



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



# **North Coast Primary Health Network Activity Work Plan 2016 - 2018**

# Contents

<b>Introduction.....</b>	<b>3</b>
Overview .....	3
Strategic Vision.....	3
Strategic Implementation.....	4
<b>Planned PHN activities – Core Flexible Funding 2016-18 .....</b>	<b>5</b>
NP1 – Aboriginal Health .....	5
NP2 - Care for Older People .....	8
NP3 – Chronic Disease.....	11
NP4 - Decommissioning.....	13
NP5 – Digital Health .....	15
NP6 – Health Workforce.....	18
NP7 – Co-ordination of Care .....	20
NP8 – Population Health .....	23
NP9 – Service Access .....	26
<b>Planned PHN activities – Core Operational Funding 2016-18.....</b>	<b>29</b>
OP1 – Clinician Engagement.....	29
OP2 - Commissioning .....	31
OP3 – Community Engagement and Development .....	33
OP4 – Practice Support and Quality Improvement.....	35
<b>Activities submitted in the 2016-18 AWP which will no longer be delivered under the Core Schedule .....</b>	<b>37</b>
FF1 – Aboriginal Health (commissioning sub-activity) .....	37
FF2 – Care for Older People (commissioning sub-activity) .....	37
FF3 – Chronic Disease (commissioning sub-activity).....	37
FF9 – Service Access (commissioning sub-activity).....	37
<b>Strategic Vision for After Hours Funding.....</b>	<b>38</b>
<b>Planned PHN Activities – After Hours Primary Health Care 2016-18 .....</b>	<b>39</b>
AH1 – Improving Healthy Literacy and Self Care.....	39
AH2 – Reducing Avoidable Hospital Admissions Strategy.....	42
<b>Activities submitted in the 2016-18 AWP which will no longer be delivered for After Hours Funding .....</b>	<b>47</b>
Both AH(1) and AH(2) will be continuing .....	47

# Introduction

## Overview

This Activity Work Plan is an update to the 2016-18 Activity Work Plan submitted to the Department in May 2016.

## Strategic Vision

NCPHN's vision is "Better Health for North Coast Communities". The NCPHN Strategic Plan has four overarching focus areas. These are:

- (i) Access and Outcomes
- (ii) Quality
- (iii) Integration
- (iv) Value.

NCPHN sees its mission as increasing the efficiency and effectiveness of healthcare services, particularly for those at risk of having poor health outcomes; and improving the coordination of care to ensure the community receives the right care, in the right place, by the right team.

As reflected in the NCPHN approach and plan, much of what we have set out to achieve is dependent on strong partnerships and cooperation. To this end, extensive structures for clinician, community, and stakeholder engagement have been established. Much thought and effort has been invested in establishing clinical councils and community advisory structures (including an Aboriginal Council) and these will continue to remain as critical priorities.

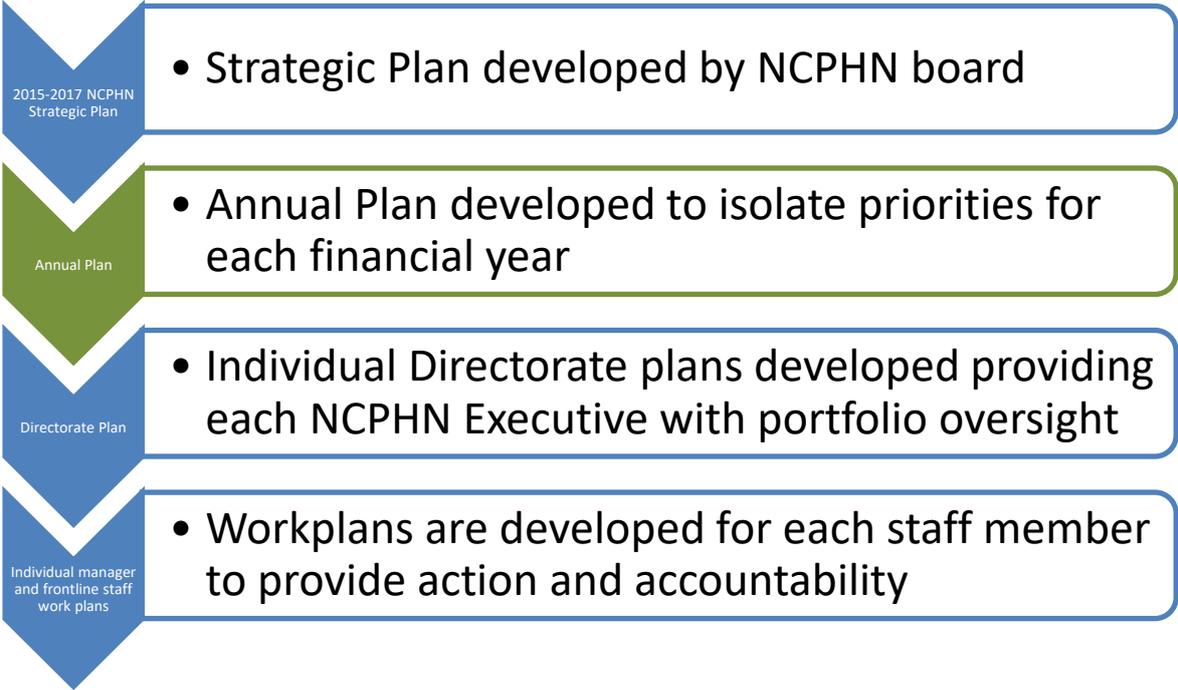
NCPHN recognises that sustainable system and service change and improvement will be achieved when all parts of the system work 'as one'. Partnerships are therefore central to our work, especially to health system reform and 'commissioning'. Strong partnerships have been established with Aboriginal Medical Services, Local Health Districts, Community Service Organisations and Government agencies. Regional collective planning will be further strengthened cognisant, that when we don't plan together, we deliver fragmented services.

Much work is being progressed to improve the quality of primary health care. Engagement with general practice and allied health clinicians is viewed as singularly important and will remain the focus of extensive investment. Working with the Local Health Districts and Aboriginal Medical Services, systematic innovative plans are being developed and implemented. These Plans aim to increase the integration and coordination of care, engaging a wide range of practices in programs that advance the wrap around care and the medical home model.

Addressing health inequities remains a major focus. This will continue to be a priority for NCPHN given the high rates of disadvantaged in our community.

## Strategic Implementation

This Activity Work Plan represents the second phase in the NCPHN planning process. To ensure all elements of the NCPHN Strategic Plan become operationalised, a cascading implementation plan structure is used. This enables a direct line of sight between the organisation’s strategic objectives and work plan actions for individual front line staff. All teams report on their progress monthly to the Executive Team.



## Planned PHN activities – Core Flexible Funding 2016-18

Proposed Activities	
Activity Title / Reference	<b>NP1 – Aboriginal Health</b>
Existing, Modified, or New Activity	Modified Activity
Program Key Priority Area	Indigenous Health
Needs Assessment Priority Area	<ul style="list-style-type: none"> <li>• ABH(1) Work with stakeholders to improve the capacity of the health workforce to provide culturally responsible and holistic care, page 62.</li> <li>• ABH(2) Promote available services within the Aboriginal community, page 62.</li> <li>• ABH(4) Decrease avoidable hospitalisations for Aboriginal people, page 62.</li> <li>• ABH(5) Work with stakeholders to investigate, understand and design a response to the high rates of dialysis amongst Aboriginal and/or Torres Strait Islander people in the region, page 63.</li> <li>• ABH(6) Ensure Aboriginal and/or Torres Strait Islander people have access to culturally appropriate chronic disease support, page 63.</li> </ul>
Description of Activity	<p>The aim of this activity is to improve health outcomes for Aboriginal and Torres Strait Islander people by embedding and supporting the meaningful engagement of Aboriginal people and organisations in NCPHN’s priorities and activities.</p> <p>Around 4.5% of the NCPHN region’s population are Aboriginal and/or Torres Strait Islander, compared to 2.5% in NSW and Australia. Aboriginal people are more likely to experience higher disadvantage, poorer health outcomes and face barriers to accessing services due to cultural and socio-economic factors.</p> <p>Strategies:</p> <ol style="list-style-type: none"> <li>1. Engage Aboriginal communities through a range of mechanisms to ensure Aboriginal perspectives are embedded into NCPHN’s commissioning activities and initiatives to develop a person-centred health system.</li> <li>2. Maintain and participate in Aboriginal advisory structures (see Collaboration details).</li> </ol>

Amendments to 2016-17 AWP:

- Title changed from FF1 – Aboriginal Health to NP1 – Aboriginal Health
- Commissioning of Dentistry, Cardiac Care and reduced avoidable hospital admissions removed as available funding for these activities no longer exists
- Engagement strategies enhanced
- Access to NCPHN community cultural events removed (for brevity)
- Aboriginal Outreach Worker support to patients removed (transition to ITC)
- Removed cross referencing to other plans (for brevity).

3. Maintain strong relationships with remote and isolated communities, land councils and community groups.
4. Work with Integrated Team Care workers (See ITC Plan).
5. Develop and implement a NCPHN Reconciliation Action Plan.

