



Activity Work Plan 2019-2022:

Core Funding

GP Support Funding

This Core Activity Work Plan template has the following parts:

- 1. The Core Activity Work Plan for the financial years 2019-20, 2020-2021 and 2021-2022. Please complete the table of planned activities funded under the following:
 - a) Primary Health Networks Core Funding, Item B.3 Primary Health Networks Operational and Flexible
 - b) Primary Health Networks General Practice Support, Item B.3 General Practice Support.
- 2. The Indicative Budget for the financial years 2019-20, 2020-21 and 2021-22. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
 - c) Primary Health Networks Core Funding, Item B.3 Primary Health Networks Operational and Flexible
 - d) Primary Health Networks General Practice Support, Item B.3 General Practice Support.

Brisbane North PHN

When submitting this Activity Work Plan to the Department of Health, the PHN must ensure that all internal clearances have been obtained and the Activity Work Plan has been endorsed by the CEO.

Overview

This Core Activity Work Plan covers the period from 1 July 2019 to 30 June 2022. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 36 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

Important documents to guide planning

The following documents will assist in the preparation of your Activity Work Plan:

- Activity Work Plan guidance material;
- PHN Needs Assessment Guide;
- PHN Program Performance and Quality Framework;
- Primary Health Networks Grant Programme Guidelines;
- Clause 3, Financial Provisions of the Standard Funding Agreement.

Formatting requirements

- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables, or insert tables/charts within tables use attachments if necessary.
- Delete all instructions prior to submission.

1. (a) Planned PHN activities for 2019-20, 2020-21 and 2021-22

- Core Flexible Funding Stream

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2022.

| Proposed Activities activity | s - copy and complete the table as many times as necessary to report on each |
|---|---|
| ACTIVITY TITLE | CF 1.1 Flourish Education – Therapeutic interventions for children that have been affected by trauma taking place in a schooling environment. |
| Existing, Modified, or New Activity | Existing Activity (CF 1.1 from 2018-19 AWP). |
| Program Key Priority Area | Population Health |
| Needs Assessment Priority | This activity addresses the needs assessment priority GP3- Improved access to health and community care in Moreton Bay North (page 28). This activity is aligned to the option of commissioning outreach healthcare to vulnerable children in the needs assessment (page 35). |
| Aim of Activity | Data indicates that that a higher proportion of children in the Moreton Bay North sub region are developmentally vulnerable compared to regional averages. Schools in this region have partnered with the service provider and the PHN to provide in-reach allied health services. |
| , | The activity aims to improve health outcomes through access to allied health services, for children struggling to manage their social and emotional behaviour or have experienced trauma. |
| Description of | The PHN will continue its partnership with Act for Kids to improve access for children to allied health services in high needs areas. Act for Kids will provide on-site allied health services at schools in the Moreton Bay North sub region. |
| Activity | The activity will embed therapists into each participating school to counsel identified students and provide professional development and support for school staff. |
| Target population cohort | This activity is targeted to developmentally vulnerable children in the Moreton Bay North sub region that have experienced trauma. |
| Indigenous specific | No |
| Coverage | This activity will occur in the Moreton Bay North statistical area level 4. |
| Consultation | The PHN has continued to engage with key stakeholders across the community and acute healthcare sectors in the PHN region. This includes health professionals, community representatives and consumers. Outcomes of previous co-design workshops informed the development of this activity. The activity has been further developed through PHN consultation with the following stakeholders: |
| | Queensland Department of Education and Training |

| | Queensland Department of Communities, Child Safety and Disability |
|---|---|
| | Dakabin State High School |
| | Caboolture State School |
| | Morayfield State School |
| | Act for Kids |
| | State member for Morayfield, the Hon Mark Ryan MP. |
| | The PHN will continue to commission Act for Kids to deliver this activity. The PHN will also collaborate with the following stakeholders in the continued delivery and development of the activity: |
| Collaboration | Queensland Department of Education and Training |
| Collaboration | Dakabin State High School |
| | Caboolture State School |
| | Morayfield State School. |
| | Activity start date: 1/07/2019 |
| | Activity end date: 30/06/2022 |
| Activity milestone details/ Duration | This is an existing activity and services are already in place and will continue. |
| | Service delivery start date: Service delivery end date: |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: □ Not yet known ☑ Continuing service provider / contract extension □ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. □ Open tender □ Expression of Interest (EOI) □ Other approach (please provide details) 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No |
| Decommissioning | No |

| Proposed Activities activity | s - copy and complete the table as many times as necessary to report on each |
|---|---|
| ACTIVITY TITLE | CF 1.2 Working with Schools – Therapeutic services for children displaying problematic sexual behaviour and Professional Development for school staff |
| Existing, Modified, or New Activity | Existing Activity (CF 1.2 from 2018-2019 AWP) |
| Program Key Priority Area | Population Health |
| Needs Assessment | This activity addresses the needs assessment priority GP3- Improved access to health and community care in Moreton Bay North (page 28) |
| Priority | This activity is aligned to the option of commissioning outreach healthcare to vulnerable children in the needs assessment (page 32) |
| Aim of Activity | The Moreton Bay North sub region has significantly higher levels of socioeconomic disadvantage, limited access to health services and poorer health outcomes when compared to the PHN region. Children and young people residing in the Moreton Bay North sub region are particularly vulnerable to poorer health outcomes, with higher levels of developmental vulnerability and poorer health status. |
| | The aim of this activity is to improve the health and social wellbeing of children and families in the Moreton Bay North sub region, in accordance with the PHN's vision of a community where good health is available for everyone. |
| Description of | The PHN will commission Act for Kids to deliver trauma-informed outreach health services to vulnerable children that display problematic sexual behaviour and children with complex social and emotional regulation challenges. As well as provide professional development on the topic to school communities. |
| Activity | These activities focus on the provision of in-reach primary healthcare to children aged 5-12 from lower socioeconomic and disadvantaged backgrounds. By engaging carers, parents and associated family support services, schools will be able to identify young people in need, provide services and link them into the wider health system as required. |
| Target population cohort | This activity is targeted to developmentally vulnerable children that have experienced trauma and children that display problematic sexualised behaviours in the Moreton Bay North sub region. |
| Indigenous specific | No |
| Coverage | This activity will occur in the Moreton Bay North statistical area level 4. |
| Consultation | The PHN worked closely with the Queensland Department of Education and Queensland Department of Communities to develop these activities in line with recommendations from the Moreton State of the Children report and first 1000 days project. |
| | The PHN has continued to engage with a range of key stakeholders across the community and acute healthcare sectors in the PHN region including health professionals, community representatives and consumers. This activity has |

| | has forther developed through 50 M and 10 M at 10 M |
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| | been further developed through PHN consultation with the following stakeholders: |
| | schools within the Moreton Bay North sub region |
| | True relationships and reproductive health |
| | Queensland Department of Education and Training |
| | Laurel House |
| | Department Child Safety and Young Women |
| | Child Aware |
| | Daniel Morbombe Foundation |
| | The PHN will collaborate with the following stakeholders in the implementation of this activity: |
| | schools within the Moreton Bay North sub region |
| Collaboration | Queensland Department of Education and Training |
| | Act for Kids |
| | • consumers |
| | Activity start date: 1/07/2019 |
| | Activity end date: 30/06/2022 |
| Activity milestone details/ Duration | This is an existing activity and services are already in place and will continue. |
| | Service delivery start date: |
| | Service delivery end date: 1. Please identify your intended procurement approach for commissioning |
| | services under this activity: |
| | □ Not yet known ⊠ Continuing service provider / contract extension |
| | ☐ Direct engagement. If selecting this option, provide justification for |
| | direct engagement, and if applicable, the length of time the commissioned |
| | provider has provided this service, and their performance to date. |
| | ☐ Open tender |
| Commissioning | ☐ Expression of Interest (EOI)☐ Other approach (please provide details) |
| method and | Other approach (please provide details) |
| approach to market | 2a. Is this activity being co-designed? Yes |
| | 2b. Is this activity this result of a previous co-design process? Yes |
| | 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No |
| | 3b. Has this activity previously been co-commissioned or joint-commissioned? No |

