Central Queensland, Wide Bay, Sunshine Coast - Core Funding

2019/20 - 2022/23

Activity Summary View

Chronic Conditions: Management (Non-Procured Activities)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

7

Activity Title *

Chronic Conditions (CCD-P1): Management (Non-Procured Activities).

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Chronic conditions management, access (local priorities).

Aim of Activity *

CCD-P1.1 - Partner with peak bodies to support and promote existing initiatives to general practices and allied health professionals (e.g. Heart Foundation).

- Improve the knowledge and skills of general practice and allied health professionals in relation to activities and initiatives of peak bodies by promoting and encouraging involvement.

CCD-P1.2 - Provide support to general practice to encourage best practice management of chronic disease.

- Improve the number and quality of chronic disease management care plans in general practice.

CCD-P1.3 - Provide support to general practices to use their practice population health data to better understand and manage their patients' health.

- Improve and increase the use of practice population health data in general practice to support improved health outcomes.

CCD-P1.4 - Inform health professionals about the use of HealthPathways when referring appropriate patients.
- Increase the number of health professionals regularly utilising HealthPathways when referring patients.

Description of Activity *

Partner:
CCD-P1.1 - Partner with peak bodies to support and promote existing initiatives to general practices and allied health professionals (e.g. Heart Foundation).
- Using existing strong relationships with peak bodies, such as the Heart Foundation, Stroke Foundation, Diabetes Queensland, Asthma Foundation and others, we will promote existing initiatives to general practice and allied health professionals. Such activities would include workforce development meetings, promotion of events, special days and weeks (e.g. World COPD Awareness Day, National Diabetes Week), and supply of information and promotional materials including patient health literacy resources, redirection to websites and internet pages of interest from e-newsletters etc.

Provide:
CCD-P1.2 - Provide support to general practice to encourage best practice management of chronic disease.
- Through the General Practice Support Team, we provide support to general practices within a tiered model in order to implement best practice management of chronic disease. Support may include, but not be limited to, chronic disease management care plans (CDMPs), recall/reminder systems, and quality improvement processes that encourage their user, risk stratification and data cleansing.

CCD-P1.3 - Provide support to general practices to use their practice population health data to better understand and manage their patients' health.
- Supporting general practice to identify and analyse their practice population health data to better understand and manage their patients' health, with particular emphasis on data cleanliness, benchmarking, quality improvement initiatives, MBS billing activity, cycles of care, and recall and reminder systems.

CCD-P1.4 - Inform health professionals about the use of HealthPathways when referring appropriate patients.
- Promote the HealthPathways referral program, supporting best practice information to health professionals, actively seeking and providing feedback on the referral processes and educating health professionals on the meaningful use of the pathways.

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Promote chronic disease prevention and management	92
Maternal and child health	94
Improve access to appropriate and quality maternity care by facilitating coordination and continuity of maternity and child care	97
Quality improvement	99
Ensure continuation of clinician-led workforce that enables PHNs to make informed decisions	99
Improve collaborations, support integrated care practices and create culturally competent workforce and practices	108
Development of a coordinated and integrated system for suicide prevention to meeting the needs of Aboriginal and Torres Strait Islander populations	110
Early identification of risk cohorts and ensuring better access to culturally appropriate services – maternal and child health	112
Improve engagement and participation through provision of a broader range and availability of culturally appropriate health services	116
Increased cultural competency (through to proficiency) of mainstream services	117

Activity Demographics

Target Population Cohort *

CCD-P1.1 - Partner with peak bodies to support and promote existing initiatives to general practices and allied health professionals (eg Heart Foundation).

- General practice staff including general practitioners, practice nurses, practice managers and reception teams; allied health professionals and associated practice teams.

CCD-P1.2 - Provide support to general practice to support chronic disease management care plans in general practices.

- General practice staff including general practitioners, practice nurses, practice managers and reception teams.

CCD-P1.3 - Provide support to general practices to use their practice population health data to better understand and manage their patients' health.

- General practice staff including general practitioners, practice nurses, practice managers and reception teams.

CCD-P1.4 - Inform health professionals about the use of HealthPathways when referring patients.

- General practice staff including general practitioners, practice nurses, practice managers and reception teams; allied health professionals and associated practice teams; Hospital and Health Service professionals and administration teams.

Indigenous Specific *

No

Coverage *

Whole Region

Yes

Activity Consultation and Collaboration

Consultation *

Consultation has been undertaken with:

- existing local level alliances
- Hospital and Health Services
- general practice
- allied and primary health care providers
- ACCHOs
- Clinical and Community Advisory Councils
- local and state government
- data extraction software providers
- NGOs, carer groups, human and social services sector

Collaboration *

Ongoing collaboration occurs with the following:

- Local Hospital and Health Services
  - planning, integration, coordination between primary, secondary and tertiary care sectors
- Primary and allied health care providers
  - assessment, intervention and referral; planning and advisory
- Education and child and youth sector
  - identification and referral
- Local and state government
- Peak bodies and ACCHOs
  - planning, advisory, implementation and referral as appropriate

- Clinical and Community Councils
  - planning, advisory

Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details): Yes

Non-Procured Activities (Provide and Partner)

Is this activity being co-designed? *

Yes

Is this activity the result of a previous co-design process? *

Yes

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

Refer to consultation section of AWP.

Chronic Conditions: Management (Procured Activities). RURAL PRIMARY HEALTH SERVICES (RPHS)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

8

Activity Title *

Chronic Conditions (CCD-P1): Management (Procured Activities). RURAL PRIMARY HEALTH SERVICES (RPHS).

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Chronic conditions management, access (local priorities).

Aim of Activity *

Rural Primary Health Service (CCD-P1.5, CCD-P1.6, and CCD-P1.7)

- The aim of the RPHS activity is to improve health outcomes for vulnerable groups, e.g. people with social disadvantage, people living with disability, Aboriginal and Torres Strait Islander peoples, young people and homeless people.
- Improved quality of life for people with chronic conditions through increased access to allied health primary care in rural and remote areas of the PHN region.