Results:

1. Aboriginal community input is embedded into and shapes NCPHN's commissioning activities.
2. Aboriginal advisory structures maintained and:
  - a. Advice, input and regular engagement undertaken with the NCPHN Board;
  - b. Issues addressed through projects and programs;
  - c. Periodic reviews and improvements undertaken; and
  - d. Membership reflects the diversity of the Aboriginal community and the geographical breadth of the region.
3. Regular visits and communication with isolated communities, land councils and community groups conducted.
4. Strong collaboration with the ITC team:
  - a. Culturally appropriate communications products published for Aboriginal and Torres Strait Islander people that meet health literacy principles;
  - b. Cultural awareness training delivered that enhances capacity of the primary healthcare workforce; and
  - c. Response developed to high rates of dialysis amongst Aboriginal and Torres Strait Islander people in the region.
5. Capacity of NCPHN to deliver culturally appropriate initiatives enhanced due to development and implementation of Reconciliation Action Plan.

Target population cohort	Aboriginal and Torres Strait Islander people living on the North Coast
Consultation	<p>Aboriginal and Torres Strait Islander community members – Ongoing opportunities for consultation regarding NCPHN commissioning and health system reform activities and participation in advisory structures and community events via a range of engagement methods.</p> <p>ACCHOs and other Aboriginal organisations - Bulgarr Ngaru MAC (Grafton, Casino, and Bugalwena/Tweed Heads) , Bullinah AMS (Ballina), Jullums Rekindling the Spirit (Lismore), Galambila AMS (Coffs Harbour), Durri AMS (Kempsey &amp; Nambucca Heads), Werin AMS (Port Macquarie) – Ongoing active and structured opportunities for consultation regarding NCPHN commissioning and health system reform activities through partnership initiatives and advisory councils.</p>
Collaboration	<p>NCPHN Aboriginal Advisory structures – provide advice to NCPHN Board, Executive and management team -</p> <ul style="list-style-type: none"> <li>• Ngayundi Aboriginal Health Council (co-facilitated with NNSW LHD)</li> <li>• Mid North Coast Aboriginal Health Authority (co-facilitated by with MNCLHD and Werin, Galambilia and Durri ACCHOs)</li> <li>• United in Aboriginal Health forum (co-facilitated with NNSW LHD and Bulgarr Ngaru MAC, Bullinah AMS and Jullums AMS)</li> <li>• Bugalwena Advisory Group (facilitated by Bulgarr Ngaru MAC)</li> <li>• Jullums Community Advisory Group (facilitated by Rekindling the Spirit)</li> <li>• Many Rivers Alliance (facilitated by all regional ACHHOs)</li> </ul> <p>Aboriginal community members – Ongoing engagement in NCPHN commissioning and health system reform activities and participation in advisory structures and community events.</p> <p>ACCHOs and other Aboriginal organisations - Bulgarr Ngaru MAC (Grafton, Casino, and Bugalwena/Tweed Heads) , Bullinah AMS (Ballina), Jullums Rekindling the Spirit (Lismore), Galambila AMS (Coffs Harbour), Durri AMS Kempsey &amp; Nambucca Heads), Werin AMS (Port Macquarie) – Ongoing active and structured opportunities for collaboration through community engagement and commissioned activities.</p> <p>Health organisations (Northern NSW LHD, Mid North Coast LHD, North Coast Allied Health Association, ACCHOs, Rural Doctors Network) – Ongoing collaboration in planning and delivering Aboriginal health activities and programs.</p> <p>Health professionals – Ongoing participation in cultural awareness training and advisory structures.</p>

Indigenous Specific	Yes
Duration	2016 - 2018
Coverage	Entire NCPHN region
Commissioning method	NA
Approach to market	NA

<b>Proposed Activities</b>	
Activity Title / Reference	<b>NP2 - Care for Older People</b>
Existing, Modified, or New Activity	Modified Activity
Program Key Priority Area	Aged Care
Needs Assessment Priority Area	<p>AC(1) Health Literacy approaches to make care navigation easier for people with Dementia and their families, page 63.</p> <p>AC(2) Integrated responses to reduce the need for residents of RACFs to attend emergency departments or receive end of life care in hospital, page 64.</p> <p>HW(1) Strengthen the primary health care workforce capacity and capability page 66.</p>
Description of Activity	<p><b>Improve Health Literacy for people with Dementia</b></p> <p>This activity aims to provide health literacy resources to better support people with dementia and their carer's access appropriate timely care.</p> <p>Strategies:</p> <ol style="list-style-type: none"> <li>1. Develop resources to improve health literacy for people with dementia</li> <li>2. Facilitate initial updates to the National Health Service Directory (NHSD) on local dementia services</li> <li>3. Engage with service providers twice yearly to promote regular self-authoring of NHSD listings.</li> </ol> <p>Results:</p> <ol style="list-style-type: none"> <li>1. A suite of locally relevant health literacy resources published</li> <li>2. A comprehensive listing of services available for those coordinating/accessing care</li> </ol>

3. Improved number of current locally relevant NHSD listings.

#### **Health System Improvements**

This activity aims to improve coordination of care, reduce unplanned admissions from Residential Aged Care Facilities and improve the quality of end-of-life care for older people.

##### Strategies:

1. Develop an integrated plan for care of older people in NSW
2. Creating networks of aged care providers to identify and resolve local issues
3. Engage with general practice and service providers regularly to build knowledge and promote integrated quality end of life care.

##### Results:

1. Integrated plan published and adopted in NSW
2. Collaborative local projects delivered through newly established aged care networks
3. End of Life Health Pathway developed and educational events for primary care on caring for the dying delivered.

#### **Workforce**

This activity aims to improve workforce capacity to care for older people through access to best practice information and local professional connections at a range of education and networking events.

##### Strategies:

1. In partnership provide aged care multi-disciplinary events
2. Support general practice by providing regular information on care for older people

##### Results:

1. Aged care focussed clinical networking forums delivered
2. Multi-disciplinary educational events delivered.

	<p>Amendments to 2016-17 AWP:</p> <ul style="list-style-type: none"> <li>• Title changed from FF2 – Care for Older People to NP2 – Care for Older People</li> <li>• Removed commissioning activity as approach to this activity moved away from commissioning during 2016-17</li> <li>• Improve coordination of care, reduce unplanned admissions from Residential Aged Care Facilities and improve the quality of end-of-life care for older people added.</li> </ul>
Target population cohort	Older people with age related health issues including people with chronic disease, dementia and requiring end stage care.
Consultation	<p>Consultation with Aged Care Providers, General Practice and Dementia Australia through the needs assessment process has directed focus on Dementia (specifically health literacy and knowledge of and access to services), system improvements and building workforce capability to provide improved integrated health care for older people.</p> <p>Activities will be planned and implemented utilising the leadership of our Clinical Councils which have membership that includes: General Practices; Local Health District; and Allied Health providers.</p> <p>Aboriginal Medical Services, Aged Care Service providers, Community providers, Carers Support groups and Pharmacies will be consulted, involved and kept informed as initiatives are piloted and implemented across the region.</p>
Collaboration	<p>Local Dementia Care and Aged Care providers: self-author records to NHSD.</p> <p>Aged Care providers: participate on newly established aged care forums.</p> <p>Clinical Council members: provide advice on primary care priorities and feedback on projects proposed guiding engagement approaches.</p> <p>Local Health Districts: co-design specific projects.</p> <p>All the above stakeholders: participate in networking and educational events and utilise relevant Health Pathways.</p>
Indigenous Specific	No
Duration	2016 - 18
Coverage	Entire NCPHN region

Commissioning method	NA
Approach to market	NA

<b>Proposed Activities</b>	
Activity Title / Reference	<b>NP3 – Chronic Disease</b>
Existing, Modified, or New Activity	Existing Activity
Program Key Priority Area	Population Health
Needs Assessment Priority Area	<p>CD(1) Work with stakeholders to improve the quality of care delivered in all primary health settings, page 64.</p> <p>CD(2) Respond to high rates of chronic disease, particularly in older people, page 64.</p> <p>HW(1) Strengthen the primary health care workforce capacity and capability, page 66.</p>
Description of Activity	<p><b>Enhancing the quality of primary care in chronic disease management</b>  This activity aims to improve quality of chronic disease management in primary care settings.</p> <p>Improved access and quality of primary care to more effectively manage the high rates of heart disease, stroke, COPD hospitalisations, Emergency Department presentations and potentially preventable hospital admissions on the North Coast.</p> <p>Strategies:</p> <ol style="list-style-type: none"> <li>1. Support practices to improve care to chronic disease patients</li> <li>2. Work with at least 10 general practices to improve shared care planning across the health system (Orion trial)</li> <li>3. Continue to develop chronic disease Health Pathways to guide practice quality and care integration</li> <li>4. Implement a health literacy strategy</li> <li>5. Work in partnership with other organisations to deliver projects that improve outcomes for people with chronic disease.</li> </ol>

