



Australian Government
Department of Health



An Australian Government Initiative

Activity Work Plan 2019-2023:

Core Funding

GP Support Funding

This Core Activity Work Plan template has the following parts:

1. The Core Activity Work Plan for the financial years 2019-20, 2020-21, 2021-22, and 2022-23.
Please complete the table of planned activities funded under the following:
 - a) Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – Operational and Flexible
 - b) Primary Health Networks General Practice Support, Item B.3 – General Practice Support.

Northern Queensland PHN

1. (a) Planned PHN activities for 2019-20, 2020-21, 2021-22, and 2022-23

– Core Flexible Funding Stream

Proposed Activities	
ACTIVITY TITLE	CF1 Aboriginal and Torres Strait Islander Health
Existing, Modified, or New Activity	Existing Activity Previously CF1
Program Key Priority Area	Aboriginal and Torres Strait Islander Health
Needs Assessment Priority	Indigenous Health, poorer health outcomes, social determinants of health, health behaviours, remote and very remote communities, chronic disease, infectious diseases, integrated social and emotional wellbeing responses, pages 45-51 sexual health page 99, health promotion and prevention pages 109- 111
Aim of Activity	<p>The concept of social and emotional wellbeing is very different in Aboriginal and Torres Strait Islander communities, particularly those living in remote communities from those in mainstream communities.</p> <p>Aboriginal and Torres Strait Islander people suffer a greater burden of disease and the discrepancy between infant and adult mortality rates between non-Indigenous and Indigenous people remains unacceptably high. This coupled with the negative experiences many Indigenous people encounter within the health system, deters sick people from accessing the services they need. Geographic isolation and poor social determinants of health create difficulties for service access and provision. People are frequently required to leave their community to access the services they need which requires them to travel and spend time away from family and community in unfamiliar environments in regional centres where their first language is not spoken.</p> <p>Activities will address these issues and need for cultural safety in health services, while recognising the impacts that strength of beliefs and customs, family, and community have on potential for good health.</p>
Description of Activity	<p>1.1 Improve the usage of mainstream services by Aboriginal and Torres Strait Islander patients by addressing cultural safety and appropriateness including through communication and education tools for health workers, creating positive experiences for Aboriginal and Torres Strait Islander patients and improving their health outcomes.</p> <p>1.2 Work collaboratively with partners including AMSs, ACCHOs, and communities to develop and implement a strategy which explores the social, cultural, and digital elements required to successfully enable implementation of innovative improvements, including virtual solutions, to gaps in health service provision in remote and very remote communities.</p> <p>1.3 Improve service coordination opportunities which deliver efficiencies by aligning preventive support services with specialist service delivery.</p> <p>1.4 Collaborate with regional organisations to improve coordination of care for patients and families travelling from their community, to access health care in regional centres.</p> <p>1.5 Develop and contribute to development and implementation of best practice guidelines for social and emotional wellbeing screening, management and training for health service providers delivering services to Aboriginal and Torres Strait Islander communities, creating a holistic vision of health and wellbeing.</p>

	1.6 CF7.5 HPP cross activity - Commission services which encourage healthy living for Aboriginal and Torres Strait Islander people through a focus on preventative measures to support healthy nutrition, physical exercise, social inclusion through activities, promotion of immunisation, regular health checks, and routine screening for cancers.
Target population cohort	Aboriginal and Torres Strait Islander people and communities throughout the NQPHN region with emphasis on remote, very remote, and Island communities
Indigenous specific	Yes The Cape and Torres team will engage the Indigenous sector with very specific targeted stakeholder engagement required as the area of NQPHN region with the highest proportion of Aboriginal and Torres Strait Islander residents
Coverage	Whole of NQPHN region
Consultation	A rolling series of stakeholder consultations is planned by visits to key communities in the Torres and Cape areas where the greatest proportion of Aboriginal and Torres Strait Islander people in the region reside. Consultations will include Councils, ACCHOs, AMSs, service providers, consumers, primary health clinics, TCHHS. Considerable consultation relating to Integrated Team Care (ITC) has also occurred throughout the NQPHN region and will be utilised to provide relevant information and shape service delivery while preventing consultation fatigue. Indigenous members of NQPHN Board and Clinical Governance Committee and Clinical Councils.
Collaboration	NQPHN will collaborate with peak bodies, ACCHOs, AMSs, Councils, service providers, consumers, primary health clinics, GPs, HHSs (including Queensland Health Indigenous branch) and universities.
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2023 Service delivery start date: September 2019 Service delivery end date: June 2023
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 checked="" type="checkbox"/> Open tender <input checked="" type="checkbox"/> Expression of Interest (EOI) <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? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes

	3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No

Proposed Activities	
ACTIVITY TITLE	CF2 Maternal and child health – first 3000 days
Existing, Modified, or New Activity	Existing Activity
Program Key Priority Area	Other (please provide details) Maternal and Child Health
Needs Assessment Priority	General population page 7-11 social determinants of health behavioural risks, oral health page 16-17 Indigenous health page 45 – 47 integrated social and emotional wellbeing page 51-52, and maternal and child health page 54 Maternal and child health opportunities page 113
Aim of Activity	<p>The first 3000 days from conception to 96 months are critical. Smoking and alcohol consumption during pregnancy coupled with poor nutrition cause low birth weight babies and frequently premature births. Such infants may suffer physical and intellectual impairments which arrest life-long development. The rate of low birth weight babies is greater in areas suffering from a range of socio-economic determinants. Higher numbers of teenage pregnancies are experienced in low socio-economic areas and increase with remoteness. Sexual disease rates including congenital syphilis are higher in some northern Queensland communities than the State average. Sexual offences against 0-14 year olds are four times as likely as those against 15 years and older. Primary health efforts holistically targeting the perinatal and early years of childhood have the greatest potential to ensure health outcomes and life-long health. Many early experiences have lasting impacts on physical and emotional developmental abilities. The focus on both maternal and child health, particularly during pregnancy, while breast-feeding, and infancy can reduce the impacts of ill health on foetus and child. A holistic approach to pregnancy care is particularly beneficial to families in remote communities.</p> <p>The Australian Early Development census 2016 identified that children in a number of LGAs in the NQPHN region were developmentally vulnerable in two or more measures compared to the State figures. Family conditions and quality of parenting are significantly associated with child mental health and physical health, WHO 2014.</p> <p>This activity will be to improve the likelihood of lifelong health benefits for the next generation.</p>
Description of Activity	<p>2.1 Facilitate the development of a model of care based on a theoretical framework for service improvement/enhancement, coordination and collaboration between services such as maternity, early childhood education, schools, mental health, and alcohol and other drugs. Promote the role of general practice in optimising prevention of early development issues and the need for evaluation of impacts of interventions.</p> <p>2.2 Commission interventions that are implemented at different levels and in different settings from conception through to 96 months that address identified needs including reduction of smoking and alcohol consumption in</p>

	<p>the perinatal period, improved nutrition, increasing childhood immunisation rates, increased rates of infant health checks and increasing maternal attachment.</p> <p>2.3 Promote the importance of birth registration to enable children to be counted and influence the distribution and funding of health services including Medicare and immunisation and access to important early childhood development opportunities. Promote the need for creation of childhood records from conception</p> <p>2.4 Prioritise early intervention programs in areas of high levels of domestic violence, substance abuse, and child protection cases.</p>
Target population cohort	Pregnant mothers, families and infants in their first 3000 days
Indigenous specific	<p>Yes</p> <p>All commissioning opportunities will target service providers with proven cultural safety and competence credentials and a track record of successfully delivering services to Aboriginal and Torres Strait Islander communities. Aboriginal and Torres Strait Islander leaders will be involved in the processes and specifically in the evaluation for all commissioned services for Aboriginal and Torres Strait Islander communities to combat negative experiences of health services.</p>
Coverage	Whole of NQPHN region
Consultation	<p>NQPHN to enable consultation / engagement and co design with ACCHOs, GPs and health centres and will include the following stakeholders:</p> <p>NQPHN Board, Regional Health Partners, Queensland Health, Torres Strait Regional Authority, Torres Strait and Torres Strait Island Councils, Torres Health Indigenous Corporation, ACCHOs, Queensland Aboriginal and Islander Health Council and member organisations, Northern Aboriginal and Torres Strait Islander Alliance, Palm Island Community Company, local government authorities.</p>
Collaboration	NQPHN teams will collaborate with the following stakeholders: State, NQ Regional Managers, Co-ordination Network members, Aboriginal Medical Services and Aboriginal Community Controlled Health Services, local Councils, four regional HHSs.
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2023</p> <p>Service delivery start date: September 2019</p> <p>Service delivery end date: June 2023</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</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><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.</p> <p><input checked="" type="checkbox"/> Open tender</p> <p><input checked="" type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed?</p>