| Decommissioning | No |
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| Proposed Activities activity | s - copy and complete the table as many times as necessary to report on each |
|---|--|
| ACTIVITY TITLE | CF 2.1 Refugee health |
| Existing, Modified, or New Activity | Existing Activity (CF 2.2 from 2018-2019 AWP) |
| Program Key Priority Area | Population Health |
| Needs Assessment Priority | This activity addresses the needs assessment priority GP4- Better support for people with chronic and complex conditions across the care continuum (page 28) This activity is aligned to the option of working in partnership to improve access to primary healthcare for refugee populations (page 32) |
| Aim of Activity | The PHN's health needs assessment identified that people from culturally and linguistically diverse backgrounds, including refugees, often face many barriers in accessing primary healthcare, including service navigation and health literacy. These barriers may result in poorer health outcomes and put them at a greater risk of mismanaging their medication and condition. |
| | This activity aims to benefit people from refugee backgrounds and the healthcare system by commissioning services that provide better coordination of care for refugees particularly in a primary care setting to avoid unnecessary hospital presentations among refugee cohorts. |
| | The PHN will continue to collaborate with the Greater Brisbane Refugee Partnership Advisory Committee to improve access to primary care for refugees. |
| Description of Activity | The PHN will work with a number of stakeholders to identify general practices within the PHN region that have an interest in providing healthcare services to people from refugee backgrounds. Staff in identified practices will be upskilled to enable them to provide care to people from a refugee background. Identified general practices also will be given ongoing support and training. |
| | This activity will further develop the capacity of general practices in the region to provide care for people from a refugee background. |
| Target population cohort | This activity is targeted to culturally and linguistically diverse population groups, particularly refugees. |
| Indigenous specific | No |
| Coverage | This activity will cover the whole PHN region. |
| Consultation | The PHN continues to consult with the Greater Brisbane Refugee Partnership Advisory Committee and ongoing development of this activity continues with the following stakeholders: |
| Constitution | general practices in the PHN region |
| | Mater Health Services |

| | Brisbane South PHN. |
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| | The following stakeholders are involved in implementation of the activity: |
| | Mater Health Services |
| | Brisbane South PHN |
| | general practices in the PHN region. |
| Collaboration | The PHN and Mater Health Services jointly meet with and recruit general practices to participate in the refugee health program. Brisbane South PHN implements the activity outside the PHN region. All stakeholders provide developmental input into the activity. |
| | Activities will include joint planning, service development and commissioning of services, coordination of care for refugees, providing support for training and resources for primary care providers and participating in data collection and analysis. |
| | Activity start date: 1/07/2019 |
| | Activity end date: 30/06/2022 |
| Activity milestone | This is an existing activity and services are already in place and will continue. |
| details/ Duration | Service delivery start date Service delivery end date: |
| | Please identify your intended procurement approach for commissioning |
| Commissioning | services under this activity: ☐ Not yet known ☐ Continuing service provider / contract extension ☐ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. ☐ Open tender ☐ Expression of Interest (EOI) ☐ Other approach (please provide details) |
| method and approach to market | 2a. Is this activity being co-designed? No |
| | 2b. Is this activity this result of a previous co-design process? Yes |
| | 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No |
| | 3b. Has this activity previously been co-commissioned or joint-commissioned? No |
| | No |
| Decommissioning | No |

| Proposed Activities activity | s - copy and complete the table as many times as necessary to report on each |
|---|--|
| ACTIVITY TITLE | CF 2.2 Pathways Program |
| Existing, Modified, or New Activity | Existing Activity (CF 2.3 from 2018-2019 AWP) |
| Program Key Priority Area | Population Health |
| Needs Assessment Priority | This activity addresses the needs assessment priority GP4- Better support for people with chronic and complex conditions across the care continuum (page 28) |
| | The aim of this activity is to ensure patients receive the right care in the right place at the right time by ensuring clinicians have access to up-to-date and localised information on health referral pathways. |
| Aim of Activity | This activity aims to improve patient outcomes through better coordinated and integrated patient care, assisting general practitioners by providing easy access to decision software and referral information. This activity will enable general practitioners to practice at the top of their professional scope and support the implementation of state-wide referral guidelines. |
| Description of Activity | The aim of the activity will be achieved by the creation of patient care maps for a range of priority clinical areas and services. The PHN will continue to work with health practitioners to create, maintain and update patient care maps that are easily accessible. This activity focuses on the Streamliners costs of the Pathways program and involves the technical development and delivery of the Pathways program in the PHN region. |
| | The Pathways program provides ready access to evidence-based decision support and referral information that allow health practitioners to better manage patients with a range of presenting conditions. |
| Target population cohort | This activity is targeted to general practice patients within the PHN region, particularly those with chronic diseases |
| Indigenous specific | No |
| Coverage | This activity will cover the whole PHN region. |
| | The PHN continues to consult on ongoing development of the Pathways program with the following stakeholders: |
| | general practitioners in the PHN region |
| | allied health practitioners in the PHN region |
| Consultation | specialists in the PHN region |
| | Metro North Hospital and Health Service. |
| | The Pathways program will continue to work with the Metro North Hospital and Health Service and primary healthcare providers to prioritise pathways that will have the highest impact on preventable hospital admissions. |

| Collaboration | The PHN will continue to roll the Pathways program and accompanying services out to general practitioners and other users. The health referral pathways will be jointly developed by the PHN and the Metro North Hospital and Health Service. |
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| Activity milestone details/ Duration | Activity start date: 1/07/2019 Activity end date: 30/06/2022 This is an existing activity and services are already in place and will continue. Service delivery start date: Service delivery end date: |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: □ Not yet known □ Continuing service provider / contract extension □ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. □ Open tender □ Expression of Interest (EOI) □ Other approach (please provide details) 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No |
| Decommissioning | No |

| Proposed Activities activity | s - copy and complete the table as many times as necessary to report on each |
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| ACTIVITY TITLE | CF 2.3 Working in partnership to increase immunisation rates |
| Existing, Modified, or New Activity | Modified Activity (CF 2.4 from 2018-2019 AWP) |
| Program Key Priority Area | Population Health |
| Needs Assessment | This activity addresses the needs assessment priority GP4- Better support for people with chronic and complex conditions across the care continuum (page 28) |
| Priority | This activity is aligned to the option of working in partnership to increase immunisation rates across the PHN region in the needs assessment (page 33). |
| | Immunisation programs help protect the community against the spread of potentially serious illness and disease. However, their success depends on maintaining high immunisation rates within the population. |
| Aim of Activity | The aim of this activity is to increase immunisation rates in the PHN region through targeted public education campaigns and support for general practice. The campaign aims to increase childhood immunisation rates and rates among Aboriginal and Torres Strait Islander people. In addition, this activity will also aim to increase the uptake of adult immunisations among people aged 65 years and over residing in the PHN region. |
| | The PHN will run a health promotion campaign targeted at areas within the PHN region that have lower than average immunisation rates. |
| Description of Activity | The PHN will also continue to work in partnership with the Metro North Hospital and Health Service's Public Health Unit in supporting general practices to improve immunisation rates of children, through provision of education events to general practitioners and general practice staff. There is no cost associated with this part of the Faactivity. |
| , , , , , | The health promotion campaign intends to build upon the "Medical Mums" campaign which has been delivered across the PHN region since 2016. |
| | The adult immunisation component of this activity will focus on providing education to the primary healthcare workforce on adult immunisation and reporting. |
| Target population cohort | This activity is targeted parents and carers of children aged 0-4, people over the age of 65 and Aboriginal and Torres Strait Islander people. |
| Indigenous specific | Yes One of the targeted campaigns will be for Aboriginal and Torres Strait Islander people in the region. The PHN will engage with local Aboriginal and Torres Strait Islander organisations in the co-design of these campaigns. |
| Coverage | This activity will cover the whole PHN region. |
| Consultation | The PHN continues to consult with a range of key stakeholders across the community and acute healthcare sectors in the PHN region. This includes |