	<p>6. Support at least four general practices to become patient centred medical homes providing a multi-disciplinary approach to managing chronic disease</p> <p>Results:</p> <ol style="list-style-type: none"> <li>1. Three practice level quality improvement initiatives within primary care settings delivered</li> <li>2. Increased number of patients managed within electronic shared care environments</li> <li>3. Four additional chronic disease Health Pathways developed and published</li> <li>4. See NP8 – Population Health</li> <li>5. Opportunistic projects implemented with partners to address chronic disease</li> <li>6. See Innovation Fund Plan</li> </ol> <p><b>Patient reported measures in primary care settings</b></p> <p>This activity aims to implement a patient reported measures framework for use in primary care settings. Patient reported measures have a significant impact in initiating improvements in the quality of care.</p> <p>Strategies:</p> <ol style="list-style-type: none"> <li>1. Implement a ‘patient reported measures’ tool and assessment framework</li> </ol> <p>Results:</p> <ol style="list-style-type: none"> <li>1. Patient reported measures implementation: <ol style="list-style-type: none"> <li>a) Framework piloted with at least three general practices;</li> <li>b) Two localised small scale initiatives using the PDSA cycle to improve care integration for chronic conditions implemented; and</li> <li>c) Improvement in outcomes and experience for patients involve in local initiatives.</li> </ol> </li> </ol> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Amendments to 2016-17 AWP:</p> <ul style="list-style-type: none"> <li>• Title changed from FF3 – Chronic Disease to NP3 – Chronic Disease</li> <li>• Removed commissioning activity as approach to this activity moved away from commissioning during 2016-17</li> <li>• Increased focus on Health Pathways, electronic shared care environments and Patient Centre Medical Home (Person Centred Health System).</li> </ul> </div>
Target population cohort	People with chronic conditions, their Carers and providers

Consultation	Projects will be planned and delivered in a consultative manner with relevant key stakeholders from a range of health care settings, including General Practice, Aboriginal Medical Services, Aged Care providers, Community based services, Allied Health, Pharmacy and LHDs.
Collaboration	<p>Clinical Councils:</p> <ul style="list-style-type: none"> <li>• Provide input into identification and prioritisation of local projects</li> <li>• Provide guidance on stakeholder engagement strategies</li> </ul> <p>General Practice:</p> <ul style="list-style-type: none"> <li>• Selected practices involved in Orion Trial</li> <li>• Provide input into and utilise Health Pathways through quality improvement outreach</li> <li>• Participate in patient centred medical home collaboratives</li> <li>• Selected practices involved in trial of patient reported measures framework and local level projects</li> </ul> <p>Local Health Districts: Involved in identification, prioritisation and implementation of local level projects.</p> <p>Aboriginal Medical Services: Involved in local level projects.</p> <p>Aged Care, Allied Health Providers and Pharmacies: Involved in local level projects</p>
Indigenous Specific	No
Duration	2016 - 18
Coverage	Entire NCPHN region
Commissioning method	NA
Approach to market	NA

Proposed Activities	
Activity Title / Reference	<b>NP4 - Decommissioning</b>
Existing, Modified, or New Activity	Existing Activity
Program Key Priority Area	Decommissioning

Needs Assessment Priority Area	NA
Description of Activity	<p>The aim of this activity is for NCPHN to cease the delivery of services where either there is no evidence of need, or where the service can be delivered by other market participants. The following services will be the focus of decommissioning (or transition):</p> <ul style="list-style-type: none"> <li>• Speech Pathology/Occupational Therapy sessional early intervention episodes of care to children age 0 to 12 years in small communities with populations less than 5000. Over the next two years, NCPHN will continue to support, where needed, these individual private providers to develop and transition to fully sustainable business models.</li> <li>• Northern Rivers Family Care Centre: assessment, treatment and referrals for post-natal depression; parenting advice; parenting skills; support and information for mothers. NCPHN will offer two year support to the provider to complete a transition that ensures long term viability and continued sustainable operation of this essential service in the Northern Rivers community.</li> <li>• Jullums Aboriginal Medical Service in Lismore</li> <li>• Bugalwena Aboriginal Medical Service in Tweed Heads</li> <li>• Nimbin General Practice</li> <li>• Headspace Lismore and Tweed Heads</li> <li>• New Directions Mothers &amp; Babies in Casino, Richmond and Kyogle</li> <li>• Closing the Gap – Improving Access to Primary Health Care</li> <li>• Care Coordination and Supplementary Services (CCSS) Program</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Amendments to 2016-17 AWP:</p> <ul style="list-style-type: none"> <li>• Title changed from FF4 – Decommissioning to NP4 – Decommissioning</li> </ul> </div>
Target population cohort	Various, dependent on services being transitioned.
Consultation	Appropriate consultation with all key stakeholder for each service to be decommissioned and involved in the transition process.
Collaboration	NCPHN will take a collaborative approach to supporting providers to move to sustainable business models by understanding barriers, market dynamics and the enablers that stimulate market depth.
Indigenous Specific	Partial. Aboriginal specific medical services are being transitioned along with mainstream services.

Duration	2016 - 17
Coverage	Identified above
Commissioning method	Decommissioning – support to ensure successful transition.
Approach to market	Various. Dependent on service being transitioned.

Proposed Activities	
Activity Title / Reference	<b>NP5 – Digital Health</b>
Existing, Modified, or New Activity	Modified Activity
Program Key Priority Area	Digital Health
Needs Assessment Priority Area	DH(1) Work with stakeholders to increase the uptake and meaningful use of the MyHR systems, page 64.
Description of Activity	<p>The aim of this activity is to increase the uptake and meaningful use of the MyHealth Record platform and National Health Services Directory (NHSD), across primary health practitioners and consumers. NCPHN will undertake a comprehensive approach to informing the community and service providers of the benefits of MyHR and integrating and embedding the platform into service providers' operations and activities. This will result in the increased uptake of MyHR and improvement in coordination of care.</p> <p>Strategies:*</p> <ol style="list-style-type: none"> <li>1. Promotion of MyHR within local communities to improve uptake and use</li> <li>2. Support GPs to drive benefits out of MyHR through integration into their business workflows</li> <li>3. Support other primary healthcare providers to navigate set up and connection to the MyHR and collaborate with specific sectors such as Pharmacists and Aged Care</li> <li>4. Embed promotion and use of MyHR into other NCPHN activities, including events, projects and staff induction</li> <li>5. Establish effective uptake and methods for keeping the NHSD up to date. Integrate HealthPathways entries with NHSD database (linked to NP7 - Co-ordination of Care).</li> </ol> <p><i>*All strategies developed based on guidance from the Department of Health (DOH) and the Australian Digital Health Agency (ADHA).</i></p>

	<p>Results:</p> <ol style="list-style-type: none"> <li>1. Increased consumer registration for MyHR</li> <li>2. a. Increased number of general practices uploading Shared Health Summaries to MyHR every month b. Increased provider registration for MyHR</li> <li>3-4. Increased provider registration for MyHR</li> <li>5. Increased number of service provider records listed in the National Health Service Directory</li> </ol> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Amendments to 2016-17 AWP:</p> <ul style="list-style-type: none"> <li>• Title changed from FF5 – Digital Health to NP5 – Digital Health</li> <li>• Stronger focus on consumer promotion and uptake</li> <li>• Plans for data integration with Health Pathways and NHSD</li> <li>• Shift from GP registration to meaningful use of MyHR</li> <li>• Increased focus on Pharmacists</li> <li>• Removed reference to uptake by specialists and hospitals.</li> </ul> </div>
<p>Target population cohort</p>	<ul style="list-style-type: none"> <li>• Consumers/community</li> <li>• General Practices</li> <li>• Allied Health Care Professionals (specifically targeting Pharmacists)</li> <li>• Specialists</li> <li>• Hospitals</li> <li>• Aged Care Facilities</li> </ul>
<p>Consultation</p>	<p>NCPHN has based this plan on consultation undertaken with:</p> <ul style="list-style-type: none"> <li>• Clinical councils</li> <li>• Community advisory structures and reference groups</li> <li>• Integrated care forums</li> <li>• GPs, Pharmacists and other allied health professionals</li> <li>• North Coast Allied Health Association (NCAHA)</li> <li>• DOH and ADHA.</li> </ul> <p>Ongoing consultation will be undertaken with practitioners, consumers and community groups to:</p>

	<ul style="list-style-type: none"> <li>• Review strategies for meaningful uptake and use</li> <li>• Gather feedback on what's working and not working with digital health platforms</li> <li>• Gather feedback on future strategies and innovative use of digital health platforms to provide more effective patient care and efficiencies in health services.</li> </ul>
Collaboration	<p>NCPHN will collaborate with other Primary Health Networks (PHNs) via ADHA to leverage learnings and share ideas.</p> <p>NCPHN will collaborate with partner organisations to improve uptake and meaningful use of digital health solutions as follows:</p> <ul style="list-style-type: none"> <li>• North Coast Allied Health Association (NCAHA): will promote engagement with allied health practitioners</li> <li>• Community advisory structures and reference groups: will promote the benefits of the MyHR platform</li> <li>• Clinical Councils, Aboriginal Medical Services and General Practices: will promote the practices that have embraced the MyHR platform and the value they are receiving while also gaining feedback on potential improvements to the system</li> <li>• Local Health Districts: will assist with increasing consumer uptake and with the flow of discharge summaries into MyHR</li> <li>• The Australian Digital Health Agency (ADHA) and other PHNs: will share success stories, key learnings and collateral.</li> </ul>
Indigenous Specific	No
Duration	2016 – 18
Coverage	Entire NCPHN region
Commissioning method	NA
Approach to market	NA

