



Australian Government

Department of Health

phn

An Australian Government Initiative

Activity Work Plan 2019-2022:

Core Funding

GP Support 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 3 years - 2019/20 to 2021/22.

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



EMPHN has been working collaboratively with key health and social service agencies in our catchment to encourage greater integration of care and a more cooperative approach to service planning. As an extension of this work EMPHN is now looking to develop a shared vision for an integrated primary care system that will address many of the limitations and gaps that currently exist. As part of an ambitious transformation agenda, EMPHN has developed guiding principles that will inform our work into the future. These guiding principles are reflected in the activities listed in the 2019/20 AWP.

These principles focus on the transformative elements and approaches that we will use to enhance primary care to better manage people with increasing complex needs, these include:

- Better use of quality data to create patient registries that assist practices to risk stratify and better target care to those patients who need it most and can benefit from the care provided
- Team-based care that is interdisciplinary and has shared patient centred outcomes

- Encouraging General Practice care that goes beyond traditional face to face models (expand to include groups, emails, phone calls, smart technology)
- Promoting shared accountable care between specialists and general practice – focusing on relationships and capability; using maternity shared care model as an example of what can be achieved
- A focus on “activated” patients, families and carers enabling better self-management, monitoring and feedback loops
- Explore the concept of organised care networks that are accountable for area based planning and service integration (inclusive of primary care, LGA, acute, community and social services) – embed shared outcomes that the network is responsible for, for a defined population group in a geographical area
- Explore Health neighbourhood/precincts that can address broad population based issues eg. social isolation

Take a proactive approach to develop models of care that are:

- Readily scalable
- Economically sensible – business models that are able to achieve economies of scale
- Sustainable
- Able to build on existing funding models

In addition, we will implement a General Practice Engagement Strategy within our catchment that will lift the tide for all general practices by providing practices with an opportunity to engage in quality improvement initiatives that are aligned to their capacity and interests. The foundation of this work is embedded in the 10 building blocks of high performing practices and include a continued investment and focus on:

- POLAR and better use of data to improve care
- Qi PiP implementation
- Workforce education and development
- Health Pathways
- Practice 2030
- Integrated patient centred care initiatives

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

– Core Flexible Funding Stream

| Proposed Activities | |
|-------------------------------------|--|
| ACTIVITY TITLE | CF1 - Person centred chronic disease management CF1.1 – Right Care = Better Health program CF1.2 – Healthy Ageing |
| Existing, Modified, or New Activity | Modified Activity Previous activities: CF3 Chronic Disease Self-Management Intervention CF8.2 Acute and Primary Care Integration (Pharmacist in General Practice) CF9 Chronic Disease Management High Risk Intervention Including Core Flexible underspend - Chronic Disease High Risk Intervention – Existing Activity - \$218,249.70 CF10 Chronic Disease Management Rising Risk Intervention CF12 Healthy Ageing |
| Program Key Priority Area | Population Health |
| Needs Assessment Priority | General Health: 1. Stepped care for chronic conditions 2. Team-based, person-centred care 3. Innovation in care (EMPHN Needs Assessment Report, Nov 2018, p45:46) Older People: 1. Improving chronic conditions management (EMPHN Needs Assessment Report, Nov 2018, p102, p104) |
| Aim of Activity | CF1.1 Right Care = Better Health program This activity will maximise the role of general practice to manage, monitor and improve health outcomes for consumers with chronic conditions and complex needs. It will build on the learnings from existing chronic disease management programs, including chronic disease care coordination models, identification of rising risk cohorts and diabetes diversion programs. The intended outcomes are: <ul style="list-style-type: none"> • an increase in the number of consumers in EMPHN’s catchment participating in a GP-led chronic disease management (Right Care = Better Health) program • improve GP referrals to a full range of clinical and support services • a reduction of avoidable hospital presentations for program participants • an improvement in patient reported outcomes related to individual goals of care for program participants |

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| | <ul style="list-style-type: none"> • an improvement in patient reported experience of their care for program participants <p>CF1.2 Healthy Ageing This activity aims to maximise physical and psychosocial wellbeing and address the impact of social isolation, particularly for aged and vulnerable groups.</p> <p>The intended outcomes are:</p> <ul style="list-style-type: none"> • an improvement in patient reported wellbeing measures for program participants • an improvement in patient activity levels for program participants |
| Description of Activity | <p>CF1.1 Right Care = Better Health program High performing general practices in EMPHN’s catchment will be engaged to transform the delivery of care for consumers with chronic conditions and complex needs in partnership with their patients and other community health care providers. The activity will link with the initiatives outlined in CF4 (Primary Community and acute care integration) to create a more integrated approach and better assist General Practice to manage complex care in a community setting.</p> <p>The program will be GP-led, consumer informed and supported by a multidisciplinary team working at top of scope of practice. It will draw on the learnings from existing and innovative workforce models that may include nurse practitioners, care coordinators, health care navigators and allied health.</p> <p>This program will build on the GP workforce capacity building activities previously undertaken, such as Practice 2030, Quality Improvement in General Practice, Creating High Functioning Teams, Integrated Patient Centred Care and Pharmacist in General Practice.</p> <p>Existing general practice data will be used to identify and stratify patients according to their complexity and recruit appropriate patients to participate in the program. These patients will be empowered to make choices about their own care and use of their My Health Record.</p> <p>Practices and consumers will pilot user friendly smart technologies to support self-management, behaviour change and remote monitoring</p> <p>CF1.2 Healthy Ageing This activity will seek service providers to deliver interventions to maximise physical and psychosocial wellbeing. These interventions will support the Right Care = Better Health program and link with the work of EMPHN’s collaborative partnerships, such as Better Health North East Melbourne (BHNEM) and Eastern Melbourne Primary Health Care Collaborative (EMPHCC).</p> |
| Target population cohort | <p>People with complex chronic conditions, may include, cardiovascular disease, diabetes, chronic obstructive pulmonary disease (COPD), arthritis and mental illness.</p> <p>People aged more than 65 years.</p> |
| Indigenous specific | <p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> |

