



Activity Work Plan 2018-2019:

Core Funding

General Practice Support Funding

After Hours Funding

Eastern Melbourne PHN

Please follow the below steps (and the instruction sheet) for completing your Activity Work Plan (AWP) template for 2018-19:

1. **Core Operational and Flexible Funding** 2018-2019 has three parts:
 - a) Provide a link to the strategic vision published on your website.
 - b) Complete the table of planned activities funded by the *Core Flexible Funding Stream* under the Schedule – Primary Health Networks Core Funding (including description of any Health Systems Improvement (HSI) activity to support delivery of commissioned activity).
 - c) Complete the table of planned activities funded by the *Core Operational Funding Stream: HSI*¹ under the Schedule – Primary Health Networks Core Funding and planned activities under the Schedule – **General Practice Support Funding**².
2. Attach indicative Budget for Core Operational and Flexible Funding Streams for 2018-2019 using the template provided.
3. Attach the indicative Budget for General Practice Support for 2018-19 using the template provided.

¹ HSI Funding is provided to enable PHNs to undertake a broad range of activities to assist the integration and coordination of health services in their regions, including through population health planning, system integration, stakeholder engagement and support to general practice. HSI activities will also support the PHN in commissioning of health services in its region.

² Planned activities under the Schedule - General Practice Support Funding have been combined with the HSI activities to lessen the reporting burden on PHNs.

4. **After Hours Primary Health Care Funding 2018-2019** has two parts:
 - a) Provide strategic vision for how your PHN aims to achieve the After Hours key objectives.
 - b) Complete the table of planned activities funded under the Schedule – Primary Health Networks After Hours Primary Health Care Funding.

5. Attach the indicative Budget for After Hours Primary Health Care for 2018-2019 using the template provided.

When submitting this Activity Work Plan 2018-2019 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and that it has been endorsed by the CEO.

The Activity Work Plan must be lodged to your Program Officer via email on or before four (4) weeks after the execution of the Core Schedule Deed of Variation.

Overview

The key objectives of Primary Health Networks (PHN) are:

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

Each PHN must make informed choices about how best to use its resources to achieve these objectives.

This Activity Work Plan covers the period from 1 July 2018 to 30 June 2019.

1. (a) Strategic Vision for PHN

<https://www.emphn.org.au/who-we-are/our-strategic-objectives>

1. (b) Planned PHN activities

– Core Flexible Funding Stream 2018-19

Proposed Activities	
Activity Title / Reference (e.g. CF 1)	<p>CF-1: Immunisation</p> <p>CF 1.1 Improve suboptimal childhood immunisation rates by improving system and community barriers.</p> <p>CF 1.2 Support workforce provide efficient and effective childhood immunisation and Work collaboratively with boarder health care system to increase childhood immunisation rates</p> <p>CF 1.3 Commission mobile influenza immunisation project across EMPHN catchment.</p>
Existing, Modified, or New Activity	<p>CF 1.1 Modified Activity- Combined with previous 1.2 activity. As evident in the EMPHN needs assessment there is a rapid shifting of immunisation rates across municipalities, age ranges and quarters due. In response to this EMPHN will not focus specifically in a particular LGA and look to invest in innovation or access hard to reach and/or disadvantaged areas.</p> <p>CF1.2 Modified Activity- combined with previous 1.4 activity. Modified to focus on timeliness of immunisations as the impact of new government policy has lessened.</p> <p>CF 1.3 Existing Activity</p>
Program Key Priority Area	<p>Population Health</p> <p>Workforce</p> <p>Aged Care (CF 1.3)</p> <p>Mental Health (CF 1.3)</p> <p>Aboriginal and Torres Strait Islander (CF 1.3)</p>

Needs Assessment Priority Area (e.g. 1, 2, 3)	Addressing Health Gaps and Inequalities – Prevention (Needs Assessment 2017, Pg. 116)
Aim of Activity	<p>CF 1.1-1.2 To improve suboptimal childhood immunisation rates.</p> <p>CF 1.3 To improve whole of life immunisation rates, especially influenza, for vulnerable and hard to reach communities.</p>
Description of Activity	<p>1.1-1.2 The target immunisation rate for children years is above 95% for each age cohort between 0-5 years of age. Victoria’s immunisation rate is 94.85% (children aged 4-5) and Australia’s immunisation rate is 94.03% (children aged 4-5). EMPHN’s childhood immunisation rate is 94.58% for children by 4-5 years with a rate of 91.85% for cohort 2 (24-27mth old children). This dip in cohort 2 is consistent with the state and national percentages for immunisation. EMPHN activity will:</p> <ul style="list-style-type: none"> • Innovative approaches to improving childhood immunisation rates in a defined area or cohort of low immunisation with potential focus areas of: reminder systems, data quality, schedule catch-up, hesitant parents, greater integration between council and primary care providers. • Provision of access to nurse immuniser qualifications to increase number of nurse immunisers working in general practice, targeting areas of low childhood immunisation rates. • Investigate viability of nurse immuniser community of practice for primary care and council nurse immunisers. • Up to date Immunisation workshops and webinars for primary care sector education. • Immunisation audit and general practice support. <p>CF 1.3 2016-17 saw the highest influenza presentations to Emergency Departments and highlighted a need to target vulnerable members of the community with influenza vaccination, as these population groups may not regularly access a GP. EMPHN activity will:</p> <ul style="list-style-type: none"> • Deliver a mobile influenza program across EMPHN catchment to target hard to reach populations with an aim to reach 500 vulnerable people per LGA with three LGAs to receive funding through open tender.

Target population cohort	<p>CF 1.1 – 1.2 The target population of this intervention are children 0-5 years of age and their families.</p> <p>CF 1.3 People at high risk of Influenza including older people, children, Aboriginal and Torres Strait Islander people, pregnant women, people with at risk medical conditions, people with at risk behaviours, people with culturally and linguistically diverse background, refugees and asylum seekers and staff, household contacts and carers of those in high risk groups.</p>
Consultation - HSI Component	<p>CF 1.1-1.2</p> <p>Regional immunisation (Northern and Eastern) networks- ongoing membership</p> <p>Immunisation Forum with Municipally providers of immunisations and Vic DHHS-Dec 2016</p> <p>Victorian PHN Immunisation Community of Practice (PHN and Vic DHHS)– established Dec 2016 and ongoing</p> <p>Stakeholder interviews with local councils</p> <p>NPS & NCIRS PHN Immunisation Support Program workshops</p> <p>CF 1.3</p> <p>Evaluation of 2018 Mobile Influenza Immunisation Project, including consultation with contractors who were commissioned to deliver the service in 2018.</p> <p>Completion of problem definition and updated diagnostics as part of the commissioning action plan</p> <p>Consultation with local community health service providers (including local councils), community organisations, general practice and consumers.</p> <p>Consultation with EMPHN Clinical Council and Consumer Advisory Committee</p>
Collaboration - HSI Component	<p>Activities will be undertaken in collaboration with:</p> <p>CF1.1-1.2 GPs, practice nurses, Local Government (immunisation coordinators), parents and community, Vic DHHS Central Branch and regional divisions, RCH (communicable diseases and immunisation specialists), NPS, NCIRS, refugee settlement services, migrant resource services and local media.</p> <p>CF 1.3 Market sounding with local councils, community health services, other community organisations, general practices and consumers.</p>

HSI Component – Other	<p>This activity requires components to be delivered through HSI including staffing to undertake:</p> <ul style="list-style-type: none"> • stakeholder, community and market engagement • planning for intervention • service monitoring • evaluation • external procurement evaluation
Indigenous Specific	CF 1.3 In part, as Aboriginal and Torres Strait Islander people are one of the target populations
Duration	<p>CF 1.1-1.2 1 July 2018- 30 June 2019</p> <p>CF 1.3 March 2019 – August 2019</p>
Coverage	<p>CF 1.1-1.4 Entire PHN Region</p> <p>CF 1.3 Three LGAs in the catchment, to be determined through the tender evaluation process</p>
Commissioning method (if known)	<p>Activities will follow the EMPHN Commissioning process outlined in section 1a, to include: Problem Definition, Diagnostics, Solution Design, Delivery, Evaluation and Embedding Change.</p> <p>The current activities listed fit within the Problem Definition to Delivery components of the methodology.</p> <p>CF 1.1- RFT & RFQ</p> <p>CF 1.2- RFQ</p> <p>CF 1.3- Open tender</p>
Decommissioning	Not applicable
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$347,897
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$220,000

Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$127,897
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	Not applicable
Funding from other sources	Not applicable

Proposed Activities	
Activity Title / Reference (e.g. CF 1)	<p>CF 2 - Cancer Screening</p> <p>CF 2.1 Continued roll out of the Screening to Survivorship work package to general practices</p> <p>CF 2.2 Building capacity in General Practice for increased uptake of cancer screening in the community.</p> <p>CF 2.3 Partner with Integrated Cancer Services leverage off activity to promote the awareness and uptake of Optimal Cancer Pathways and Shared Care in cancer survivorship.</p> <p>CF2.4 Increase cancer screening participation rates.</p>
Existing, Modified, or New Activity	Modified
Program Key Priority Area	<ul style="list-style-type: none"> : Population Health : Workforce
Needs Assessment Priority Area (e.g. 1, 2, 3)	Enhancing Primary care – Prevention (Needs Assessment 2017, Pg. 112)
Aim of Activity	Cancer screening for EMPHN will have a focus on general practice cancer screening rates. Activities will be undertaken in collaboration with subject matter expertise from peak cancer organisations, general practice and integrated cancer services. Activities will work to increase capacity and raise local cancer screening participation rates through:
Description of Activity	CF2.1 Continued roll out of a package of supports to General Practice that cover the patient journey from screening to survivorship. This aims to promote cancer screening, best practice clinical and