| | health professionals, community representatives and consumers. Consultations |
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| | with stakeholders determine that there are two parts to this activity: delivery of a health promotion marketing campaign aimed at increasing childhood immunisation rates in the PHN region |
| | facilitation of education to general practice to improve childhood, over 65, and Aboriginal and Torres Strait Islander people's immunisation rates. |
| | The PHN will continue to consult with the Metro North Hospital and Health Service's Public Health Unit on the design and delivery of immunisation support to general practitioners and their staff. |
| | The Metro North Hospital and Health Service's Public Health Unit will deliver education to general practitioners and general practice staff. The PHN will continue to collaborate with the Metro North Hospital and Health Service's Public Health Unit in the development of education materials and general practice training. |
| Collaboration | The PHN will continue to collaborate with key stakeholders, including the Metro North Hospital and Health Service's Public Health Unit, Metro North Hospital and Health Service and general practitioners working in the PHN region in the continued development and implementation of the health promotion marketing campaign. |
| Activity milestone details/ Duration | Activity start date: 1/07/2019 Activity end date: 30/06/2022 This is an existing activity and services are already in place and will continue. Service delivery start date: Year. Service delivery end date: Month. Year. |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: ☐ Not yet known ☐ Continuing service provider / contract extension ☐ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. ☐ Open tender ☐ Expression of Interest (EOI) ☐ Other approach (please provide details) 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? |
| | 3b. Has this activity previously been co-commissioned or joint-commissioned? No |

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| Decommissioning | | |
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| Proposed Activities - copy and complete the table as many times as necessary to report on each activity | |
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| ACTIVITY TITLE | CF 2.4 Management of frequent emergency department (ED) attenders |
| Existing, Modified, or New Activity | Existing ActivityExisting Activity (CF 2.5 from 2018-2019 AWP) |
| Program Key Priority Area | Population Health |
| Needs Assessment | This activity addresses the needs assessment priority GP4- Better support for people with chronic and complex conditions across the care continuum (page 28) |
| Priority | This activity is aligned to the option of management of frequent emergency department attenders in the needs assessment (page 33). |
| | This activity aims to work with key local stakeholders to improve patient outcomes by providing viable and sustainable alternatives in healthcare compared with frequently accessing emergency departments. This will involve collaborative work between service providers to deliver a coordinated community and primary care response. |
| Aim of Activity | The aim of this activity aligns with the PHN objective of implementing innovative and locally-tailored solutions for health services, based on community need. This will ensure that patients receive the right care in the right place at the right time. |
| | Specifically this activity will include: |
| | Specialist community support to frequent presenters - Since 2015-2016, the PHN has worked in partnership with key community agencies and the Metro North Hospital and Health Service to develop and implement a model of sustainable management for frequent attenders. |
| Description of Activity | To date, this model has included working with the Metro North Hospital and Health Service to develop criteria to identify the target group, early deployment and intervention by community services, established cross-sector, cross-specialty case conferencing protocols and outcome monitoring processes. |
| | In 2019-2022 this work will continue and the PHN will commission two organisations to provide specialist community support to people who frequently present to emergency departments. |
| | Micah Projects and Footprints in Brisbane will provide a seven-day response to referred patients from the Metro North Hospital and Health Service, including nursing and other support. |
| Target population cohort | This activity is targeted to people who frequently attend the emergency department at the Royal Brisbane and Women's Hospital and The Prince Charles Hospital. |
| Indigenous specific | No |
| Coverage | This activity will cover the whole PHN region. |

| The PHN continues to consult with the following stakeholders in the development of this activity: Metro North Hospital and Health Service, including emergency department staff elocal GPs Micah Projects Footprints in Brisbane Consumers. Institute of Urban Indigenous Health elother NGOs | | |
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| Metro North Hospital and Health Service Micah Projects Footprints in Brisbane Queensland Ambulance Service. Consumers. Institute of Urban Indigenous Health Other NGOs These activities will involve a high level of collaboration between the NGO providers, Metro North Hospital and Health Service, local general practices and the PHN. The collaboration will involve data sharing and data matching, where appropriate, between the difference health sectors. Activity milestone details/ Duration Activity and services are already in place and will continue. Service delivery start date: Service delivery end date: 1. Please identify your intended procurement approach for commissioning services under this activity: □ Not yet known □ Continuing service provider / contract extension □ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. □ Open tender □ Expression of Interest (EOI) □ Other approach (please provide details) 2a. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? | Consultation | development of this activity: Metro North Hospital and Health Service, including emergency department staff local GPs Micah Projects Footprints in Brisbane Consumers. Institute of Urban Indigenous Health |
| providers, Metro North Hospital and Health Service, local general practices and the PHN. The collaboration will involve data sharing and data matching, where appropriate, between the difference health sectors. Activity milestone details / Duration | Collaboration | Metro North Hospital and Health Service Micah Projects Footprints in Brisbane Queensland Ambulance Service. Consumers. Institute of Urban Indigenous Health |
| Activity milestone details/ Duration Service delivery start date: Service delivery end date: 1. Please identify your intended procurement approach for commissioning services under this activity: Not yet known Continuing service provider / contract extension Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. Open tender Expression of Interest (EOI) Other approach (please provide details) 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? | | providers, Metro North Hospital and Health Service, local general practices and the PHN. The collaboration will involve data sharing and data matching, where |
| 1. Please identify your intended procurement approach for commissioning services under this activity: □ Not yet known □ Continuing service provider / contract extension □ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. □ Open tender □ Expression of Interest (EOI) □ Other approach (please provide details) □ Other approach (please provide details) 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? | • | Activity end date: 30/06/2022 This is an existing activity and services are already in place and will continue. Service delivery start date: |
| 3b. Has this activity previously been co-commissioned or joint-commissioned? | method and approach to | 1. Please identify your intended procurement approach for commissioning services under this activity: ☐ Not yet known ☐ Continuing service provider / contract extension ☐ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. ☐ Open tender ☐ Expression of Interest (EOI) ☐ Other approach (please provide details) 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No |

| | No |
|-----------------|----|
| Decommissioning | No |

| Proposed Activities - copy and complete the table as many times as necessary to report on each activity | |
|--|---|
| ACTIVITY TITLE | CF 3.1 School readiness for Aboriginal and Torres Strait Islander children |
| Existing, Modified, or New Activity | Modified Activity (CF 3.1 & CF 3.2 from 2018-2019 AWP) |
| Program Key Priority Area | Aboriginal and Torres Strait Islander Health |
| Needs Assessment Priority | This activity addresses the needs assessment priority ATSI1- Culturally responsive services for Aboriginal and Torres Strait Islander people (page 28) This activity is aligned to the option of delivery a school readiness and allied health screening program for Aboriginal and Torres Strait Islander children in the needs assessment (page 33) |
| Aim of Activity | Early identification of health issues among children is vital in ensuring appropriate service delivery and better health outcomes throughout the life course of a child. Aboriginal and Torres Strait Islander children are particularly vulnerable, are more likely to be developmentally vulnerable, and are less likely to have health and social health issues identified and managed at an early age. This activity aims to improve early detection and management of health issues that impact the development of Aboriginal and Torres Strait Islander children residing in the PHN region. The activity aims to link Aboriginal and Torres Strait Islander children to Aboriginal Community Controlled Health Centres and a suite of allied health services. The program will increase occasions of health support provided to Aboriginal and Torres Strait Islander children with the aim of providing a smoother transition from kindergarten to prep for at risk children. |
| Description of Activity | This activity will involve a range of services to: provide in-reach primary and allied health services into kindergartens, specifically targeted to Aboriginal and Torres Strait Islander children identify potential issues in child development provide screening services to Aboriginal and Torres Strait Islander children work with clients individually and in group settings on identified issues link clients into the wider health system where required. Identifying and addressing the needs of these children will give them a better chance of doing well at the start of schooling and throughout their educational lives. The PHN will commission an Aboriginal and Torres Strait Islander Health Service to deliver the program. |
| Target population cohort | This activity is targeted to vulnerable Aboriginal and Torres Strait Islander children. |