	<p>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? Yes</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>

Proposed Activities	
ACTIVITY TITLE	CF3 Chronic disease management
Existing, Modified, or New Activity	Existing Activity
Program Key Priority Area	Other (please provide details) Chronic Disease Management
Needs Assessment Priority	Chronic disease General population health social determinants of health page7/8, Behavioural risk factors p10/13 Preventative care p 13/15, Health and aging 16/17, Indigenous health population, remote and rural areas, high burden of chronic disease, high prevalence of risk behaviours p46/47
Aim of Activity	<p>The NQPHN region experiences a high burden of chronic conditions which continues to produce a loss of quality of life. Higher rates of diabetes, chronic obstructive pulmonary disorder, coronary heart disease, and stroke are observed compared to State averages.</p> <p>The aims of this activity are to provide better care for those with, or at risk of, chronic conditions in the NQPHN region, to improve quality of life and outcomes for sufferers through improved coordination of care between GPs and allied health providers. Optimal chronic care is achieved when a proactive team of health professionals interacts with an informed and motivated patient. This activity will also focus on improving self-care and self-management. Evidence suggests that clinical outcomes are improved through the provision of self-management skills including problem solving and education rather than by information provision alone, in tandem with improved partnerships between doctors, patients and their carers, and health professionals. Such approaches are also capable of producing significant reductions of costs.</p> <p>This activity will build on information gained through the chronic care review undertaken in the NQPHN region in 2017-18 and evaluation pilot approaches. Innovative approaches to care will be developed in the most appropriate settings to meet needs and priorities of communities with a high prevalence of chronic disease issues, where service delivery challenges exist.</p> <p>Significant stakeholder engagement has been undertaken to develop approaches which reflect the priorities of the specific communities and utilise more effectively the available skill sets within each community. By improving community management to keep patients out of hospital and improving co-</p>

	ordination between primary, community, and secondary sectors, better health outcomes will be achieved.
Description of Activity	<p>3.1 Develop and implement an innovative model of service for the delivery of allied health services to rural communities throughout the NQPHN region with the capacity to utilise MBS funding.</p> <p>3.2 Develop and provide a holistic range of solutions to keeping people out of hospital where it is safe to do so through prevention and early intervention including care in the home, ambulatory care, case management, system navigation, and telemedicine.</p> <p>3.3 Develop holistic community-based programs around improving an individual's overall health, and avoiding chronic diseases including reducing escalation of pre-diabetes to type 2 diabetes or progression of the disease through individualised health coaching, support groups, nutrition, and physical activity advice.</p> <p>3.4 Re-orientate health systems away from acute and episodic to prevention, through greater self-care and better co-ordination. Increase self-management education including problem solving skills with a focus on living well with chronic disease to improve quality of life and self-efficacy.</p> <p>3.5 CF7.5 HPP cross activity - Commission services which encourage healthy living for people at risk of suffering chronic conditions through a focus on preventative measures to support healthy nutrition, physical exercise, social inclusion through activities, promotion of immunisation, regular health checks, and routine screening for cancers.</p>
Target population cohort	Patients with chronic heart failure, diabetes and chronic obstructive pulmonary disease, cancers and comorbidities particularly those living in rural communities with a low socio-economic background including Aboriginal and Torres Strait Islander people.
Indigenous specific	No
Coverage	Whole of NQPHN region
Consultation	<p>Stakeholder engagement and consultation activities to support this activity will include:</p> <ul style="list-style-type: none"> • analysis of local demography – community needs • service mapping of primary health services • barriers to service access • community workshops • understanding of local services and parameters for services. <p>The following stakeholders will be engaged:</p> <ul style="list-style-type: none"> • Cairns and Hinterland Hospital and Health Service (CHHS) • Torres and Cape Hospital and Health Service (TCHHS) • Townsville Hospital and Health Service (THHS) • Mackay Hospital and Health Service (MHHS) • Check Up Australia • Queensland Aboriginal and Islander Health Council (QAIHC) • Royal Flying Doctors Service (RFDS) • Consumer representatives • Service providers contracted by NQPHN to provide chronic care services.
Collaboration	Collaboration with GPs across the health sector will occur in order to support prioritisation, service co-ordination, person centred outcome-based care, and reduction of fragmentation of services.

