



**Australian Government**  
**Department of Health**



An Australian Government Initiative

# **Activity Work Plan 2019-2021:**

## **After Hours Funding**

***Eastern Melbourne PHN***

## Introduction

The purpose of the Activity Work Plan is to identify key primary health care initiatives Eastern Melbourne Primary Health Network (EMPHN) will implement over 2 years - 2019/20 to 2020/21.

All Primary Health Networks (PHNs) are required to develop Activity Work Plans for the Department of Health based on the needs and priorities of their region.

These are in addition to the priorities established by the Australian Government when it established the PHNs in 2015.

Eastern Melbourne Primary Health Network (EMPHN) is one of 31 PHNs nationally. Our organisation's vision is to achieve better health outcomes for the community we serve, a better health care experience for all and a more integrated healthcare system.

Our Activity Work Plan is informed by our needs assessment and robust stakeholder consultation, and supported by evaluation of previous programs, data and evidence.

This approach ensures that the services we fund meet the clearly identified health and healthcare needs for our communities.

The EMPHN Strategic Plan describes transformative strategies our organisation has adopted to address health care issues and priorities in our community.

EMPHN's Strategic Plan for 2017-22 outlines the organisation's vision to achieve:

- Better health outcomes for the community we serve
- Better health care experiences for all
- A more integrated health care system.

Our strategic priorities to achieve this vision are:

- Addressing health gaps and inequalities
- Enhancing primary care
- Leveraging digital health, data and technology
- Working in partnerships to enable an integrated service system
- A high performing organisation.

EMPHN's Board has set six transformative strategies to help focus the organisation's resources over the next three to five years.

### **Addressing health gaps and inequalities**

1. Listen to the consumer voice and design new mental health and chronic disease management approached that are truly person-centred.

### **Enhancing primary care**

2. Support and encourage primary care to adopt collaborative interdisciplinary care approached that are person-centred
3. Increase use of practice-based evidence

## Leveraging digital health, data and technology

4. Encourage health information continuity between providers

## Working in partnerships to enable an integrated service system

5. Ensure commissioning and system change strategies encourage integration from a consumer perspective

## A high performing organisation

6. Build a positive culture of high performance



These transformative strategies describe our overarching approach to addressing the health care priorities outlined in this Activity Work Plan.

# 1. (a) Planned PHN activities for 2019-20 and 2020-21 – After Hours Primary Health Care Program Funding

Proposed Activity 1	
ACTIVITY TITLE	<p><b>1.0 Enhanced and Innovative After Hours Services that demonstrate integration and collaboration across the after hours service sector</b></p> <p>1.1 Innovative after hours solutions 1.2 After Hours ED Diversion Project 1.3 After Hours Clinic in the Outer East and the Northern Area After Hours Access Project –Stage 2</p>
Existing, Modified, or New Activity	<p>Modified Activity Previous activity: 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.</p>
Program Key Priority Area	After Hours
Needs Assessment Priority	<p><u>General Health</u></p> <ol style="list-style-type: none"> <li>1. General Practice services are accessed by the majority of people –pg 36</li> <li>2. Hospital use is increasing –pg 38</li> <li>3. Preventable hospitalisations –pg 41</li> <li>4. People use hospital Emergency Departments (EDs) inappropriately – pg 43</li> <li>5. Integration of Care –pg 47</li> </ol>
Aim of Activity	<p>Enhanced and Innovative service delivery models that support integrated after-hours access to health care for the EMPHN community. The intended outcomes are:</p> <ul style="list-style-type: none"> <li>• patients will experience increased ability to access appropriate care options in the after-hours, especially in the Outer East and Outer North of the catchment</li> <li>• better integrated care between after-hours services</li> <li>• decreased primary care type emergency department presentations and admissions in the after hours</li> <li>• increased collaboration between after-hours General Practices and Tertiary Health Services as part of a co-designed process resulting in establishment of formal processes to divert people attending EDs to local General Practices</li> </ul>
Description of Activity	<b>AH 1.1 Innovative after hours solutions</b>

Extend current contracts with after-hours service providers to continue to develop integrative and innovative solutions to address after hours needs and gaps in the region:

- EMPHN commissioned a number of organisations to deliver innovative after-hours health care solutions in May 2018. Following an initial evaluation, further funding will be used to commission My Emergency Doctor to provide after-hours telehealth across the catchment and Nexus Primary Health to provide an after-hours medical neighbourhood in the North. As a part of the innovation, funded services will be required to continually demonstrate integration into existing after-hours services including after-hours clinics and Medical Deputising Services.