	<p>referral pathways to services when malignancy is detected, management of cancer and support during remission.</p> <p>CF2.2 Capacity building in general practice through education, business and process modelling to encourage a rigorous approach to recalling patients across the catchment for breast, bowel and cervical cancer screening.</p> <p>CF2.3 Leverage off activity to promote adoption of Victorian Optimal Cancer Pathways and shared survivorship care models including data collection, education and capacity building. This creates a whole of life focus on the role of primary care in preventing and treating cancers.</p> <p>CF2.4 Pending a more consolidated needs assessment EMPHN intends to target community awareness and/or enhanced workforce to improve breast screening rates in low screening areas, having focused on cervical and bowel cancer in previous years.</p> <p>Early indication is that the areas of lowest screening are the local government areas of Monash and Whittlesea and particularly amongst Aboriginal women. It is likely that we will target commissioned activities to GP practices, Pharmacies and health workers (working with aboriginal women). These activities are likely to include training and development, funding of community awareness, and increased capability and capacity to provide community education.</p> <p>Activities will aim to increase capacity and raise local cancer screening participation rates in our community. This approach will complement the work being undertaken in the general practice and integrated cancer service areas.</p>
Target population cohort	<p>Women aged 18 +</p> <p>Men aged 50+</p>
Consultation - HSI Component	<p>General Practice Survey</p> <p>Clinical Council & Community Advisory Committee</p> <p>DHHS – Cancer Screening Unit</p>

	Cancer Screening GP Consultant
Collaboration - HSI Component	<p>Activities will be undertaken in collaboration with:</p> <ul style="list-style-type: none"> • Peak cancer bodies • LHNs & Integrated Cancer Services • PHN Alliance • DHHS/ Department of Health Federal • Diverse Community Support Services
HSI Component – Other	<p>This activity requires components to be delivered through HSI including staffing to undertake:</p> <ul style="list-style-type: none"> • stakeholder, community and market engagement • planning for intervention, • service monitoring and • evaluation. <p>Funding of external procurement evaluation</p>
Indigenous Specific	Yes – Broader population approach however working with the Aboriginal Health team to increase breast cancer screening rates in Aboriginal women in our community.
Duration	<p>CF2.1 Ongoing</p> <p>CF2.2 July 2018 – June 2019</p> <p>CF2.3 July 2018 – June 2019</p> <p>CF2.4 July – June 2019</p>
Coverage	Entire EMPHN Region.
Commissioning method (if known)	RFQ/RFT
Decommissioning	Not applicable

Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$94,881
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$60,000
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$34,881
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	Not Applicable
Funding from other sources	Not Applicable

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (e.g. CF 1)	CF-3 Chronic Disease Self-Management Intervention CF 3.1 Chronic Disease management CF 3.2 Chronic Disease Stepped Care Model CF 3.3 Aboriginal Health
Existing, Modified, or New Activity	CF 3.1 Existing CF 3.2 New Activity CF 3.3 Modified

Program Key Priority Area	Population Health Aboriginal and Torres Strait Islander Health Aged Care
Needs Assessment Priority Area (e.g. 1, 2, 3)	Addressing Health Gaps and Inequalities – Chronic Disease (Needs Assessment 2017, Pg.110, 115)
Aim of Activity	<p>CF 3.1 –Chronic Disease management - to implement evidenced based, structured and supportive team based care models to support people with chronic conditions.</p> <p>CF 3.2 – Chronic disease is a major new project, building on previous work undertaken in diabetes diversion clinics. It will use the IDEAS model that is currently a commissioned activity as a basis for a stepped model of chronic disease management will be designed and implemented throughout the catchment. The chronic disease stepped model of care will be a collaborative project Eastern Melbourne Primary Health Care Collaborative. It will improve care for people with chronic disease, ensuring people can access the care they need at the time they need it and in an appropriate setting.</p> <p>CF 3.3 – The Aboriginal Health project commissioned activity from 17/18 is developing an Integrated Service Plan for the North East region. From the development of this plan, a commissioning action plan will be developed and co-designed activity undertaken.</p>
Description of Activity	<p>CF 3.1 – To continue to deliver and monitor the CareFirst and CarePoint chronic disease management projects. This is not a commissioned service in the 2018-19 year. The HSI component has been factored into CF 3 to monitor, evaluate and embed the learnings of the current chronic disease care coordination projects.</p> <p>CF 3.2 – The services to be commissioned is the design of a chronic disease stepped care model based on the learnings from the Mental health Stepped Care Model and an existing diabetes diversion model (IDEAS- Integrated Diabetes Education and Assessment Service). The model will be used as a basis to integrate and coordinate services in the catchment. The commissioned service will examine evidence based approaches, facilitate a co-design approach, and deliver a documented model that can be implemented in the following year. It is the intention that this model is both replicable and scalable.</p> <p>CF 3.3 – Commission a co-designed Aboriginal Health service solution that will fill an identified service gap within our catchment. Identification of the service gap and the exact nature of the</p>

	<p>commissioned service will be informed by the outcomes of the integrated service plan for the north and east which are currently being undertaken.</p>
Target population cohort	<p>CF 3.1 – People with chronic conditions in the north and south east (Monash)</p> <p>CF 3.2 – Older people and people who have chronic disease with a particular focus on, but not limited to, diabetes and chronic heart failure.</p> <p>CF 3.3 – Aboriginal and Torres Strait Islander people in the north east region of the catchment.</p>
Consultation - HSI Component	<p>Consultation has occurred with a range of stakeholders delivering chronic disease management support programs, such as community health services and Local Hospital Networks.</p> <p>Clinical Council and Community Advisory Committee</p> <p>Engagement with the General Practice population will occur as part of program implementation.</p> <p>Consultation will occur with the Eastern Melbourne Primary Health Care Collaborative, Better Health North East Melbourne Collaborative and the EMPHN Consumer Advisory Committee and Clinical Council. Workshops or similar will be undertaken to gain broader consumer and stakeholder collaboration.</p>
Collaboration - HSI Component	<p>The program will collaborate with:</p> <ul style="list-style-type: none"> • General Practice • Community Health • LHNs • DHHS • VPHNA • clinical specialists • data systems providers
HSI Component – Other	<p>This activity requires components to be delivered through HSI including staffing to undertake:</p> <ul style="list-style-type: none"> • stakeholder, community and market engagement • planning for intervention • service monitoring • evaluation

	<ul style="list-style-type: none"> external procurement evaluation
Indigenous Specific	No
Duration	Ongoing
Coverage	Entire PHN catchment
Commissioning method (if known)	CF 3.1 tender – delivery CF 3.2 Open tender CF 3.3 Open or limited release tender
Decommissioning	CF 3.1 will be decommissioned 31 st of December 2018
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$363,710
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$230,000
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$133,710
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	Not Applicable
Funding from other sources	Not Applicable

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. CF 1)	CF-4: HealthPathways
Existing, Modified, or New Activity	Modified

Program Key Priority Area	Other – system integration, supporting implementation of clinical guidelines, supporting demand management approaches
Needs Assessment Priority Area (eg. 1, 2, 3)	Leveraging data, digital Health and technology – System Integration (Needs Assessment 2017, Pg. 113)
Aim of Activity	HealthPathways Melbourne (HPM) is a free, web-based portal that provides clinicians with a single website to over 500 access clinical and referral pathways, and resources. HealthPathways Melbourne empowers clinicians with locally agreed information to make the best decisions, together with patients, at the point of care.
Description of Activity	<p>The activity enables General Practitioners access to on-line evidence-based guidelines and referral pathways to enable the right care for the patient, in the right place, at the right time. It will improve the health system through the development, design and maintenance of pathways that align with key priority areas and drive system redesign, the promotion of meaningful use of Health Pathways to more General Practitioners, the expansion of pathways to cover the entire EMPHN catchment and through the design and implementation of a workable e-referral solution.</p> <p>It will also continue to support the development of state wide pathways that align with clinical practice guidelines, including paediatrics. EMPHN will also lead the development of mental health pathways across the region.</p>
Target population cohort	General Practitioners and clients accessing General Practice.
Consultation - HSI Component	<p>Stakeholder engagement is a core component of this activity and is regularly undertaken with:</p> <ul style="list-style-type: none"> - Clinical working groups - Events/Training activity - Online feedback mechanisms - Practice demonstrations
Collaboration - HSI Component	<ul style="list-style-type: none"> • General Practitioners and general practice teams who assess, treat, refer and follow up patients as per guidance in HPM. • Austin, Eastern and Northern Health Specialist intake clinicians and teams assess and process referrals as per information on HPM.