Description of Activity *

Procure:
Rural Primary Health Service (CCD-P1.5, CCD-P1.6, and CCD-P1.7)

- The objective of the Rural Primary Health Service is to improve access to allied health and primary care services based on identified health needs – with a focus on people with, or at risk of, chronic disease and children who are developmentally vulnerable – in rural and remote communities.
- RPHS is the PHN's largest flexible funding program and is delivered across key areas in Central Queensland and Wide Bay. During 2019, Central Queensland, Wide Bay, Sunshine Coast PHN will be completing a review and evaluation of the RPHS program across the PHN with a view to co-designing new models of care within the program funding parameters.
- RPHS is a legacy program that could potentially deliver greater benefit to the vulnerable persons within our rural and remote communities through a consultative redesign project, culminating in the commissioning of new services throughout the region.

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Promote chronic disease prevention and management	92
Improve access to primary care services	92
Prevention of risk behaviours: chronic disease	108
Co-create locally-based solutions	111
Improve engagement and participation through provision of a broader range and availability of culturally appropriate health services	116

Activity Demographics

Target Population Cohort *

Rural Primary Health Service (CCD-P1.5, CCD-P1.6, and CCD-P1.7)

- The target group is people with, or at risk of, chronic disease, and children who are developmentally vulnerable in rural and remote communities.

Indigenous Specific *

No

Indigenous Specific Comments *

Chronic Conditions identification and management activities will continue to engage with Aboriginal and Torres Strait Islander community members through regional consultation activities and ongoing close relationships with regional ACHHOs, existing networks and Elders groups.

The PHN Chronic Conditions Management strategy, while not specifically targeted to Aboriginal and Torres Strait Islander peoples, maintains a commitment to prioritising the health needs of our diverse Indigenous communities across the Region.

Coverage *

Whole Region

Yes

Activity Consultation and Collaboration

Consultation *

Consultation has been undertaken with:

- existing local level alliances
- Hospital and Health Services
- general practice
- allied and primary health care providers
- ACCHOs
- early childhood education and care sector
- Clinical and Community Advisory Councils
- local and state government
- NGOs, carer groups, human and social services sector

Collaboration *

Ongoing collaboration occurs with the following:

- Local Hospital and Health Services
  - planning, integration, coordination between primary, secondary and tertiary care sectors
- Primary and allied health care providers
  - assessment, intervention and referral; planning and advisory
- Education and child and youth sector
  - identification and referral
- Local and state government
- Peak bodies and ACCHOs
  - planning, advisory, implementation and referral as appropriate
- Clinical and Community Councils
  - planning, advisory

Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: Yes

Expression of interest (EOI): No

Other approach (please provide details): Yes

2019 – Review of the RPHS program across the region. Activities to include:

- Project management plan developed and agreed.
- Engagement with key stakeholder groups, including but not limited to: current service providers, community members, current clients, potential clients and service providers, HHSs, CheckUP.
- Redevelopment, as required, of the program guidelines to be more relevant and effective in the access to allied health primary care services and the management of chronic conditions in rural and remote areas of the PHN region – with an emphasis on sustainability and workforce capability-building.
- Exploration of alternative service delivery models, including the appropriate use of other funding avenues, including MBS item billing to support business modelling.
- Procurement process to be undertaken and completed.
- Client transition period to new service provider/s to ensure continuity of services and supports.

2020-2021 – Delivery of RPHS service. Activities will include:

- Regular review, monitoring and evaluation of service provision levels, quality and client satisfaction.
- Consultation with key stakeholders to inform potential incremental changes to the program as required to maintain currency and relevance to the regional demographic and changing need.
- Consideration will be given to open tender or limited tender, pending the outcome of the RPHS Program Review, to be conducted in 2019.

Is this activity being co-designed? *

Yes

Is this activity the result of a previous co-design process? *

No

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

There may be decommissioning of services pending the outcome of the procurement process to be conducted in 2019 following the RPHS Program Review and evaluation process.

This Activity Work Plan will be updated to reflect any decommissioning processes and/or changes to services provider as an outcome of the RPHS Program Review and evaluation process.

Co-design or co-commissioning details *

Co-designed with the parties mentioned in the consultation section of the AWP.

Chronic Conditions: Management (Procured Activities)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

9

Activity Title *

Chronic Conditions (CCD-P1): Management (Procured Activities).

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Chronic conditions identification and management, access, health system literacy (local priorities).

Aim of Activity *

Pulmonary Rehabilitation Program (CCD-P1.9)

- The aim of the pulmonary rehabilitation program is to improve access to pulmonary rehabilitation services and to improve health outcomes for people with chronic respiratory conditions.

Service Administration for Kilkivan (CCD-P1.10)

- To support the continuation of primary care services in this regional community by supporting the service administration function. Without this administration coordination and support, the outreach health services for this community would close resulting in a regional community having no access to local primary health services.
- To improve access for wound patients in the Central Highlands area to a general practice service that will meet their clinical needs.

Access to Youth Wellbeing GP in Gympie (CCD-P1.11)

- Improve access to primary health care for vulnerable young people in Gympie.

Support establishment of Yoonthalla Services in Woorabinda in CQ (CCD-P1.17)

- Increase place-27based solutions of chronic conditions for Aboriginal and Torres Strait Islander people in the Woorabinda community.

Place-based program for Chronic Conditions (CCD-P1.18)

- Co-design place-based local programs designed to address chronic conditions for vulnerable people in the PHN.

Description of Activity *

Procure:

Pulmonary Rehabilitation Program (CCD-P1.9)

- The Fraser Coast Pulmonary Rehabilitation Programs objectives are to:
    1. Increase availability and access to pulmonary rehabilitation and pulmonary maintenance programs in the Fraser Coast area.
    2. Improve the capacity of individuals with chronic respiratory conditions to maintain or enhance their physical function and improve their ability to manage activities, daily life, social interactions and community participation.
    3. Reduce hospital presentations and/or readmissions for chronic respiratory conditions amongst participants in this program.

Service Administration for Kilkivan (CCD-P1.10)

- The Kilkivan service has been providing administrative support to assist the general practitioner, physiotherapist, counsellor, nurse practitioner and podiatrist of the Kilkivan Community Health Centre since 1 July 2014. This is a critical service to enable the community to have continued access to primary health services, not otherwise available to them. Service realignment for sustainability planning is currently underway to move this administration function to the general practice where the GP who provides the clinical service is currently employed.