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| | No |
| Coverage | EMPHN catchment |
| Consultation | <p>Consultation has occurred via a range of methods including:</p> <ul style="list-style-type: none"> • EMPHN’s annual strategic commissioning planning day • Transforming primary health care workshop • EMPHN’s annual GP survey • Consumer Advisory Committee • Clinical Council • Primary Health Care partnerships and collaboratives • Peak professional bodies <p>Stakeholders represented in the above activities include:</p> <ul style="list-style-type: none"> • Consumers (including peers, families and carers) • GPs, practice managers and practice nurses • Community and allied health providers • Local Health Networks • Local, state and federal government (DHHS and DOH). |
| Collaboration | <p>The program will collaborate with:</p> <ul style="list-style-type: none"> • General Practice including engaged GPs, Practice Managers and Practice Nurses to establish a community of practice to co-design and implement the program. • Community Health and Human service providers, Specialists and Local Health Networks will participate in co-design and implementation to provide integrated fast track links for services beyond the GP practice incorporating the use of eReferrals and HealthPathways Melbourne. • Government health and human services and peak professional bodies to promote and advocate the adoption of the program • The established collaboratives in the North (BHNEM) and East (EMPHCC) part of our catchment |
| Activity milestone details/ Duration | <p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: March 2020 Service delivery end date: June 2022</p> <p>Any other relevant milestones? No</p> |
| Commissioning method and approach to market | <p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Not yet known – dependent on market analysis <input 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 |

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| | <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) | | | |
| | 2a. Is this activity being co-designed? Yes | | | |
| | 2b. Is this activity this result of a previous co-design process? Yes | | | |
| | 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No | | | |
| | 3b. Has this activity previously been co-commissioned or joint-commissioned? No | | | |
| Decommissioning | 1a. Does this activity include any decommissioning of services? No | | | |
| Total Planned Expenditure | | | | |
| Funding Source | 2019-2020 | 2020-2021 | 2021-2022 | Total |
| 2017-2018 Underspend Commonwealth Expenditure – Core Flexible Funding | 218,249.70 | | | 218,249.70 |
| Planned Commonwealth Expenditure - Core Flexible Funding | 1,100,000 | 1,250,000 | | 2, 350,000 |
| Funding from other sources | N/A | | | |

| Proposed Activities | |
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| ACTIVITY TITLE | <i>CF2 Enable health information continuity between providers</i> |
| Existing, Modified, or New Activity | Modified Activity HSI 2 Digital Health Including Core Flexible Unspent funds- Health Pathways – Existing Activity - \$55,294.35 |
| Program Key Priority Area | Digital Health |
| Needs Assessment Priority | Evidence-based care – page 46 |

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| | <ul style="list-style-type: none"> EMPHN will continue to work with primary care providers to implement HealthPathways. Through this, providers are supported to deliver evidence-based care. <p>Integration of Care – page 47</p> <ul style="list-style-type: none"> Care that is team-based, person-centred and facilitated using health information technologies supports better integration of care across primary care and other health services. |
| Aim of Activity | <p>HealthPathways Melbourne (HPM) is a free, web-based portal that provides clinicians with a single website to access over 600 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. Each pathway is evidence-informed, reflects local reality, and aims to preserve clinical autonomy and patient choice. HealthPathways serves to reduce unwarranted variation, and accelerate evidence into practice to ensure better and safer care.</p> |
| 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 and through the design and integration 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. EMPHN will also lead the development of mental health pathways across the region.</p> |
| Target population cohort | Whole of Population |
| Indigenous specific | No |
| Coverage | EMPHN catchment |
| Consultation | <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 | <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. |

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| | <ul style="list-style-type: none"> • Austin, Eastern, Monash and Northern Health Specialist intake clinicians and teams assess and process referrals as per information on HPM. • Austin, Eastern, Monash 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. |
| Activity milestone details/ Duration | <p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones? No</p> |
| Commissioning method and approach to market | <p>1. 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> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? Yes with NWMPHN</p> |
| Decommissioning | <p>1a. Does this activity include any decommissioning of services? No</p> |

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| Total Planned Expenditure | | | | |
| Funding Source | 2019-2020 | 2020-2021 | 2021-2022 | Total |
| 2017-2018 Underspend Commonwealth Expenditure – Core Flexible Funding | 55,294.35 | | | 55,294.35 |
| Planned Commonwealth Expenditure - Core Flexible Funding | 374,000.00 | 374,000 | | 748,000 |
| Planned Commonwealth Expenditure – Core HSI | 398,897 | 406,078 | | 804,975 |
| Funding from other sources | <p>NWMPHN and EMPHN share costs associated with pathways development activities across our catchments.</p> <p>There is no current funding to EMPHN from other sources for the 2019-21 year onward.</p> <p>The Department of Health and Human Services (Vic) invests in the development of pathways that are of interest to them and funded by them in addition to the prioritised pathways identified in EMPHN workplan.</p> | | | |

| Proposed Activities | |
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| ACTIVITY TITLE | <i>CF3 Primary, community and acute care integration</i> |
| Existing, Modified, or New Activity | <p>Modified Activity</p> <p>CF6 Supporting diabetes diversion CF8 Acute and Primary Care Integration Including Core Flexible unspent funds - Expanding and Supporting Diabetes Diversion – Existing Activity – \$188,723.48</p> <p>CF7 End of Life Care</p> |
| Program Key Priority Area | Population Health |
| Needs Assessment Priority | <p>General Health:</p> <ol style="list-style-type: none"> 1. Integration of care 2. Health information continuity 3. Stepped care for chronic conditions <p>(EMPHN Needs Assessment Report, Nov 2018, p45, p47)</p> |
| Aim of Activity | <p>This activity is aimed to support and strengthen the established integration of services between primary, community and acute services. Local health networks will be supported to develop innovative shared care programs with general practice and primary care, based on the health networks' identified priorities and capacity.</p> <p>The activity will consolidate previous hospital diversion and shared care activities to enable scaling across local health network catchments.</p> <p>The intended outcomes are:</p> <ul style="list-style-type: none"> • a stepped care approach to the management of chronic disease where the norm is that chronic disease is managed in the community • whole of health service response to specific health conditions • fast track secondary consultation service • fewer unplanned hospital presentations • a reduction in specialist clinic appointments • improved consumer experience of services • improved alignment and shared accountability between hospital based specialists and GPs • better support to the general practice team to manage patients with complex care needs. |
| Description of Activity | <p>Local health networks will identify the key areas to develop and expand their shared care models depending on the local community and service provision needs and existing successful shared care programs.</p> <p>This activity will support the application of evidence based best practice to slow progression and prevent deterioration from chronic diseases such as cardiovascular disease, diabetes, arthritis and COPD.</p> <p>GPs and other primary care providers will be engaged to partner with the LHNs.</p> |