| Indigenous specific | Yes This activity works specifically with the only Aboriginal and Torres Strait Islander kindergarten in the region and another kindergarten that has a high population of Aboriginal and Torres Strait Islander children. The activity has been co-designed with kindergartens and Aboriginal and Torres Strait Islander service providers and will be delivered with an Aboriginal and Torres Strait Islander Health Service. |
|---|--|
| Coverage | This activity will cover the Brisbane North and Moreton Bay North statistical area level 4s. |
| Consultation | The PHN has engaged with following stakeholder groups in the development of this activity: • early childhood education providers • Koobara Kindergarten • Institute for Urban Indigenous Health • Aboriginal Community Controlled Health Services • allied health practitioners. |
| Collaboration | The PHN will engage the Institute for Urban Indigenous Health to deliver the activity. Other external stakeholders that will be involved in the implementation of the activity include: • Koobara Kindergarten • Children & Kindergarten (C&K) • Aboriginal and Torres Strait Islander allied health practitioners • Aboriginal Community Controlled Health Services in the PHN region • local Aboriginal and Torres Strait Islander community members and families. • IUIH |
| Activity milestone details/ Duration | Activity start date: 1/07/2019 Activity end date: 30/06/2022 This is an existing activity and services are already in place and will continue. Service delivery start date: Service delivery end date: |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: □ Not yet known □ Continuing service provider / contract extension □ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. □ Open tender □ Expression of Interest (EOI) □ Other approach (please provide details) |

| | 2a. Is this activity being co-designed? Yes |
|-----------------|--|
| | 2b. Is this activity this result of a previous co-design process? Yes |
| | 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No |
| | 3b. Has this activity previously been co-commissioned or joint-commissioned? No |
| Decommissioning | No |

| Proposed Activities - copy and complete the table as many times as necessary to report on each activity | |
|--|---|
| ACTIVITY TITLE | CF 4.1 Improving region wide access to appropriate care and support for residents of residential aged care |
| Existing, Modified, or New Activity | Existing Activity (CF 4.1 from 2018-2019 AWP) |
| Program Key Priority Area | Aged Care |
| Needs | This activity addresses the needs assessment priority GP1- Coordinated care for older people (page 28). |
| Assessment Priority | This activity is aligned to the option of improving region-wide access to appropriate care and support for residents of residential aged care in the needs assessment (page 32). |
| Aim of Activity | The objective of this activity is to improve the quality of healthcare for residents of residential aged care facilities by ensuring they receive the right care in the right place at the right time by reducing unnecessary hospitalisations by residents of residential aged care. |
| | The activity will focus on improving the quality of care to residents of residential aged care. The program will also focus on improving access to health services across the care continuum through improved assessment and referral processes. |
| Description of Activity | The activity will support and enhance the Residential Aged Care District Assessment and Referral (RADAR) program through the use of ehealth services. |
| , can, | This will help develop better links between residential aged care facilities, primary and tertiary healthcare providers by using digital health tools, including My Health Record, to provide better patient care resulting in reduction in hospital presentations. |
| Target population cohort | This activity is targeted to residents of residential aged care facilities in the PHN region. |
| Indigenous specific | No |
| Coverage | This activity will cover the whole PHN region. |
| Consultation | Details of consultation activities undertaken with stakeholders include: co-design workshop with stakeholders from residential aged care, primary care and acute healthcare sector meetings with hospital geriatricians and nursing staff at each Metro North Hospital and Health Service facility training and development for program logic and outcome measurement mapping quarterly aged and acute collaborative meetings |

| | co-design workshop with representatives consultation workshops on the Five Year Health Care Plan for Older People, held in late 2016. |
|-------------------------------|---|
| | The PHN will continue to consult with the following stakeholders: |
| | Metro North Hospital and Health Service executive and clinicians |
| | general practitioners |
| | residential aged care staffcommunity services |
| | peak bodies. |
| | The PHN will continue to collaborate with the Metro North Hospital and Health Service in the ongoing development of this activity. |
| Collaboration | The PHN and the Metro North Hospital and Health Service will jointly implement this activity. The Metro North Hospital and Health Service will provide outreach geriatric services to residential aged care facilities. This includes outreach assessment and treatment for acutely unwell residents of residential aged care facilities. |
| | Activity start date: 1/07/2019 |
| | Activity end date: 30/06/2019 This is an existing activity and convises are already in place and will continue |
| Activity milestone | This is an existing activity and services are already in place and will continue. |
| details/ Duration | Service delivery start date: |
| | Service delivery end date: |
| | 1. Please identify your intended procurement approach for commissioning services under this activity: |
| | ☐ Continuing service provider / contract extension |
| | □ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. □ Open tender |
| | ☐ Expression of Interest (EOI) |
| Commissioning | \square Other approach (please provide details) |
| method and approach to market | 2a. Is this activity being co-designed? Yes |
| | 2b. Is this activity this result of a previous co-design process? Yes |
| | 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No |
| | 3b. Has this activity previously been co-commissioned or joint-commissioned? No |
| | |
| Decommissioning | No |

| Proposed Activities - copy and complete the table as many times as necessary to report on each activity | |
|--|---|
| ACTIVITY TITLE | CF 4.2 Improved integrated management and capacity building for chronic wound care |
| Existing, Modified, or New Activity | Existing Activity (CF 4.3 from 2018-2019 AWP) |
| Program Key Priority Area | Workforce |
| Needs Assessment Priority | This activity addresses the needs assessment priority GP1- Coordinated care for older people (page 28). This activity is aligned to the option of improving integrated management and capacity building for chronic wound care in the needs assessment (page 32). |
| Aim of Activity | There are an estimated 400,000 chronic wound cases in hospital and residential aged care settings in Australia every year¹. People with chronic wounds often slip through the gaps of the health system because of problems with accessing specialised services; with many only accessing services when their concerns become dire. This has been demonstrated throughout the North Brisbane and Moreton Bay region, with Metro North Hospital and Health Service experiencing a significant rise in wound related presentations and inpatient activity. Chronic wound cases impact on quality of life for patients and pose a significant cost burden to the health system. Evidence-based practice in chronic wound care has consistently proven to be cost effective, leading to improved patient outcomes. This activity aims to improve the integrated management of chronic wounds in the Brisbane North PHN region. The PHN will achieve this aim by increasing the knowledge and skills in evidence-based wound care in local consumers, carers and healthcare professionals. This activity is aligned with the Five Year Health Care Plan for Older People who live in Brisbane North 2017-22, recommendations from the Australian Chronic Wounds Solution Forum and the aims of the Wound Management Pilot. |
| Description of Activity | The activity will upskill general practitioners, practice nurses and staff of residential aged care facilities, to enable them to provide evidence-based best-practice chronic wound care, through: • the development of a localised education and awareness resource • training for staff of residential aged care facilities • increased knowledge of chronic wound care services in the PHN region. |

