorities highlighted in the Northern Territory PHN After Hours Needs Assessment and through community and sector engagement.

This activity is informed by extensive collaboration with key health partners including ACCHS and NT Health. Third party organisations such as Health Direct have also been included in the consultation process.

The project steering committee has determined the greatest need for after-hours services in remote Aboriginal communities to be culturally appropriate digital or Telehealth services that are complementary to existing onsite after-hours services. Northern Territory PHN will continue to commission lead agencies in 3 to 5 regions to pilot a remote after-hours Telehealth service model that supports existing on the ground services that meet the unique needs of that region. These lead agencies will develop a service delivery model that includes utilising remote/ interstate Telehealth services to provide comprehensive phone triage. The remote triage service aims to relieve onsite staff from on call duties which will reduce fatigue and improve the ability

for services to conduct business the following day with a full complement of staff. Community members will be able to access the after-hours phone triage service and receive the appropriate advice and follow up from a practitioner who has had remote NT experience and has experience working with Aboriginal people. An evaluation of the pilots will be completed in collaboration with each lead agency. A successful pilot would showcase best practice and identify opportunities to scale the service model and in doing so address the workforce shortage currently experienced in the health system across not only rural and remote NT but nation-wide.

Workforce access, capacity and capability are critical areas of need to support the delivery of commissioned programs by Northern Territory PHN. Where required, this activity may include workforce development initiatives that improve access, quality and sustainability of services to communities in the NT. The expected outcome is implementation of effective telehealth triage service models that meets the unique needs of each remote area by the end of the funding period. Evaluation and associated reporting data will be co-designed as part of the contract development process. Evaluation reporting will be the final milestone for 2025-26 financial year.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support after hours services.	60
Population Health - Provide access to health prevention, promotion, early intervention and navigation supports for at-risk populations.	56
Population Health - Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations.	51

4. Demographics

This activity applies to remote Aboriginal communities in the following areas:

- East Arnhem
- Katherine
- Alice Springs
- Barkly.

5. Consultation and Collaboration

Continued consultation and collaboration with ACCHS, NT Health and communities.