	<ul style="list-style-type: none"> • Austin, Eastern and Northern Health Specialist care clinicians and teams design their services with the knowledge of services available in general practice and primary care as represented in HPM. • Department of Health and Human Services Victoria: Policy-makers, funders, professional bodies, clinical networks, clinical champions and employers adopt and promote HPM as the source of local care pathways.
HSI Component – Other	Staffing, planning, project and contract administration, monitoring and evaluation.
Indigenous Specific	No
Duration	Ongoing
Coverage	EMPHN region, NWMPHN region with scoped works for state-wide collaboration with other PHNs.
Commissioning method (if known)	Not applicable
Decommissioning	Not Applicable
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$591,424
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$374,000
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$217,424
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	\$0
Funding from other sources	NWMPHN and EMPHN share costs associated with pathways development activities across our catchments.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. CF 1)	CF-5 Workforce Education
Existing, Modified, or New Activity	Modified
Program Key Priority Area	Workforce If Other (please provide details):
Needs Assessment Priority Area (eg. 1, 2, 3)	Enhancing Primary Care: Systems Integration –(Needs Assessment 2017 Pg. 111)
Aim of Activity	EMPHN aims to enhance the capacity and ability of the primary care workforce to: <ul style="list-style-type: none"> - meet the needs of the communities they provide care for - deliver on government priorities for primary health care
Description of Activity	<p>CF5.1 – Until December 2018 EMPHN will work with Monash University to facilitate clinical placements to increase the capacity of the General Practice workforce through attraction of nursing graduates to the industry and build the supervisory capacity of General Practice. This activity will conclude in 2018. This is not a commissioned activity and the project management of this work has been costed to HSI.</p> <p>CF5.2 – General Practice (GP, Nurse, Practice Manager) Education through webinars relating to areas of national priorities, local areas of need and workforce development need. This work is shared amongst the Victorian PHN alliance and components are commissioned out to subject matter expert presenters and a videographer and editor. The project management component has been costed to HIS.</p> <p>CF5.3 – General Practice CPD. EMPHN will continue to support workforce development through the EMPHN GP education alliance. This alliance enables the commissioning of locally relevant, high quality GP education with the 5 local hospital networks. EMPHN with the 5 LHNs will identify shared priorities for workforce development and co-design a local series of CPD events to address these</p>

	<p>priorities. This alliance has proved very successful and we wish to continue to work in this coordinated way with our LHNs. The project management component has been costed to HSI.</p> <p>CF5.4 – General practice peer support networks – basecamp networks, local networks, educational and professional development. This activity will procure high quality workforce development activities for practice nurses, managers and staff. The project management component to support the networks and project manage the educational procurement has been costed to HIS.</p>
Target population cohort	Whole of community
Consultation - HSI Component	<p>Consultation with various stakeholders in inform priorities for workforce strategy and education including:</p> <ul style="list-style-type: none"> LHNs EVGPT Monash University General Practitioner, Practice Nurses Practice managers Other practice staff Specialists Peak Bodies
Collaboration - HSI Component	<p>The program will collaborate with:</p> <ul style="list-style-type: none"> • General Practice • Community Health • LHNs • EVGPT • DHHS • VPHNA • Specialists • Peak bodies

	<ul style="list-style-type: none"> • RACGP
HSI Component – Other	<p>This activity requires components to be delivered through HSI including staffing to undertake:</p> <ul style="list-style-type: none"> • stakeholder, community and market engagement • planning for education • service monitoring and • evaluation <p>Funding of external procurement evaluation</p>
Indigenous Specific	No
Duration	1/7/2018-30/06/2019
Coverage	whole PHN region
Commissioning method (if known)	Various- RFQ
Decommissioning	Nil
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$126,508
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$80,000
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$46,508
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	\$0
Funding from other sources	If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).

Proposed Activities	
Activity Title / Reference (eg. CF 1)	CF 6 Supporting Diabetes Diversion
Existing, Modified, or New Activity	<p>CF 6.1 Existing – Manage current commissioning activities that include: Diabetes Diversion Partnership Project (Northern Melbourne region) Further expansion of Integrated Diabetes Education and Assessment Service (IDEAS)</p> <p>CF 6.2 New Activity – Diabetes Diversion activity in North Eastern and Monash region.</p>
Program Key Priority Area	Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	Working in partnership to enable an integrated service system – Chronic Disease (Needs Assessment 2017, Pg. 114)
Aim of Activity	<p>CF 6.1 – To expand existing successful Eastern Melbourne PHN catchments service system responses to diabetes, and provide eligible patients with integrated wrap-around support that will reduce hospital outpatient wait lists</p> <p>Establishment of a diabetes hospital diversion program to the Northern Melbourne region of the PHN catchment, to address outpatient appointment demand and increasing burden of disease in the catchment.</p> <p>CF 6.2 – Using the commissioning process, establish a diabetes diversion program for remaining EMPHN catchment areas not already covered, including Monash LGA and the North Eastern catchment, including Banyule and Nillumbik LGAs. Develop a solution to tender that addresses the unique needs of each catchment to achieve an integrated diabetes service system.</p>
Description of Activity	<p>CF 6.1 – Manage the existing contract that exist to deliver on this activity. Provision of a new model of care in the northern catchment, working with The Northern Hospital, PCP, community health and general practice to deliver a community based diabetes service. Manage the existing contract that exists to support the further expansion of the IDEAS clinic to include the Upper Yarra Valley in the LGA of Shire of Yarra Ranges.</p> <p>CF 6.2 – Using the commissioning process design a solution that will address the need to provide an integrated diabetes service in the Monash and North Eastern regions to reduce burden on the two</p>

	local hospitals in those areas, Monash Health and Austin Health. Taking a co-designed approach, tailored solutions will be designed, and then commissioned, for each distinct region.
Target population cohort	Older people and people who have diabetes.
Consultation - HSI Component	Significant consultation will be undertaken with the Local Hospital networks and General Practitioners, as well as a range of service providers as part of the market analysis stage of the commissioning process. Consultation will also be undertaken with existing diabetes diversion service providers so that evaluation of these projects can be considered when developing new solutions. Consultation will also occur with the EMPHN clinical council and consumer advisory committee.
Collaboration - HSI Component	<ul style="list-style-type: none"> • Local Health Networks, including relevant outpatients clinics and specialist champions • General Practice • Consumers • Community Health Services
HSI Component – Other	<p>This activity requires components to be delivered through HSI including staffing to undertake:</p> <ul style="list-style-type: none"> • stakeholder, community and market engagement • planning for intervention • service monitoring • evaluation • external procurement evaluation
Indigenous Specific	No
Duration	Ongoing this activity will continue
Coverage	EMPHN catchment
Commissioning method (if known)	Open tender
Decommissioning	n/a
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$474,405

Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$300,000
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$174,405
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	\$0
Funding from other sources	Not Applicable

Proposed Activities	
Activity Title / Reference (e.g. CF 1)	CF7 – End of Life Care
Existing, Modified, or New Activity	Modified
Program Key Priority Area	Aged Care
Needs Assessment Priority Area (e.g. 1, 2, 3)	Working in Partnership to enable an integrated service system – System Integration (Needs Assessment 2017, pg. 114)
Aim of Activity	This activity will support people who are dying to have improved ability to choose where they die and to receive better support for themselves and their carers during palliative and end of life care. Consequently, the aim is that more people in the EMPHN catchment are able to die in their place of choice.
Description of Activity	This activity will occur in conjunction with the <i>Greater Choice for At Home Palliative Care</i> measure, to support co-designed solutions to be implemented through the Eastern Melbourne Primary Health Care Collaborative, Better Health North East Melbourne and other collaborations as they are established.

	The Greater Choice for At Home Palliative Care funding only provides funding for project support staffing, funding under CF7 will be used to commission activities identified within the project to improve access to at home services for people at end of life. It is likely that this will include the piloting of innovative programs to support primary care and community services to better support people and their carers. This commissioned activity will build on and add value to the greater choices work.
Target population cohort	End of life care services People at end of life and their families
Consultation - HSI Component	A working group formed from members of the EMPHCC and a range of stakeholders delivering end of life support services together with general practice and consumer representatives will undertake this project. GP's and Consumers will also be involved at all stages of the design and delivery of any intervention developed. Similar working groups will be formed in the Better Health North East Melbourne Collaborative, through Monash Health and through Northern Health, covering the entire catchment.
Collaboration - HSI Component	This activity will require collaboration from a wide range of stakeholders, including: <ul style="list-style-type: none"> • LHNs • Private hospitals • Specialist palliative care services • General practice • Service users (consumers and their families) • Residential and community based aged care providers • Community Health Services • Residential palliative care and respite services • Peak bodies, including Palliative Care Victoria • Latrobe University and other interested tertiary institutions • Other community service providers, including neighbourhood and community houses
HSI Component – Other	This activity requires components to be delivered through HSI including staffing to undertake: <ul style="list-style-type: none"> • stakeholder, community and market engagement • planning for intervention

	<ul style="list-style-type: none"> • service monitoring • evaluation • external procurement evaluation
Indigenous Specific	No
Duration	Ongoing
Coverage	Entire PHN catchment
Commissioning method (if known)	Open tender
Decommissioning	N/A
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$158,135
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$100,000
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$58,135
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	\$0
Funding from other sources	Not Applicable

Proposed Activities	
Activity Title / Reference (e.g. CF 1)	CF-8: Acute and Primary Care Integration CF 8.1 Outpatients Diversion Project

	<p>CF 8.2 Deprescribing – Pharmacist in General Practice</p> <p>CF 8.3 Care-coordination/hospital based shared care</p>
Existing, Modified, or New Activity	<p>CF 8.1 Modified</p> <p>CF 8.2 Existing</p> <p>CF 8.3 New Activity</p>
Program Key Priority Area	Population Health
Needs Assessment Priority Area (e.g. 1, 2, 3)	Working in Partnership to enable an integrated service system – System Integration, Chronic Disease (Needs assessment 2017, Pg. 118)
Aim of Activity	<p>CF 8.1 Increase the number of diversions and diversify the conditions that are diverted from hospital outpatient clinics and emergency departments to general practice.</p> <p>CF 8.2 Scale up the existing pharmacist in general practice program.</p> <p>CF 8.3 Establish a hospital based shared care program for patients with chronic heart failure.</p>
Description of Activity	<p>CF 8.1 – Public hospitals will be commissioned to provide project management to divert patients with conditions that can be managed in primary care from outpatient clinics and emergency departments to GPs and evaluating the outcome. The hospitals will provide the necessary education and pathways changes to support this diversion that may include clinical attachments and other training support as required. GPs will be commissioned to accept patients referred directly from the Emergency Department and undertake mandatory training requirements. The program will be delivered as a partnership between acute services and general practice.</p> <p>Budget: \$150,000</p> <p>CF 8.2 – General Practices will be commissioned to employ a clinical pharmacist in their practice to provide pharmaceutical advice to GPs and patients to reduce polypharmacy and associated risk, improve medication compliance, and facilitate referral for medication management reviews. This</p>