¹ Graves N, Zheng H, 2014

| Target population cohort | This activity is targeted to people living with chronic wounds and their carers. |
|--------------------------|--|
| Indigenous specific | No |
| Coverage | This activity will cover the whole PHN region In the development of this activity, the PHN has conducted a comprehensive |
| | consultation of community stakeholders, including: |
| | patient feedback from the Eat Walk Engage project begrital based patient feedback surrous |
| | hospital-based patient feedback surveys Prichage North BUN collaborative groups |
| | Brisbane North PHN collaborative groups |
| | community service provider and consumer events held in January 2017 |
| | consultation workshops on the Five Year Health Care Plan for Older People, held in late 2016. |
| Consultation | Online surveys targeted to current service users, carers, service partners and advocates, conducted in June 2017. |
| Consultation | Specific consultation in the development of this activity have been held with the following stakeholders: |
| | Metro North Hospital and Health Service |
| | Wound Innovations |
| | Brisbane North Allied Health Collaborative |
| | Metro South Hospital and Health Service |
| | Brisbane South PHN |
| | primary and community care providers within the PHN region |
| | residential aged care facilities within the PHN region. |
| | The PHN will jointly implement this activity with the Metro North Hospital and Health Service and Brisbane North Chronic Wound Governance Group. The PHN will also collaborate with the following stakeholders in the implementation of this activity: |
| | The Health Alliance |
| | Wound Innovations |
| Collaboration | Australian Centre for Health Services Innovation |
| | Brisbane North Allied Health Collaborative |
| | residential aged Care facilities within the PHN region |
| | primary and community care providers within the PHN region |
| | wound management professionals within the PHN region. |
| | In addition, the PHN will work with key organisations in the region to implement the recommendations of the Chronic Wounds Solution forum (see attachment 2). |

| | Activity start date: 2/07/2019 Activity end date: 30/06/2022 |
|--------------------------------|--|
| Activity | This is an existing activity and services are already in place and will continue. |
| milestone details/ Duration | Service delivery start date: |
| details/ Duration | Service delivery start date: |
| | , and the second |
| | 1. Please identify your intended procurement approach for commissioning |
| | services under this activity: ☐ Not yet known |
| | ☐ Not yet known ☐ Continuing service provider / contract extension |
| | ☐ Direct engagement. If selecting this option, provide justification for direct |
| | engagement, and if applicable, the length of time the commissioned |
| | provider has provided this service, and their performance to date. |
| | ☐ Open tender ☐ Expression of Interest (EOI) |
| Commissioning | ☐ Other approach (please provide details) |
| method and | |
| approach to | 2a. Is this activity being co-designed? |
| market | No |
| | 2b. Is this activity this result of a previous co-design process? |
| | YesYes |
| | |
| | 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? |
| | No No |
| | |
| | 3b. Has this activity previously been co-commissioned or joint-commissioned? No |
| | |
| Decommissioning | No |
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| Proposed Activities - copy and complete the table as many times as necessary to report on each activity | |
|--|---|
| ACTIVITY TITLE | CF 4.3 Enhance care for people who have dementia |
| Existing, Modified, or New Activity | Existing Activity (CF 4.4 from 2018-2019 AWP) |
| Program Key Priority Area | Workforce |
| Needs Assessment Priority | This activity addresses the needs assessment priority GP2- Coordinated care for older people (page 28). This activity is aligned to the option of enhancing care options for people who |
| | have dementia (page 32). |
| | The aim of this activity is to improve the quality of life for older people living with dementia, their families and carers through the development and implementation of an integrated model of dementia care. |
| Aim of Activity | Dementia is a significant health issue and is projected to remain a significant health issue into the future. Dementia has a profound life impact on people with the condition, their families and carers. An estimated 425,000 people in Australia live with dementia, with a further 300,000 people involved in their care. It is estimated that more than 50 per cent of people living in residential aged care have dementia. In 2016, dementia was the second leading cause of death in Australia, accounting for over 13,000 deaths. |
| | While dementia can be managed through timely diagnosis and treatment, often this condition is not identified and treated early, resulting in significant declines in quality of life for older people including falls, accelerated cognitive decline and reduced independence. Some people also display a range of behavioural symptoms of dementia that are challenging and can result in considerable distress. These behaviours also present challenges to delivering high quality person-centred care across a range of service settings. |
| | This activity will consist of the following activities: |
| Description of Activity | development and implementation of a localised dementia care resource designed to upskill the health workforce to assist them to provide timely, accurate diagnosis, referrals, integrated and coordinated care and better management of dementia upskill the aged and community care workforce to improve dementia care practices in community and aged care settings. |
| Target population cohort | This activity is targeted to older people living with dementia, their families and carers. |
| Indigenous specific | No |
| Coverage | This activity will cover the whole PHN region. |
| Consultation | In the development of this activity, the PHN has conducted a comprehensive consultation of community stakeholders, including: |

| | patient feedback from the Eat Walk Engage project |
|--|---|
| | hospital-based patient feedback surveys |
| | Brisbane North PHN collaborative groups |
| | community service provider and consumer events held in January 2017 |
| | consultation workshops on the Five Year Health Care Plan for Older People, held in late 2016 |
| | online surveys targeted to current service users, carers, service partners and advocates, conducted in June 2017. |
| | Specific consultations in the development of this activity were held with the following stakeholders: |
| | Dementia Australia |
| | Dementia Support Australia |
| | residential aged care facilities operating in the PHN region |
| | general practices operating in the PHN region |
| | Metro North Hospital and Health Service. |
| Collaboration | The PHN will implement this activity in collaboration with the Metro North Hospital and Health Service and the Health Alliance. The PHN will also collaborate with the following stakeholders in the implementation of this activity: Commonwealth Department of Health Queensland Health Statewide Older Person's Health and Statewide Dementia Clinical Network Dementia Australia Dementia Support Australia residential aged care facilities operating in the PHN region general practices operating in the PHN region. General Practice Liaison Officers will also play a role in promoting dementia pathways to primary healthcare professionals in the PHN region. This activity will initially engage with the sector to co-design a collaborative plan to improve dementia care in the PHN region. |
| Activity milestone details/ Duration | Activity start date: 1/07/2019 Activity end date: 30/06/2022 This is an existing activity and services are already in place and will continue. Service delivery start date: Service delivery end date: |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: □ Not yet known ☑ Continuing service provider / contract extension |

| Decommissioning | No |
|-----------------|---|
| | |
| | 3b. Has this activity previously been co-commissioned or joint-commissioned? No |
| | 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No |
| | 2b. Is this activity this result of a previous co-design process? Yes |
| | 2a. Is this activity being co-designed? Yes |
| | ☐ Expression of Interest (EOI)☐ Other approach (please provide details) |
| | direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. □ Open tender |
| | ☐ Direct engagement. If selecting this option, provide justification for |

| Proposed Activities - copy and complete the table as many times as necessary to report on each activity | |
|--|--|
| ACTIVITY TITLE | CF 4.4 Improve capacity of service providers to increase access to quality, coordinated and integrated palliative care and end of life care systems in Brisbane North |
| Existing, Modified, or New Activity | Existing Activity (CF 4.5 from 2018-2019 AWP) |
| Program Key Priority Area | Workforce |
| Needs Assessment Priority | This activity addresses the needs assessment priority GP1- Coordinated care for older people (page 28) This activity is aligned to the option of improving the capacity of service providers to increase access to quality, coordinated and integrated palliative care (page 32). |
| Aim of Activity | Increased demand for palliative care services across the Brisbane North PHN region, stemming from a growing older population, have highlighted a range of capacity issues in the palliative care service system. Projected increases in older age cohorts over the next 10 years are anticipated to further increase demand for palliative care services in the PHN region. Currently, palliative care and end of life care services in the PHN region are provided in a range of settings, including community, primary, secondary and tertiary care settings. However, there is a high level of fragmentation due to a range of issues, including outdated models of service, lack of a skilled palliative care workforce, lack of communication across the system and a lack of data |
| | related to palliative care. The aim of this activity is to improve access to safe, quality, coordinated and integrated palliative and end of life care services across all care settings through increasing the skilled palliative care workforce and improving care pathways. This activity aligns with the aims of the Greater Choice for At Home Palliative Care Measure. |
| | This activity will consist of the following activities: |
| Description of Activity | establish a skilled nurse practitioner workforce working in palliative care across primary, community and residential aged care settings to deliver community based palliative care across the region |
| | partner with a registered training organisation to deliver palliative care courses and education resources for specific care settings |
| | This activity will provide the necessary supports for organisations to upskill their staff to enable the provision of safe and effective palliative care throughout the PHN region. |
| Target population cohort | This activity is targeted to nurses in community and primary care who provide palliative care, older people aged 65 years and over who require palliative care, their carers and families. |