The After Hours Commissioned Services Group will continue to liaise via a formal platform to enable enhancement of services and to ensure integration across the after-hours service sector. This group has proved invaluable for members to enable formalised dialogue around after-hours issues particularly around workforce, triage processes and ideas development for integration.

#### **AH 1.2 After Hours ED Diversion Project**

Continuation of the After Hours ED Diversion Project with commencement of ED Diversions and working towards embedding systemic change.

- EMPHN will extend contracts with the four Local Hospital Networks including Austin, Eastern, Monash and Northern Hospitals as well as the contracts with participating local practices. With Eastern, Northern and Monash this project will continue to establish clear pathways and formalise partnerships with LHNs and local General Practices to divert patients presenting after hours from ED to general practice when people are triaged at an ED.

Formalised agreements will continue to ensure that participating practices will have the capacity in the after-hours period to treat minor emergency conditions including wounds, non-displaced fractures, minor burns etc. Where there are gaps in after-hours primary care services, EMPHN may commission General Practices to provide additional services.

Austin Hospital will continue to implement a slightly modified version of this project focussing on reducing the number of clients who are transferred to EDs via Residential Aged Care Facilities (RACFs). This model will focus on engaging with the families of residents as well as RACFs to promote alternatives to sending their family member/client to ED. Triage guidelines/policies will be developed utilising referral methods to include contacting Medical Deputising Services (MDS), My Emergency Doctor and Residential In Reach before sending a client to ED.

	<p><b>AH 1.3 After Hours Clinic in the Outer East and the Northern Area After Hours Access Project Stage 2</b></p> <p>Support continuation of the after-hours GP clinic in the outer east from 2020 - 2021 and enhance access to the community of the outer north via the continuation of the Northern Area After Hours Access Project</p> <ul style="list-style-type: none"> <li>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 after-hours. 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 2021.</li> </ul> <p>An additional component of this contract is the provision of after-hours psychological services for the Healesville and surrounding community where clients lack access to psychological services, particularly in the after-hours. Contract deliverables for this service incorporate extensive reporting including retrospective and patient consultation data to demonstrate the effectiveness of the service.</p> <ul style="list-style-type: none"> <li>EMPHN will extend the contract with Lakes Boulevard Medical to implement and evaluate the after-hours triage model which is the second phase of this project. The innovative triage model provides guidelines for the triage nurse to utilise for those patients attending a GP Practice in the After Hours. This practice provides a large number of consultations in the after-hours and the aim of the model is to ensure patients needing care semi urgently are treated at the practice rather than going to the Northern Hospital ED.</li> </ul>
Target population cohort	<ul style="list-style-type: none"> <li>Patients presenting at ED with primary care type conditions</li> <li>Communities of EMPHN's outer east and outer north catchments where access to after-hours general practice services are limited</li> <li>Residents residing in RACFs</li> </ul>
Indigenous specific	No
Coverage	<p>AH 1.1 : Whole of catchment, however a specific communication strategy will target the communities of the outer east and outer north as there is currently limited access to after- hours GP services in these areas.</p> <p>AH 1.2 Whole of Catchment</p> <p>AH 1.3 Communities located in the Outer East and Outer North of the catchment: LGAs including:</p>