	<p>model is showing great promise in improving medication adherence and deprescribing of medicines for patients in high risk groups.</p> <p>Budget: \$150,000</p> <p>CF 8.3 – A hospital will be commissioned to partner with primary care to undertake the delivery of a shared care solution for chronic disease management; the shared care model will provide the framework for how we scale this approach to other health services and other chronic conditions. We will identify the critical success factors, the tools and resources required to support better shared care between acute and primary care, improving discharge planning and ongoing management.</p> <p>Budget: \$200,000</p>
Target population cohort	<p>CF 8.1 Patients requiring urgent care for simple fractures and other identified Category 4 or 5 presentations.</p> <p>CF 8.2 Patients with polypharmacy and medication issues in general practice.</p> <p>CF 8.3 Patients with chronic heart failure.</p>
Consultation - HSI Component	<p>CF 8.1 Consultation will occur with:</p> <ul style="list-style-type: none"> • LHNs, particularly relevant specialist clinics and ED • GPs and practices • Consumers • EMPHN Consumer Advisory Committee and Clinical Council <p>A steering committee, already established, will have membership reviewed and consultation will also occur on an ad hoc basis.</p> <p>CF 8.2 Consultation will occur with:</p> <ul style="list-style-type: none"> • General practice • Pharmacists • Consumers • EMPHN Consumer Advisory Committee and Clinical Council

	<p>Consultation and consideration of evaluation of existing practices participating will form part of the consultation.</p> <p>CF 8.3 Consultation will occur with:</p> <ul style="list-style-type: none"> • General practice • LHNs • Community Health • Consumers • Peak Bodies • Clinical advisors <p>A steering committee will be formed to ensure broad representation for consultation during the solution design phase of the project.</p>
Collaboration - HSI Component	<p>Each activity will require collaboration from a wide range of stakeholders, including:</p> <ul style="list-style-type: none"> • LHNs • Private hospitals • Specialist clinics • General practice • Community Health Services • Pharmacists • Peak bodies
HSI Component – Other	<p>This activity requires components to be delivered through HSI including staffing to undertake:</p> <ul style="list-style-type: none"> • stakeholder, community and market engagement • planning for intervention • service monitoring • evaluation • external procurement evaluation
Indigenous Specific	No
Duration	Ongoing

Coverage	Entire catchment
Commissioning method (if known)	CF 8.1 Mix of limited tender (LHN) and Expression of Interest (GP) CF 8.2 Open tender CF 8.3 Open tender
Decommissioning	Nil
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$790,674
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$500,000.
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$290,674
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	\$0
Funding from other sources	

Proposed Activities –	
Activity Title / Reference (e.g. CF 1)	CF-9 Chronic disease management high-risk intervention.
Existing, Modified, or New Activity	Modified
Program Key Priority Area	Population Health

Needs Assessment Priority Area (e.g. 1, 2, 3)	Working in Partnerships to enable an Integrated System – Systems Integration- (Needs Assessment 2017, Pg. 114, 118)
Aim of Activity	Investment in innovative approaches to addressing heart disease prevention and management, which has significant burden in the health of our population, and accounting for high ambulatory care sensitive condition admissions. This activity aims to identify and design a service solution for the top 2% of clients identified through acute care systems at risk of readmission.
Description of Activity	<p>This activity will focus on strategies to improve primary and secondary prevention of cardiovascular disease. This activity aligns with the implementation of the Victorian cardiac plan and the Victorian Department of Health and Human Services have co-invested in this activity.</p> <p>The activity will consider existing platforms, including HealthPathways and others as a part of the diagnostics and solution design. This activity has a relationship to the DHHS funded HealthLinks program, currently being implemented by hospitals in Victoria and using an algorithm to identify patients at high risk of readmission to hospital.</p>
Target population cohort	Patients at risk and at high risk of unplanned hospital presentation due to cardiovascular disease
Consultation - HSI Component	Significant consultation will be undertaken with the Local Hospital Networks, peak bodies (e.g. Heart Foundation) and General Practitioners, as well as a range of providers as part of the market analysis stage of the commissioning process. This consultation will assist in identifying the scope of the work and priority areas that need to be addressed.
Collaboration - HSI Component	<p>DHHS Northern Health Monash Health Barwon Health North Western Melbourne PHN General Practitioners Relevant Community Health Services</p> <p>This activity has been funded under a collaborative arrangement through VPHNA and will engage with other interested PHNs. EMPHN will be the lead agency</p>
HSI Component – Other	<p>This activity requires components to be delivered through HSI including staffing to undertake:</p> <ul style="list-style-type: none"> • stakeholder, community and market engagement • planning for intervention

	<ul style="list-style-type: none"> • service monitoring • evaluation • external procurement evaluation
Indigenous Specific	No
Duration	Ongoing
Coverage	Whole of EMPHN catchment
Commissioning method (if known)	Unknown
Decommissioning	N/A
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$158,135
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$100,000
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$58,135
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	\$300,000
Funding from other sources	DHHS has provided this funding to VPHNA for which EMPHN is the lead agency

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (e.g. CF 1)	CF-10 Chronic Disease Management Rising Risk Intervention
Existing, Modified, or New Activity	CF 10.1 Modified

	CF 10.2 Modified
Program Key Priority Area	Population Health
Needs Assessment Priority Area (e.g. 1, 2, 3)	Working in Partnerships to enable an integrated service system – Systems Integration, Chronic Disease (needs Assessment 2017 – Pg. 119)
Aim of Activity	<p>10.1 Rising Risk North East – Commission an early intervention model of care to address the needs of the rising risk cohort in the north eastern region of the catchment by intervening earlier (in the community) to keep people well for longer thus reducing preventable admissions and presentations to hospital.</p> <p>10.2 Rising Risk Eastern – Scoping a risk stratification approach in the eastern region of the catchment to analyse existing data and identify patient characteristics that could benefit from an early intervention approach.</p>
Description of Activity	<p>10.1 Rising Risk North East – Currently a project is under commission to develop a clear understanding of the rising risk cohort in the northeast part of the catchment and develop an intervention that can be tested. This year’s activity will trial this intervention with practices in the north eastern catchment and evaluate the outcomes.</p> <p>10.2 The Rising Risk Eastern project will look at the data that is available to develop a risk stratification tool to identify patients who are at rising risk within a particular patient cohort e.g. diabetes. This activity will support the work that is already underway in the North East.</p>
Target population cohort	Patients identified as rising risk
Consultation - HSI Component	<p>Consultation will occur with:</p> <ul style="list-style-type: none"> • LHN • Outcome Health, who are providing the risk stratification tool • General practice • Other community based organisations • EMPHN Clinical Council and Community Advisory Committee

<p>Collaboration - HSI Component</p>	<p>Collaboration for both activities will occur with:</p> <ul style="list-style-type: none"> • LHNs and • general practice • Local Government <p>Through the Better Health North East Melbourne Collaborative:</p> <ul style="list-style-type: none"> • Austin Health (control site in Health Links project) • HealthAbility • Banyule Community Health Service • Darebin- Your Community Health Service • Department of Health and Human Services • General Practitioners • Eastern Melbourne PHN • North West Melbourne PHN <p>Through the Eastern Melbourne Primary Health Care Collaborative:</p> <ul style="list-style-type: none"> • Connect 4 Health • Department of Health • and Human Services • EACH • Eastern Health • Eastern Melbourne PHN • General Practitioners
<p>HSI Component – Other</p>	<p>This activity requires components to be delivered through HSI including staffing to undertake:</p> <ul style="list-style-type: none"> • stakeholder, community and market engagement • planning for intervention • service monitoring • evaluation

	<ul style="list-style-type: none"> external procurement evaluation
Indigenous Specific	No
Duration	July 2018 – June 2019
Coverage	CF 10.1 Nillumbik and Banyule LGA CF 10.2 Eastern Health catchment
Commissioning method (if known)	Intervention commissioning will be open tender
Decommissioning	N/A
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$521,845
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$330,000
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$191,845
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	\$0
Funding from other sources	N/A

Proposed Activities	
Activity Title / Reference (e.g. CF 1)	CF-11 : Enhancing Primary care CF 11.1 Practice 2030. CF 11.2 Quality Improvement in general practice

	<p>CF 11.3 Creating high functioning teams</p> <p>CF 11.4 General practice readiness for delivering enhanced primary care</p> <p>CF 11.5 Integrated Patient Centred Care</p>
Existing, Modified, or New Activity	Modified
Program Key Priority Area	<p>: Population Health</p> <p>: Workforce</p>
Needs Assessment Priority Area (e.g. 1, 2, 3)	Outcomes of health needs analysis- Potential preventable hospitalisations in General Practice- page 16, 18
Aim of Activity	<p>The development and implementation of innovative activities, integrated with other program areas, which support general practice to add value to the health system and enhance care within their own practice or link with the wider system.</p> <p>The activity will include a number of complementary programs of work that all aim to build practices capacity to respond to future directions in health care.</p>
Description of Activity	<p>CF 11.1 - Practice 2030.</p> <p>Continue the implementation of the Practice 2030 project. The aim of the project is to provide the resources and tools for practices to make changes in organisational performance, in line with accreditation benchmarks and in preparation for the ever-changing landscape of general practice. This will extend our very successful GP capacity building program preparing GPs for patient centred health care homes. Through an open EOI commissioning process EMPHN will recruit up to 15 General Practices to undertake a practice benchmarking and QI program. EMPHN will also through RFQ commission University of Queensland to provide the tool and administration of the tool. EMPHN will also continue to provide access to further development opportunities for practices who have completed the first round of Practice 2030 in the areas of strategic planning and business development. The staffing component to project manage Practice 2030 has been costed to HSI.</p> <p>CF 11.2 – Quality Improvement in general practice</p> <p>EMPHN intends to commission the design and implementation of an innovative e-learning management system for General Practice. The platform will better engage general practice to</p>