Access to Youth Wellbeing GP in Gympie (CCD-P1.11)

- The PHN will procure a general practitioner to provide access to primary health care for youth in crises at in Gympie. The General Practitioner will meet the needs of Youth including access to general medical assessments, sexual health screening and education and mental health care plans. The Gympie area has been identified as being significantly disadvantaged compared to other areas within the Sunshine Coast in terms of young persons' access to general practitioners.

Support establishment of Yoonthalla Services in Woorabinda in CQ (CCD-P1.17)

- The PHN is continuing to support the Woorabinda community in their establishment of a Community Controlled Health Organisation. This will support the community to self manage chronic conditions, maximizing the local workforce.

Place-based program for Chronic Conditions (CCD-P1.18)

- The PHN is working with peak bodies and stakeholders to identify ways we can co-design place-based, local programs designed to address Chronic Conditions for vulnerable people in the PHN. This program seeks to enhance service provision for people in Woorabinda with Chronic Conditions, as well as other vulnerable groups in the PHN.

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Improve Aboriginal and Torres Strait Islander people's access to high quality, culturally appropriate health care, including primary care and care coordination services.	n/a
Promote chronic disease prevention and management	92
Improve access to primary care services	92
Ensure safe and quality care	97
Improve collaborations, support integrated care practices and create culturally competent workforce and practices	108
Co-create locally-based solutions	111
Improve engagement and participation through provision of a broader range and availability of culturally appropriate health services	116

Activity Demographics

Target Population Cohort *

Pulmonary Rehabilitation Program (CCD-P1.9)
- The target group is people in the Fraser Coast area with chronic respiratory conditions.

Service Administration for Kilkivan (CCD-P1.10)
- All residents in the Kilkivan area.

Access to Youth Wellbeing GP in Gympie (CCD-P1.11)
- All vulnerable residents in the Gympie area.

Support establishment of Yoonthalla Services in Woorabinda in CQ (CCD-P1.17)
- Aboriginal and Torres Strait Islander people living in the Woorabinda area.

Place-based program for Chronic Conditions (CCD-P1.18)
- People living with chronic conditions in Woorabinda and across the PHN.

Indigenous Specific *

No

Coverage *

Whole Region

Yes

Activity Consultation and Collaboration

Consultation *

Consultation has been undertaken with:
- existing local level alliances
- Hospital and Health Services
- general practice
- allied and primary health care providers
- ACCHOs
- Clinical and Community Advisory Councils
- local and state government
- NGOs
- CALD groups

Collaboration *

Ongoing collaboration occurs with the following:
- Local Hospital and Health Services
  - planning, integration, coordination between primary, secondary and tertiary care sectors
- Primary and allied health care providers
  - assessment, intervention and referral, planning and advisory
- Education and child and youth sector
  - identification and referral
- Local and state government
- Peak bodies and ACCHOs
  - planning, advisory, implementation and referral as appropriate
- Clinical and Community Councils
  - planning, advisory

Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: Yes

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: Yes

Pulmonary Rehabilitation Program (CCD-P1.9)

- Continuation of current service provision.

Service Administration for Kilkivan (CCD-P1.10)

- Continuation of current service provision.

Access to Youth Wellbeing GP in Gympie (CCD-P1.11)

- Continuation of current service provision.

Support establishment of Yoonthalla Services in Woorabinda in CQ (CCD-P1.17)

- Direct approach to a more suitable provider.

Place-based program for Chronic Conditions (CCD-P1.18)

- Direct approach to a more suitable provider.

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details): No

Is this activity being co-designed? *

No

Is this activity the result of a previous co-design process? *

Yes

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

Yes

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

Co-designed with parties mentioned in the consultation section of AWP.

Chronic Conditions: Prevention and Early Intervention (Non-Procured Activity)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

10

Activity Title *

Chronic Conditions (CCD-P2): Prevention and Early Intervention (Non-Procured Activity).

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Chronic conditions identification and management, access (local priorities).

Aim of Activity *

CCD-P2.10 - Support the My Health 4 Life Program to promote early detection and prevention of chronic disease.

- Improve adoption of disease prevention quality improvement initiatives and access to lifestyle improvement programs in general practice.

CCD-P2.2 - Evaluate the current Healthy Towns activity.

- Determine the efficacy and impact of community-led wellbeing investment.

CCD-P2.3 - Support and promote targeted primary health initiatives to improve workforce capacity and capability through the PHN area.

- Improve the capacity and capability of primary health care to deliver prevention initiatives.

CCD-P2.11 - Support Yoonthalla Services Woorabinda to co-design and develop a locally-based Aboriginal Community-Controlled Health Organisation.

- Support the foundation of an ACCHO in Woorabinda with best practice structures, processes and activities.

Description of Activity *

Partner & Provide:

CCD-P2.10 - Support the successful implementation of the My Health 4 Life to promote early detection and prevention of chronic disease.

- Engage with general practice to introduce and assist in the implementation of disease prevention activities within their practice, including referral to recognised providers of My Health 4 Life. Facilitate the recruitment of recognised providers through communication channels and networks.

CCD-P2.2 - Continue to partner with the University of the Sunshine Coast to evaluate Healthy Towns.

- Provide input to the evaluation work of a community-led health promotion commissioning model.

CCD-P2.3 - Support and promote targeted primary health initiatives to improve workforce capacity and capability through the PHN area.

- Liaison with relevant recognised or accredited organisations that provide workforce development as a key component of their disease prevention mandate. Facilitate the delivery of this workforce development with local arrangements, promotion, logistics and alignment with health needs and gaps in capacity and capability.

CCD-P2.11 - Support Yoonthalla Services Woorabinda to co-design and develop a locally-based Aboriginal Community-Controlled Health Organisation.