	<ul style="list-style-type: none"> <li>• Yarra Ranges</li> <li>• Whittlesea</li> <li>• Nillumbik</li> <li>• Mitchell</li> <li>• Murrindindi</li> </ul>	
Consultation	<ul style="list-style-type: none"> <li>• As part of the After Hours Prioritisation Project: Consultation with general practices, LHNs, RACFs, Pharmacists, medical deputising services (MDS), Residential In Reach Services (RIR), consumers, medical specialties, Ambulance Victoria</li> <li>• After Hours ED Diversion Forum: A number of LHNS and General Practices attended the ED Diversion forum in August 2018, participated in the co-design process and are currently participating in the after-hours ED Diversional Project including: <ul style="list-style-type: none"> <li>○ LHNS: Austin, Northern, Monash and Eastern</li> <li>○ General Practices: Box Hill Superclinic, Burwood Health Care, Monash Clinic, Box Hill After Hours Clinic, Lakes Boulevard Medical, Epping Medical</li> </ul> </li> <li>• After Hours Commissioned Organisations Collaboration including: <ul style="list-style-type: none"> <li>○ Lakes Boulevard Medical, South Morang</li> <li>○ My Emergency Doctor</li> <li>○ Yarra Valley Community Medical Service (Healesville After Hours Clinic)</li> <li>○ Nexus Primary Health, Wallan</li> </ul> </li> </ul>	
Collaboration	<p>Collaboration with Commissioned service providers to identify areas of need including identifying gaps in workforce and service provision.</p> <p>Collaboration with GPS, Pharmacy and Residential Aged Care Facilities to promote alternatives to the ED including My Emergency Doctor</p> <p>Collaboration with Hospital Networks, particularly around ED Diversion (ED Diversion Forum)</p>	
Activity milestone details/ Duration	AH 1.1	Expansion and delivery of innovative AH solutions
	Contract extension	January 2020
	Service Delivery	January 2020 - June 2020
	AH 1.2	Continuation of the after-hours ED Diversion Project
	Contract extension	July 2019 –June 2020
	Service Delivery	July 2019 –June 2020
	AH 1.3	After Hours GP Clinic and Urgent Care in the North
	Contract Extension	July 2020 –June 2021
	Service Delivery	July 2020 –June 2021
Commissioning method and	1a. Is this activity being co-designed? Yes	

approach to market	<p>1b. Is this activity the result of a previous co-design process? Yes</p> <p>2. Briefly outline the planned commissioning method, including whether the activity will be commissioned in whole or in part.  Most activities will be extended to allow for further evaluation to be completed.</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? Yes</p> <p>Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known  <input checked="" type="checkbox"/> Continuing service provider / contract extension  <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.  <input type="checkbox"/> Open tender  <input type="checkbox"/> Expression of Interest (EOI)  <input type="checkbox"/> Other approach (please provide details)</p>			
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>			
Total Planned Expenditure				
<b>Funding Source</b>	<b>2019-2020</b>	<b>2020-2021</b>	<b>2021-2022</b>	<b>Total</b>
Planned Commonwealth Expenditure - Core Flexible	1,100,000	1,100,000		\$2,200,000
Funding from other sources	N/A			

<b>Proposed Activity 2</b>	
ACTIVITY TITLE	<p><b>2.0 After Hours Vulnerable groups</b></p> <p>2.1 After Hours Palliative Care</p> <p>2.2 RACF Redesign Capacity Building</p>
Existing, Modified, or New Activity	<p>Modified Activity</p> <p>Previous Activity</p> <p>2.0 A resident centred approach to after-hours healthcare in RACFs</p>
Program Key Priority Area	After Hours
Needs Assessment Priority	<p><u>General</u></p> <ol style="list-style-type: none"> <li>1. Our Palliative Care Needs –pg 34</li> <li>2. General Practices services are accessed by the majority of people –pg 36</li> <li>3. Hospital use is increasing –pg 38</li> <li>4. Preventable hospitalisations –pg 41</li> </ol>



	<p>5. People use hospital Emergency Departments inappropriately –pg 43  6. Integration of Care –pg 47</p> <p><u>Older People</u></p> <p>1. Supporting RACFs identify and respond to mental health care needs of their clients pg 104.</p>
<p>Aim of Activity</p>	<p>A person centred approach to after-hours healthcare for vulnerable populations with the following expected outcomes:</p> <ul style="list-style-type: none"> <li>• Increased access to after-hours care for vulnerable populations to enable the community to receive the most appropriate care when required.</li> <li>• System changes to enable conditions for improvement in consumers well-being, integrated and collaborative care, improved client journeys and referral pathways</li> <li>• Work with RACFs, GPs and MDS to address specific priorities, particularly around skills enhancement to enable residents in RACFs to receive appropriate, timely and quality care.</li> </ul>
<p>Description of Activity</p>	<p>2.1 – AH Palliative Care in the North and East</p> <p>Enhanced palliative care services in the home for carers and family members treating and caring for loved ones during the end of life stage. It is expected that the care will be provided both in hours to avoid after-hours emergencies and during the after-hours where access to care maybe limited. The purpose of the program is to provide community-based support for people (and their carers) in their last 12 months of life to enable them to remain living at home or in a home-like environment, such as a residential aged care facility, and prevent unnecessary hospitalisation.</p> <p>Services provided will include a range of service delivery options that will:</p> <ul style="list-style-type: none"> <li>• be supportive (enhance psychosocial wellbeing, physical comfort, decision making)</li> <li>• be informative (raise awareness, educate, improve service navigation)</li> <li>• provide connections (to family, friends, peers, community, and other services)</li> <li>• be practical (assist with daily living)</li> </ul> <p>Family members and carers play a crucial role in caring for a loved one and are sometimes unsupported particularly in the after-hours. EMPHN will be looking to the market for solutions which may incorporate a range of services offered by nurses, doctors and allied health professionals, as well as volunteers with the aim of providing a team approach that addresses the person’s physical, practical, emotional, spiritual and social needs.</p> <p>2.2 –RACF Redesign Capacity Building</p> <p>Building on the work of the RIR Education Project, EMPHN will work with the LHNS, GPS, MDS, RIRs and RACFs to increase the capacity of the workforce to treat residents residing in RACFs to prevent unnecessary hospital transfers and admissions</p>