Activity milestone details/ Duration	<p>Activity start date: 1/07/2019 Activity end date: 30/06/2023</p> <p>Service delivery start date: September 2019 Service delivery end date: June 2023</p> <p>Progressive commissioning roll-out over 2019/20 including evaluation of pilot project approach.</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 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 checked="" 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>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>

Proposed Activities	
ACTIVITY TITLE	CF4 Aged care
Existing, Modified, or New Activity	Existing Activity
Program Key Priority Area	Aged Care
Needs Assessment Priority	Health Care for the elderly Page 103 opportunities
Aim of Activity	The baby boom of the 1940s-60s is resulting in a rise in the proportion of people now reaching old age. Of those, many non-Indigenous people are living longer. The increase in elderly people remains a challenge to health services which will need to adapt to cope with demand. Additionally, despite attempts to close the gap on life expectancy between Indigenous and non-Indigenous people, the gap remains stubbornly above 10 years and brings the challenges to the forefront earlier in life.

	<p>The aim of this activity is to invest in healthy aging to enable older Australians in North Queensland to live healthy, productive, and connected lives within the communities they chose to live in and enable them to remain in their own homes for as long as possible with services provided as conveniently as possible either physically or digitally. This activity will consider assistance which has significant impacts on quality of life through prevention activities including falls, incontinence, oral health, swallowing, podiatry, and medication management. GP encounters with older people are increasing and older people living in Residential Aged Care Facilities (RACFs) are facing difficulties in gaining access to GPs.</p> <p>Dementia and Alzheimer’s diseases are increasingly prevalent in people aged 65 years of age and older. The third largest cause of death in the NQPHN region of deaths over 65 years of age are caused by Dementia and Alzheimer’s diseases with rates slightly higher than the national average. Research is increasingly confirming the potential to reduce rates through preventative measures. The Royal Commission into Aged Care Quality and Safety delivered its interim findings in late 2019. NQPHN will consider how to respond most appropriately when the final findings are released following the public submission period.</p>
Description of Activity	<p>4.1 Support older people to remain in their own home and community through improved self-management of existing conditions particularly supported through digitally enabled services reducing the impact of travel and improve their health literacy. Support improvements to their ability to use, and availability of appropriate technology. (See CF3 for synergies with approach to chronic conditions management).</p> <p>4.2 Commission services to improve co-ordination of care between various sectors of health for older people and assist navigation of health and aged care services to provide patient centred services.</p> <p>4.3 Commission services which will respond to the primary health care outcomes of the Royal Commission into Aged Care Quality and Safety where appropriate.</p> <p>4.4 Build the capacity of GP and other primary health care providers to meet the needs of older people across the region and to deliver quality care to older people living in the community and RACFs including oral health and increased GP service access to RACFs.</p> <p>4.5 Commission the development of client centred planning processes with supportive counselling by health nurses combined with health plans provided to clients to significantly increase the prevention measures taken by older adults.</p> <p>4.6 Promote research that addresses the needs of older people including a life course perspective. Align health systems to the needs of older people including the prospect of delaying or preventing onset symptoms including dementia and Alzheimer’s management lifestyles through non-pharmacological interventions, social contact, and exercise.</p> <p>4.7 CF7.5 HPP cross activity - Commission services which encourage healthy aging for early retirees through a focus on preventative measures to support healthy nutrition, physical exercise, social inclusion through activities, promotion of immunisation against influenza, regular health checks, and routine screening for cancers.</p>
Target population cohort	Indigenous people aged 50 years and older and non-Indigenous people aged 65 and older.
Indigenous specific	No

Coverage	Whole of NQPHN region
Consultation	<p>Consultation will occur with the following stakeholders.</p> <ul style="list-style-type: none"> • peak bodies • RACFs • Queensland Health • HHSs • GPs • allied health professionals including dentists • veterans and ex-service organisations.
Collaboration	<p>Collaboration activities will include:</p> <ul style="list-style-type: none"> • developing partnerships with tertiary and further education, especially training • upskilling Aboriginal and Torres Strait Islander health workers especially in the aged care sector and RACFs • working with community led health care organisations • working with research organisations including universities • working with local governments.
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019 Activity end date: 30/06/2023</p> <p>Service delivery start date: September 2019 Service delivery end date: June 2023</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</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><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.</p> <p><input checked="" type="checkbox"/> Open tender</p> <p><input checked="" type="checkbox"/> Expression of Interest (EOI)</p> <p><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>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>