- The PHN is partnering with Central Queensland HHS, CheckUP, Yoonthalla Services Woorabinda, Red Cross, and wider community stakeholders to form the Woorabinda Health and Wellbeing Partnership which will support the community of Woorabinda in their journey towards community-controlled health. The aim is to achieve better treatment and management of chronic conditions for Aboriginal and Torres Strait Islander people, through better access to the required services and better care coordination and provision of supplementary services.

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Promote chronic disease prevention and management	92
Older persons health	94
Ensure safe and quality care	97
Quality Improvement	99
Prevention of risk behaviours: chronic disease	108
Development of a coordinated and integrated system for suicide prevention to meeting the needs of Aboriginal and Torres Strait Islander populations.	110

Activity Demographics

Target Population Cohort *

CCD-P2.10 - Work with general practice and allied health professionals to support the successful implementation of My Health 4 Life.

- General practice staff including general practitioners, practice nurses, practice managers and reception teams; allied health professionals and associated practice teams.

CCD-P2.2 - Continue to partner with the University of the Sunshine Coast to evaluate Healthy Towns.

- All of the Gympie and Sunshine Coast LGAs.

CCD-P2.3 - Partner with peak bodies to support and promote targeted initiatives for the PHN area (e.g. Stroke Foundation, Heart Foundation, Diabetes QLD and Queensland Aboriginal and Islander Health Council).

- All of the PHN population.

CCD-P2.11 - Support Yoonthalla Services Woorabinda to co-design and develop a locally-based Aboriginal Community-Controlled Health Organisation.

- The population of Woorabinda and the Aboriginal and Torres Strait Islander people from surrounding areas.

Indigenous Specific *

No

Coverage *

Whole Region

Yes

Activity Consultation and Collaboration

Consultation *

Consultation has been undertaken with:

- existing local level alliances
- Hospital and Health Services
- general practice
- allied and primary health care providers
- ACCHOs
- Clinical and Community Advisory Councils
- local and state government
- relevant NGOs

Collaboration *

Ongoing collaboration occurs with the following:

- Local Hospital and Health Services
    - planning, integration, coordination between primary, secondary and tertiary care sectors
- Primary and allied health care providers
    - assessment, intervention and referral; planning and advisory
- Education and child and youth sector
    - identification and referral
- Local and state government
- Peak bodies and ACCHOs
    - planning, advisory, implementation and referral as appropriate
- Clinical and Community Councils
    - planning, advisory

Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details): Yes

Non-procured activities, therefore not applicable.

Is this activity being co-designed? *

Yes

Is this activity the result of a previous co-design process? *

Yes

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

N/A

Chronic Conditions: Prevention and Early Intervention (Procured Activities)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

11

Activity Title *

Chronic Conditions (CCD-P2): Prevention and Early Intervention (Procured Activities).

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Chronic conditions prevention and early intervention (local priorities)

Aim of Activity *

CCD-P2.6 - The Healthy Towns project supports regional and rural community groups by supporting existing initiatives that increase the health and happiness of their communities.

Description of Activity *

CCD-P2.6 - The Healthy Towns project supports regional and rural community groups by supporting existing initiatives that increase the health and happiness of their communities.

This is a partnership project with the University of the Sunshine Coast, Griffith University, Noosa Shire Council, Sunshine Coast Council and the Gympie Regional Council.

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Promote chronic disease prevention and management	92
Improve access to primary care services	92
Older persons' health	94
Co-design integrated services	95
Co-design solutions to improve health literacy	96
Ensure continuation of clinician-led workforce that enables PHNs to make informed decisions	99
Prevention of risk behaviours: chronic disease	108
Prevention of risk behaviours: AoD	108
Co-create locally-based solutions	111
Early identification of risk cohorts and ensuring better access to culturally appropriate services – maternal and child health	112

Activity Demographics

Target Population Cohort *

CCD-P2.6 - The population of Sunshine Coast and Gympie.

Indigenous Specific *

No

Coverage *

Whole Region

Yes

Activity Consultation and Collaboration

Consultation *

Consultation has been undertaken with:

- existing local level alliances
- Hospital and Health Services
- general practice
- allied and primary health care providers
- ACCHOs
- Clinical and Community Advisory Councils
- local and State Government
- NGOs

Collaboration *

Ongoing collaboration occurs with the following:

- Local Hospital and Health Services
    - planning, integration, coordination between primary, secondary and tertiary care sectors
- Primary and allied health care providers
    - assessment, intervention and referral; planning and advisory
- Education and child and youth sector
    - identification and referral
- Local and state government

- Peak bodies and ACCHOs
    - planning, advisory, implementation and referral as appropriate
- Clinical and Community Councils
    - planning, advisory

Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: Yes

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details): No

Is this activity being co-designed? *

Yes

Is this activity the result of a previous co-design process? *

No

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

Co-designed with the parties listed in the consultation in the AWP.

Older Persons' Health: Reducing injuries due to falls

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

12

Activity Title *

Older Persons' Health (OPH-P1): Reducing injuries due to falls

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Aim of Activity *

The overall aim is to a) prevent an injury even if a fall has occurred, and b) prevent or reduce the incidence of falls.

Description of Activity *

OPH-P1: Preventing injuries due to falls.

- The PHN aims to work with target group/s to develop a model that supports patient activation and identification of risk factors for injuries from falls.
- From January - June 2020, the PHN will work with Subject Matter Experts (including Council Members) to co-design solutions that are locally appropriate.
- Procurement is anticipated to occur between July - August 2020.
- It is anticipated the service delivery will commence in September - October 2020.

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Older persons' health	94
Co-design integrated services	95

Activity Demographics

Target Population Cohort *

People aged over 65 years (or 55 years for Aboriginal and Torres Strait Islanders) who are at risk of injuries due to falls.