Target population cohort	2.1 Those consumers/carers in the community who receive Palliative Care in the home setting. 2.2 Residents residing in RACFs within the community. Aged Care Workforce who provide the care to residents														
Indigenous specific	No														
Coverage	2.1 East and Northern LGAs 2.2 Whole of EMPHN catchment														
Consultation	<ul style="list-style-type: none"> <li>• Consultation with RACFs, LHNs, RIR and General Practice</li> <li>• Consultation with Banksia Palliative Care and Eastern Palliative Care</li> </ul>														
Collaboration	<ul style="list-style-type: none"> <li>• Collaboration with Palliative Care Services to identify areas of need for Consumers and Carers at end of life</li> <li>• Collaboration with commissioned service providers to identify areas of need for the ageing community</li> <li>• Collaborate with commissioned services to design evaluation and identify parameters for reporting</li> </ul>														
Activity milestone details/ Duration	<table border="1"> <thead> <tr> <th>Activity</th> <th>Timelines</th> </tr> </thead> <tbody> <tr> <td>2.1 After Hours Palliative Care Contract extension</td> <td>June 2020</td> </tr> <tr> <td>Delivery of Services</td> <td>June 2020–May 2021</td> </tr> <tr> <td>Evaluation of Service</td> <td>May 2021</td> </tr> <tr> <td>2.2 RACF Capacity Building Procure Service</td> <td>November 2019</td> </tr> <tr> <td>Deliver Service</td> <td>January 2020 –June 2020</td> </tr> <tr> <td>Evaluation of Service</td> <td>July 2020</td> </tr> </tbody> </table>	Activity	Timelines	2.1 After Hours Palliative Care Contract extension	June 2020	Delivery of Services	June 2020–May 2021	Evaluation of Service	May 2021	2.2 RACF Capacity Building Procure Service	November 2019	Deliver Service	January 2020 –June 2020	Evaluation of Service	July 2020
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Evaluation of Service	July 2020														
Commissioning method and approach to market	<p>1a. Is this activity being co-designed? Yes</p> <p>1b. Is this activity the result of a previous co-design process? Yes</p> <p>2. Briefly outline the planned commissioning method, including whether the activity will be commissioned in whole or in part. The Enhanced Palliative Care in the home service Contract will be extended The RACF Capacity building project will involve direct engagement.</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p> <p>4. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input checked="" type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p>														

	<input type="checkbox"/> Other approach (please provide details)			
Decommissioning	1a. Does this activity include any decommissioning of services? No			
Total Planned Expenditure				
<b>Funding Source</b>	<b>2019-2020</b>	<b>2020-2021</b>	<b>2021-2022</b>	<b>Total</b>
Planned Commonwealth Expenditure - Core Flexible	251,407	251,407		\$502,814
Funding from other sources	N/A			