<b>Proposed Activities</b>	
Activity Title / Reference	<b>NP6 – Health Workforce</b>
Existing, Modified, or New Activity	Existing Activity
Program Key Priority Area	Health Workforce
Needs Assessment Priority Area	HW(1) Strengthen the primary health care workforce capacity and capability, page 66.
Description of Activity	<p>The aim of the activity is to strengthen primary health care workforce capacity to deliver quality, accessible and coordinated primary health care.</p> <p>A strong and highly trained primary health workforce is critical to NCPHN ensuring that North Coast communities have access to well-coordinated quality healthcare. The 2016 NCPHN Needs Assessment Community Survey demonstrated that supporting clinicians continuing professional development is critical to NCPHN achieving goals in key priority areas such as Aboriginal health, mental health, population health and aged care. Facilitating opportunities for clinicians to network in multidisciplinary settings is crucial for creating an integrated health system.</p> <p>Strategies:</p> <ol style="list-style-type: none"> <li>1. Analyse and better understand the primary health care workforce on the North Coast.</li> <li>2. Provide professional development and networking opportunities.</li> <li>3. Evaluate and review the impact of workforce capacity building initiatives.</li> </ol> <p>Results:</p> <ol style="list-style-type: none"> <li>1. The North Coast primary health care workforce is well understood in terms of the number, type and location of health professionals.</li> <li>2. Professional development and networking: <ol style="list-style-type: none"> <li>a. Workforce capacity needs identified for the 2017 Needs Assessment;</li> <li>b. The three Clinical Council Learning and Develop Sub Groups influence NCPHN learning and development activities through regular advice and input;</li> <li>c. Clinical Advisers influence NCPHN learning and development activities through participation in the Workforce Learning and Development Circle;</li> </ol> </li> </ol>

	<p>d. Clinicians are informed and engaged regarding NCPHN’s learning and development activities through high quality communication products;</p> <p>e. The Event Toolkit is implemented for all learning and development events; and</p> <p>f. Clinicians actively involved in co-designing and implementing solutions to health workforce gaps.</p> <p>3. A systematic approach is applied to evaluating and reviewing the impact of workforce capacity-building initiatives with regard to identified needs and NCPHN objectives.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Amendments to 2016-17 AWP:</p> <ul style="list-style-type: none"> <li>• Title changed from FF6 – Health Workforce to NP6 – Health Workforce</li> <li>• Expansion of how professional development and networking initiatives will be planned and delivered.</li> </ul> </div>
Target population cohort	All NCPHN population, GPs, allied health and other health workers.
Consultation	<ul style="list-style-type: none"> <li>• Clinical Council Learning and Development Sub Groups (Northern NSW, Mid North Coast and Hastings Macleay) - strategic and operational advice regarding learning and development needs and opportunities in local areas. Four annual meetings held and written advice provided on an as needs basis.</li> <li>• Other clinician input - directly sought from GPs (including NCPHN’s GP Clinical Advisers), allied health professionals, educational experts, Local Health Districts and medical specialists on an as-needs basis.</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>• GPs, allied health professionals, specialists, Mid North Coast LHD, Northern NSW LHD, Divisions of General Practice, North Coast Allied Health Association and Aboriginal Medical Services - participation in the design, implementation and review of workforce initiatives.</li> </ul>
Indigenous Specific	Cultural competency training for primary health care professionals will directly benefit the Aboriginal and Torres Strait Islander community.
Duration	2016 - 18
Coverage	Entire NCPHN region
Commissioning method (if relevant)	NA

Approach to market	NA
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<b>Proposed Activities</b>	
Activity Title / Reference	<b>NP7 – Co-ordination of Care</b>
Existing, Modified, or New Activity	Existing Activity
Program Key Priority Area	Population Health
Needs Assessment Priority Area	<p>AC(2) Integrated responses to reduce the need for residents of RACFs to attend emergency departments or receive end of life care in hospital, page 64.</p> <p>CD(1) Work with stakeholders to improve the quality of care delivered in all primary health settings, page 64.</p> <p>CD(2) Respond to high rates of chronic disease, particularly in older people, page 64.</p> <p>HW(1) Strengthen the primary health care workforce capacity and capability, page 66.</p> <p>PH(3) Implementation of a Joint Health Literacy Framework, page 70.</p>
Description of Activity	<p><b>Integration of care</b></p> <p>The aim of this activity is to transform the health system in North Coast NSW and ensure that, from the patient’s perspective, there is a single health system they can access.</p> <p>Strategies:</p> <ol style="list-style-type: none"> <li>1. Tailored activities for each Local Health District: <ol style="list-style-type: none"> <li>a. Northern NSW: formal agreements and structures to enable service and program level integration; and</li> <li>b. Mid North Coast: formal agreement and governance level leadership guided by a Health Integration Strategy.</li> </ol> </li> <li>2. Development and implementation of regional integration plans.</li> <li>3. Identifying and implementing projects to improve collaboration and coordination between General Practice and other Health Professionals in the health care neighbourhood.</li> </ol> <p>Results:</p> <ol style="list-style-type: none"> <li>1. Integration arrangements:</li> </ol>

- a. Formal arrangements in place, and conjoint projects undertaken with Northern NSW LHD
  - b. Formal arrangements in place, an integration plan developed and conjoint projects undertaken with Mid North Coast LHD.
2. Plans published: NNSW Mental Health Integration Plan, NNSW Regional Aboriginal Health Integration plan, NNSW Health Literacy Strategy, Immunisation North Coast Plan and NNSW regional plan for the care of older people.
  3. Implementation of opportunistic collaborative projects.

#### **Mid and North Coast Health Pathways**

The aim of this activity is to assist health professionals to navigate the health system at a local level and provide access to evidence based clinical and consumer-focused resources.

#### Strategies:

1. Expand clinician led, evidence based Health Pathways program to support access to appropriate local services and optimise patient care
2. Establish GP led workgroups to develop pathways that address local system needs
3. Expand local service listings in National Health Service Directory (NHSD).

#### Results:

1. Expanded Health Pathways program:
  - a. Increased evidence based care pathways documented in an online portal
  - b. Increased utilisation of Health Pathways
2. Strong GP representation in all workgroups
3. Health Pathways provider directory established, expanded and provided to NHSD every 6 months.

#### Amendments to 2016-17 AWP:

- Title changed from FF7 – Co-ordination of Care to NP7 – Co-ordination of Care
- Adjusted description of joint governance arrangement with Local Health Districts
- 'Health Promotion Providers (through networks and forums)' removed for brevity
- Cross referenced activities removed for brevity.

Target population cohort	Coordination of Care is a whole-of-population activity. Ultimately, this will ensure that people can access the services they need to stay well and out of hospital and that these services provide care that is seamless and well connected.
Consultation	<p><b>Integration of care</b> Consultation with clinical Councils, Local Health Districts, Aboriginal Medical Services and Consumers has been conducted for this activity</p> <p><b>Mid and North Coast Health Pathways</b> Consultation processes vary according to the particular content being developed and may include, but is not limited to: General Practitioners; Allied Health Professionals; Medical Specialists; NGOs; State Based; and National Agencies.</p>
Collaboration	<p><b>Integration of care</b> NCPHN has a formal integration agreement with the Northern NSW LHD.</p> <p>NCPHN, NNSWLHD and FACS have formal terms of reference to guide the Alliance for Services to Vulnerable Members of the community.</p> <p>MoUs and other formal agreements are in place with Mid North Coast LHD, NNSWLHD, Aboriginal Medical Services, NSW Ambulance Services to govern the nature of collaborations.</p> <p><b>Activity 2: Mid and North Coast Health Pathways</b> GPs and specialists: develop Pathway content with the support of NCPHN.</p> <p>Mid North Coast LHD and Northern NSW LHD: co-fund the HealthPathways program and share governance.</p> <p>General Practitioners, University Medical Education Coordinators, Allied Health Professionals and Specialists: use health pathways content and participate in education events.</p>
Indigenous Specific	No
Duration	2016 - 18
Coverage	Entire NCPHN region
Commissioning method (if relevant)	NA
Approach to market	NA

<b>Proposed Activities</b>	
Activity Title / Reference	<b>NP8 – Population Health</b>
Existing, Modified, or New Activity	Existing Activity
Program Key Priority Area	Population Health
Needs Assessment Priority Area	<p>PH(1) Increased Immunisation participation rates, page 70.</p> <p>PH(2) Increase cancer screening participation rates, page 70.</p> <p>PH(3) Implementation of a Joint Health Literacy Framework, page 70.</p> <p>PH(5) Develop an understanding of the cancer profile of the region, page 70.</p>
Description of Activity	<p><b>Increased Immunisation participation rates</b>  The aim of this activity is to increase NCPHN childhood immunisation completion rates. NCPHN has the lowest childhood immunisation rates nationally.</p> <p>Strategies:</p> <ol style="list-style-type: none"> <li>1. Implement the North Coast Immunisation Action Plan 2016-2018</li> </ol> <p>Results:</p> <ol style="list-style-type: none"> <li>1. Childhood immunisation completion rate improved to 90% (non-Aboriginal); 95% (Aboriginal) for 1, 2 and 5 year olds.</li> </ol> <p><b>Increased cancer screening participation rates</b>  The aim of this activity is to work with General Practices to increase cancer screening participation rates by:</p> <ul style="list-style-type: none"> <li>• identifying eligible women</li> <li>• implementing systems to encourage participation</li> <li>• addressing barriers to screening.</li> </ul> <p>NCPHN has high cancer incidence rates:</p> <ul style="list-style-type: none"> <li>• Highest crude incidence rate of breast cancer in NSW</li> </ul>

- Participation in cervical cancer screening is below target screening rates.
- Highest crude rate of colorectal cancers in NSW (MNC) and the third highest rate (NNSW).