Indigenous Specific *

No

Coverage *

Whole Region

Yes

Activity Consultation and Collaboration

Consultation *

Consultation is continually undertaken with:

- After-hours service providers
- GPs
- Nurse Navigators and ACAT Assessors
- Pharmacy
- Hospital and Health Services
- Stakeholder groups
- HealthDirect
- Queensland Ambulance Service
- Experienced academics in the field
- Consumers
- Clinical Councils
- Community Councils
- Aboriginal and Torres Strait Islander representatives

Collaboration *

Ongoing collaboration occurs with the following:

- Local Hospital and Health Services
  - planning, integration, coordination between primary, secondary and tertiary care sectors
- Primary and allied health care providers
  - assessment, intervention and referral; planning and advisory
- Local and state government
- Peak bodies and ACCHOs
  - planning, advisory, implementation and referral as appropriate
- Clinical and Community Councils
  - planning, advisory

Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

Approximately August 2020

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: Yes

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details): No

Is this activity being co-designed? *

Yes

Is this activity the result of a previous co-design process? *

No

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

This activity is currently being co-designed with a Subject Matter Expert group, which includes the parties described in the Consultation of the AWP.

Older Persons' Health: Increase completion of Advanced Care Plans for people in RACFs

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

13

Activity Title *

Older Persons' Health (OPH-P4): Increase completion of Advanced Care Plans (ACPs) for people in residential aged care facilities (RACFs)

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Aim of Activity *

OPH-4.1: Undertake a rapid response aiming to increase number of residents with completed Advanced Health Directives (AHDs) in RACFs

OPH-4.2: Longer term, system change response such as building capacity or RACFs to undertake ACP (e.g. quality improvement activities, education and training, embedding procedures and systems etc).

Description of Activity *

Procure:

OPH-4.1: The rapid response to increase number of residents with completed AHDs in RACFs will seek to support RACFs, general practice staff and families. Working with key bodies in the sector, the PHN will focus on supporting rapid increase in AHD completion across the PHN.

OPH-4.2: Longer term, system change response such as building capacity or RACFs to undertake ACP will involve a strategy which is activated following the rapid response. The PHN will work with the sector, stakeholders and community to support sustainable improvement in AHD completions across the RACFs in the PHN.

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Older persons' health	94
Co-design integrated services	95
Co-create locally-based solutions	111

Activity Demographics

Target Population Cohort *

People aged 65 and over, or Aboriginal and Torres Strait Islander people aged 50 and over and live in a RACF.

Indigenous Specific *

No

Coverage *

Whole Region

Yes

Activity Consultation and Collaboration

Consultation *

Consultation has been undertaken with:

- Hospital and Health Services
- general practice
- RACFs
- Queensland Ambulance Service
- allied and primary health care providers
- ACCHOs
- Clinical and Community Advisory Councils
- local and state government
- NGOs, carer groups, human and social services sector
- Australian Digital Health Agency

Collaboration *

Ongoing collaboration occurs with the following:

- Local Hospital and Health Services
  - planning, integration, coordination between primary, secondary and tertiary care sectors
- Primary and allied health care providers
  - assessment, intervention and referral; planning and advisory
- Local and state government
- Peak bodies and ACCHOs
  - planning, advisory, implementation and referral as appropriate
- Clinical and Community Councils
  - planning, advisory
- The Australian Digital Health Agency
  - Integration, advisory, implementation as appropriate

Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2020

Activity End Date *

29 Jun 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: Yes

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details): No

Is this activity being co-designed? *

Yes

Is this activity the result of a previous co-design process? *

No

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

To be co-designed with parties listed in collaboration section of AWP.

General Practice Support: Health System Support and Integration.

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

GPS

Activity Number *

16

Activity Title *

(GPS) Health System Support and Integration.

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Workforce

Aim of Activity *

Within a tiered model of support, health system support and integration involve providing general practice staff with the skills, resources and tools to facilitate increased application of best practice guidelines in patient care; optimised efficiency and quality of services; adoption of technology to improve patient outcomes.

Outside of general practice, this activity supports initiatives which improve the linkage of services between general practice and tertiary care for an improved patient journey, such as e-referrals, post-discharge support programs, HealthPathways integration across the sector, and hospital avoidance initiatives.

Description of Activity *

General practice support

- Enhance professional working relationships and functional communication between PHN, practice personnel and local HHSs (GPS-P1.1);
- Promote and support the general practice workforce using a structured approach to improve the quality of care. This includes initiatives such as (GPS-P1.2):
    - Accreditation support
    - Chronic disease risk factor screening and early detection (such as My Health for Life program)
    - Immunisation support
    - My Health Record
    - Data quality and recall systems
    - Electronic referrals and HealthPathways
    - NDIS
- Offer motivated and high performing practices tailored quality improvement programs to target specific cohorts (such as COPD, CVD, diabetes) (GPS-P1.3);

- Initiate and coordinate specialised programs such as current pilot program screening for depression/anxiety and eating disorders (GPS-P1.23);
- Support the Sunshine Coast Hospital and Health Service (SCHHS) in the roll-out of GP Smart Referrals to improve patient access to timely specialist review (GPS-P1.7); and
- Facilitate peer-to-peer networking opportunities to assist in development of communities of practice (GPS-P1.8).

Integration Opportunities

- Support GP knowledge on best practice clinical care pathways (HealthPathways) and the integration with Clinical Prioritisation Criteria (CPC) to streamline patient access specialist care providers (GPS-P1.9);
- Designated General Practice Liaison Officer (GPLO) resource based within the PHN across the region to undertake peer-to-peer education with local GPs, jointly plan with HHS GPLO (where they exist), and provide clinical oversight to the HealthPathways program (AHC-P2.4)
- Partner with the HHSs and health sector to monitor and evaluate interactive platforms in emergency departments which provide information on after-hours service options locally (links to NHSD, Sunshine Coast initially) (AHC-P3.1);
- Promoting the uptake of NHSD self-authorship, improving and collating after-hours service information in each area of the PHN via Health System Support and Integration officers

*Note: HealthPathways and interactive platform initiatives are funded from after-hours program funding, but are directly related to general practice support, and are therefore referenced here.

Digital Health

- Provide support to assist the general practices across the PHN in the understanding and meaningful use of the digital health system in order to streamline the flow of relevant patient information across the health provider community (GPS-P1.11);
- Demonstrate information technology solutions that are evidence-based to improve the efficiency of general practice work (GPS-P1.12);
- Promote the uptake of telehealth and other innovative solutions, especially in rural and remote areas (GPS-P1.13).
- Purchase CatBI Tool and Database to enable PHN to support practices to understand their populations health (NEEDS CODE HERE-MOVED FROM CCD-P2.7)

Data and quality

- Provision of training, installation and meaningful use of data mining tools (PENCS) licenses to allow participating practices to better understand their patient cohort, offer targeted interventions and prepare for the introduction of the QI PIP (GPS-P1.15);
- Practice Quality Benchmark Reports to general practices as an accreditation support tool to improve patient data management and care (GPS-P1.16).