	<p>participate in online learning opportunities and will allow greater visibility for the PHN to better understand the learning and development needs of general practice.</p> <p>EMPHN will commission the development and testing of standardised reports to support General Practice understand their progress against key clinical and business indicators (QI opportunities). The staffing resources required to deliver this commissioned activity has been costed to HSI.</p> <p>CF 11.3 – Creating high functioning teams</p> <p>Commission a scoping project to deliver a framework for future workforce training needs of practice nurses including mapping of scope of practice from novice to advanced general practice nurse. The staffing resources to deliver this commissioned activity have been costed to HSI.</p> <p>CF 11.4 – General practice readiness for delivering enhanced primary care</p> <p>EMPHN seeks to commission an organisation to design and implement a General practice categorisation tool for our region. This tool will assist in EMPHN identifying General Practice readiness for system change and better target our interventions to achieve meaningful outcomes. This approach will redefine how the PHN understands general practice within our catchment. The staffing resources required to deliver this commissioned activity has been costed to HSI.</p> <p>CF 11.5 – Integrated Patient Centred Care</p> <p>EMPHN is looking to commission self-management programs in various platforms for people with chronic conditions. This will seek out innovative solutions that will be more engaging for patients and will be easier to use for practice nurses and GPs. The staffing resources required to deliver this commissioned activity has been costed to HSI.</p>
Target population cohort	Whole of PHN catchment population
Consultation - HSI Component	<p>Consultation will be ongoing with Peak bodies and key groups across the catchment.</p> <p>EMPHN regularly consults with other local PHNs and interstate PHN to continue to develop our Enhancing Primary care program.</p>
Collaboration - HSI Component	The program will collaborate with:

	<ul style="list-style-type: none"> • General Practice • Community Health • LHNs • DHHS • VPHNA • Universities/research institutes • Clinical specialists • RTOs • Peak Bodies • Data systems providers • QI program agencies
HSI Component – Other	<p>This activity requires components to be delivered through HSI including staffing to undertake:</p> <ul style="list-style-type: none"> • stakeholder, community and market engagement • planning for intervention, • service monitoring and • Evaluation • Funding of external procurement evaluation
Indigenous Specific	No
Duration	Ongoing
Coverage	Entire PHN region
Commissioning method (if known)	<p>11.1 EOI</p> <p>11.2 RFQ</p> <p>11.3 Not known- Diagnostics and solution design.</p> <p>11.4 RFT/RFQ</p> <p>11.5 1 EOI delivery and procurement unknown in solution design</p>
Decommissioning	NA

Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$980,436
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$620,000
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$360,426
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	\$0
Funding from other sources	

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (e.g. CF 1)	CF 12 Healthy Ageing
Existing, Modified, or New Activity	Modified activity
Program Key Priority Area	Aged Care
Needs Assessment Priority Area (e.g. 1, 2, 3)	Working in Partnerships to enable an integrated service system – Chronic Disease (Needs assessment 2017 – Pg. 119)
Aim of Activity	This activity will support the ageing population in the EMPHN catchment by commissioning innovation activities that improve the experience for aged people in the community, including a specific focus on palliative care and access to medical services.
Description of Activity	The initial commissioned activity will be for a consultant to undertake system mapping and gap analysis to identify opportunities to support healthy ageing. Further commissioning activities for innovative solutions to address the gaps identified will be undertaken following the system mapping.

Target population cohort	People aged over 65 years of age including those from diverse cultural and linguistic backgrounds Aboriginal or Torres Strait Islander aged over 50
Consultation - HSI Component	Consultation will occur with: <ul style="list-style-type: none"> • Residential Aged Care Facilities • Community Based aged care services • General practice • Pharmacists • Community Health • Allied Health/LHN/Other specialist services • Consumers • Peak bodies, including COTA and Health Issues Centre • EMPHN Consumer Advisory Committee and Clinical Council
Collaboration - HSI Component	Once consultation is complete, a collaborative approach that includes stakeholders relevant to the identified issues will be undertaken. This will involve some or all of the stakeholders listed above.
HSI Component – Other	This activity requires components to be delivered through HSI including staffing to undertake: <ul style="list-style-type: none"> • planning for intervention, • procurement and contract administration, • service monitoring and • Evaluation • Funding of external procurement evaluation
Indigenous Specific	No
Duration	Ongoing
Coverage	Entire EMPHN catchment
Commissioning method (if known)	Open tender for both elements of the activity
Decommissioning	N/A

Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$158,135
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$100,000
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$58,135
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	
Funding from other sources	

1. (c) Planned PHN activities

- Core Operational Funding Stream: Health Systems Improvement 2018-19
- General Practice Support Funding 2018-19

Proposed Activities	
Activity Title / Reference (e.g. HSI or GPS)	HSI-1 – Commissioning Support
HSI/GPS Priority Area	Other (please specify) Commissioning Support Activities
Existing, Modified, or New Activity	New
Aim of Activity	Supporting the commissioning process to ensure activities including commissioning applications, tendering, procurement, probity, contract management, quality, clinical governance, financial management, performance reporting, risk management, stakeholder engagement and communications are conducted appropriately to deliver the key outcomes of the PHN objectives and comply with appropriate standards, regulations and legislation.
Description of Activity	<p>1.1 Communications and Marketing Support for Commissioning Activities</p> <p>Communications and Marketing provide support across the following areas:</p> <ul style="list-style-type: none"> • Embedding the EMPHN Stakeholder Engagement Framework to guide EMPHN in connecting with consumers and carers; primary healthcare professionals; healthcare providers; local health services; local, federal and state government departments; and other individuals, groups and organisations, from day-to-day interactions through to strategic engagement activities. • Supporting the delivery of commissioning and engagement training to staff • Delivering high quality stakeholder engagement through the commissioning process

- Developing high quality communications plans to demonstrate how engagement has influenced decision making and program outcomes including demonstrating how they have made a difference to the health of our catchment
- Improving awareness of EMPHN's role as a commissioner through high quality communications, conferences, events and media coverage.

1.2 Business Services Support for Commissioning Activities

Business Services ensure that EMPHN staff have the appropriate tools, resources and support to deliver on EMPHN's commissioning activities. Activities include:

- providing commissioning applications and monitoring tools
- a clean and safe work environment for commissioning staff
- financial reporting to manage commissioning spend
- performance reporting to report against PHN strategic indicators
- contract management and analysis to track commissioning activities progress
- risk management systems and processes to manage commissioning risk
- quality systems to manage compliance to appropriate standards, regulations and legislation
- clinical governance frameworks and processes to manage patient outcomes
- managing relationships with external stakeholders including Department of Health, DHHS, other PHNs, application providers to deliver improvement to commissioning processes

1.3 Procurement Support for Commissioning Activities

Procurement activities at EMPHN support the process of sourcing a service provider for PHN programs by:

- providing and supporting procurement systems and applications
- supporting staff to manage tender processes such as RFT's, RFQ's, RFP's
- probity advice and compliance
- identify and manage conflict of interests
- provide administration support to manage procurement processes

	<ul style="list-style-type: none"> ensure procurement policies and processes are complied with report on procurement activities to management and Board
Supporting the primary health care sector	Supporting the Commissioning process is vital to ensure commissioning activities are conducted appropriately to deliver the key outcomes of the Primary Health Networks objectives and comply with appropriate standards, regulations and legislation.
Collaboration	The Board, management and staff of EMPHN will be responsible for the implementation of this activity. EMPHN will also collaborate with other PHNs to determine best practice in commissioning processes and systems.
Duration	The activity will run for the full year from 1 July 2018 to 30 June 2019.
Coverage	EMPHN region
Expected Outcome	The outcomes are to ensure robust processes, applications and systems support commissioning to deliver intended outcomes of the individual activities.
Planned Core Operational Funding Stream b) Health Systems Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$2,094,054
Planned General Practice Support Funding Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$0
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$0
Funding from other sources	Not applicable
Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (e.g. HSI or GPS)	HSI 2 Digital Health