Strategies:

1. Increase General Practice participation in promoting breast and cervical cancer screening including transition to the cervical screening renewal
2. Develop and promote localised Health Pathways for common cancers
3. GPs and consumers provided with evidence-based information about high incidence cancers, early detection and risk factors.

Results:

1. 20 General practices improving screening participation for eligible female patients
2. New Health Pathways developed and promoted for 3 common cancers.
3. Monthly evidence-based information provided to consumers and GPs.

**Implementation of a Health Literacy Framework**

The aim of this activity is to improve health outcomes by ensuring people can access, understand and act on health related information. Common Health information is understood by less than 41% of Australians aged 15–74.

Strategies:

Improve person-centred care by:

1. Improve access to understandable, actionable, health information
2. Develop workforce health literacy capabilities

Results:

1. NNSW health literacy library expanded
2. Local patient activation/health coaching training opportunities available to health professionals in at least 4 locations

Amendments to 2016-17 AWP:

- Title changed from FF8 – Population Health to NP8 – Population Health
- Increased detail on implementation of a health literacy framework

<p>Target population cohort</p>	<p><b>Increased Immunisation participation rates.</b> Targets residents who have not completed their childhood immunisation schedules, across the whole region.</p> <p><b>Increased cancer screening participation rates.</b> Targets women who fall within breast and/or cervical screening eligibility guidelines, with an emphasis on under-screened populations including Aboriginal and Torres Strait Islander Women; residents aged 50-74 eligible for Bowel Screening</p> <p><b>Implementation of a Health Literacy Framework</b> is a whole of population strategy which adopts a universal precautions approach</p>
<p>Consultation</p>	<p><b>Increased Immunisation participation rates</b> Development of the immunisation action plan which guides this activity was undertaken in collaboration and consultation with the North Coast Public Health Unit, Aboriginal Medical Services, General Practices, Immunisation academics and members of the community from the Northern Rivers Vaccination Supporters Network. Consultation with these groups is ongoing.</p> <p><b>Increased cancer screening participation rates</b> This project will take a social research approach to consultation with women regarding factors influencing their decisions to screen and will include local focus groups. In addition, a target group of General Practices will participate in ongoing consultations to identify barriers to participation in screening programs and develop responses to address these barriers.</p> <p><b>Implementation of a Health Literacy Framework</b> Consumers have been consulted in all aspects of the design of this program and have critical ongoing input as health literacy champions, promoting the program, participating in program governance structures and providing feedback on all materials developed under the programs auspices.</p>

Collaboration	<p><b>Increased Immunisation participation rates</b> NCPHN partners with North Coast Public Health Unit, General Practices, Aboriginal Medical Services and Northern Rivers Vaccination Supporters Network in an alliance called Immunisation North Coast. Members of the alliance share responsibility for implementation of the Immunisation Action Plan.</p> <p><b>Activity 2: Increased cancer screening participation rates</b> NCPHN partners with Breast Screen NSW and NSW Cancer Institute to implement a Women’s Cancer Collaborative in General Practices. Mid North Coast LHD, Northern NSW LHD and General Practices collaborate in the design of the initiative, and Southern Cross University will assist with evaluation and field work.</p> <p><b>Activity 3: Implementation of a Health Literacy Framework</b> NCPHN and NNSWLHD have a formal MoU in place to deliver health literacy support in Northern NSW. MNCLHD is in the early stages of engagement.</p>
Indigenous Specific	No
Duration	2016 - 18
Coverage	Entire NCPHN region
Commissioning method	NA
Approach to market	NA

<b>Proposed Activities - copy and complete the table as many times as necessary to report on each activity</b>	
Activity Title / Reference	<b>NP9 – Service Access</b>
Existing, Modified, or New Activity	Modified Activity
Program Key Priority Area	Addressing service gaps
Needs Assessment Priority Area	HW(1) Strengthen the primary health care workforce capacity and capability, page 66. SD(1) Improve access to General Practice, Allied Health and Specialist services within target communities, particularly for vulnerable groups, page 71.

	SD(2) Work with health and social service organisations to commission medical services for people experiencing homelessness in Tweed Heads, Lismore, Coffs Harbour, Kempsey and Port Macquarie, page 71.
Description of Activity	<p>The aim of this activity is to improve access to General Practice, Allied Health and Specialist services to vulnerable groups.</p> <p>The Department of Family and Community Services reports that Northern NSW (FACS region) has a rate of homelessness of 496 per 100,000 persons, which is higher than the NSW rate of 408 per 100,000 persons. This equates to a rate 21% higher than the state average. NCPHN will commission seed funding to transition the delivery of co-ordinated primary health care to vulnerable groups at the location of the support services these cohorts already visit. People experiencing homelessness or disadvantage can access care earlier in their disease trajectory, thereby reducing unplanned hospital admissions or ED presentations, particularly in the after-hours period.</p> <p>Strategies:</p> <ol style="list-style-type: none"> <li>1. Work with health and social service organisations to ensure access to medical services for people experiencing homelessness in Tweed Heads, Lismore, Coffs Harbour, Kempsey and Port Macquarie.</li> <li>2. Maintain high level partnerships with Northern NSW LHD and Family and Community Service (FACS) for improving service provision to vulnerable people.</li> </ol> <p>Results:</p> <ol style="list-style-type: none"> <li>1. Sustainable medical services available to identified vulnerable communities of Tweed Heads, Lismore, Coffs Harbour, Kempsey and Port Macquarie.</li> <li>2. <ol style="list-style-type: none"> <li>a. Meetings held with NNSW Local Health District to discuss how service provision to vulnerable people can be improved; and</li> <li>b. Meetings held with family and Community Services (FACS) to discuss how service provision to vulnerable can be improved.</li> </ol> </li> </ol> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Amendments to 2016-17 AWP:</p> <ul style="list-style-type: none"> <li>• Title changed from FF9 – Service Access to NP9 – Service Access</li> <li>• Commissioning of solutions for Specialist and Allied Health access removed as available funding for these activities no longer exists.</li> </ul> </div>

Target population cohort	Vulnerable community members in Tweed Heads, Lismore, Coffs Harbour, Kempsey and Port Macquarie including but not limited to people at risk or experiencing homelessness.
Consultation	NCPHN has consulted with the following local advisory groups in the development of this plan: Bugalwena Advisory Group, Lismore Soup Clinic Advisory Group, Alliance for Vulnerable People (FACS) and Connecting Home Consortium. NCPHN will continue to consult with these groups in the delivery of this activity.
Collaboration	St Vincent de Paul Society, The Winsome & Lismore Soup Kitchen Inc, and St Thomas Anglican Church: will provide the facility and infrastructure for current clinics being transitioned. Local Health Districts: will provide Allied Health Staff to be co-located at service sites.
Indigenous Specific	No
Duration	2016 - 18
Coverage	GP Services for people experiencing homelessness and disadvantage communities, primarily in Tweed Heads, Lismore, Coffs Harbour, Kempsey and Port Macquarie or as identified in NCPHN Needs Assessment.
Commissioning method	NCPHN will undertake two methods of commissioning: 1) A select tender for the currently operating services (Fred's Place, The Winsome and St Thomas Soup Kitchen). 2) An open tender for an innovative approach to support at risk, vulnerable communities in Kempsey and/or Coffs Harbour. EOI to commence on 1 April 2017 and finalised by 30 June 2017. Successful applicant to commence service delivery 1 July 2017.
Approach to market	N/A Dual approaches to procure services will be engaged. The two approaches will be direct engagement (select tender) and open tender (EOI).