Proposed Activities	
ACTIVITY TITLE	CF7 Health promotion and prevention
Existing, Modified, or New Activity	Existing Activity
Program Key Priority Area	Other (please provide details) Health promotion and prevention
Needs Assessment Priority	Community and cultural determinants Page 9, Marginalised communities page 9 Culturally appropriate health promotion materials, Natural environmental factors page 9, Behavioural risk factors Pages 10-11 and 46, Preventative care 13/15, Infectious disease page 48/49, Aboriginal and Torres Strait Islander social and emotional wellbeing page 51/2, Live well page 100.
Aim of Activity	<p>Although Australians had the fifth highest life expectancy in comparison to other Organisation for Economic Co-operation and Development (OECD) countries, the percentage of lifespan lived in poor health in 2015 was 13.2%, (the third lowest). This is despite the considerable gap between Indigenous and non-Indigenous life expectancy.</p> <p>The population health burden has shifted towards disabling conditions where the prevalence increases with age. Many of the conditions are preventable. A focus on activities involved in promoting good health and preventing ill-health will be required to contain demand for health services. Health promotion and prevention activities will produce dividends in terms of demand reduction in the future. Actions will aim to create good health and wellbeing and provide education and support to stay healthy.</p> <p>Evidence increasingly suggests a focus on critical periods of growth and development stages where social and cognitive skills, habits, coping strategies, and attitudes are formed is effective and efficient. Cumulative effects occur not only across lifespan but also across generations. An inter-generational approach accords particularly strongly with Indigenous philosophies.</p> <p>Activities will focus on early life, youth, adult life, and older life messages to achieve the highest possible level of function and quality of life, addressing the whole care unit which includes family, friends, and carer/s rather than solely individuals.</p> <p>Additionally, increasing numbers of culturally and linguistically diverse people in the NQPHN region, especially migrants and refugees, frequently lack health literacy, knowledge of health system and may have cultural safety issues relating to the use of medical services.</p> <p>This activity aims to establish a life stage perspective on health promotion and prevention. Health literacy skills and information and access to education are of critical importance. Approaches will avoid duplication of existing efforts through working with partners to map activity across the health promotion space, strengthen communication and engagement with hard to reach groups and develop innovative methods to increase their knowledge and engagement. NQPHN will encourage collaboration between organisations and sharing of best practice.</p>
Description of Activity	<p>7.1 Develop a comprehensive health promotion strategy for the NQPHN region which enables prioritised investment for increased health promotion adopting a life stage perspective and improve development of health systems to address individual's health care needs.</p> <p>7.2 Partner with champions and role models using the most appropriate mediums to design and deliver promotional campaigns using evidence-based</p>

	<p>best practice to tackle preventative behavioural change targeting specific high need population groups.</p> <p>7.3 Improve the health literacy of culturally and linguistically diverse people communities and improve access to primary health services including improving assistance with interpretation, increased promotional materials for primary health care in appropriate languages and culturally sensitive and appealing formats.</p> <p>7.4 Encourage a focus on improving the provision and availability of self-management education, problem solving skills, health literacy and self-efficacy, including digital solutions to enable patient activation.</p> <p>7.5 HPP cross activity with CF1.6, CF3.5 and CF4.7 - Commission services which encourage healthy living for people through a focus on preventative measures to support healthy nutrition, physical exercise, social inclusion through activities, promotion of immunisation, regular health checks, and routine screening for cancers.</p>
Target population cohort	All life stage groups with particular emphasis on prevention with young families, children, and youth
Indigenous specific	No
Coverage	Whole of NQPHN region
Consultation	<p>Consultation with Queensland Health, Tropical Public Health Unit, WHO, local governments, service providers, GPs, pharmacists, drug companies, ACCHOs, community networks, patient /user groups, carers, and peak bodies.</p> <p>NQPHN will avoid duplication and work on maximising penetration through collaborative efforts and reinforcement of key messages</p>
Collaboration	<p>Stakeholders engaged in this activity include Queensland Health, Tropical Public Health Unit, WHO, local governments, service providers, GPs, pharmacists, AMs, music companies, media companies – e.g. Desert Pea, communities, peak bodies for specific diseases e.g. Heart Foundation etc, and My Health4Life.</p> <p>NQPHN will avoid duplication and work on maximising penetration through collaborative efforts, activity mapping, and reinforcement</p>
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2023</p> <p>Service delivery start date: September 2019</p> <p>Service delivery end date: June 2023</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</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><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.</p> <p><input checked="" type="checkbox"/> Open tender</p> <p><input checked="" type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed?</p> <p>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>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>