Building workforce capacity

Health system support and integration staff:

- Work in collaboration with specialist program leads from Queensland Health and the PHN (such as Integrated Referral Management Systems, mental health and suicide prevention and Rural Generalist training programs) to facilitate sustainable integration between primary and tertiary sectors (GPS-P1.18);
- Actively plan, logistically support and assist in the evaluation of all the workforce development and networking events hosted by the PHN (GPS-P1.17).

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Enhance workforce planning	93
Maternal and child health	94
Older persons' health	94
Ensure safe and quality care	97
Quality Improvement	99
Ensure continuation of clinician-led workforce that enables PHNs to make informed decisions	99
Clinical risk management to ensure that service providers have the capacity to meet legislative requirements and national and jurisdictional standards when designing best practice for their service	99

Activity Demographics

Target Population Cohort *

If relevant, describe the cohort that this activity will target.
General practice and primary health care community.

Indigenous Specific *

No

Coverage *

Whole Region

Yes

Activity Consultation and Collaboration

Consultation *

Consultation has been undertaken with:

- existing local level alliances
- Hospital and Health Services
- general practice
- allied and primary health care providers
- ACCHOs
- early childhood education and care sector
- Clinical and Community Advisory Councils
- local and state government
- NGOs and carer groups

Collaboration *

Ongoing collaboration occurs with the following:

- Local Hospital and Health Services
  - planning, integration, coordination between primary, secondary and tertiary care sectors
- General practice
  - planning, advisory, implementation
- Primary care, aged care, allied health and specialist service providers
  - planning, advisory, implementation
- Education and professional development providers
- Peak bodies
- ACCHOs
  - planning, advisory, implementation
- Existing professional, network groups, including consumer and carer groups
- Clinical and Community Councils
  - planning, advisory

Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: Yes

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details) : Yes

Health System Improvement Officers provide the expertise to provide the support, coaching and face-to-face practice consultation to embed the structures, processes and activities into general practice leadership and operations.

Is this activity being co-designed? *

Yes

Is this activity the result of a previous co-design process? *

No

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

Co-designed with the parties listed in the consultation section of the AWP.

Population Health Planning: Health System Improvement

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

17

Activity Title *

PHP: Health System Improvement.

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Aim of Activity *

Health System Improvement – Population Health Planning aims to support core PHN functions by:

- delivering LGA profiles and publishing these on the PHN website for communities to access and use;
- providing data analysis and reports for the 6- and 12-month reporting to the Department;
- ensuring the PHN is able to identify and respond to emerging health needs that aren't provided within specific program areas;
- reviewing commissioned programs and activities to align with best practice commissioning and co-design methods;
- monitoring the outcomes of activities and optimising health outcomes in line with available evidence.

Description of Activity *

As part of the PHN's health commissioning, population health planning is a significant and interwoven part of our programs and activities. In addition to the population health planning mentioned throughout each activity in this plan, the PHN also delivers additional population health planning functions, which include:

- Horizon scanning of national and international health commissioning best practice (PHP-P1.1),
- Compile Regional Health Needs Assessment (HNA) and related LGA Profile reports that are co-designed with the Community Advisory Councils and Clinical Councils and produced for the PHN communities to use (PHP-P1.2),
- Analysis of information for the purpose of 6- and 12-month performance reports (PHP-P1.3),
- Expertise on epidemiology of emerging health needs and options (PHP-P1.4).

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Ensure safe and quality care	97
Quality Improvement	99
Ensure continuation of clinician-led workforce that enables PHNs to make informed decisions	99
Clinical risk management to ensure that service providers have the capacity to meet legislative requirements and national and jurisdictional standards when designing best practice for their service	99

Activity Demographics

Target Population Cohort *

N/A

Indigenous Specific *

No

Indigenous Specific Comments *

The PHN engages with Aboriginal and Torres Strait Islander community members through regional consultation activities to ensure ongoing close relationships with regional ACHHOs, existing networks and Elders groups.

The PHN Health System Improvement strategy, while not exclusively targeted to Aboriginal and Torres Strait Islander peoples, maintains a commitment to prioritising the health needs of our diverse Indigenous communities across the Region.

Coverage *

Whole Region

Yes

Activity Consultation and Collaboration

Consultation *

Consultation has been undertaken with:

- existing local level alliances
- Hospital and Health Services
- general practice
- allied and primary health care providers
- ACCHOs
- early childhood education and care sector
- Clinical and Community Advisory Councils
- local and state government
- NGOs, carer groups, human and social services sector

Collaboration *

Ongoing collaboration occurs with the following:

- Local Hospital and Health Services
    - planning, integration, coordination between primary, secondary and tertiary care sectors
- General practice
    - planning, advisory, implementation
- Primary care, aged care, allied health and specialist service providers
    - planning, advisory, implementation
- Education and professional development providers
- Peak bodies
- ACCHOs
    - planning, advisory, implementation
- Existing professional, network groups, including consumer and carer groups
- Clinical and Community Councils
    - planning, advisory

Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: Yes

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details): Yes

Internal resourcing of governance, and the associated structures and meetings, with project management and program lead expertise.

Is this activity being co-designed? *

No

Is this activity the result of a previous co-design process? *

No

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

N/A

System Integration: Health System Improvement

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

18

Activity Title *

SIN: Health System Improvement.

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Aim of Activity *

The PHN takes careful pride in our approach to System Integration. The aim of this activity is to connect with our communities and stakeholders to enhance system integration across our PHN region, and beyond.