## Planned PHN activities – Core Operational Funding 2016-18

Proposed general practice support activities	
Activity Title / Reference	<b>OP1 – Clinician Engagement</b>
Existing, Modified, or New Activity	Existing Activity
Description of Activity	<p>The aim of this activity is to embed and support the meaningful engagement of clinicians in shaping NCPHN’s priorities and activities.</p> <p>NCPHN’s Clinician Engagement Activity facilitates GP, allied health and other health workers’ perspectives being incorporated into the design and delivery of NCPHN’s commissioned and health system reform activities.</p> <p>Strategies:</p> <ol style="list-style-type: none"> <li>1. Engage clinicians through a range of mechanisms to ensure clinician perspectives and advice is embedded into NCPHN’s commissioning and health system reform activities and initiatives to develop a person-centred health system.</li> <li>2. Maintain three GP-led Clinical Councils: Northern NSW, Mid North Coast and Hastings Macleay. All Clinical Councils will:               <ol style="list-style-type: none"> <li>a. Provide advice and recommendations regarding NCPHN strategy and priorities</li> <li>b. Provide input and regularly engage with the Board</li> <li>c. Undertake programs and projects to address clinical priorities and gaps</li> <li>d. Ensure efficient and effective operation of the Councils with periodic reviews and improvement plans</li> <li>e. Hold joint meetings with other NCPHN Clinical Councils, Local Health District Clinical Advisory Boards and other relevant forums and</li> <li>f. Have active membership and be reflective of the diversity of the primary health care workforce and the geographical breadth of the region.</li> </ol> </li> </ol>

	<ol style="list-style-type: none"> <li>3. Provide locally relevant professional development and networking opportunities to primary health care professionals to improve the quality of care and to foster collaboration between disciplines (See NP6 'Health Workforce' and NP7 'Coordination of Care').</li> <li>4. Maintain a team of clinical advisers to provide input on NCPHN activities and to act as change agents for system improvement.</li> <li>5. Provide high quality communications products to engage and inform clinicians and promote achievements and learnings regarding health system reform initiatives.</li> <li>6. Support the North Coast Allied Health Association to enhance the voice of allied health professionals.</li> </ol> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Amendments to 2016-17 AWP:</p> <ul style="list-style-type: none"> <li>• Included provision of high quality communication products.</li> <li>• Description of Clinical Councils expanded.</li> </ul> </div>
Supporting the primary health care sector	<ul style="list-style-type: none"> <li>• Clinician input and perspective incorporated into health system reform improvement activities including at the governance and commissioning levels.</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>• Health professionals (GPs, allied health professionals, nurses and specialists): Provide input into commissioning and other health system reform activities, participation in Clinical Councils and attendance at learning and development and networking events.</li> <li>• Health organisations (Mid North Coast LHD, Northern NSW LHD, Divisions of General Practice, North Coast Allied Health Association, Aboriginal Medical Services and Improvement Foundation): Joint Clinical Council meetings and joint organisation of learning and development and networking events.</li> </ul>
Duration	2016 - 18
Coverage	<p>Entire NCPHN region</p> <p>NCPHN's three Clinical Councils cover specific geographical areas:</p> <ul style="list-style-type: none"> <li>• Northern NSW Clinical Council: Tweed, Byron, Ballina, Lismore, Richmond Valley and Clarence Valley Local Government Areas</li> <li>• Mid North Coast Clinical Council: Coffs Harbour, Bellingen and Nambucca Local Government Areas</li> <li>• Hastings Macleay Clinical Council: Port Macquarie, Hastings and Kempsey Local Government Areas</li> </ul>

Expected Outcome	<ol style="list-style-type: none"> <li>1. Clinician input is embedded into and shapes NCPHN's commissioning and health system reform activities.</li> <li>2. Three GP-led Clinical Councils in Northern NSW, Mid North Coast and Hastings Macleay are maintained and: <ol style="list-style-type: none"> <li>a) Clinical Councils influence NCPHN direction, strategy and program design;</li> <li>b) Advice, input and regular engagement undertaken with the NCPHN Board;</li> <li>c) Priority clinical issues addressed through projects and programs;</li> <li>d) Periodic Clinical Council reviews and improvement plans undertaken;</li> <li>e) Regular joint meetings held between NCPHN Clinical Councils, Local Health District Clinical Advisory Boards and other relevant forums; and</li> <li>f) Clinical Council membership is reflective of the diversity of the primary health care workforce and the geographical breadth of the region.</li> </ol> </li> <li>3. Primary healthcare workforce capacity needs identified in the needs assessment are addressed through learning and development initiatives.</li> <li>4. Clinician perspectives are embedded and championed internally within NCPHN.</li> <li>5. Clinicians receiving NCPHN communication products report that products are of a high quality.</li> <li>6. Allied health professionals have a strong voice on the North Coast.</li> </ol>
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Proposed general practice support activities	
Activity Title / Reference	<b>OP2 - Commissioning</b>
Existing, Modified, or New Activity	Existing Activity
Description of Activity	<p>The aim of this activity is to implement a comprehensive commissioning program to ensure services, projects and programs meet the needs of the community, are high quality, efficient, effective and respond to identified population health needs.</p> <p>Strategies:</p> <ol style="list-style-type: none"> <li>1. Establish Commissioning Board sub-committee to oversee the progress of all commissioning activities and the organisational system and processes used to conduct them</li> <li>2. Develop a structured and documented approach to understanding the health and service needs of the region</li> </ol>

	<ol style="list-style-type: none"> <li>3. Continue to develop and implement resources, tools and training support for Commissioning Managers on engaging and consulting with the health and social services sector, clinicians and community members during the design of services</li> <li>4. Continue to develop and implement resources, tools and training support for Commissioning Managers on procurement of services or programs</li> <li>5. Continue to develop and implement resources, tools and training support for Commissioning Managers on the monitoring and evaluation of service or program performance.</li> </ol> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Amendments to 2016-17 AWP:</p> <ul style="list-style-type: none"> <li>• Minor changes description of activities</li> <li>• Added Commissioning board sub-committee</li> <li>• Strengthened activity undertaken to systematise, document and train staff on each element of commissioning.</li> </ul> </div>
Supporting the primary health care sector	Comprehensive commissioning structures, resources and protocols will ensure services, projects and programs meet the needs of the community, are high quality, efficient, effective and respond to identified population health needs.
Collaboration	NCPHN will work collaboratively with all relevant stakeholders through all stages of commissioning.
Duration	2016 - 18
Coverage	NCPHN region
Expected Outcome	<ol style="list-style-type: none"> <li>1. Commissioning Board sub-committee established as formal governance structure over all commissioning activities</li> <li>2. Needs Assessment process documented</li> <li>3. <ol style="list-style-type: none"> <li>a. Issue Research and Co-design Manual published</li> <li>b. Training for Commissioning managers on issue research and co-design conducted</li> </ol> </li> <li>4. <ol style="list-style-type: none"> <li>a. Procurement Manual published</li> <li>b. Training for Commissioning managers on procurement conducted</li> </ol> </li> <li>5. <ol style="list-style-type: none"> <li>a. Monitoring and Evaluation Manual published</li> </ol> </li> </ol>

	b. Training for Commissioning managers on Monitoring and Evaluation conducted
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Proposed general practice support activities	
Activity Title / Reference	<b>OP3 – Community Engagement and Development</b>
Existing, Modified, or New Activity	Existing Activity
Description of Activity	<p>The aim of this activity is to embed and support the meaningful engagement of consumers and community members in setting NCPHN’s priorities and activities. This activity also aims to build capacity and resilience in small and isolated communities across the NCPHN region by facilitating conversations, training and providing an opportunity for community members to participate in health system improvement.</p> <p>Strategies:</p> <ol style="list-style-type: none"> <li>1. Engage consumers and communities through a range of mechanisms to provide input into commissioning and health system reform activities and initiatives to develop a person centred health system.</li> <li>2. Maintain four Community Advisory Committees: Community Engagement Advisory Council (with NNSW LHD), Community Reference Group (with MNC LHD – Coffs Clinical Network), Community Reference Group (with MNC LHD – Hastings Macleay Network) and Ngayundi Aboriginal Health Council (Peak Aboriginal Advisory Group with NNSW LHD) (See NP1). All Community Advisory Committees will:             <ol style="list-style-type: none"> <li>a. Provide advice, input and regularly engage with the Board regarding community issues;</li> <li>b. Ensure efficient and effective operation of the Advisory Committees with periodic reviews and improvement plans; and</li> <li>c. Have active membership and be reflective of the diversity of the community and the geographical breadth of the region.</li> </ol> </li> <li>3. Develop and strengthen relationships with community organisations and groups including LGA councils, LHDs, NGOs, and community groups, to keep abreast of local community issues, share community engagement spaces and facilitate connections between community and available services.</li> <li>4. Build capacity and resilience in small and isolated communities by exploring aspirations and developing the community’s capacity to identify their own needs and where possible support action to meet these needs.</li> </ol>

	<p>5. Facilitate community capacity building activities in small and isolated communities in order to increase knowledge and awareness and/or change behaviours. (See Digital Health Plan, Health Literacy, Mental Health, Care for older people)</p> <p>Amendments to 2016-17 AWP:</p> <ul style="list-style-type: none"> <li>• Minor changes to description of activity.</li> </ul>
Supporting the primary health care sector	Consumer and community input incorporated into health system improvement and reform activities including at the governance and commissioning levels.
Collaboration	<p>Consumers, community representatives and community focused, non-government organisations, such as Neighbourhood Centres, community support groups, other community groups (Rotary, Alzheimer’s Australia) and local Councils: Continued ongoing input into commissioning and other health system improvement activities and support to NCPHN’s work particularly in building resilience in small and isolated communities.</p> <p>Local Health Districts in Northern NSW and Mid North Coast: Continued collaborative maintenance and utilisation of joint Community Advisory Committees to ensure input into commissioning and other health system improvement activities. Consumers and community representatives from the above mentioned groups sit on the Community Advisory Committees.</p>
Duration	2016 - 18
Coverage	Entire NCPHN region
Expected Outcome	<ol style="list-style-type: none"> <li>1. Consumer and community input is embedded into and shapes NCPHN’s commissioning and health system reform activities.</li> <li>2. Four Community Advisory Committees including the Community Engagement Advisory Council, Community Reference Group (Mid North Coast), Community Reference Group (Hastings Macleay Network) and Ngayundi Aboriginal Health Council are maintained and: <ol style="list-style-type: none"> <li>a) Advice, input and regular engagement undertaken with the NCPHN Board;</li> <li>b) Periodic reviews and improvements undertaken; and</li> <li>c) Membership is reflective of the diversity of the community and the geographical breadth of the region.</li> </ol> </li> <li>3. NCPHN maintains strong relationships with community organisations and groups.</li> </ol>