HSI/GPS Priority Area	Digital Health
Existing, Modified, or New Activity	Existing
Aim of Activity	<p>Digital Health is a key mechanism by which improvements in the primary health care system can be sought by EMPHN.</p> <p>The Digital Health Team has expertise to support the following activities relating to eHealth including:</p> <ul style="list-style-type: none"> 2.1 Supporting practices in the uptake of the ePIP 2.2 Working in partnership with LHNs and Community Health in eReferral Projects 2.3 Support for the roll out of My Health Record 2.4 Support for the roll out of the POLAR GP Clinical Audit Tool 2.5 Development of Practice Reports to assist practices with quality improvement activities <p>This activity will assist general practices in understanding and making meaningful use of eHealth systems, in order to streamline the flow of relevant patient information across the local health provider community.</p>
Description of Activity	<p>The Digital Health team will support a range of internal teams and external organisations by providing practical support and education to understand the processes and systems that underpin the delivery of eHealth services in Australia.</p> <p>The team as the subject experts will build internal capacity and engage directly with external organisations to assist them achieve the required eHealth objectives and provide the primary care interface to ensure a cross-system approach.</p> <p>Promotion and engagement with key national infrastructure and service providers will be critical to enable the effective deployment and expansion of eHealth initiatives across the EMPHN region</p>
Supporting the primary health care sector	<p>The Digital Health/eHealth program will support the primary health sector in learning and pursuing the highest standards in quality data capture/ storage and reporting through the education/training and assistance of best practices and workflows.</p> <p>The program will also support the development of the primary health care system to be able to respond to the fast changing landscape including changes to policy and funding requirements and community expectations. An example would include EMPHN supporting practices to develop</p>

	workflows and practices to ensure compliance with current and future PIP requirements, eReferral, My Health Record uploads-meaningful use and preparations towards being a patient centred Health Care Home
Collaboration	<p>Whilst this program enables internal capacity across a range of activities, a specific activity in this space will be undertaken in collaboration with:</p> <p>eReferral: General Practice, LHNs – Eastern Health, Austin Health, Northern Health</p> <p>Telehealth: General Practice, Specialists, LHN Outpatients/Specialists</p> <p>Clinical Audit Tool (POLAR): Outcomes Health, Gippsland and South East Melbourne PHN</p>
Duration	<p>Anticipated activity start and completion dates.</p> <p>2.1 ePIP support: 2019</p> <p>2.2 eReferral: July 2018 – June 2019</p> <p>2.3 MyHR: July 2018 – June 2019</p> <p>2.4 POLAR installation: July 2018 – June 2019</p> <p>2.5 Practice Reports: July 2018 – June 2019</p>
Coverage	EMPHN region
Expected Outcome	<p>Improved response to the fast-changing digital health landscape including changes to policy and funding requirements and community expectations.</p> <ol style="list-style-type: none"> 1. ePIP support: 2019 Practices will be more aware and able to undertake PIP activities, especially Quality initiatives. 2. eReferral: July 2018 – June 2019 Increasing the awareness and maximising the number of GP practices using eReferral as their communication mechanism with specialist clinics at health services. 3. MyHR: July 2018 – June 2019 Increasing the awareness and education of both consumers plus GP/Pharmacy/Allied Health / Specialist and Aged Care providers and increasing the number of providers submitting and viewing My Health Record stored information.

	<p>4. POLAR installation: July 2018 – June 2019</p> <p>Increasing General Practice acceptance, support, education and maximising the number of GP practices using POLAR GP as their data quality and clinical audit tool.</p> <p>5. Practice Reports: July 2018 – June 2019</p> <p>Increasing General Practice awareness, education and use of Practice Reports to enable 'business intelligence' and understanding of possible opportunities within the practice.</p>
Planned Core Operational Funding Stream b) Health Systems Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$602,602
Planned General Practice Support Funding Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$518,517.93
Funding from other sources	Australian Digital Health Agency – My Health Record Expansion support funding November 2017-June 2019

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

Activity Title / Reference (e.g. HSI or GPS)	HSI 3: System Intelligence and Analytics
HSI/GPS Priority Area	Population Health Planning
Existing, Modified, or New Activity	Existing
Aim of Activity	<p>The Systems and Analytics team has responsibility for equipping the organisation and its programs with:</p> <ul style="list-style-type: none"> - Continually updating needs assessments to inform program and commissioning activity in health needs, service access trends, service mapping and forecasting - Undertaking deeper dives on issues to inform the organisations and its stakeholders it is collaborating with - Providing the Collaborative Platforms with briefings of the key issues on which to focus through the Collaborative Structure - Assisting and increasing the capacity of the organisation to source an evidence base and appropriately evaluate projects and programs <p>This will ensure the organisation maintains a population health understanding of the health care needs of the PHN communities through analysis and planning, knowing what services are available and helping to identify and address service gaps where needed, including in rural and remote areas, while getting value for money.</p>
Description of Activity	<p>The Population Health function will support the primary care sector through the sharing of key data and findings to promote collaborative activity help provide direction and context to the consolidation of investments and best impact targeting for action.</p> <p>Findings highlight the driving population health needs experienced by the primary care workforce to then influence education, initiatives and supports planned and provided.</p>
Supporting the primary health care sector	<p>This activity will be primarily internal capacity building and assist with our collaborative arrangements.</p> <p>Stakeholder engagement of local government and Primary Care Partnerships will be maintained by the Systems Intelligence and Analytics team</p>

Collaboration	Ongoing.
Duration	Entire EMPHN region
Coverage	Outline coverage of the activity. Where area covered is not the whole PHN region, provide the statistical area as defined in the Australian Bureau of Statistics (ABS), or LGA.
Expected Outcome	
Planned Core Operational Funding Stream b) Health Systems Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$279,749.94
Planned General Practice Support Funding Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$0
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$0
Funding from other sources	

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (e.g. HSI or GPS)	GPS 1 General Practice Support
HSI/GPS Priority Area	General Practice Support
Existing, Modified, or New Activity	Modified

<p>Aim of Activity</p>	<p>EMPHN aims to enhance the capacity and ability of the primary care sector to:</p> <ul style="list-style-type: none"> - meet the needs of the communities they provide care for - deliver on government priorities for primary health care <p>The General Practice Support program will also ensure the programs and projects of EMPHN have strong engagement with and the market knowledge of local General Practice.</p>
<p>Description of Activity</p>	<p>Enhancing Primary Care activities will fall into two main domains:</p> <p>GPS 1.1 General Practice Engagement activities</p> <ul style="list-style-type: none"> - will take a development approach to a targeted caseload of practices, -deliver high quality education and support packages in the areas of practice management, practice nursing, vaccine management and immunisation, data quality, MBS, accreditation, and Quality Use of Medicines -supporting practices in quality improvement activities to improve primary health care outcomes based on the available data collection. - provide and maintain market knowledge of local primary care services <p>These teams will work in collaboration with programs across the organisation and maintain connections with General Practice in our region. Whilst activities of support will look to address the priorities identified in the needs assessment, they will also look to support the emerging workforce development needs of General Practice.</p> <p>General Practice Engagement activities are the mechanism that will enable a range of Flexible Fund activities.</p>
<p>Supporting the primary health care sector</p>	<p>The program will support the primary health sector:</p> <ul style="list-style-type: none"> - In attaining the highest standards in safety and quality through showcasing and disseminating research and evidence of best practice. -Support better patient care through effective use of the MBS and PBS

	<p>- To understand their practice population to better meet the needs of the communities they provide care for</p> <p>- Understand, resource and implement the relevant government policies and requirements to enable the sector to deliver on government priorities for primary health care</p> <p>-Support the workforce to meet demand and ensure they are upskilled to respond to population health needs</p>
Collaboration	<p>The program will collaborate with:</p> <ul style="list-style-type: none"> • General Practice • Community Health • Pharmacies • LHNs • Peak bodies (e.g. Cancer Council Victoria, Diabetes Vic) • Industry associations and colleges • Accreditation agencies • Medical software vendors • DHHS • VPHNA • Clinical specialists <p>A formal alliance “Eastern Melbourne GP Education alliance” with 6 public hospitals supports the delivery of high quality and localised GP education.</p>
Duration	Ongoing.
Coverage	Entire PHN region

<p>Expected Outcome</p>	<p>GPS 1.1 General Practice Engagement activities</p> <ul style="list-style-type: none"> - a targeted group of General practices will show improvement of practice systems and or patient care -general practices have ready access to relevant information to provide high quality evidence based care. -practice improvements will be based on measurable data - EMPHN has sound market knowledge of the local sector to be able to effectively understand gaps and commission services. <p>EMPHN is readily able to assess and deliver on emerging Primary Care sector needs</p> <p>Activities Funded out of the Core Flexible, After Hours, Mental Health and AOD funds have engagement with primary care across the commissioning cycle.</p>
<p>Planned Core Operational Funding Stream b) Health Systems Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding</p>	<p>\$0</p>
<p>Planned General Practice Support Funding Expenditure 2018-19 (GST Excl.) – Commonwealth funding</p>	<p>\$550,897</p>
<p>Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources</p>	<p>\$0</p>
<p>Funding from other sources</p>	

³ HSI funding is to be used to deliver core functions within the PHN program such as population health planning, system integration and stakeholder engagement, as well as support to general practice which is not funded under the General Practice Support Funding Schedule. PHNs are able to use flexible funding to commission referral or health pathways activities (including non-staff costs such as 'Streamliners') but all associated PHN staff costs must be funded from HSI funding. HealthPathways activity to be undertaken by commissioned services should be separately identified as a Core Flexible Activity in *1. (b) Planned PHN activities – Core Flexible Funding Stream 2018-19*.

PHNs cannot commission frontline services using HSI funding. PHNs may use HSI funding to subcontract specific activities under this stream, for example a health data analyst or consultant may be contracted to identify priorities for improved care coordination. Contracted or consultant arrangements are particularly appropriate for time-limited and specialist projects.

Practice support is to be provided through HSI funding and must be primarily delivered through PHN employees. Practice support cannot be commissioned out to a third party. Practice Support includes general practice support not funded under the General Practice Support Funding Schedule and support provided by your PHN to other practices, e.g. allied health practices.

4. (a) Strategic Vision for After Hours Funding

In May 2017, EMPHN commissioned a consultant to conduct a rapid review of after-hours primary health care access issues across the catchment and subsequently identify the top five after hour's primary health care issues. Findings and recommendations from this review have been implemented in the 2017/18 year and continue to be embedded in the 2018/19 activity work plan.