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| | <p>Lessons learned from other shared care models, such as maternity, after hours diversion, fracture diversion, diabetes diversion and heart failure shared care will be applied to the program.</p> <p>Suitable patients and their families will be identified to participate in the shared care program and educated in self-management strategies and use of My Health Record to build skills in health literacy.</p> <p>Established standard care pathways, using the HealthPathways Melbourne platform, will support the implementation of the Shared Care Models. Mechanisms for ongoing improvement to the pathways will be developed.</p> <p>The use of digital health will be incorporated into this activity, including the uploading of shared information to My Health Record, use of HealthPathways Melbourne and e-referral.</p> <p>A fast track secondary consultation service will be established for participating primary care providers to provide advice and early intervention to avoid unnecessary hospitalisation.</p> <p>EMPHN will assist health services to link with GPs and community health services to prevent service duplication.</p> |
| Target population cohort | <p>People with chronic conditions such as heart failure, diabetes, COPD. People presenting with primary care type presentations.</p> |
| Indigenous specific | <p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> |
| Coverage | <p>EMPHN catchment</p> |
| Consultation | <p>Consultation has occurred via a range of methods including:</p> <ul style="list-style-type: none"> • EMPHN’s annual strategic commissioning planning day • Transforming primary health care workshop • EMPHN’s annual GP survey • Consumer Advisory Committee • Clinical Council • Established collaboratives in the North (BHENM) and East (EMPHCC) of our catchment • Peak professional bodies • Shared Vision for The Growing North <p>Stakeholders represented in the above activities include:</p> <ul style="list-style-type: none"> • Consumers (including peers, families and carers) • GPs, practice managers and practice nurses • Community and allied health providers • Local Health Networks • Local, state and federal government (DHHS and DOH) • Peak professional bodies. |

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| Collaboration | <p>EMPHN has existing formal collaborative partnerships (BHNEM and EMPHCC) with hospitals, community health and primary care service providers. These collaborative partnerships will provide the necessary senior executive endorsement and accountability for the activity.</p> <p>Collaboration will also occur with:</p> <ul style="list-style-type: none"> • Clinical subject matter experts • General Practice including engaged GPs, Practice Managers and Practice Nurses • Community Health clinicians • Operational managers across the care continuum |
| Activity milestone details/ Duration | <p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2021</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: February 2020 Service delivery end date: June 2022</p> <p>Any other relevant milestones? No</p> |
| Commissioning method and approach to market | <p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input checked="" type="checkbox"/> Direct engagement. Austin Health, Eastern Health and Northern Health <input type="checkbox"/> Open tender <input checked="" type="checkbox"/> Expression of Interest (EOI) from participating GPs <input checked="" type="checkbox"/> Other approach (please provide details) Through the established collaborative partnerships BHNEM and EMPHCC <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</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> |
| Decommissioning | <p>1a. Does this activity include any decommissioning of services? No</p> |
| Total Planned Expenditure | |

| Funding Source | 2019-2020 | 2020-2021 | 2021-2022 | Total |
|---|------------------|------------------|------------------|--------------|
| 2017-2018 Underspend Commonwealth Expenditure – Core Flexible Funding | 188,723.48 | | | 188,723.48 |
| Planned Commonwealth Expenditure - Core Flexible Funding | 420,000 | 380,000 | | 800,000 |
| Funding from other sources | N/A | | | |

| Proposed Activities | |
|-------------------------------------|---|
| ACTIVITY TITLE | CF4 Immunisation CF 4.1 Innovative approaches to Improving childhood immunisation CF 4.2 Whole of practice approach to improving primary led immunisation |
| Existing, Modified, or New Activity | Modified Activity CF 4.1 Improve suboptimal childhood immunisation rates by improving system and community barriers. CF .2 Support workforce to provide efficient and effective childhood immunisation and work collaboratively with broader health care system to increase childhood immunisation rates |
| Program Key Priority Area | Population Health |
| Needs Assessment Priority | Health Gaps: Immunisation coverage can be further improved, pg 44 Priority: Evidence based Care pg. 46 |
| Aim of Activity | Immunisation activity aims to improve the delivery of, and accountability between, the two main childhood immunisation systems in EMPHN catchment - local council and primary care to: <ul style="list-style-type: none"> a) achieve a measureable improvement in childhood immunisation rates through a focus on improving the quality of primary care led immunisation provision and b) achieve an improvement in community awareness and subsequent uptake of council led and primary care led immunisation services for areas and cohorts of lower immunisation. |
| Description of Activity | CF5.1 Innovative approaches to Improving childhood immunisation rates in defined council areas low immunisation. EMPHN will commission local council immunisation services to address gaps in local childhood immunisation that contribute to lower immunisation rates than the remainder of the catchment. Activities will focus on addressing the 24-27 month old children (2 nd cohort) that have on average lower fully immunised rate than other age cohorts. Activities will have four main focus areas: 1. community awareness and education; 2. increased delivery of, and access to, services including outreach to vulnerable groups; 3. data quality for the region and 4. strengthening the relationship between Council and Primary Care immunisers CF5.2 Whole of Practice Approach to Improving Primary Care Led Immunisation. This activity will work to a quality improvement framework and involve a whole of practice approach (General practitioner, Practice Nurse and Practice manager/staff) and provide capacity building for the team in childhood immunisation, collecting practice level data in childhood immunisations and improving the quality and quantity of immunisation delivery in the practice through PDSA cycles. Practices will provide data on patient outcomes including the number of immunisations given. |

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| Target population cohort | Children aged 0-5 |
| Indigenous specific | No |
| Coverage | CF5.1 Yarra Ranges, Monash, Whitehorse, Manningham (note areas of lower immunisation can change and new ones emerge on a quarterly basis) EMPHN will look for sustained lower immunisation rates when seeking to engage with other LGAs not specified above. CF 5.2 EMPHN catchment |
| Consultation | Direct consultation on proposed activity CF 5.1 and 5.2 <ul style="list-style-type: none"> Stakeholder consultation with local councils of lower immunisation areas and DHHS General Practice Nurse Immunisers General consultation <ul style="list-style-type: none"> Regional immunisation (Northern and Eastern) networks- ongoing membership Immunisation Forum with Municipally providers of immunisations and Vic DHHS-Dec 2016 Victorian PHN Immunisation Community of Practice (PHN and Vic DHHS)– established Dec 2016 and ongoing NPS & NCIRS PHN Immunisation Support Program workshops |
| Collaboration | Designing and implementing interventions will be undertaken in collaboration with: General Practice Practice Nurses Practice Managers Local Government (immunisation coordinators) Parents and community Vic DHHS Central Branch and regional divisions |
| Activity milestone details/ Duration | Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022 If applicable , provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: November 2019 Service delivery end date: June 2022 Any other relevant milestones? No |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: <input type="checkbox"/> Not yet known <input 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. |