	<ol style="list-style-type: none"> <li>4. Community aspirations and needs are identified in small and isolated communities and wherever possible local solutions are implemented through a collaborative, co-design process.</li> <li>5. Small and isolated communities' knowledge and /or awareness are improved as a result of the community capacity building activities undertaken.</li> </ol>
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Proposed general practice support activities	
Activity Title / Reference	<b>OP4 – Practice Support and Quality Improvement</b>
Existing, Modified, or New Activity	Modified activity
Description of Activity	<p>The aim of this activity is to foster general practice as the cornerstone of a quality person centred health system. This will be achieved by implementing a patient centred medical home model and supporting general practices to deliver high quality care.</p> <p>Strategies:</p> <ol style="list-style-type: none"> <li>1. Support the transition of general practices to patient centred medical homes (person centred health system)</li> <li>2. Provide practical support to general practices to enable improved care to patients</li> <li>3. Support general practices to undertake continuous quality improvement through activities informed by the collection and use of clinical data</li> <li>4. Support general practices with the uptake and maintenance of accreditation</li> <li>5. Increase the uptake and meaningful use of eHealth systems, especially MyHealth Record (MyHR)</li> <li>6. Strengthen the capacity of the NCPHN general practice workforce to provide high quality and coordinated care (See NP6 – Health Workforce).</li> </ol> <div style="border: 1px solid black; background-color: #e6f2ff; padding: 5px; margin-top: 10px;"> <p>Amendments to 2016-17 AWP:</p> <ul style="list-style-type: none"> <li>Increased focus on transitioning practices to patient centred medical homes</li> <li>Increased focus on collection and use of clinical data to inform QI activities</li> <li>Increased focus on meaningful use of MyHR</li> <li>Removed references to immunisation (see NP8 – Population Health) and chronic and complex conditions (see NP3 – Chronic Disease)</li> </ul> </div>

Supporting the primary health care sector	Fostering general practice as the cornerstone of primary health care and working to develop a person-centred health system.
Collaboration	<ul style="list-style-type: none"> <li>• General Practice and Aboriginal Medical Services staff (general practitioners, practice managers, nurses and other allied health professionals) – participation in QI activities, providing input to planning and implementing QI initiatives, co-designing learning and development and networking events.</li> <li>• Relevant health services and providers (eg. Mid North Coast LHD, Northern NSW LHD, North Coast Allied Health Association, Rural Doctors Network, Improvement Foundation) - participation in ongoing joint planning, promotion and implementation of QI initiatives.</li> </ul>
Duration	2016 – 18
Coverage	Entire NCPHN Region
Expected Outcome	<ol style="list-style-type: none"> <li>1. Practices reported advancements in their transition to becoming patient centred medical homes</li> <li>2. Practices received regular and ongoing support from NCPHN's Practice Support Officers</li> <li>3. Practices actively participated in data driven QI through NCPHN's QI ("Measuring for Improvement") Program and other QI initiatives such as Collaboratives</li> <li>4. Practices maintained/achieved accreditation</li> <li>5. Increased number of practices actively uploading Shared Health Summaries every month</li> <li>6. General practice staff capability is enhanced due to completion of professional development activities.</li> </ol>

## Activities submitted in the 2016-18 AWP which will no longer be delivered under the Core Schedule

Planned activities which will no longer be delivered	
Activity Title / Reference	<b>FF1 – Aboriginal Health (commissioning sub-activity)</b>
Description of Activity	Commissioning of Dentistry, Cardiac Care and reduced avoidable hospital admissions removed
Reason for removing activity	This activity is no longer funded

Planned activities which will no longer be delivered	
Activity Title / Reference	<b>FF2 – Care for Older People (commissioning sub-activity)</b>
Description of Activity	Commissioning of services, projects or programs to respond to dementia removed
Reason for removing activity	Approach to this activity moved away from commissioning during 2016-17

Planned activities which will no longer be delivered	
Activity Title / Reference	<b>FF3 – Chronic Disease (commissioning sub-activity)</b>
Description of Activity	Commissioning of chronic disease solutions for older people removed
Reason for removing activity	Approach to this activity moved away from commissioning during 2016-17

Planned activities which will no longer be delivered	
Activity Title / Reference	<b>FF9 – Service Access (commissioning sub-activity)</b>
Description of Activity	Commissioning of solutions to Specialist and Allied Health access removed
Reason for removing activity	This activity is no longer funded

# Strategic Vision for After Hours Funding

NCPHN will continue to engage and consult with service providers and community to ensure the after hour response is adequate across the region.

The NCPHN needs assessment study has identified after hour gaps and hotspots. NCPHN will partner with key organisation and community to commission solutions to address the gap and priorities identified.

An After Hours Strategic Circle has been established which provides a holistic approach to the after hours program throughout the Region and is comprised of clinicians, service providers and community stakeholders. These Circles provide insight and direction to ensure appropriate planning and strategic response for the After Hours Program. From these meetings, tactical group are established to implement and operationalise after Hours activities.

## **Key areas of action are:**

- Address after hour service gaps across the North Coast, especially in small rural and remote towns – working with the Community Voices teams in 17 towns
- Respond to the needs of the hard to reach groups, especially the Aboriginal population
- Establish programs to address system change required to provide better response to after hour care
- Improve in-hour care and implement wrap-around care - the medical home model - to reduce the need for after hour care
- Implement strategies designed to improve patient health literacy and self-management
- Developing initiatives focussed on preventable hospital admission for disadvantaged groups with chronic and complex conditions.

# Planned PHN Activities – After Hours Primary Health Care 2016-18

Proposed Activities	
Activity Title / Reference	<b>AH1 – Improving Healthy Literacy and Self Care</b>
Existing, Modified, or New Activity	Existing Activity
Needs Assessment Priority Area	<p>AH(1) Work with key stakeholders to develop and implement health literacy strategies across the NCPHN footprint, with a focus on parents of young children, and awareness of the GP After Hours Helpline and other after-hours services, pg 38 [NCPHN March 2016 Needs Assessment].</p> <p>SD(a) Low rate of FTE General Practitioners in Lismore, Kyogle, Richmond Valley and Bellingen Local Government Areas [NCPHN November 2016 Needs Assessment]</p> <p>SD(l) Low After Hours MBS utilisation in Clarence Valley, Richmond Valley Coastal, Richmond Valley Hinterland and Kempsey-Nambucca SA3 regions [NCPHN November 2016 Needs Assessment]</p> <p>SD(m) Low After Hours GP Helpline utilisation in NCPHN region, especially in smaller towns [NCPHN November 2016 Needs Assessment]</p> <p>SD(o) Lack of awareness of after-hours services [NCPHN November 2016 Needs Assessment]</p> <p>SD(p) Lack of awareness of After Hours GP Helpline [NCPHN November 2016 Needs Assessment]</p>
Description of Activity	<p>The following range of strategies build a comprehensive health literacy and self-management approach to improve community capacity and ability to attend to health conditions by:</p> <ol style="list-style-type: none"> <li>1. Providing accessible and relevant resources to inform community of services available. Resources to be made available widely to clinicians and consumers throughout the community. Distribution of information and other resources using community newsletter, community engagement team, and other access points such as general practice and pharmacy.</li> </ol>

2. Providing accessible and relevant health information resources through hard copy material and online sources such as Facebook, Twitter, websites and newsletters.
3. A targeted marketing campaign to promote use of the National Health Service Directory and HealthDirect after hours GP helpline. The NCPHN campaign will target small townships and communities with a focus on parents of young children who are high users of health services and the use of culturally appropriate messaging, to be inclusive of Aboriginal populations. Promotion to target high service users which are older people , parents of young children and other targets groups which are identified through updated needs assessments
5. Building resilient communities by responding to community level identified capacity building opportunities such as first aid and mental health first aid training, as well as supporting and encouraging community identification and initiation of localised strategies
6. Partner with small towns to design and deliver locally relevant solutions to improve health outcomes – ‘Healthy towns program’.

**Amendments to 2016-17 AWP:**

**Amend**

Include ‘use culturally appropriate messaging, to be inclusive of Aboriginal populations’.

Rationale: Community messaging will consider culturally appropriate messaging to increase engagement with Aboriginal Populations.

**Delete:**

Empowering communities to build resilience and work together to identify local solutions to local community health issues (Community Voices program) as well as supporting and encouraging communities to develop solutions for their local issues

Rationale: funded from core

**Delete:**

Undertaking a commissioning model to co-design with stakeholders other health literacy and self-management services and projects as identified.

**Replace with:**

Partner with small towns to design and deliver locally relevant solutions to improve health outcomes – ‘Healthy towns program’

Rationale:

In 2016/2017, efforts to engage with the community and market to undertake commissioning around health literacy and self-management services were not successful due to lack of market depth. In 2017/2018 it is planned to adopt a more holistic approach, expanding the scope of stakeholders and responses that may emerge from the co-design process.