Proposed Activities -	
ACTIVITY TITLE	CF8 Flood recovery
Existing, Modified, or New Activity	Existing Activity
Program Key Priority Area	Other (please provide details) Flood recovery
Needs Assessment Priority	This activity is an emergent need that arose from the February 2019 floods in northern Queensland, specifically in the Townsville region.
Aim of Activity	This activity has provided community and clinical support to the regions affected by the February 2019 floods. NQPHN recruited to two flood recovery positions based in Townsville who engaged with and built resilience in the community and assist with health recovery activities. NQPHN will also continue to resource the low intensity service, NQ Connect to provide 24/7 support and referral pathways to those affected by the floods.
Description of Activity	<p>8.1 Community engagement and capacity building resilience Two flood recovery coordinator positions were created to support the engagement and resilience coordination in the community.</p> <p>8.2 Clinical services NQ Connect expanded to provide services to members of the community affected by the floods.</p> <p>8.3 Health Service Improvement This activity included the following:</p> <ul style="list-style-type: none"> • Expanding social services staff PHA / MH training • Identifying PHC staff for disaster recovery training • Expanding health pathways disaster module in Townsville and Cairns.
Target population cohort	All population groups in the regions affected by the February 2019 floods, primarily Townsville.
Indigenous specific	No
Coverage	Townsville HHS area
Consultation	<p>NQPHN will capitalise on extensive stakeholder engagement undertaken in the Townsville HHS area previously.</p> <p>Utilise findings and deliberations of the Western Alliance for Mental Health group that was established during the flood period and includes the following stakeholders.</p>

	<ul style="list-style-type: none"> • Royal Flying Doctor Service • North West Remote Health • Queensland Health • Western Queensland PHN • Northern Queensland PHN
Collaboration	NQPHN will continue to collaborate with The Royal Flying Doctor Service, North West Remote Health, Queensland Health, Western Queensland PHN, Northern Queensland PHN, local authorities, Other State government departments, and the community.
Activity milestone details/ Duration	Activity start date: 29/04/2019 Activity end date: 30/06/2021 Service delivery start date: July 2019 Service delivery end date: June 2021
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 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 checked="" type="checkbox"/> Other approach (please provide details) Co-commissioning with the Local Health Network and Local Area Authority who have also allocated resources to this particularly activity. 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No

1. (b) Planned PHN activities for 2019-20 to 2021-22
– Core Health Systems Improvement Funding Stream
– General Practice Support funding

Proposed Activities -	
ACTIVITY TITLE	HSI1 Health Systems Improvement
Existing, Modified, or New Activity	Existing Activity
Needs Assessment Priority	Systems evaluation and strategic partnership engagement p 65, Improve health system efficiencies, Health Pathways p66/68, p107, My Health Record page 68, telehealth p69, health workforce p107/8, improve health system efficiencies.
Aim of Activity	Deliver core functions which support the commissioning process including the planning, consultation, needs assessment, stakeholder engagement, and co-design elements. Improve internal system integration between CRM, Open Windows and PENCAT data to inform the HNA. Improve the connectivity of health pathways in each of the HHS regions. Undertake quality Improvement processes.
Description of Activity	<ol style="list-style-type: none"> 1.1 Develop a strategy for transitioning to patient centred health care by improving access to data needed. 1.2 Monitor and evaluate providers and internal systems to develop continuous improvement opportunities including data collection and integration, improved reporting and analysis. 1.3 Promote the needs of older people in the NQPHN region through targeted advocacy. Promote opportunities for increased use of My Health Record and Advanced Care Planning for aged consumers. 1.4 Develop strong partnerships and networks with a range of stakeholders across the NQPHN region including the aged care sector and specific stakeholder networks. 1.5 Develop mechanisms to frame, formulate, implement, measure, and evaluate policies, programs, and early intervention initiatives for Indigenous communities 1.6 Utilise community planning techniques to identify the mix and composition of care provision in a range of localities to provide integrated co-ordinated care using levels of available staff and providers to devise care mix with efficiencies for health professionals 1.7 Commission action orientated research regarding the social determinants of health in the most disadvantaged communities in the NQPHN region to develop best practice in inter -sectorial collaboration on activities to address improved health and implement collaborative approaches. 1.8 Continue design and development and maintenance of Health Pathways. 1.9 Workforce development assessment – validate information from consultations and collaborate with Health Workforce Queensland to facilitate access to general workforce development activities, cultural safety, and QI training. 1.10 Complete triennial Health Needs Assessment – increase integration of stakeholder and consumer engagement with service performance and triangulation with quantitative information. 1.11 Support digital automated platforms to analyse clinical and CQI information and interfaces to present clinical and population health decision making and CQI including Resource Allocation Matrix, GP Dynamic dashboard