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| | <input checked="" type="checkbox"/> Open tender (CF5.1) <input checked="" type="checkbox"/> Expression of Interest (EOI) (CF5.2) <input type="checkbox"/> Other approach (please provide details) | | | |
| | 2a. Is this activity being co-designed? No | | | |
| | 2b. Is this activity this result of a previous co-design process? Yes | | | |
| | 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No | | | |
| | 3b. Has this activity previously been co-commissioned or joint-commissioned? No | | | |
| Decommissioning | 1a. Does this activity include any decommissioning of services? No | | | |
| Total Planned Expenditure | | | | |
| Funding Source | 2019-2020 | 2020-2021 | 2021-2022 | Total |
| 2017-2018 Underspend Commonwealth Expenditure – Core Flexible Funding | | | | |
| Planned Commonwealth Expenditure - Core Flexible Funding | 195,000 | 152,581 | | 347,581 |
| Funding from other sources | N/A | | | |

| Proposed Activities | |
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| ACTIVITY TITLE | <i>CF 5 Improving physical health for mental health consumers</i> |
| Existing, Modified, or New Activity | <p>Modified Activity</p> <p>CF 1.3 Mobile influenza immunisation CF 2 Cancer Screening Including Core Flexible Unspent funds - Immunisation – Existing Activity - \$87,562.67 Core Flexible Unspent funds- Cancer Screening – Existing Activity - \$61,413.68</p> |
| Program Key Priority Area | Population Health |
| Needs Assessment Priority | <ol style="list-style-type: none"> 1. General Health Integration of care (p47) 2. Mental Health Addressing the priorities in the Fifth National Mental Health and Suicide Prevention Plan (Improving the physical health of people living with mental illness and reducing early mortality). (p66) <p>(EMPHN Needs Assessment Report, Nov 2018, p47, p66)</p> |
| Aim of Activity | <p>To address the barriers people with Mental health issues face in actively participating in health promotion and prevention programs including:</p> <ul style="list-style-type: none"> • National screening programs for breast, bowel and cervical cancers • Access to influenza immunisation • Evidence based smoking cessation programs <p>The expected outcome is that more people with mental health issues will:</p> <ul style="list-style-type: none"> • be screened for potentially avoidable cancers • understand the importance of and receive influenza immunisations • receive education and access to support for smoking cessation |
| Description of Activity | <p>This activity will commission community health service providers, including peak bodies and those providers who partner with acute mental health services, to design and deliver a physical health promotion and prevention program.</p> <p>The program will:</p> <ul style="list-style-type: none"> • promote the importance of whole of health care for consumers with mental illness including physical health risks using an evidence based approach • promote the benefits of cancer screening, influenza immunisation and smoking cessation • remove barriers to screening including providing easy access to screening kits and mobile screening services • promote the benefits of annual influenza vaccination and provide easy access to influenza immunisations • provide access to evidence based smoking cessation resources including appropriate psychosocial, occupational therapy and pharmacotherapy support. |

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| Target population cohort | Adults with mental health issues aged 18 years and over. |
| Indigenous specific | Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No |
| Coverage | EMPHN catchment |
| Consultation | Initial consultation with peak cancer organisations, smoking cessation programs and local mental health organisations has been undertaken by EMPHN. EMPHN will support commissioned providers with information provided from these consultations. |
| Collaboration | Collaboration with the following stakeholders will be undertaken to identify barriers and enablers as part of the co-design phase of the program: <ul style="list-style-type: none"> • Consumers with mental health issues • Breast screen • Cancer Council • LHN Mental Health Services • Local Mental Health NGOs • General Practice |
| Activity milestone details/ Duration | Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022 If applicable , provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: February 2020 Service delivery end date: June 2022 Any other relevant milestones? No |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Not yet known – dependent on market analysis <input 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) 2a. Is this activity being co-designed? Yes |

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| | <p>2b. Is this activity this result of a previous co-design process? No</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> | | | |
| Decommissioning | 1a. Does this activity include any decommissioning of services? No | | | |
| Total Planned Expenditure | | | | |
| Funding Source | 2019-2020 | 2020-2021 | 2021-2022 | Total |
| 2017-2018 Underspend Commonwealth Expenditure – Core Flexible Funding | 148,976.35 | | | 148,976.35 |
| Planned Commonwealth Expenditure - Core Flexible Funding | 358,629 | 340,000 | | 698,629 |
| Funding from other sources | N/A | | | |

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

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

| Proposed Activities | |
|-------------------------------------|---|
| ACTIVITY TITLE | <i>Providing a range of support to General Practice GPS1 General Practice</i> |
| Existing, Modified, or New Activity | Existing Activity GPS 1 General Practice Support |
| Needs Assessment Priority | General Health: <ol style="list-style-type: none"> 1. Evidence-based care 2. Innovation in care 3. Integration of care 4. Health information continuity (EMPHN Needs Assessment Report, Nov 2018, p46:47) |
| Aim of Activity | GPS 1 General Practice Support This activity aims to strengthen the capabilities of General practices to provide high quality, safe, integrated and person centred health care. |
| Description of Activity | <p>EMPHN will deliver General Practice Support in a tiered approach to all of the General Practices in the catchment. EMPHN’s tiering tool allows segmentation of general practices to provide support to be tailored to the capability, capacity and engagement of the practice.</p> <p>EMPHN will re-tier practices annually and conduct practice needs assessment to gain insights into the support or development requirements.</p> <p>EMPHN recognises that providing a range of support to general practice increases the capability and capacity of general practices to achieve a transformation in primary health care. Under general practice support EMPHN will provide developmental support to practices addressing their ability to</p> <ul style="list-style-type: none"> • Improve their capability and capacity as a local primary health care provider • Improve their integration with the local health care sector • Improving their engagement with EMPHN strategic objectives, and the national and local health priorities. <p>All practices will be supported to deliver high quality and safe primary health care through the dissemination of best practice information and tools. This will be delivered through education opportunities, direct communications tailored for general practices, website, Base Camp and face to face support. Topics covered will support the delivery of the broader PHN program and local priorities including accreditation support, digital health, immunisation, cancer</p> |