| Indigenous specific | No |
|--------------------------------------|--|
| Coverage | This activity will cover the whole PHN region. |
| | In the development of this activity, the PHN has conducted a comprehensive consultation of community stakeholders, including: |
| | patient feedback from the Eat Walk Engage project hospital-based patient feedback surveys Brisbane North PHN collaborative groups community service provider and consumer events held in January 2017 consultation workshops on the Five Year Health Care Plan for Older People who live in Brisbane North, 2017-22, held in late 2016. online surveys targeted to current service users, carers, service partners and advocates, conducted in June 2017. |
| Consultation | Specific consultations in the development of the is activity were held with the following stakeholders: |
| | Queensland University of Technology Communities Palliative Care Collaborative Australian Primary Health Care Nurses Association consumers Centre for Palliative Care Research and Education Program Experience in the Palliative Approach (PEPA) National Palliative Care Program residential aged care facilities operating within the PHN region general practices operating within the PHN region. |
| Collaboration | The PHN will implement this activity in collaboration with the Metro North Hospital and Health Service, Metro North Communities Palliative Care and the Health Alliance. The PHN will also collaborate with the following stakeholders in implementing this activity: Centre for Palliative Care Research and Education Program Experience in the Palliative Approach (PEPA) National Palliative Care Program residential aged care facilities operating within the PHN region general practices operating within the PHN region consumers. |
| | This activity will also: improve and update localised palliative care pathways to improve the quality of palliative care and promote best practice promote the uptake of a consistent palliative care database for use by all community service provides in the Brisbane North PHN region contribute to the palliative care and end of life networks in the PHN region. |
| Activity milestone details/ Duration | Activity start date: 1/07/2019 Activity end date: 30/06/2022 This is an existing activity and services are already in place and will continue. |

| | Service delivery start date: Service delivery end date: |
|---|--|
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: □ Not yet known □ Continuing service provider / contract extension □ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. □ Open tender □ Expression of Interest (EOI) □ Other approach (please provide details) 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No |
| Decommissioning | No |

1. (b) Planned PHN activities for 2019-20 to 2021-22

- Core Health Systems Improvement Funding Stream
- General Practice Support funding

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2022.

| Proposed Activities - copy and complete the table as many times as necessary to report on each activity | |
|--|--|
| ACTIVITY TITLE | GPS 1- Quality in general practice |
| Existing, Modified, or New Activity | Existing Activity (GPS 1 from 2018-2019 AWP) |
| Needs Assessment Priority | The PHN's General Practice support activities address all of the PHN's needs assessment priorities. |
| Aim of Activity | This activity aims to support general practice staff and clinicians to provide high-quality care for their patients, improving the efficiency and effectiveness medical services for patients, particularly those at risk of poor health outcomes. This aim will be achieved through supporting general practices through a rolling accreditation support program and supporting general practice to make better use of their data for patient care. |
| | In 2019-2022, the PHN will engage general practices 12 months prior to accreditation in a rolling support program. This activity will ensure that general practices meet the required standards for accreditation as a general practice. Support provided by the PHN will include: |
| | direct support to individual practices from Primary Care Liaison Officers |
| | mock accreditation activities to prepare general practices and identify areas of improvement |
| | support for general practice through clinical audits and improved data quality. |
| Description of Activity | This activity will increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes by ensuring that general practices are operating according to standards set by the Royal Australian College of General Practitioners. |
| | Support will include but not be limited to: |
| | support for practices to achieve and maintain accreditation as a general practice |
| | support practices to maintain high quality clinical data |
| | facilitation of data analysis to support quality improvement through clinical auditing |

| | support for general practices to use patient feedback to improve quality of practice |
|--|---|
| | provision of information regarding access to appropriate education, both clinical and administrative, to support quality in general practice |
| | provision of resources both developed by the PHN and sourced from other relevant agencies. |
| Associated Flexible Activity/ies: | The PHN's General Practice support activities support all of the PHN's flexible fund activities and also many of its mental health, suicide prevention and alcohol and other drug treatment activities. |
| Target population cohort | General population |
| Indigenous specific | No |
| Coverage | This activity will cover the whole PHN region. |
| Consultation | The PHN surveys GPs in the region to understand their quality improvement support needs. |
| | The PHN will collaborate with various stakeholders such as general practice education providers and accrediting bodies to ensure the support provided to general practices is appropriate, relevant and up to date. |
| Collaboration | To maintain practice quality, the PHN will also collaborate with the following organisations: |
| | Australian General Practice Quality and Improvement GPA Accreditation Plus Royal Australian College of General Practitioners. |
| | Activity start date: 1/07/2019 Activity end date: 30/06/2022 |
| Activity milestone details/ Duration | This is an ongoing activity. |
| | Service delivery start date: Service delivery end date: |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: □ Not yet known □ Continuing service provider / contract extension □ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. □ Open tender □ Expression of Interest (EOI) ☑ Other approach (please provide details) Direct provision by the PHN 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? No |
| | |

| 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No |
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| 3b. Has this activity previously been co-commissioned or joint-commissioned? No |
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| Proposed Activities - copy and complete the table as many times as necessary to report on each activity | |
|--|--|
| ACTIVITY TITLE | GPS 2- eHealth Support |
| Existing, Modified, or New Activity | Existing Activity (GPS 2 from 2018-2019 AWP) |
| Needs Assessment Priority | The eHealth support activities address all of the PHN's needs assessment priorities. |
| Aim of Activity | This activity aims to assist general practices to make the best use of available eHealth technology to provide efficient and effective medical services for their patients. |
| | This activity will assist increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes. The activity will also improve coordination of care to ensure that patients receive the right care in the right place at the right time. |
| | The PHN will assist general practice to improve digital health usage and compliance, including usage of My Health Record, secure messaging and eReferral systems. |
| | These activities will assist in the coordination of patient care, particularly where patients are in contact with more than one component of the health system. |
| | The activity will support the primary healthcare sector by providing: |
| Description of | assistance to achieve and maintain Digital Health compliance, including meaningful use of the My Health Record |
| Activity | assistance to set up and make best use of secure messaging to ensure clinical information is shared appropriately, efficiently and accurately between care providers |
| | assistance in the use of eReferral and eDischarge to ensure clinical handover takes place as efficiently and safely as possible. |
| | Support for the use of telehealth where appropriate to provide improved access to appropriate care for patients who find it challenging to travel to appointments. |
| Associated Flexible Activity/ies: | The PHN's eHealth support activities support all of the PHN's flexible fund activities and also many of its mental health, suicide prevention and alcohol and other drug treatment activities. |
| Target population cohort | General population |
| Indigenous specific | No |
| Coverage | This activity will cover the whole PHN region |
| Consultation | |

| | The PHN has consulted with the Clinical Council and Community Advisory |
|--------------------------------------|--|
| | Committee on these e-health support activities. |
| Collaboration | The PHN will collaborate with various stakeholders such as secure messaging providers, telehealth supported technology vendors and the Metro North Hospital and Health Service to ensure the best support is provided to general practices for them to take advantage of eHealth technology and systems. |
| | Activity start date: 1/07/2019 Activity end date: 30/06/2022 |
| Activity milestone details/ Duration | This is an ongoing activity. |
| | Service delivery start date: |
| | Service delivery end date: |
| | 1. Please identify your intended procurement approach for commissioning services under this activity:Not yet known |
| | ☐ Continuing service provider / contract extension |
| | □ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. □ Open tender |
| | ☐ Expression of Interest (EOI) |
| Commissioning | ☑ Other approach (please provide details) Direct provision by the PHN |
| method and approach to market | 2a. Is this activity being co-designed? Yes |
| | 2b. Is this activity this result of a previous co-design process? Yes |
| | 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No |
| | 3b. Has this activity previously been co-commissioned or joint-commissioned? No |