	<p>1.12 Disaster management preparation</p> <p>1.13 Mobilise existing expertise and resources within the digital health team to promote continuous quality improvement in:</p> <ul style="list-style-type: none"> • Practice engagement with digital health technologies • Telehealth engagement and competency • Innovative models of care • The use practice data to target patients with priority needs
Associated Flexible Activity/ies:	The activity number/s for any associated flexible functions associated with, or directly supported by this activity are below. CF1, CF2, CF3, CF4, CF7, CF8.
Target population cohort	N/A
Indigenous specific	No
Coverage	Whole of NQPHN region
Consultation	N/A
Collaboration	Collaboration will continue to occur with the NQPHN Board, Clinical Governance Committee, Clinical Councils, Community Advisory Groups, Regional Health Partners, Queensland Health, Tropical Public Health Unit, Australian Digital Health Agency, James Cook University, Central Queensland University, and the Public Health Information Development Unit (PHIDU).
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2023</p> <p>Service delivery start date: July 2019</p> <p>Service delivery end date: June 2023</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</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><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.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input checked="" type="checkbox"/> Other approach (please provide details)</p> <p>HSI</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>

Proposed Activities	
ACTIVITY TITLE	HSI2 System Integration- Health Pathways
Existing, Modified, or New Activity	Existing Activity
Program Key Priority Area	Other (please provide details) Systems Integration – Health Pathways
Needs Assessment Priority	Improve health system efficiencies – Health Pathways page 66-68.
Aim of Activity	The aim of Health Pathways is to provide assistance to navigate the complexities of the health system and to integrate the myriad of services along the patient journey. Health Pathways assist primary care clinicians to plan and provide a comprehensive journey through the primary, community, and secondary systems. The Pathways concept also assists in the planning of services and identification of service gaps and duplications.
Description of Activity	2.1 NQPHN will partner with HHSs and GPs in the development and implementation of Health Pathways including analysis of service provision and mapping of activities. Enable continuous review and revision to maintain a contemporary tool reflecting changes in technology and evidence. Support clinical editing to ensure and maintain currency of information. 2.2 Develop innovation in the delivery where required, including consideration of hosting / co-locating Health Pathways staff within NQPHN offices to improve integration and capitalise on synergies.
Target population cohort	Primary care clinicians and their patients.
Indigenous specific	No
Coverage	Whole of NQPHN region
Consultation	Consultation will occur with HHSs and GPs
Collaboration	Collaboration will occur through the service Streamliners who engage clinical editors.
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2023 Service delivery start date: July 2019 Service delivery end date: June 2023
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 checked="" type="checkbox"/> Continuing service provider / contract extension <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. Direct engagement with HHS in each area <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?

	<p>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>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>

Proposed Activities -	
ACTIVITY TITLE	GPS1 General Practice Support
Existing, Modified, or New Activity	Existing Activity
Needs Assessment Priority	Increased the capacity of GPs.....Page 89 Oral health page 16, Primary health Service use and access Page 55, Health workforce capacity, innovation, expansion and retention Pages 57- 59.
Aim of Activity	Improve practice support activity through using patient centred, continuous quality improvement processes (CQI).
Description of Activity	<p>1.1 Develop an NQPHN workforce alliance that assists to build sustainable, broadly accessible comprehensive primary health care underpinned by general practice and supporting endorsed patient centred quality improvement processes.</p> <p>1.2 Support the implementation of technology reforms, including risk extenuation, the Viewer, My Health Record, E-prescribing, interoperability and data quality, medicines safety, enhanced models of care, workforce and education and driving innovation to support GPs.</p> <p>1.3 Improve patient-centred care coordination including team care, referral pathways, and intersectoral links.</p>
Associated Flexible Activity/ies:	The activity number/s for any associated flexible functions associated with, or directly supported by, this activity are; CF1, CF2, CF3, CF4, CF7, CF8.
Target population cohort	N/A
Indigenous specific	No
Coverage	Whole of NQPHN region
Consultation	N/A
Collaboration	Collaboration will continue to occur with the NQPHN Board, Clinical Governance Committee, Clinical Councils, Community Advisory Groups, Regional Health Partners, Queensland Health, Tropical Public Health Unit, Australian Digital Health Agency, James Cook University, Central Queensland University, and the Public Health Information Development Unit (PHIDU).
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2021</p> <p>Service delivery start date: July 2019</p>