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| | <p>care, local health gaps, quality improvement, quality use of medicines, integrated and person centred care.</p> <p>General practice support will also support practices participating in the Right Care = Better Health program.</p> |
| Associated Flexible Activity/ies: | <p><i>CF1 - Person centred chronic disease management</i></p> <p><i>CF2 - Enable health information continuity between providers</i></p> <p><i>CF3 - Encourage integration across the boundaries of Primary , community and acute services</i></p> <p><i>CF4 - Immunisation</i></p> <p><i>CF 5 - Improving physical health for mental health consumers</i></p> |
| Target population cohort | Whole of population |
| Indigenous specific | <p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> |
| Coverage | EMPHN catchment |
| Consultation | <p>Provide details of stakeholder engagement and consultation activities to support this activity.</p> <ul style="list-style-type: none"> • EMPHN conducts an annual General Practice Needs and Engagement survey to inform our strategy for engaging with and supporting general practice. Last completed December 2018 • EMPHN annually completes a practice needs assessment for all engaged practices (tier one and two) |
| Collaboration | <ul style="list-style-type: none"> • Local General Practices • Community Health • Pharmacies • LHNs • Peak Bodies (eg Diabetes Vic, Cancer Council) • Industry Associations • Colleges • Accreditation agencies • Software vendors • VPHNA • DHHS • Clinical Specialists |
| Activity milestone details/ Duration | <p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year.</p> <p>Service delivery end date: Month. Year.</p> |

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| | Any other relevant milestones? No | | | |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: <input type="checkbox"/> Not yet known <input 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 checked="" type="checkbox"/> Other approach (please provide details) <i>Not applicable as per AWP Plan Guide pg 13 "The practice support <u>must</u> comprise PHN staffing costs and cannot be commissioned or outsourced".</i> | | | |
| | 2a. Is this activity being co-designed? No | | | |
| | 2b. Is this activity the result of a previous co-design process? Yes | | | |
| | 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No | | | |
| | 3b. Has this activity previously been co-commissioned or joint-commissioned? No | | | |
| Total Planned Expenditure | | | | |
| Funding Source | 2019-2020 | 2020-2021 | 2021-2022 | Total |
| Planned Commonwealth Expenditure – General Practice Support Funding | 550,897 | 550,897 | | 1,101,794 |
| Total Planned Commonwealth Expenditure | | | | |
| Funding from other sources | | | | |
| Funding from other sources | N/A | | | |

| Proposed Activities | |
|-------------------------------------|---|
| ACTIVITY TITLE | <i>HSI 1 Commissioning Support</i> |
| Existing, Modified, or New Activity | Existing Activity HSI 1 Commissioning support |
| Needs Assessment Priority | NA |
| 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 the catchment • improving awareness of EMPHN's role as a commissioner through high quality communications, conferences, events and media coverage. <p>1.2 Business Services Support for Commissioning Activities</p> <p>Business Services ensure that EMPHN staff have the appropriate tools, resources and support to deliver on EMPHN's commissioning activities. Activities include:</p> <ul style="list-style-type: none"> • 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 |

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| | <ul style="list-style-type: none"> • 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 <p>1.3 Procurement Support for Commissioning Activities</p> <p>Procurement activities at EMPHN support the process of sourcing a service provider for PHN programs by:</p> <ul style="list-style-type: none"> • 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 • ensure procurement policies and processes are complied with • report on procurement activities to management and Board |
| Associated Flexible Activity/ies: | <p>Whole Organisation:</p> <p><i>CF1 - Person centred chronic disease management</i></p> <p><i>CF2 - Enable health information continuity between providers</i></p> <p><i>CF3 - Encourage integration across the boundaries of Primary , community and acute services</i></p> <p><i>CF4 - Immunisation</i></p> <p><i>CF 5 - Improving physical health for mental health consumers</i></p> |
| Target population cohort | Whole organisation |
| Indigenous specific | No |
| Coverage | EMPHN catchment |
| Consultation | Significant planning and engagement with internal stakeholders |
| Collaboration | The Board, management and staff of EMPHN will be responsible for the implementation of this activity. |
| Activity milestone details/ Duration | <p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year.</p> <p>Service delivery end date: Month. Year.</p> <p>Any other relevant milestones? No</p> |

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| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: | | | |
| | <input type="checkbox"/> Not yet known <input 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 checked="" type="checkbox"/> Other approach (please provide details) | | | |
| | This service doesn't commission funds. It supports the organisation. | | | |
| | 2a. Is this activity being co-designed? No | | | |
| | 2b. Is this activity this result of a previous co-design process? No | | | |
| 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No | | | | |
| 3b. Has this activity previously been co-commissioned or joint-commissioned? No | | | | |
| Total Planned Expenditure | | | | |
| Funding Source | 2019-2020 | 2020-2021 | 2021-2022 | Total |
| Planned Commonwealth Expenditure - Core Health Systems Improvement Funding | 2,097,054 | 2,201,975 | | 4,299,029 |
| Planned Commonwealth Expenditure – General Practice Support Funding | 0 | 0 | 0 | 0 |
| Total Planned Commonwealth Expenditure | 2,097,054 | 2,201,975 | | 4,229,029 |
| Funding from other sources | 0 | 0 | 0 | 0 |
| Funding from other sources | N/A | | | |

| Proposed Activities | |
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| ACTIVITY TITLE | HSI 2 Digital Health |
| Existing, Modified, or New Activity | Existing Activity HSI 2 Digital Health |
| Needs Assessment Priority | <p>Evidence-based care – page 46</p> <ul style="list-style-type: none"> • EMPHN will continue to work with primary care providers to implement HealthPathways. Through this, providers are supported to deliver evidence-based care. <p>Health Information Continuity – page 47</p> <ul style="list-style-type: none"> • EMPHN will continue to work with providers to increase eReferral and shared electronic health record adoption to enable delivery of better care for chronic conditions. • Through POLAR, EMPHN has developed a system for early identification of people at increased risk of hospitalisation • Care that is team-based, person-centred and facilitated using health information technologies supports better integration of care across primary care and other health services <p>Integration of Care – page 47</p> <ul style="list-style-type: none"> • Care that is team-based, person-centred and facilitated using health information technologies supports better integration of care across primary care and other health services |
| 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> <ul style="list-style-type: none"> • to enable health information continuity • Promote a model of integrated and evidence-based care • Meaningful clinical use of My Health Record <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> <p>The Digital Health Team has expertise to support the following activities relating to eHealth including:</p> <ul style="list-style-type: none"> • Working in partnership with LHNs and Community Health in eReferral projects with a 5 year goal to remove fax referrals from outpatient specialist clinics. • Support for the implementation and embedding of My Health Record • Support for the increased roll out of the POLAR Tool in preparation for Quality Improvement activities in general practice. • Increased utilisation of Practice Reports to assist practices with quality improvement activities |
| Description of Activity | <p>Improved response to the fast-changing digital health landscape including changes to policy and funding requirements and community expectations.</p> <p>1. eReferral: July 2019 – June 2022 Increasing the awareness and maximising the number of GP practices using eReferral as their communication mechanism with specialist clinics at health</p> |