The healthy small towns program will partner with the community in 6 small towns (2017/2019) to address health disadvantage and will use a place-based approach to engage communities and identify priority action areas with a focus on the design and delivery of well-integrated and locally relevant health services.

#### **EXPECTED OUTCOMES**

Increased community capacity and social capital

Increased health system integration

Health and Social Services that are integrated, accessible and locally relevant

Improved health and social outcomes in small towns

Enhanced knowledge and capacity to work with small towns.

Towns will be selected on the basis of poor access to coordinated primary care (particularly in the after hours period), level of social disadvantage and presence of vulnerable populations. 3 of the six towns have been identified- Evans Head (Richmond Valley Coastal) Casino and Kyogle (Richmond Valley Hinterland). 3 Communities from the MNC region are yet to be identified.

Co-design processes will be used to design, deliver and monitor local service initiatives. A framework for a place-based approach to service improvement will be developed and evaluated.

A program logic is available for review if required.

- It is anticipated that the co-design process will identify a range of locally relevant activities and services that will not be limited to health literacy and self-management. Procurement approaches will be dependent upon the outcome of the co-design process.

Target population cohort	NCPHN population with priority to older people and Aboriginal and Torres Strait Islander people
Consultation	Across the NCPHN Stakeholder engagement and consultation activities will be undertaken with Mid North Coast and Northern NSW LHDs, community members by using Consumer reference groups in Mid North Coast and Northern NSW LHDs, Aboriginal Medical Services, General Practices, Allied Health professionals, first aid providers, NSW Ambulance, Health Direct in the planning, design and implementation of these activities including those commissioned.
Collaboration	NCPHN will collaborate with community members, Mid North Coast and Northern NSW LHDs, Aboriginal Medical Services, General Practices, Allied Health professionals, first aid providers, Ambulance NSW, Local Government, Social Service Agencies, Education providers, Health Direct in the planning, codesign and implementation of these activities.
Indigenous Specific	No
Duration	2017 - 2018
Coverage	Entire NCPHN region
Commissioning method (if relevant)	The After Hours Strategic Circle Group to provide guidance on activities and establishment of a governance body for the selection of small communities where place based codesign activities will be undertaken.

<b>Proposed Activities</b>	
Activity Title / Reference	<b>AH2 – Reducing Avoidable Hospital Admissions Strategy.</b>
Existing, Modified, or New Activity	Existing Activity
Needs Assessment Priority Area	AH(2) Work with stakeholders to identify and implement strategies to reduce avoidable Emergency Department attendance in Clarence Valley, Richmond Coastal, Richmond Hinterland and Kempsey-Nambucca State Electoral Districts (SEDs), pg 38 [NCPHN March 2016 Needs Assessment].  SD(a) Low rate of FTE General Practitioners in Lismore, Kyogle, Richmond Valley and Bellingen Local Government Areas [NCPHN November 2016 Needs Assessment].

Description of Activity	<ol style="list-style-type: none"> <li>1. Improved access to GPs in identified need areas including Bellingen, Coffs Harbour, Lismore, Kyogle, Port Macquarie, Richmond Valley and Tweed Local Government Areas. Working with stakeholders to support the development and implementation of innovative solutions</li> <li>3. Reducing likelihood of hospital admissions by people with chronic and complex conditions by supporting the development of AMS and General Practice capability to engage patients in proactive management of their condition.</li> <li>4. Support identified service providers with capacity to provide extended hours care in small communities. Using capacity building strategies to develop sustainable solutions or skills development.</li> <li>5. Support patients and carers of high risk groups to enable care at home during the after hours period. Promoting the effective use of illness avoidance (for example: respiratory hygiene, flu vaccinations)sick day action plans and anticipatory plans to avoid unnecessary hospital visits. Develop consumer engagement materials and distribute by a variety of means including community newsletters, face book and twitter as well as using strategies to target small rural communities such as community voices, local community newsletters.</li> <li>6. Co design solutions to reduce likelihood of emergency department presentations and hospital admissions for vulnerable patients. Work with key local stakeholders to plan, coordinate and support efficient and effective population based primary health care including pro-active identification and management of patients at risk of hospitalisation, particularly those with chronic conditions and improved transfer of care between acute and primary care.</li> </ol>
	<p><b>Amendments to 2016-17 AWP:</b></p> <p>The following strategies have been removed as a result of a re strategizing in response to reflection on the success of the 2016-2017 AWP</p> <p><b>Edit</b></p> <ol style="list-style-type: none"> <li>1. Remove ‘and implementation using commissioning processes including GP clinics for people experiencing disadvantage and homelessness in selected locations’.</li> </ol>

*Rationale: Experience has demonstrated that the work required in this area is largely reform, collaboration and redesign, it is not anticipated that Commissioning will be undertaken. GP clinics for people experiencing homelessness have been transitioned to new service providers.*

**Remove**

1. Avoidable hospital admissions from Residential Aged Care Facilities. Using Ambulance referral initiatives and Aged Care Consultation groups to identify local issues and needs and develop solutions for implementation – Consultation groups will be both consumer and multidisciplinary.

*Rationale: This activity has been completed. It was a one year strategy. Ongoing work with Aged care facilities via Flexible Fund NP2*

**Edit**

2. Original: Avoidable hospital admissions by Aboriginal and Torres Strait Islander people. Documenting the localised reasons for the use of hospital, while supporting the development of improved access to GP support in the after hours at AMS and General Practice.
3. Edited version: Reducing likelihood of hospital admissions by people with chronic and complex conditions by supporting the development of AMS and General Practice capability to engage patients in proactive management of their condition.

*Rationale: Patients actively engaged in self-management are more likely to adopt behaviours to manage and stabilize their chronic conditions. Primary care providers are best placed to provide coaching to these patients to support self management. Aboriginal patients require special attention to ensure they receive information that is actionable and culturally appropriate.*

**Edit**

4. Original: Support, advice or advocacy to carers of high risk groups to enable community members to continue to care at home during the after-hours period. Develop consumer engagement materials and distribute by a variety of means including existing strategies

such as community newsletters, face book and twitter as well as using strategies to target small rural communities such as community voices, local community newsletters.

5. Edited Version: Support patients and carers of high risk groups to enable confident care at home during the after hours period. Promoting the effective use of illness avoidance (for example: respiratory hygiene, flu vaccinations) sick day action plans and anticipatory plans to avoid unnecessary hospital visits. Develop consumer engagement materials and distribute by a variety of means including community newsletters, face book and twitter as well as using strategies to target small rural communities such as community voices, local community newsletters.

*Rationale: In 2016/2017 extensive distribution of consumer engagement materials took place. In 2017/2017 it is planned to shift the focus to reducing the need for urgent medical care by engaging patients to avoid illnesses that may exacerbate their condition and having a plan to manage exacerbations. Messages tailored to vulnerable groups including the elderly, aboriginal people and those with chronic illnesses.*

**Delete**

6. Solutions to build capacity for the provision and access to population based after hours care as identified through the After Hours Strategic Circle. Supporting service providers to develop innovative solution based on existing models of care or to trial care or empirical models to build capacity.

**Replace with**

6. Co design solutions to reduce likelihood of emergency department presentations and hospital admissions for vulnerable patients. Work with key local stakeholders to plan, coordinate and support efficient and effective population based primary health care including pro-active identification and management of patients at risk of hospitalisation, particularly those with chronic conditions and improved transfer of care between acute and primary care

*Rationale: In 2016/2017 initial co-design processes were undertaken and these proved to be an effective way of developing local, integrated responses to reducing emergency department*

	<i>presentations. In 2017/18 the overall strategy of reducing avoidable hospitalisations has been reframed to shift the focus to primary care strategies that can reduce the likelihood of hospitalisation for at risk patients.</i>
Target population cohort	Whole NCPHN population, ensuring access by the people of small communities. Priority audiences are older people, people with chronic conditions and Aboriginal and Torres Strait Islander people
Consultation	Local level stakeholder engagement and co design processes will include consultation with a variety of local relevant service providers. These will include Mid North Coast and Northern NSW LHDs, GPs, Practice Nurses, Chronic Disease Nurses, Community Health Services, Aboriginal Medical Services, Aged Care service providers, Ambulance, Pharmacy, patients and community members by using Consumer reference groups in Mid North Coast and Northern NSW LHDs, Aboriginal Medical Services, General Practices, Allied Health professionals, first aid providers, NSW Ambulance, Health Direct in the planning, design and implementation of these activities including those commissioned.
Collaboration	NCPHN will collaborate with Mid North Coast and Northern NSW LHDs, Aboriginal Medical Services, General Practices, Allied Health professionals, public health unit, Ambulance NSW, Health Direct in the planning, design and implementation of these activities
Indigenous Specific	No
Duration	2017 - 2018
Coverage	Entire NCPHN region
Commissioning method (if relevant)	NCPHN will utilise the After Hours Strategic Circle Group to provide guidance on activities and approaches to market for commissioning.
Approach to market	If required, NCPHN will use a procurement approaches based on community needs and sector capacity

## Activities submitted in the 2016-18 AWP which will no longer be delivered for After Hours Funding

Planned activities which will no longer be delivered	
Activity Title / Reference	<b>Both AH(1) and AH(2) will be continuing</b>
Description of Activity	
Reason for removing activity	