	Service delivery end date: June 2021
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 <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <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>

2. (b) Planned PHN activities for 2019-20 to 2022-23

- COVID-19
- RACF Vaccinations

Proposed Activities -	
ACTIVITY TITLE	CF9 COVID-19
Activity Prefix	COVID
Activity number	9
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority	Activity not reflected in HNA Emerging need World pandemic
Aim of Activity	<p>The emergence of the COVID-19 pandemic has resulted in the necessity for NQPHN to provide flexible and responsive support to the primary health sector in our region.</p> <p>This activity will identify and support GP-led respiratory clinic sites throughout the NQPHN region to provide a response to COVID-19 and reduce impacts on the delivery of usual primary health care responding to community needs.</p> <p>The activity will also support infection control training within the primary care and aged care and broader healthcare workforce sectors and respond flexibly to emerging workforce capacity issues.</p>
Description of Activity	<p>GP-led respiratory clinic sites The activity will support ongoing co-ordination of timely and effective distribution of personal protective equipment (PPE) to primary care services throughout the region to support safe care of patients and staff to reduce impact of infectious diseases, in line with DOH guidelines. The availability of PPE will improve confidence throughout the population of the safety of using primary health services and ensure preventive measures such as screening and inoculations are maintained throughout COVID period where appropriate. NQPHN will establish a dedicated team to support innovative approaches to a range of issues arising from the COVID pandemic including establishment of GP-led clinics to provide access to facilities to assess, test and provide treatment for respiratory illnesses throughout the community. The team will develop, support and implement localised strategies to reinforce COVID safe behaviours and messages.</p> <p>Workforce infection control and surge capacity NQPHN will strengthen the capacity of primary health care through the provision of support for infection control training through dissemination of training materials and plans to keep practices safe and symptom free. NQPHN will also explore mechanisms to support the coordination of activities to address workforce shortages which emerge from consultation with regional GPs, and seek to respond to emerging workforce needs such as relief support or surge capacity using experienced GPs with local knowledge of the tropics and region to ensure seamless operation of GP-led clinics while retaining strong primary health services.</p>

Associated Flexible Activity/ies:	HSI1 Core operational
Target population cohort	NQPHN region's residents
Indigenous specific	No
Coverage	Whole of NQPHN region
Consultation	TCHHS, CHHHS, THHS, MHHS, LGAs, PHC providers, Pharmacies, ACCHOs/AMSS, GPs
Collaboration	TCHHS, CHHHS, THHS, MHHS, LGAs, PHC providers, Pharmacies, ACCHOs/AMSS, GPs HWQ
Activity milestone details/ Duration	Activity start date: 11/03/2020 Activity end date: 30/06/2021 Service delivery start date 11/03/2021 Service delivery end date: 30/6/2021
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</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><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.</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> <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>

Proposed Activities -	
ACTIVITY TITLE	Residential Aged Care Facilities (RACFs) influenza vaccination coordination activity
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority	Emerging need in response to the COVID-19 pandemic

Aim of Activity	The safety of the primary health care workforce to be able to maintain their own health and ability to safely provide services to the vulnerable aged cohort is paramount. The activity aims to ensure all workers in RACFs have current vaccination coverage against influenza to ensure the continuity and availability of the essential workforce in aged care facilities.
Description of Activity	NQPHN will undertake a needs assessment to identify the location and magnitude of demand for influenza vaccinations for all staff of RACFs throughout the region in response to the threat imposed by the COVID-19 pandemic. NQPHN will collaborate in providing intelligence to enable the coordination of swift response to access to influenza vaccinations and immunisation of all staff.
Associated Flexible Activity/ies:	COVID-19
Target population cohort	Staff working in RACFs
Indigenous specific	No
Coverage	Whole of NQPHN region
Consultation	RACFs
Collaboration	Department of Health, RACFs vaccine administrators
Activity milestone details/ Duration	Activity start date: 15/04/2020 Activity end date: 30/06/2020 Service delivery start date 15/04/2020 Service delivery end date: 30/04/2020
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) NQPHN intelligence gathering and collaboration support provided – Not commissioned 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