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| | <p>services. Reducing the volume of referrals via fax as health services work towards turning off their fax machines.</p> <p>2. MyHR: July 2019 – June 2022 EMPHN will work in tiered approach to My Health Record expansion and enablement. Whole of practice training and support for general practice using a quality improvement framework.</p> <p>3. POLAR: July 2019 – June 2022 Transitioning towards meaningful use in General Practice of data tools, provide support, education for use of POLAR GP.</p> <p>4. Practice Reports: July 2019 – June 2022 Increasing General Practice awareness, education and use of Practice Reports to enable 'business intelligence' and understanding of possible opportunities within the practice.</p> |
| Associated Flexible Activity/ies: | <p><i>CF1 - Person centred chronic disease management</i> <i>CF2 - Enable health information continuity between providers</i> <i>CF3 - Encourage integration across the boundaries of Primary , community and acute services</i> <i>CF4 - Immunisation</i> <i>CF 5 - Improving physical health for mental health consumers</i></p> |
| Target population cohort | The target population for this activity are those delivering clinical support and care to patients. This is inclusive of, but not limited to, general practice, tertiary specialists, allied health and pharmacy. |
| Indigenous specific | No |
| Coverage | EMPHN catchment |
| Consultation | <p>Consultation will be ongoing with General practice, Peak bodies, ADHA, PHN branch 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 | <p>The program will collaborate with:</p> <ul style="list-style-type: none"> • General Practice • Community Health • LHNs • DHHS • VPHNA • ADHA • Universities/research institutes • Clinical specialists • Pharmacy • Peak Bodies • Data systems providers • QI program agencies |
| Activity milestone details/ Duration | <p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> |

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|---|--|-------------------------|-------------------------|---------------------|
| | <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones? No</p> | | | |
| <p>Commissioning method and approach to market</p> | <p>1. 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 checked="" type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</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>Total Planned Expenditure</p> | | | | |
| <p>Funding Source</p> | <p>2019-2020</p> | <p>2020-2021</p> | <p>2021-2022</p> | <p>Total</p> |
| <p>Planned Commonwealth Expenditure - Core Health Systems Improvement Funding</p> | <p>429,192</p> | <p>438,303</p> | | <p>867,495</p> |
| <p>Planned Commonwealth Expenditure – General Practice Support Funding</p> | | | | |
| <p>Total Planned Commonwealth Expenditure</p> | <p>429,192</p> | <p>438,303</p> | | <p>867,495</p> |
| <p>Funding from other sources</p> | | | | |
| <p>Funding from other sources</p> | | | | |

| Proposed Activities | |
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| ACTIVITY TITLE | <i>HSI-3 System Intelligence and Analytics</i> |
| Existing, Modified, or New Activity | Existing Activity HSI-3 System Intelligence and Analytics |
| Needs Assessment Priority | None |
| 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> |
| Associated Flexible Activity/ies: | <p><i>CF1 - Person centred chronic disease management</i> <i>CF2 - Enable health information continuity between providers</i> <i>CF3 - Encourage integration across the boundaries of Primary , community and acute services</i> <i>CF4 - Immunisation</i> <i>CF 5 - Improving physical health for mental health consumers</i></p> |
| Target population cohort | Whole of organisation |
| Indigenous specific | No |
| Coverage | EMPHN catchment |
| Consultation | Whole of organisation |
| Collaboration | Ongoing with organisation |

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| Activity milestone details/ Duration | Provide the anticipated activity start and completion dates (including the planning and procurement cycle) : Activity start date: 1/07/2019 Activity end date: 30/06/2020 If applicable , provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle) : Service delivery start date: Month. Year. Service delivery end date: Month. Year. | | | |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: <input type="checkbox"/> Not yet known <input 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 checked="" type="checkbox"/> Other approach (please provide details) None 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No | | | |
| Total Planned Expenditure | | | | |
| Funding Source | 2019-2020 | 2020-2021 | 2021-2022 | Total |
| Planned Commonwealth Expenditure - Core Health Systems Improvement Funding | 339,750 | 344,785 | | 684,535 |
| Total Planned Commonwealth Expenditure | 339,750 | 344,785 | | 684,535 |
| Funding from other sources | 0 | 0 | 0 | 0 |
| Funding from other sources | None | | | |

| Proposed Activities | |
|-------------------------------------|--|
| ACTIVITY TITLE | <i>HSI-4 Integration and Redesign</i> |
| Existing, Modified, or New Activity | Modified Activity Previously HSI associated with Integration and Redesign was apportioned to CF1-CF12 in the 2018-19 activity work plan |
| Needs Assessment Priority | <p>General Health:</p> <ol style="list-style-type: none"> 1. Stepped care for Chronic Conditions 2. Team Based Person Centred Care 3. Evidence-based care 4. Innovation in care 5. Integration of care 6. Health information continuity <p>Older People:</p> <ol style="list-style-type: none"> 7. Improving chronic conditions management <p>Mental Health:</p> <ol style="list-style-type: none"> 8. Addressing the priorities in the Fifth National Mental Health and Suicide Prevention Plan: Improving the physical health of people living with mental illness and reducing early mortality. <p>(EMPHN Needs Assessment Report, Nov 2018, p45:47, p66, p102, p104)</p> |
| Aim of Activity | The aim of health systems Integration and Redesign is to redesign the acute, community and primary care interface, design patient-centred and integrated care pathways to achieve better patient outcomes for people with complex health care needs. |
| Description of Activity | <p>Under this activity EMPHN will work with local hospitals, primary care and community care providers to</p> <ul style="list-style-type: none"> • identify and understand health system and patient pathway gaps • collaborate with stakeholders on redesigning the system for more integrated patient centred services and patient pathways • trial and implement the adoption of models of care • measure for improvements in patient outcomes and health system outcomes • support health care providers to embed system changes into practice |
| Associated Flexible Activity/ies: | <p><i>CF1 - Person centred chronic disease management</i> <i>CF2 - Enable health information continuity between providers</i> <i>CF3 - Encourage integration across the boundaries of Primary , community and acute services</i> <i>CF4 - Immunisation</i> <i>CF 5 - Improving physical health for mental health consumers</i></p> |
| Target population cohort | Whole of population |
| Indigenous specific | No |