EMPHNs will strategically commission After Hours services to:

- Promote innovative solutions or modalities that maximise patient and clinician experience, value, and outcomes.
- Promote the utilisation of alternative workforces in areas of workforce shortage.
- Promote integration with existing services in the after-hours space and integration with other services funded by EMPHN
- Consider how in-hours services have an impact on or reduce the need for after-hours care.
- Promote and support integration with in hours and afterhours Primary Care.
- Promote the use of digital health and MHR

EMPHN will use a large proportion of 2018/19 funding to procure after hours solutions as part of activity 1.0: fund and facilitate the co-design of innovative after hour's healthcare programs that are underpinned by cross –sectoral and inter-professional arrangements. It is intended that this activity will continue to embed the successful 2017/18 strategy and remain broad to allow for comprehensive scoping of activities and that adequate funding is assigned to this activity to ensure services commissioned have a greater impact on addressing after hours gaps across the catchment.

In activities 2.0-4.0 EMPHN will continue to build upon existing successful strategies and partnerships to continue to deliver services that address community needs and service gaps. Where preferable EMPHN will look to commission these activities alongside activities in 1.0 to promote service integration, increased capacity for vulnerable populations in generalist after hours services and provide increased value for investment.

4. (b) Planned PHN Activities

– After Hours Primary Health Care Funding 2018-19

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (e.g. AH 1)	AH 1.0 : Fund and facilitate the co-design of innovative after hours healthcare programs that are underpinned by cross–sectoral and inter-professional arrangements
Existing, Modified, or New Activity	Existing (2016-18 Activity Work Plan). Incorporating: Increase access to GPs and other primary health care services in the after-hours period
Needs Assessment Priority Area (e.g. 1, 2, 3)	Implement hot spot service solutions to address after hours service shortfalls in the catchment
Aim of Activity	Implementation of innovative service delivery models to increase access to healthcare in the after-hours for vulnerable populations and geographically isolated communities. Enhancement of services will result in a reduction in primary care type presentations in the after-hours and improve the community's access to primary care services. Programs commissioned will also demonstrate integrated service delivery models that support patient centred care and improved value in the cost of care. Integrated ED Diversional Project will see a new model implemented to divert people from the ED to local GP that are opened extended hours and have the capacity to treat patients for minor emergency procedures and primary care type conditions.
Description of Activity	AH 1.1 Commission Healthcare Organisations to develop innovative solutions to address after hours needs in the region and to decrease primary care type presentations in emergency departments –Stage 2 <ul style="list-style-type: none"> EMPHN commissioned a number of organisations to deliver innovative after hour's health care solutions in May 2018. A second round of funding will be used to commission additional projects as well as providing the opportunity to extend contracts that demonstrate significant reductions in ED presentations in the after-hours following comprehensive evaluations of the services. As a part of the innovation, funded services will be required to demonstrate integration into existing after

hour's services including after-hours clinics and Medical Deputising Services. Solutions will target geographical "hotspots" where MDS and after hours GP service availability is limited or non-existent and where vulnerable groups or 'at-risk' populations access to care maybe inadequate. Target cohorts will include young people, people with mental health conditions, vulnerable populations, aged, CALD /Refugee, geographically isolated etc. The commissioning methodology will consider areas where market failure is evident, particularly in outlying areas of the catchment. Modality of solutions will be innovative and should encourage a range of options including telehealth and other digital platforms.

AH 1.2 ED Integrated Diversional Project

EMPHN will establish clear pathways and formalise partnership with LHNs and local General Practices to divert patients presenting after hours from ED to general practice when people are triaged at an ED. Final solution design will be informed by key stakeholders however potential solutions in scope are: patients presenting at ED will have the option to attend a "partnered" General Practice open after hours to be treated for conditions that could be treated at a General Practice. Formalised agreements will ensure the participating practices will have the capacity in the after hours period to treat minor emergency conditions including wounds, non -displaced fractures, minor burns etc. EMPHN will commission LHNs to provide project support and provide general practices additional urgent care training as part of this project. Where there are gaps in after hours primary care services, EMPHN may commission General Practices to provide additional services.

AH 1.2 Support continuation of the after-hours GP clinic in the outer east from 2017 -2019.

EMPHN commissioned Eastern Health to provide After Hours GP services for the residents in the outer east in 2016/17. An evaluation of this service has identified the need to continue to commission Eastern Health to provide this service for the Healesville and surrounding community. Comprehensive mapping of availability of after-hours services as well as community consultation continues to highlight the gap in accessing GPs for the community in the afterhours. Many residents are required to travel long distances to access a GP or are presenting to emergency departments for conditions that may have been treated by a GP. Funding from this activity will be used to extend the current contract with Eastern Health until 2020. Contract deliverables for this service incorporate extensive reporting including retrospective and patient consultation data to demonstrate the effectiveness of the service.

Target population cohort	<ul style="list-style-type: none"> • Communities of EMPHN’s outer eastern and outer northern catchments where access to after-hours general practice services is limited. • Patients presenting at ED for primary care type conditions • Vulnerable population groups including homeless, disabled, CALD/refugee population, youth, mental health 												
Consultation	Consultation with general practices, LHNs, RACFs, Pharmacists, medical deputising services (MDS), Residential In Reach Services (RIR), consumers, medical specialties, Ambulance Victoria as part of the after-hours needs assessment (Diagnostic and Prioritisation Project)												
Collaboration	<p>AH 1.1</p> <ul style="list-style-type: none"> • Collaboration with innovative health care providers to implement demonstrated programs that address limited to access to quality after hours care • General practices in targeted hotspots where “urgent care” type services are available. <p>AH 1.2 LHNs to provide input into co-designing of solutions to procure and processes to implement</p> <p>AH 1.3 Eastern Health: Organisation commissioned to provide after-hours general practice services in Healesville and surrounding area.</p>												
Indigenous Specific	No.												
Duration	<table border="1"> <tr> <td>AH 1.1</td> <td>Develop and commission innovative AH solutions</td> </tr> <tr> <td>Diagnostics and solution design</td> <td>September –March 2019</td> </tr> <tr> <td>Procurement of Activities</td> <td>March –April 2019</td> </tr> <tr> <td>Contract execution</td> <td>May 2019</td> </tr> <tr> <td>Service Delivery</td> <td>June 2018-May 2019</td> </tr> <tr> <td>AH 1.2</td> <td>Implement ED Integrated Diversional Project</td> </tr> </table>	AH 1.1	Develop and commission innovative AH solutions	Diagnostics and solution design	September –March 2019	Procurement of Activities	March –April 2019	Contract execution	May 2019	Service Delivery	June 2018-May 2019	AH 1.2	Implement ED Integrated Diversional Project
AH 1.1	Develop and commission innovative AH solutions												
Diagnostics and solution design	September –March 2019												
Procurement of Activities	March –April 2019												
Contract execution	May 2019												
Service Delivery	June 2018-May 2019												
AH 1.2	Implement ED Integrated Diversional Project												

	Diagnostics and solution design	August –November 2018
	Procurement of activities	December 2018
	Contract execution (if required)	February 2019
	AH 1.3	After Hours GP Clinic Healesville 12 months
	Delivery of service	July –June 2019
	Evaluation	May –June 2019
	Execution 2018/19 Contract	June 2019
	Service Delivery	June 2019-May 2020
Coverage	Whole of catchment	
Commissioning method (if relevant)	<p>AH 1.1 Request for Tender: A clear brief will be developed, an open tender process to enact the proposed solutions will be undertaken and performance metrics will be built into contracts. Evaluation findings will be reviewed and reported.</p> <p>AH 1.2: Direct engagement</p> <p>AH 1.3 Direct engagement</p>	

Decommissioning	
Planned Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$1,557,700.00
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$0
Funding from other sources	

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

Activity Title / Reference (e.g. AH 1)	AH 2.0 A resident centered approach to after-hours healthcare in RACFs
Existing, Modified, or New Activity	Existing activity (2016/18 Activity Work) Incorporating: Increase aged care facility residents' access to GPs and other primary health care services in the after-hours period.
Needs Assessment Priority Area (e.g. 1, 2, 3)	Work in partnership with after-hours service providers providing services to residential care to enhance their capacity to provide afterhours services to residential aged care
Aim of Activity	To increase access to timely high quality primary care services for patients residing in residential aged care facilities in areas of low Primary Care access. To increase the resident centred care and management of residents within residential aged care services to minimise inappropriate referrals the Emergency Departments and hospital admissions.
Description of Activity	AH 2.1 Continuation of the After Hours Visiting GP Service for residents living in RACFs in the outer east. <ul style="list-style-type: none"> EMPHN Commissioned Doctor Doctor to provide after-hours GP services to RACFs in the Outer East in 2016. Following a comprehensive evaluation, the service continues to address the fragmentation

	<p>of after-hours care for residents residing in RACFS in the Outer East. The contract for this service was extended until June 30, 2018. In May 2018 a RFQ process was used to commission the service for another 12 months until June 2018 (new Contract). Results from the evaluation continue to demonstrate a reduction in presentations to ED from RACFs therefore funding for this activity will be used to continue the service for an additional 12 months until 2020.</p> <p>AH 2.2. EMPHN design and fund a demonstration project/s to build person-centred care in Residential Aged Care Facilities (RACF) involving residents, families, RACF staff and practitioners</p> <ul style="list-style-type: none"> • During 2017/18, the Stage 2 Residential in Reach Education Project was implemented following the execution of the contract in June 2017. This collaborative project with Northern, Eastern and Austin Hospital Networks has already demonstrated a significant reduction in RACFs referring clients to ED in Stage 1. Following the completion of the training modules, EMPHN will evaluate further and conduct scoping to determine future commissioning of the service as well as opportunities to expand on this collaboration. As part of scoping for this activity a working group will be established with additional representation from RACFs, Ambulance Victoria, RDNS and other organisations to discuss current systems impacting RACFs including admission and discharge processes and provide recommendations to procure solutions. • Funding for this activity will be utilised to procure solutions recommended by the working party.
Target population cohort	<p>AH 2.1: Visiting GP Service: Residential Aged Care Facilities and clients in the outer east.</p> <p>AH 2.2: RACF staff, RIR staff and clients residing in RACFs within the EMPHN catchment</p>
Consultation	<p>AH 2.1: Consultation with RACFs currently participating in the Visiting GP Service, GPs in the Yarra Valley and Upper Yarra corridor and MDS</p> <p>AH 2.2: Consultation with LHNS to obtain admission data from RACFs and evaluation from educational sessions. Consultation with RACFs, AV, GPS, LHNS as part of working group.</p>
Collaboration	<p>AH 2.1: Work with MDS, RACFs and local GPs to ensure AH coverage for outlying RACFs.</p> <p>AH 2.2: Collaborate with LHNS, AV and RACFS to implement training and future projects around system re-design.</p>
Indigenous Specific	No