Description of Activity *

Partner:

Central Queensland, Wide Bay, Sunshine Coast participates in and leads various stakeholder engagement and networks which aim to improve system integration, including:

- Facilitating PHN Board and Hospital and Health Service (HHS) Board meetings, aiming to identify common goals and opportunities to work smarter together in our various jurisdictions (SIN-P1.1);
- Working with the HHSs to develop a joint Integrated Care Strategy with commitment from both organisations' senior executive (SIN-P1.5);
- Partnering with providers to identify and deliver support to complex-needs clients (e.g. frequent hospital presenters via integrated care alliance working group) (AHC-P2.1);
- Coordinating and/or participating in various aged care and RACF stakeholder collaborative groups (e.g. Gympie Collaborative Network Aged Care Subgroup, Fraser Coast RACF Networking Group and the Capricorn Coast Aged Care Committee) to discuss local issues and inform local level service commissioning.
- Partnering with the ADHA in the expansion of the My Health Record project to deliver awareness, education, readiness and support to priority community groups and allied health providers to enable uptake and usage. The PHN has contributed additional funding to ensure successful implementation of the My Health Record project.

*Note: The expansion of the My Health Record Project is funded from ADHA funding, but has impact on Health System Improvement and is therefore referenced here.

Provide:

- Convening and hosting the Sunshine Coast Integrated Care Alliance (SIN-P1.4).

- Facilitating Health Leaders' Strategic Forums to promote participation in problem solving around health needs across a broad range of health professionals (e.g. Think Tank/Collective Impact) (SIN-P1.6).

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Improve access to primary care services	92
Co-design integrated services	95
Integration and coordination of care	107
Co-create locally-based solutions	111

Activity Demographics

Target Population Cohort *

N/A

Indigenous Specific *

No

Indigenous Specific Comments *

The PHN Health System Integration strategy, while not exclusively targeted to Aboriginal and Torres Strait Islander peoples, maintains a commitment to prioritising the health needs of our diverse Indigenous communities across the Region.

Coverage *

Whole Region

Yes

Activity Consultation and Collaboration

Consultation *

Consultation has been undertaken with:

- existing local level alliances
- Hospital and Health Services
- general practice
- allied and primary health care providers
- ACCHOs
- early childhood education and care sector
- Clinical and Community Advisory Councils
- local and state government
- NGOs, carer groups, human and social services sector

Collaboration *

Ongoing collaboration occurs with the following:

- Local Hospital and Health Services
  - planning, integration, coordination between primary, secondary and tertiary care sectors

- General practice
    - planning, advisory, implementation
- Primary care, aged care, allied health and specialist service providers
    - planning, advisory, implementation
- Education and professional development providers
- Peak bodies
- ACCHOs
    - planning, advisory, implementation
- Existing professional, network groups, including consumer and carer groups
- Clinical and Community Councils
    - planning, advisory

Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details) : Yes

Non procured activity, therefore not applicable.

Is this activity being co-designed? *

No

Is this activity the result of a previous co-design process? *

No

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

N/A

Bundaberg Community Diabetes Service

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CHHP

Activity Number *

21

Activity Title *

Bundaberg Community Diabetes Service (CDS-P1)

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Population Health

Aim of Activity *

It is expected patients accessing the community diabetes services will show significant falls in HbA1c levels, higher attendance and better compliance with management plans. Consistent with previously developed models, a reduction in potentially preventable hospitalisations and emergency department presentations for diabetes-related complications is also expected. Costs per occasion of service are projected to be less than specialist outpatient services.

Description of Activity *

The Bundaberg Community Diabetes Service is an innovative model of complex diabetes care, delivered by advanced-skill general practitioners in a general practice setting, supported by an endocrinologist and multidisciplinary care team.

Patients with complex and/or poorly managed diabetes, who would otherwise be referred to a specialist, are instead referred to the Community Diabetes Service. Patients initially undergo a comprehensive screening assessment by a diabetes educator/care coordinator. This includes a review of medications, diabetic history, retinal photographs, foot assessment, depression screening and appropriate blood and urine testing.

They are then booked for the next 'diabetes clinic', which is a four-hour session involving the endocrinologist, advanced-skill GP and diabetes educator. A management plan addressing glycaemic control, blood pressure, lipids, lifestyle, diabetes complication management and patient priorities is developed by the GP in consultation with the endocrinologist. Appointments are also made with relevant allied health services.

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Promote chronic disease prevention and management	92
Improve access to primary care services	92
Co-design integrated services	95
Create locally-based solutions to improve integration	95
Prevention of risk behaviours: chronic disease	108
Co-create locally-based solutions	111

Activity Demographics

Target Population Cohort *

Rates of diabetes are generally higher among the elderly, Indigenous Australians and people living in rural and remote and socioeconomically disadvantaged areas. With an ageing population, a high number of Indigenous Australians and significant socioeconomic disadvantage, Bundaberg has all of the indicators for a greater-than-average number of people with diabetes. In Bundaberg, 6.7 percent of residents, or 7,255 people, are registered with the National Diabetes Support Scheme. This is considerably higher than for Queensland, with only 4.8 percent of the state's population registered.

The Bundaberg Local Government Area is classified as RA2 (Inner Regional Australia). Approximately 23 percent of residents are aged 65 years and over, which is considerably higher than for Queensland (15 percent). Four percent of the population are Aboriginal and/or Torres Strait Islander and 49.5 percent of the population are in the most disadvantaged quintile.

Indigenous Specific *

No

Coverage *

Whole Region

No

Activity Consultation and Collaboration

Consultation *

- Wide Bay Hospital and Health Service
- Private specialists
- General practices
- Allied and primary health care providers
- ACCHOs
- Wide Bay Clinical Advisory Council

Collaboration *

- Wide Bay Hospital and Health Service
  - Planning, integration, coordination between primary, secondary and tertiary care sectors
- Private specialists
  - Planning, integration, coordination between primary, secondary and tertiary care sectors
- General practices
  - Planning, integration, coordination between primary, secondary and tertiary care sectors
- Allied and primary health care providers
  - Planning, integration, coordination between primary, secondary and tertiary care sectors
- ACCHOs,
  - Planning and advisory

- Wide Bay Clinical Advisory Council

Activity Milestone Details/Duration

Activity Start Date *

31 Dec 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

October 2020

Service Delivery End Date

June 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): Yes

Other approach (please provide details): Yes

An industry briefing, and co-design workshop will be followed by and EOI.