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| | |
| Coverage | EMPHN catchment |
| Consultation | <p>Consultation occurs via a range of methods including:</p> <ul style="list-style-type: none"> • EMPHN’s annual strategic commissioning planning day • Board planning workshops • EMPHN’s annual GP survey • Consumer Advisory Committee • Clinical Council • Primary Health Care partnerships and collaboratives • Peak professional bodies <p>Stakeholders represented in the above activities include:</p> <ul style="list-style-type: none"> • Consumers (including peers, families and carers) • GPs, practice managers and practice nurses • Community and allied health providers • Local Health Networks • Local, state and federal government (DHHS and DOH). |
| Collaboration | <p>The program will collaborate with:</p> <ul style="list-style-type: none"> • General Practice • Community Health • LHNs • DHHS • VPHNA • ADHA • Universities/research institutes • Clinical specialists • Pharmacy • Peak Bodies • Data systems providers • QI program agencies |
| Activity milestone details/ Duration | <p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p> |
| Commissioning method and approach to market | <p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Not yet known <input 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 |

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| | <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) | | | |
| | 2a. Is this activity being co-designed? Yes | | | |
| | 2b. Is this activity this result of a previous co-design process? Yes | | | |
| | 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No | | | |
| | 3b. Has this activity previously been co-commissioned or joint-commissioned? No | | | |
| Total Planned Expenditure | | | | |
| Funding Source | 2019-2020 | 2020-2021 | 2021-2022 | Total |
| Planned Commonwealth Expenditure - Core Health Systems Improvement Funding | 779,396 | 796,612 | | 1,576,008 |
| Planned Commonwealth Expenditure – General Practice Support Funding | 177,074* | 177,074* | | 354,148* |
| Total Planned Commonwealth Expenditure | 956,470 | 973,686 | | 1,930,156 |
| Funding from other sources | | | | |
| Funding from other sources | N/A | | | |

*Please note, this is how we have allocated the General Practice Funding from GPS 1

| Proposed Activities | |
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| ACTIVITY TITLE | <i>HSI-5 Integration and Sector Capacity</i> |
| Existing, Modified, or New Activity | Modified Activity Previously HSI associated with Integration and Sector Capacity was apportioned to CF1-CF12 in the 2018-19 activity work plan |
| Needs Assessment Priority | General Health: Stepped care for Chronic Conditions-page 45 Team Based Person Centred Care-page 45 Evidence-based care – page 46 Innovation in care-page 46 Integration of Care – page 47 |
| Aim of Activity | This activity aims to strengthen the capabilities of General practices to provide high quality, safe, integrated and person centred health care. |
| Description of Activity | Under this activity EMPHN will work with primary care, local hospitals and community care providers to <ul style="list-style-type: none"> • Identify and understand primary care capacity and capability gaps in providing innovative and integrated primary care that transforms patient care and chronic disease management. • Collaborate with stakeholders on strengthening the capacity and capability of the primary care • Trial and implement the adoption of innovative models of care • Measure for improvements in patient outcomes and health system outcomes • Embed into practice |
| Associated Flexible Activity/ies: | <i>CF1 - Person centred chronic disease management</i> <i>CF2 - Enable health information continuity between providers</i> <i>CF3 - Encourage integration across the boundaries of Primary , community and acute services</i> <i>CF4 - Immunisation</i> <i>CF 5 - Improving physical health for mental health consumers</i> |
| Target population cohort | Whole of population |
| Indigenous specific | No |
| Coverage | EMPHN catchment |
| Consultation | Consultation will be ongoing with General practice, Peak bodies, ADHA, PHN branch, LHNs, DHHS and key groups across the catchment. EMPHN regularly consults with other local PHNs and interstate PHN to continue to develop our Enhancing Primary care program. |
| Collaboration | The program will collaborate with: <ul style="list-style-type: none"> • General Practice • Community Health • LHNs • DHHS • VPHNA • ADHA |

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| | <ul style="list-style-type: none"> • Universities/research institutes • Clinical specialists • Pharmacy • Peak Bodies • Data systems providers • QI program agencies | | | |
| Activity milestone details/ Duration | <p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones? No</p> | | | |
| Commissioning method and approach to market | <p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input checked="" type="checkbox"/> Not yet known <input 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> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</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> | | | |
| Total Planned Expenditure | | | | |
| Funding Source | 2019-2020 | 2020-2021 | 2021-2022 | Total |
| Planned Commonwealth Expenditure - Core Health Systems Improvement Funding | 57,512 | 65,277 | | 122,789 |
| Planned Commonwealth Expenditure – General Practice Support Funding | 373,823* | 373,822* | | 747,646* |

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|--|---------|---------|--|---------|
| Total Planned Commonwealth Expenditure | 431,335 | 439,099 | | 870,435 |
| Funding from other sources | | | | |
| Funding from other sources | N/A | | | |

*Please note, this is how we have allocated the General Practice Funding from GPS 1

| Proposed Activities | |
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| ACTIVITY TITLE | <i>HSI-6 Integrated Care- Health Systems and Collaboration</i> |
| Existing, Modified, or New Activity | <p>Modified Activity</p> <p>Previously HSI associated with Integration and Sector Capacity was apportioned to CF1-CF12 in the 2018-19 activity work plan</p> |
| Needs Assessment Priority | <p>General Health:</p> <ol style="list-style-type: none"> 7. Stepped care for Chronic Conditions 8. Team Based Person Centred Care 9. Evidence-based care 10. Innovation in care 11. Integration of care 12. Health information continuity <p>Older People:</p> <ol style="list-style-type: none"> 9. Improving chronic conditions management <p>Mental Health:</p> <ol style="list-style-type: none"> 10. Addressing the priorities in the Fifth National Mental Health and Suicide Prevention Plan: Improving the physical health of people living with mental illness and reducing early mortality. |
| Aim of Activity | To support the health systems integration through co design and deployment of integrated health care solutions in the EMPHN catchment |
| Description of Activity | <p>This activity will support the effective achievement of core flexible activities CF 1-6 through the implementation of:</p> <ul style="list-style-type: none"> • Integrated planning • Collaborative structures • Co-design • Consultation with experts and specialist • Deep dives into CF priorities • Capacity building • Effective and sound procurement <p>Collaborative structures already in place: Better Health North East Melbourne (BHNEM) is a collaboration of diverse organisations that are critical to the delivery of healthcare across the north east of Melbourne. BHNEM has a catchment that covers the Local Government Areas (LGAs) of Darebin, Banyule and Nillumbik. The group has identified the potential of working closely together to deliver better healthcare outcomes for its constituents.</p> |