Duration	AH 2.1	Visiting GP Service (contract ends Dec 31, 2017) 12 months	
	Service delivery (RFT)	January 2018–June 2019	
	AH 2.2	Evaluate RIR Project and RACF Working Group	
	Evaluate and establish working group	February 2018 – March 2018	
	Procurement of activities	June 2018	
	Service delivery	June 2018-May 2019	
	Coverage	<p>AH 2.2: Visiting GP – Yarra Ranges</p> <p>AH 2.2: RIR and RACF Working Group –Whole of catchment</p>	
	Commissioning method (if relevant)	<p>AH 2.2: Visiting GP Service- Doctor Doctor (MDS) currently provide this service and their contract has been extended until 31 December 2017. A Request for Tender process will be conducted to commission services past this date.</p> <p>AH 2.3: RACF educational sessions will be evaluated. An RFT process to procure services will be conducted following recommendations provided by working party</p>	
Decommissioning	Not applicable.		
Planned Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$400,000.00		
Planned Expenditure 2018-19 (GST Excl.) –	\$0		

Funding from other sources	
Funding from other sources	\$0

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (e.g. AH 1)	AH 3.0 Change Communities attitudes and behaviours in the way people understand and use after hours healthcare services.
Existing, Modified, or New Activity	New (2016/18 Activity Work Plan) Incorporating: Increased community awareness of after hour services and options
Needs Assessment Priority Area (e.g. 1, 2, 3)	Improving experience and health outcomes –keeping people well
Aim of Activity	To undertake an opportunistic Community Awareness campaign which will influence the community’s behavioural choices in seeking after hours health care options following the successful ‘Be Sure’ Completed by EMPHN
Description of Activity	<p>AH 3.1 Implement an opportunistic range of community based strategies to investigate and better understand the attitudes that drive community’s behavioural choices in seeking after hour’s health and build a community awareness campaign based on these results.</p> <p>Strategies will be informed by demographic and service utilisation data and outcomes of similar programs in other catchments and more broadly with specific population cohorts including:</p> <ul style="list-style-type: none"> • CALD/Refugee • Indigenous • Disability • Mental Health • AOD • Young People

	General Community							
Target population cohort	<ul style="list-style-type: none"> • General community • CALD/Refugee • Indigenous • Disability • Mental Health • AOD Young People							
Consultation	Consultation conducted with general practices, CALD /Refugee organisations, mental health organisations and internal staff (AOD /Mental Health Managers), MDS, Disability sector and community as part of the Diagnostics and Prioritisation project.							
Collaboration	<ul style="list-style-type: none"> • Collaborate with CALD/Refugee services and Youth services • NHD - Health Direct and General Practice • Collaborate with Victorian Department of Health and Human Services to ensure consistent messaging with any campaigns University regarding research on community behaviours/awareness							
Indigenous Specific	Yes							
Duration	<table border="1"> <tr> <td>AH 3.1</td> <td>Identify and implement a range of community-based strategies to investigate and better understand the attitudes that drive community's behavioural choices in seeking after hour's health and build campaign from results. 12 months</td> </tr> <tr> <td>Scoping and problem definition</td> <td>August- October 2018</td> </tr> <tr> <td>Procurement of solutions</td> <td>February2019</td> </tr> </table>		AH 3.1	Identify and implement a range of community-based strategies to investigate and better understand the attitudes that drive community's behavioural choices in seeking after hour's health and build campaign from results. 12 months	Scoping and problem definition	August- October 2018	Procurement of solutions	February2019
AH 3.1	Identify and implement a range of community-based strategies to investigate and better understand the attitudes that drive community's behavioural choices in seeking after hour's health and build campaign from results. 12 months							
Scoping and problem definition	August- October 2018							
Procurement of solutions	February2019							

Coverage	Whole of catchment
Commissioning method (if relevant)	For this activity, EMPHN will engage directly with relevant organisations to implement a range of community-based strategies. An RFQ process will be utilised to appoint a provider to develop and produce relevant materials.
Decommissioning	Not applicable.
Planned Expenditure 2018-19 (GST Excl.) – Commonwealth funding	150,000.00
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$0
Funding from other sources	\$0

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

Activity Title / Reference (e.g. AH 1)	AH 4 Commissioning organisations to provide primary mental healthcare services in the after-hours to increase accessibility to services and reduce potentially avoidable hospital ED Presentations.
Existing, Modified, or New Activity	Existing activity (2016-18 Activity Work Plan) Incorporating: increasing access to mental health services in the after-hours period

Needs Assessment Priority Area (e.g. 1, 2, 3)	Possible Option 38. (page 90) Implement hot spot service solutions to address after hours service shortfalls. Addresses Identified Need “Service accessibility – mental health services in the after-hours period” page 77.
Aim of Activity	To build on previous years investments and continue to improve the community based service system response for residents experiencing mental health issues in the after hours
Description of Activity	<p>AH 4.1 Services procured will improve the community based service system response for residents experiencing mental health issues in the afterhours and will include expansion of the following services (but not limited to):</p> <ul style="list-style-type: none"> • After Hours AOD Worker in ED • The project objective is to increase after-hours coverage of the AOD clinician to high traffic AOD periods during weekdays as well as weekends and public holidays to improve screening, assessment, and timely brief interventions. The service aims to offer secondary consultations, referrals to community AOD providers and timely post contact follow-up and the provision of support and information to family and carers. <p>The project also aims to provide a continuous and comprehensive AOD service to patients’ afterhours which may reduce demand in the ED by shortening length of stay and reduction in the number of re-presentations</p> <ul style="list-style-type: none"> • The Northern Mental Health: Family Intervention Support Trial <p>The aim of the project is to improve the mental health and wellbeing and quality of life of a group of frequent service users and their families/carers by enhancing the coping capacity of families in ‘situational crises’, particularly in the after hours resulting in a reduction in the need for crisis mental health care.</p> <p>Objectives of the project include:</p> <ul style="list-style-type: none"> – Identifying families that are likely to benefit from family intervention and connection to services – Providing services to at least 56 identified families (1-2 sessions) in 12 months – Increasing access to mental health family interventions for people who frequently experience situational crisis. – Building the capacity of families to support family members who frequently experience situational crisis in the after-hours. – Reducing carer burden by providing timely intervention and linkages to external services. – Reducing after hours demand on Northern Hospital Emergency Department and North Western Area Mental Health Service Psychiatric Triage.

	<p>This project has been funded within the 2016/17 budget and therefore funding for this activity will be used to evaluate the service including expansion to additional areas of the catchment where required.</p> <p>Commissioned services will have specific outcomes and incorporate measures to determine effectiveness and are intended to supplement services as part of mental health reform.</p>					
Target population cohort	<p>Young people across the EMPHN catchment</p> <p>Families residing in the Northern area of the EMPHN with possibility of expansion to other catchments</p> <p>Patients consulting GPs with Mental Health Conditions</p>					
Consultation	<p>Consultation with internal Mental Health Team.</p> <p>Consultation with the 3 headspace services in the catchment</p> <p>Consultation with GPs and MDS</p> <p>Consult with Northern Area Mental Health.</p>					
Collaboration	<p>Collaborate with GPs, key mental health agencies (such as headspace), EMPHN's mental health service providers (psychologists, social workers, mental health nurses) and community health services.</p> <p>Collaborate with internal Mental Health Team to provide clinical guidance and oversight and Service Improvement Team to provide links into Health Pathways.</p> <p>Collaborate with Northern Health to complete evaluation of the service including recommendations for future extension/expansion of the service.</p>					
Indigenous Specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? NO.</p>					
Duration	<table border="1"> <tr> <td>AH 4.1</td> <td>Commissioning organisations to provide primary mental healthcare services in the after-hours to increase accessibility to services and reduce potentially avoidable hospital ED Presentations</td> </tr> <tr> <td>Implementation of current service:</td> <td>July –June 2018</td> </tr> </table>		AH 4.1	Commissioning organisations to provide primary mental healthcare services in the after-hours to increase accessibility to services and reduce potentially avoidable hospital ED Presentations	Implementation of current service:	July –June 2018
AH 4.1	Commissioning organisations to provide primary mental healthcare services in the after-hours to increase accessibility to services and reduce potentially avoidable hospital ED Presentations					
Implementation of current service:	July –June 2018					

	After Hours Mental Healthcare Northern Mental Health Young People		
	Scoping new service models	November 2017-February 2018	
	RFT to procure services	April 2018	
Coverage	4.1 EMPHN wide		
Commissioning method (if relevant)	Request for Tender: A clear brief will be developed, an open tender process to enact the proposed solutions will be undertaken and performance metrics will be built into contracts for new services. For current services, evaluation findings will be reviewed and recommendations made regarding extension/expansion of services and contracts will be varied where appropriate.		
Decommissioning	Not applicable.		
Planned Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$278,000.00		
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$0		
Funding from other sources	\$0		