| Proposed Activities - copy and complete the table as many times as necessary to report on each activity | |
|--|---|
| ACTIVITY TITLE | GPS 3- Workforce Support |
| Existing, Modified, or New Activity | Existing Activity (GPS 3 from 2018-2019 AWP) |
| Needs Assessment Priority | The workforce support activities address all of the PHN's needs assessment priorities. |
| Aim of Activity | This activity aims to identify and address workforce needs, in particular sub regions or professional cohorts to ensure sustainable provision of primary care through general practice across the Brisbane North PHN region. |
| Description of Activity | The PHN will facilitate ongoing professional development of general practitioners and staff of general practice through the provision of accredited training programs, clinical audits and by providing assistance to general practice in areas where there may be identified workforce shortages. The PHN will also provide assistance to general practice through the provision of the Pathways program to ensure best practice clinical pathways are available, ensuring that patient care is well coordinated, efficient and effective. |
| | This activity will also facilitate the provision of the Certificate IV in Medical Practice Assisting. The Certificate IV up-skills administrative staff in general practice to undertake both administrative and clinical assisting roles. This boosts the capability of the general practice workforce and frees up practice nurses and general practitioners to use their higher-level skills in complex patient care. |
| | This activity will assist the PHN in increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes. The activity will also improve the coordination of care to ensure patients receive the right care in the right place at the right time. |
| | This activity will support the primary healthcare sector by the: |
| | continued promotion of the Certificate IV in Medical Practice Assisting and support for general practice staff undertaking this training |
| | facilitation of professional development, including assisting with clinical audits to support continuous professional development |
| | provision of assistance with general practitioner recruitment in areas of high need when required |
| | promotion of clinical pathway tools, especially for overseas-trained doctors and registrars to ensure best practice clinical pathways are available and local referral information is at hand when required. |
| Associated Flexible Activity/ies: | The PHN's workforce support activities support all of the PHN's flexible fund activities and also many of its mental health, suicide prevention and alcohol and other drug treatment activities. |
| Target population cohort | General population |

| Indigenous specific | No |
|---|---|
| Coverage | This activity will cover the whole PHN region |
| Consultation | The PHN regularly surveys GPs to see if services are relevant and useful. |
| Collaboration | The PHN will collaborate with various stakeholders such as education providers, the Royal Australian College of General Practitioners in relation to conducting clinical audits and the Metro North Hospital and Health Service in relation to the development of best practice and localised clinical pathways. |
| | Activity start date: 1/07/2019 Activity end date: 30/06/2022 |
| Activity milestone details/ Duration | This is an ongoing activity. |
| | Service delivery start date: Service delivery end date: |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: Not yet known Continuing service provider / contract extension Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. Open tender Expression of Interest (EOI) Other approach (please provide details) Direct provision by the PHN 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No |

| Proposed Activities - copy and complete the table as many times as necessary to report on each activity | |
|--|---|
| ACTIVITY TITLE | HSI 1- Primary health care integration |
| Existing, Modified, or New Activity | Existing Activity (HSI 1 from 2018-2019 AWP) |
| Needs Assessment Priority | The primary health care integration activities address all of the PHN's needs assessment priorities. |
| Aim of Activity | This activity aims to facilitate collaboration of general practice with other primary healthcare providers, such as allied health and pharmacy, to encourage a holistic approach to multidisciplinary patient care. |
| | Brisbane North PHN (the PHN) will support and facilitate the use of a range of eHealth platforms to encourage better collaboration across the primary healthcare sector. This includes supporting the use of secure messaging and My Health Record platforms by health professionals in the primary healthcare sector. The PHN will also provide service navigation support to health professionals, ensuring that all practitioners have access to up-to-date information on local services. |
| | This activity will assist the PHN in increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes. This activity will also improve the coordination of care to ensure patients receive the right care in the right place at the right time. |
| | The PHN will continue to work with an array of stakeholders to improve the flow of information within the health system, through participation in hospital collaborative groups and project working groups. |
| | The PHN will also continue to support a number of collaborative with Metro North and Children's Health Queensland Hospital and Health Services. |
| Description of | This activity will support the primary health care sector through: |
| Activity | facilitation and support for multidisciplinary professional development activities |
| | facilitation of analysis of general practice data regarding referrals to allied health services |
| | support for improved communication between general practice and allied health practices to undertake effective clinical handover using secure messaging |
| | support for allied health and pharmacy to access digital health systems and tools such as My Health Record |
| | participation in a range of collaborative and project steering groups to help support system integration |
| | provide up-to-date and easily accessible service navigation for health professionals through the PHN Service Navigator hotline. |
| | This will ensure general practitioners and allied health professionals have easy access to information regarding local services for their patients. |

| | Participation in the collaborative groups support the primary health sector by: |
|---|---|
| | providing a regular platform for communicating key organisational priorities |
| | identifying opportunities for shared initiatives to achieve a more integrated approach to patient management and health service delivery. |
| Associated Flexible Activity/ies: | The PHN's primary health care integration activities support all of the PHN's flexible fund activities and also many of its mental health, suicide prevention and alcohol and other drug treatment activities. |
| Target population cohort | This activity targets the general population, especially those at risk of chronic diseases. |
| Indigenous specific | No |
| Coverage | This activity will cover the whole PHN region. |
| Consultation | The PHN consults with the Clinician's Advisory Group and Clinical Council to inform the primary health care integration activities. |
| Collaboration | The PHN will collaborate with all types of primary healthcare providers to encourage multidisciplinary patient care. This includes collaboration through a number of collaborative groups consisting of clinicians in both the primary and tertiary care sectors. The PHN will continue to participate in the following collaborative groups and project working groups: Children's Health Queensland Collaborative Health Pathways PHN/Hospital and Health Service Steering Committee Kidney Services Plan Group Metro North Hospital and Health Service Steering Committee General Practice Liaison Officer Planning Group Women's and Newborn Services Collaborative Royal Brisbane and Women's Hospital/Brisbane North PHN Collaborative GRACE Project Steering Committee The Prince Charles Hospital Collaborative GPs with a Special Interest (GPwSI) COPD chronic disease group. |
| Activity milestone details/ Duration | Activity start date: 1/07/2019 Activity end date: 30/06/2022 This is an ongoing activity. Service delivery start date: |
| | Service delivery start date. |

| Service delivery end date: |
|---|
| 1. Please identify your intended procurement approach for commissioning services under this activity: □ Not yet known □ Continuing service provider / contract extension □ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. □ Open tender □ Expression of Interest (EOI) ☑ Other approach (please provide details) Direct provision by the PHN 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? |
| 2 Y 2 Y 3 C N |

| Proposed Activities - copy and complete the table as many times as necessary to report on each activity | |
|--|---|
| ACTIVITY TITLE | HSI 2- Support for the PHN's commissioning process including stakeholder engagement, health needs assessment, planning and program evaluation |
| Existing, Modified, or New Activity | Existing Activity (HSI 2 from 2018-2019 AWP) |
| Needs Assessment Priority | These commissioning support activities address all of the PHN's needs assessment priorities. |
| Aim of Activity | This activity aims to support Brisbane North PHN (the PHN) activities through high quality commissioning processes including stakeholder engagement, needs assessment and evaluation. |
| | Health needs assessment and stakeholder engagement provide the evidence base that allow for the co-design and development of activities that are targeted to populations most in need. Commissioning and procurement support also ensures that services are procured and monitored in a way that ensures value for money and the best outcomes for our community. Program evaluation measures the effectiveness of PHN activities and recommends strategies to ensure the PHN achieves stated outcomes. |
| | This commissioning activity is a critical part of health systems improvement and supports the PHN at an organisational and activity level across all activities undertaken by the PHN. |
| | The activity involves a cycle of commissioning which forms the ongoing continuous learning and development process in four key stages: assessment, co-design, delivery and evaluation. |
| | Local community needs are identified through an assessment process, involving the analysis of population health data and community consultation to develop the evidence base. The health needs assessment produces a number of tangible outputs: |
| | summarised assessment of need in table format |
| Description of Activity | extended needs assessment technical report detailing key population health trends. |
| | Activities that are targeted to populations most in need are co-created through extensive stakeholder engagement processes. This engagement is vital to all aspects of the PHN's commissioning cycle and facilitates collaboration and coordination in the delivery of the PHN's activities and strategic goals. Engagement processes are embedded in business as usual practice and supplemented by targeted co-design workshops at key intervals throughout the commissioning cycle. |
| | Inclusive processes are also used to decide how best to implement identified activities, either through direct intervention or the procurement of services. Services are procured through fair and transparent processes. |
| | Activities are evaluated using ongoing monitoring and reporting of both process and outcome measures and evaluation plans, which are developed for all PHN activities include: |
| | • objectives |