<b>Proposed Activities</b>	
ACTIVITY TITLE	<b>3.0 After Hours Mental Health</b> 3.1 After Hours Aboriginal Mental Health Liaison Officer and AOD Worker 3.2 After Hours Mental Health Nurse and Liaison Service 3.3 Northern Area Mental Health Family Intervention
Existing, Modified, or New Activity	Modified Activity
Program Key Priority Area	After Hours
Needs Assessment Priority	<u>General</u> <ol style="list-style-type: none"> <li>1. General Practices services are accessed by the majority of people –pg 36</li> <li>2. Hospital use is increasing –pg 38</li> <li>3. Preventable hospitalisations –pg 41</li> <li>4. Integration of Care –pg 47</li> <li>5. Mental Health</li> <li>6. Hospitalisations for Aboriginal people –pg 77</li> <li>7. Hospital Mental Health services are under increasing pressure –pg 59</li> <li>8. Our use of hospital, emergency department and ambulance resources (AOD)-pg 88</li> </ol>
Aim of Activity	<p>To continue to provide funding for existing mental health programs that have demonstrated enhanced service delivery for targeted communities and to trial new models with a focus on the Indigenous population.</p> <p>The intended outcomes are:</p> <ul style="list-style-type: none"> <li>• Enhancement or implementation of integrated service delivery models to increase access to mental health service models, particularly in situations where the service is used to prevent escalating crises for the family or client</li> </ul> <p>System changes to enable conditions for improvement in consumers well-being, integrated and collaborative care, improved client journeys and referral pathways</p>
Description of Activity	3.1 AH Aboriginal Mental Health Liaison Officer and After Hours AOD Worker

The contract with Northern Area Mental Health Service will be extended until June 2020 following an evaluation demonstrating effective integration with AOD services and a reduction in the number of re-presentations to ED. The service will include:

#### After Hours Aboriginal Mental Health Liaison Officer

- EMPHN will work with Northern Health to provide an After Hours Indigenous Worker in the ED to provide support, facilitate culturally safe care and service navigation for those Indigenous populations experiencing Mental Health Crisis in the After Hours

#### After Hours AOD Worker

- The project objectives are to:
  - increase after-hours coverage of the AOD clinician to high traffic AOD periods during weekdays as well as weekends and public holidays
  - 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 families and carers.
- The project also aims to provide a continuous and comprehensive AOD service to patients' in the after-hours which may reduce demand in the ED by shortening length of stay and reduction in the number of re-presentations

### 3.2 After Hours Mental Health Nurse and Liaison Service

The contract with Carrington Community Health will be extended to continue to provide After Hours Mental Health Nursing for the Box Hill and surrounding community. Patients presenting at the Box Hill ED with non- urgent Mental Health conditions are given the option to attend the after-hours clinic located across the road to be treated by a Mental Health Nurse. The Mental Health Nurse completes a follow up phone call within two days of seeing the patient to assess requirements for additional services

### 3.3 The Northern Mental Health: Family Intervention Support Trial

The contract with Northern Area Mental Health will be extended until June 2021. Data provided as part of the contract deliverables have shown increased access to support for situation crises and a significant reduction in ED attendances by this cohort.

Objectives of the project include:

- 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, particularly in the after-hours 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.

	<ul style="list-style-type: none"> <li>Reducing carer burden by providing timely intervention and linkages to external services.</li> <li>Reducing after hours demand on Northern Hospital Emergency Department and North Western Area Mental Health Service Psychiatric Triage.</li> </ul>																								
Target population cohort	<p>3.1 Aboriginal and Torres Strait Islander populations who require crisis mental health interventions within the ED and patients presenting to ED with AOD issues requiring specific AOD treatment in the after-hours.</p> <p>3.2 Those in the community requiring mental health support and services in the after-hours.</p> <p>3.3 Families residing in the Northern area of the EMPHN with possibility of expansion to other catchments.</p>																								
Indigenous specific	<p>Yes,</p> <p>EMPHN will work with Northern Area Mental Health to provide an After Hours Aboriginal Mental Health Liaison Officer at the Northern Emergency Department to provide services and support for the Aboriginal population experiencing mental health issues in the after hours</p>																								
Coverage	<p>3.1 Aboriginal and Torres Strait Islander populations within Whittlesea LGA Communities residing in the Whittlesea LGA (AOD worker in the ED)</p> <p>3.2 Whitehorse LGA (Mental Health Nurse Liaison Service)</p> <p>3.3 Families residing in the Northern area of the EMPHN catchment</p>																								
Consultation	<p>Consultation with Internal Mental Health Team</p> <p>Consultation with Northern Area Mental Health</p> <p>Consultation with Carrington Community Health Health</p>																								
Collaboration	<p>Collaboration with GPs, key mental health agencies, psychologists, Aboriginal and Torres Strait Islander organisation and community health services to identify priority areas around mental health and AOD.</p> <p>Collaboration with commissioned service providers to identify key issues around after hours services</p> <p>Collaborate with commissioned services to design evaluation and identify parameters for reporting</p>																								
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	Evaluation of services	July 2021		
	2.6 AH AOD Worker Procure services Deliver Services Evaluation of services	August 2019 August 2019 -2020 September 2020		
Commissioning method and approach to market	<p>1a. Is this activity being co-designed? Yes</p> <p>1b. Is this activity the result of a previous co-design process? Yes</p> <p>Most of the activities in this priority are extensions of existing contracts. The After Hours Aboriginal Mental Health Liaison Officer has been commissioned as the result of a co-designed process.</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? Yes</p> <p>4. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input checked="" type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p>			
Decommissioning	1a. Does this activity include any decommissioning of services? No			
Total Planned Expenditure				
<b>Funding Source</b>	<b>2019-2020</b>	<b>2020-2021</b>	<b>2021-2022</b>	<b>Total</b>
Planned Commonwealth Expenditure - Core Flexible	712,000	712,000		\$1,442,000
Funding from other sources	N/A			