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| | <p>BHNEM's strategic goals are, seamless health care, sharing information and working well together. There are two priority areas for the next five years - people aged over 65 who are frail, and children under five years old with developmental delay. The aim is to improve both health system and patient reported outcomes, and to also improve the patient experience as reported by the patient.</p> <p>Melbourne Primary Healthcare Collaborative (EMPHCC) is a region wide platform of service providers and organisations focused on primary health care system collaboration in order to improve health outcomes for people in eastern Melbourne</p> <p>The focus of the EMPHCC is on enhancing primary health care services in community based settings to support the management of chronic disease and complex conditions for people at risk of poor health outcomes across the catchment. This will necessitate improved alignment of primary and secondary service providers in the shared objective of slowing the progression of chronic and complex disease to prevent deterioration and reduce avoidable hospital admissions through improved community based models of care.</p> |
| Associated Flexible Activity/ies: | <p><i>CF1 - Person centred chronic disease management</i> <i>CF2 - Enable health information continuity between providers</i> <i>CF3 - Encourage integration across the boundaries of Primary , community and acute services</i> <i>CF4 - Immunisation</i> <i>CF 5 - Improving physical health for mental health consumers</i></p> |
| Target population cohort | Whole of population |
| Indigenous specific | No |
| Coverage | EMPHN catchment |
| Consultation | <p>Consultation will be ongoing with General practice, Peak bodies, ADHA, PHN branch, LHNs, DHHS 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 | <p>The program will collaborate with:</p> <ul style="list-style-type: none"> • General Practice • Community Health • LHNs • DHHS • VPHNA • ADHA • Universities/research institutes • Clinical specialists • Pharmacy • Peak Bodies • Healthcare consultants • Probity advisors <p>Better Health North East Melbourne Collaborative</p> |

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| | <ul style="list-style-type: none"> • Austin Health • Banyule Community Health • Department of Health and Human Services (DHHS) • healthAbility (Nillumbik Community Health) • North Western Melbourne Primary Health Network (NWMPHN) • Your Community Health (Darebin Community Health) <p>Eastern Melbourne Primary Healthcare Collaborative</p> <ul style="list-style-type: none"> • Community Health Service – Appointed representative CEO from eastern Melbourne region • Department of Health & Human Services Director Health, East Division • EACH – Chief Executive Officer • Eastern Health – Executive Director Continuing Care, Ambulatory, Mental Health & Statewide Services • General practice representative |
| <p>Activity milestone details/ Duration</p> | <p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p> |
| <p>Commissioning method and approach to market</p> | <p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Not yet known <input 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>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> |

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| | 3b. Has this activity previously been co-commissioned or joint-commissioned? No | | | |
| Total Planned Expenditure | | | | |
| Funding Source | 2019-2020 | 2020-2021 | 2021-2022 | Total |
| Planned Commonwealth Expenditure - Core Health Systems Improvement Funding | 254,660 | 235,160 | | 489,820 |
| Planned Commonwealth Expenditure – General Practice Support Funding | | | | |
| Total Planned Commonwealth Expenditure | 254,660 | 235,160 | | 489,820 |
| Funding from other sources | | | | |
| Funding from other sources | N/A | | | |

| Proposed Activities | |
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| ACTIVITY TITLE | HSI7 Enhancing Primary care HIS 7.1 Enhancing Primary Care HIS 7.2 Workforce |
| Existing, Modified, or New Activity | Modified Activity Previously: CF 11 Enhancing Primary Care |
| Needs Assessment Priority | General Health Priorities: Team based person centred care, pg 45 Evidence Based care pg 46 Innovation in Care pg 46 Integration of care pg 47 |
| Aim of Activity | HSI 7.1 Enhancing Primary Care The model aims to increase primary care providers' capability and experience in trialling the delivery of timely, high quality health care and person-centred integrated services that contributes to better patient outcomes. HSI 7.2 Workforce Aims to develop workforce capabilities to deliver timely, high quality health care and person-centred integrated services that contribute to better patient outcomes. |

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| Description of Activity | <p>HSI 7.1 Enhancing Primary Care Implement a program for Enhancing Primary Care in the EMPHN catchment that transforms the care delivered by the practice.</p> <p>EMPHN will implement a program of work that engages general practices over the funding period to strengthen the care provided to patients within the primary care setting and measure the resulting health outcome on the practice population and specified cohorts of patients including diabetes, chronic heart disease and polypharmacy.</p> <p>The program will engage high performing general practices to implement whole of practice improvements. Practices will measure the impact the implementation has had on their practice populations through suitable tools aligned to the quadruple aim (including the PC PIT tool, PREMS, PROMS) The model will link to other 2019-20 PHN activities by</p> <ul style="list-style-type: none"> • Consolidating and put into action the knowledge gained under GPS1 General Practice support. • Providing a meaningful opportunity for <i>HSI Digital Health</i> and <i>CF3 Enable health information continuity between providers Initiatives and CF4 Primary, community and acute care integration</i> • Provide increased capacity and competency to implement transformational changes to patient care including <i>CF1 - Person centred chronic disease management and Pharmacist in general practice</i> <p>HSI 7.2 Workforce EMPHN will continue to provide workforce development opportunities to primary care providers (general practice and allied health) that address the priorities as outlined in the needs assessment. The activity will include workshops, CPD/PD, on-line communities of practice and digital education.</p> |
| Associated Flexible Activities: | <p><i>CF1 - Person centred chronic disease management</i> <i>CF2 - Enable health information continuity between providers</i> <i>CF3 - Encourage integration across the boundaries of Primary , community and acute services</i> <i>CF4 - Immunisation</i> <i>CF 5 - Improving physical health for mental health consumers</i></p> |
| Target population cohort | Whole of population |
| Indigenous specific | No |

| | | | | |
|--|--|------------------|------------------|--------------|
| Coverage | EMPHN catchment | | | |
| Consultation | Whole of organisation | | | |
| Collaboration | Ongoing with organisation | | | |
| Activity milestone details/ Duration | Provide the anticipated activity start and completion dates (including the planning and procurement cycle) : Activity start date: 1/07/2019 Activity end date: 30/06/2020 If applicable , provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle) : Service delivery start date: Month. Year. Service delivery end date: Month. Year. | | | |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: <input type="checkbox"/> Not yet known <input 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 checked="" type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) None 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No | | | |
| Total Planned Expenditure | | | | |
| Funding Source | 2019-2020 | 2020-2021 | 2021-2022 | Total |
| Planned Commonwealth Expenditure - Core Health Systems Improvement Funding | 380,000 | 340,000 | | 720,000 |
| Total Planned Commonwealth Expenditure | 380,000 | 340,000 | | 720,000 |
| Funding from other sources | | | | |
| Funding from other sources | None | | | |