| | program logic |
|---|---|
| | evaluation questions |
| | performance metrics and indicator frameworks |
| | data collection tools and protocols. |
| | Evaluation plans are designed to be consistent with contracted deliverables associated with individual activities and are developed in line with the PHN evaluation framework and PHN performance framework. Evaluation outcomes are used to inform further assessment and planning. |
| | These activities take place at both a strategic level and on an individual activity level. |
| Associated Flexible Activity/ies: | The PHN's support for commissioning activities support all of the PHN's flexible fund activities and also many of its mental health, suicide prevention and alcohol and other drug treatment activities. |
| Target population cohort | This activity will cover the general population. |
| Indigenous specific | No |
| Coverage | This activity will cover the whole PHN region. |
| Consultation | The PHN regularly consults with the Clinical Council and Community Advisory Committee about its commissioning process. Additionally, the PHN conducted a review with providers and other stakeholders of commissioning processes. |
| Collaboration | The PHN will collaborate closely with a range of stakeholders in delivery of this activity, including: • Metro North Hospital and Health Service • Metro North Hospital and Health Service's Public Health Unit • general practices operating within the PHN region • community healthcare providers operating within the PHN region • consumers • peak bodies and not-for-profit organisations. |
| Activity milestone details/ Duration | Activity start date: 1/07/2019 Activity end date: 30/06/2022 This is an ongoing activity. Service delivery start date: Service delivery end date: |
| Commissioning method and approach to market | Please identify your intended procurement approach for commissioning services under this activity: □ Not yet known □ Continuing service provider / contract extension □ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. □ Open tender |

| ☐ Expression of Interest (EOI) |
|--|
| ☐ Other approach (please provide details) Direct provision by the PHN |
| 2a. Is this activity being co-designed? Yes |
| 2b. Is this activity this result of a previous co-design process? No |
| 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No |
| 3b. Has this activity previously been co-commissioned or joint-commissioned? No |
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| Proposed Activities - copy and complete the table as many times as necessary to report on each | |
|---|---|
| activity ACTIVITY TITLE | HSI 3 The Health Alliance |
| Existing, Modified, or New Activity | (CF 2.6) A new model of care for vulnerable populations (HSI 1) Primary Health care integration (HSI 2) Support for the PHN's commissioning process including stakeholder engagement, health needs assessment, planning and program evaluation |
| | This activity is also aligned with: (CF 1.2) Improving health and social wellbeing for children in Moreton Bay North (CF 4.3) Improved integrated management and capacity building for chronic wound care. (CF 4.4) Enhance care for people who have dementia. (CF 4.5) Improve capacity of service providers to increase access to quality, coordinated and integrated palliative care and end of life care systems in Brisbane North. |
| Needs Assessment Priority | This activity addresses the needs assessment priorities GP1 Coordinated Care for Older People, GP3 Improved access to health and community care in Moreton Bay North and GP4 Better support for people with complex health and social needs (page 33) In addition, this activity is aligned to the options of: • Improved integrated management and capacity building for chronic wound care (page 32) • Enhance care options for people who have dementia (page 32) • Improve the capacity of service providers to increase access to quality, coordinated and integrated palliative care (page 32) • Improve quality of care for residents of residential aged care facilities with acute healthcare needs (page 32) • Improve region-wide access to appropriate care and support for residents of residential aged care (page 32) • Improving health and social wellbeing for children in Moreton Bay North (page 32) • Commission outreach after-hours healthcare services catering to homeless and vulnerable population groups (page 33) • Deliver better perinatal, infant and child support (page 35) • Improve the experience of people transitioning between hospital and the community (page 36) |
| Aim of Activity | The aim of the Health Alliance is to tackle healthcare problems that transcend the mandate of any one organisation or part of the health sector, and that can't be fixed by existing approaches. It aims to develop solutions that are good for people, and for the system. The Alliance will focus on three challenges: |

| | providing the best possible care for older people across the health system, with an initial focus on people over the age of 75 who live in The Prince Charles Hospital catchment developing a new model of care for vulnerable populations, to improve outcomes for people who experience complex health needs overlaid with complex social needs better health service provision for the Children of Caboolture by overcoming fragmentation and the lack of an integrated approach to care |
|---|--|
| | The Health Alliance is a joint initiative between the PHN and Metro North HHS. |
| Description of Activity | The initiative brings together stakeholders including consumers to discuss shared problems and develop shared solutions. The Alliance provides a space where stakeholders can come together and feel empowered to design a system response not limited by existing program or institutional boundaries. The Alliance uses the following approach to health system challenges Bringing Developing a shared Working with |
| | stakeholders together from across the health sector understanding of the problem, inclusive of what matters most for patients Agreeing a way forward to address to implement solutions and review progress |
| Associated Flexible Activity/ies: | CF 1.1 Flourish Education – Therapeutic interventions for children that have been affected by trauma taking place in a schooling environment. CF 1.2 Working with Schools – Therapeutic services for children displaying problematic sexual behaviour and Professional Development for school staff CF 2.4 Management of frequent emergency department (ED) attenders CF 4.1 Improving region wide access to appropriate care and support for residents of residential aged care CF 4.2 Improved integrated management and capacity building for chronic wound care CF 4.3 Enhance care for people who have dementia CF 4.4 Improve capacity of service providers to increase access to quality, coordinated and integrated palliative care and end of life care systems in Brisbane North |
| Target population cohort | This activity is targeted to the following population groups: older people people who live with complex health and social needs children. |
| Indigenous | No |
| specific | This activity, account the value of DUN accions |
| Coverage | This activity covers the whole PHN region. Extensive stakeholder engagement and consultation has taken place to support the Alliance work. Consultation will be ongoing throughout the life of the activities. |
| | For the work focused on older people, in mid-2018 the Alliance consulted with over 200 stakeholders from across the health and aged care sectors, as well as older people themselves. This consultation culminated in a convergence event attended by 80 stakeholders. Consultation is ongoing and a key focus will remain |

on bringing together consumers, carer, service providers, aged care facilities, hospital specialists, GPs and practice nurses to co-design improved ways of working together to care for frail older people. For the work focused on people with complex needs we have consulted with people living with complex needs, primary healthcare providers, the emergency and specialist outpatient departments at the Royal Brisbane and Women's Hospital, Metro North HHS's Community and Oral Health Directorate, and nongovernment services who support this population group. For the work focused on children in the Caboolture subregion, in late 2018, we consulted with over 80 stakeholders from Metro North HHS's maternity and paediatric services, Children's Health Queensland's Child Health and Child Development Services, primary healthcare providers, non-government family support services and parents and carers of young children in the region. In early 2018 the Alliance jointly hosted a consultation event with the PHN, MNHHS and CHQ, bringing together almost 30 clinicians from maternity, paediatric, child health and primary care services. Some local mothers also attended this event. The PHN will jointly implement this activity with Metro North HHS under the direction of the three core groups that are comprised of representatives fro: Institute for Urban Indigenous Health **Footprints Inc** Estia Health Albany Creek Carers **Brisbane North PHN** Collaboration Metro North Hospital and Health Service **Queensland Ambulance Service Bolton Clarke Smart Clinics Walton Bridge** Micah Projects Queenslanders with Disability Network Children's Health Queensland. Provide the anticipated activity start and completion dates (including the Activity planning and procurement cycle): milestone Activity start date: 1/07/2019 details/ Activity end date: 30/06/2020 Duration 1. Please identify your intended procurement approach for commissioning services under this activity: ☐ Not yet known ☐ Continuing service provider / contract extension ☐ Direct engagement. If selecting this option, provide justification for direct Commissionin engagement, and if applicable, the length of time the commissioned provider g method and has provided this service, and their performance to date. approach to ☐ Open tender market ☐ Expression of Interest (EOI) ☑ Other approach (please provide details) Direct provision by the PHN 2a. Is this activity being co-designed? Yes

2b. Is this activity this result of a previous co-design process?
Yes

3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?
Yes

3b. Has this activity previously been co-commissioned or joint-commissioned?
No