<b>Proposed Activities</b>	
ACTIVITY TITLE	4.0 After Hours Community Awareness 4.1 Expansion of opportunistic Community Awareness campaign and exploration of real time ED monitoring
Existing, Modified, or New Activity	Modified Activity AH 3.0 Change communities attitude in the way people understand and use after hours healthcare services

	Including Community Awareness Unspent Funds– After Hours – Existing Activity - \$36,498.93
Program Key Priority Area	After Hours
Needs Assessment Priority	<p><u>General Health</u></p> <ol style="list-style-type: none"> <li>1. General Practice services are accessed by the majority of people –pg 36</li> <li>2. Hospital use is increasing –pg 38</li> <li>3. Preventable hospitalisations –pg 41</li> <li>4. People use hospital Emergency Departments inappropriately – pg 43</li> </ol>
Aim of Activity	<p>The aim of this activity is to increase community awareness of appropriate services available and to improve the health literacy of consumers resulting in consumers accessing the most appropriate health services in the after -hours.</p> <p>The intended outcomes are:</p> <ul style="list-style-type: none"> <li>• Communities are empowered to attend the most appropriate service when and where they need it.</li> <li>• Provide information regarding real time wait times for utilising hospital emergency departments so that the consumer can be informed about making alternative decisions, where available</li> </ul>
Description of Activity	<p>AH 3.1 Community Awareness campaigns with a focus on exploration of real time ED Monitoring:</p> <ul style="list-style-type: none"> <li>• Community Awareness campaign that is informed by demographic and service utilisation data.</li> <li>• Exploration of real time ED monitoring with the intention of working with hospitals to make this information available to the community i.e. via website, communication platforms etc.</li> </ul>
Associated HSI Activity/ies:	N/A
Target population cohort	<ul style="list-style-type: none"> <li>• General Community</li> <li>• Patients attending ED for Primary care type presentations</li> </ul>
Indigenous specific	No
Coverage	Whole of EMPHN catchment
Consultation	Consultation conducted with general practices, LHNs and community as part of the Diagnostics and Prioritisation project.
Collaboration	<ul style="list-style-type: none"> <li>• Collaborate with Local Hospital Networks to identify strategies to inform the community of alternatives to the ED</li> <li>• NHSD - Health Direct and General Practice ensuring all practices opening hours are up to date</li> <li>• Collaborate with Victorian Department of Health and Human Services to ensure consistent messaging with any campaigns</li> </ul>

Activity milestone details/ Duration	Activity start date: November 2019 Activity end date: June 2020 (with the opportunity to extend contracts or complete further campaigns)			
Commissioning method and approach to market	1a. Is this activity being co-designed? Yes 1b. Is this activity the result of a previous co-design process? Yes  Community Awareness Campaign: Request for Quote Process Real time monitoring: Direct Engagement  3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes 3b. Has this activity previously been co-commissioned or joint-commissioned? Yes			
Decommissioning	1a. Does this activity include any decommissioning of services? No			
Total Planned Expenditure				
<b>Funding Source</b>	<b>2019-2020</b>	<b>2020-2021</b>	<b>2021-2022</b>	<b>Total</b>
Planned Commonwealth Expenditure - Core Flexible	136,498.93	100,000		\$236,498.93
Funding from other sources	N/A			