Is this activity being co-designed? *

No

Is this activity the result of a previous co-design process? *

No

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

Co-designed with the stakeholders mentioned in the consultation section of the AWP.

COVID RACF Immunisation

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

RACF

Activity Number *

COV-P1

Activity Title *

COVID RACF Immunisation (COV-P1)

Existing, Modified or New Activity *

New Activity

Coverage *

Whole Region

Yes

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details): No

Workforce Infection Control and Surge Capacity

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

COVID

Activity Number *

COV-P2

Activity Title *

Workforce Infection Control and Surge Capacity (COV-P2)

Existing, Modified or New Activity *

New Activity

Coverage *

Whole Region

Yes

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details): No

GP Led Respiratory Clinics

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

COVID

Activity Number *

COV-P3

Activity Title *

GP Led Respiratory Clinics (COV-P3)

Existing, Modified or New Activity *

New Activity

Coverage *

Whole Region

Yes

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details): No

Gladstone Workforce Project

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

GWP-P1

Activity Title *

Gladstone Workforce Project (GWP-P1)

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Workforce

Aim of Activity *

The aim of this activity is to work with the Gladstone community to co-design and implement a Gladstone Medical Workforce plan.

Description of Activity *

The activity will produce a co-designed Gladstone Medical Workforce plan.

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Enhance workforce capacity to meet the needs of vulnerable population groups	93
Enhance workforce planning	93
Create locally-based solutions to improve integration	95
Capacity building	104
Workforce development	105
Workforce development	107
Co-create locally-based solutions	111

Activity Demographics

Target Population Cohort *

Specific focus on the medical workforce.

Indigenous Specific *

No

Coverage *

Whole Region

No

Activity Consultation and Collaboration

Consultation *

Extensive consultation has been completed with the Gladstone 'Here for Health' working group which includes stakeholders of the primary care sector (GPs), ACCHO, industry, and Hospital and Health Service.

Collaboration *

This project will be a partnership with the 'Here for Health' group.

Activity Milestone Details/Duration

Activity Start Date *

30 Aug 2020

Activity End Date *

29 Jun 2021

Service Delivery Start Date

N/A

Service Delivery End Date

N/A

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details) : Yes

N/A

Is this activity being co-designed? *

Yes

Is this activity the result of a previous co-design process? *

Yes

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

N/A

Older Persons' Health (OPH-P3): Enhance clinical handover from hospital to aged care and community

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

13

Activity Title *

Older Persons' Health (OPH-P3): Enhance clinical handover from hospital to aged care and community

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Aim of Activity *

Improve the quality of clinical handover to support a reduction in potentially preventable hospitalisations and re-presentation for same cause within 28 days.

Description of Activity *

Partner:

- Support the HHSs across Central Queensland, Wide Bay and Sunshine Coast to support the roll out of the 'same day discharge summary' initiative (OPH-P3.1).
- Look to partner with receptive local private hospitals to review and improve discharge summary procedures.

Provide:

- Provide support to GPs on the use of the HHS Health Provider Portal (The Viewer) (OPH-P3.4).
- Provide support to motivated RACFs to adopt secure direct messaging for communication with general practice and transfer of care to public and private hospitals.

Procure:

- Work with motivated residential aged care facilities across the PHN region to improve handover communication and improve resident outcomes (OPH-P3.1).

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Older persons' health	94
Co-design integrated services	95
Co-create locally-based solutions	111

Activity Demographics

Target Population Cohort *

People aged 65 and over, or Aboriginal and Torres Strait Islander people aged 50 and over.

Indigenous Specific *

No

Coverage *

Whole Region

Yes

Activity Consultation and Collaboration

Consultation *

Consultation has been undertaken with:

- Hospital and Health Services
- general practice
- RACFs
- Queensland Ambulance Service
- allied and primary health care providers
- ACCHOs
- Clinical and Community Advisory Councils
- local and state government
- NGOs, carer groups, human and social services sector
- Australian Digital Health Agency

Collaboration *

Ongoing collaboration occurs with the following:

- Local Hospital and Health Services
  - planning, integration, coordination between primary, secondary and tertiary care sectors
- Primary and allied health care providers
  - assessment, intervention and referral; planning and advisory
- Local and state government
- Peak bodies and ACCHOs
  - planning, advisory, implementation and referral as appropriate
- Clinical and Community Councils
  - planning, advisory
- The Australian Digital Health Agency
  - Integration, advisory, implementation as appropriate

Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2021

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: Yes

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details): No

Is this activity being co-designed? *

Yes

Is this activity the result of a previous co-design process? *

No

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

Co-designed with parties listed in collaboration section of AWP.

Chronic Conditions Prevention and Management (Non-Procured)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

4

Activity Title *

Chronic Conditions Prevention and Management (Non-Procured) CCD-P2

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Workforce

Aim of Activity *

CCD-P2.10 - Support the My Health 4 Life Program to promote early detection and prevention of chronic disease.

- Improve adoption of disease prevention quality improvement initiatives and access to lifestyle improvement programs in general practice.

CCD-P2.2 - Evaluate the current Healthy Towns activity.

- Determine the efficacy and impact of community-led wellbeing investment.

CCD-P2.3 - Support and promote targeted primary health initiatives to improve workforce capacity and capability across the PHN area.

- Improve the capacity and capability of primary health care to deliver prevention initiatives.

CCD-P2.11 - Support Yoonthalla Services Woorabinda to co-design and develop a locally-based Aboriginal Community Controlled Health Organisation.

- Support the foundation of an ACCHO in Woorabinda with best practice structures, processes and activities.

Description of Activity *

<u>Partner & Provide:</u>

CCD-P2.10 - Support the successful implementation of the My Health 4 Life Program to promote early detection and prevention of chronic disease.

- Engage with general practice to introduce and assist in the implementation of disease prevention activities within their practice, including referral to recognised providers of My Health 4 Life. Facilitate the recruitment of recognised providers through communication channels and networks.

CCD-P2.2 - Continue to partner with the University of the Sunshine Coast to evaluate Healthy Towns.

- Provide input to the evaluation work of a community-led health promotion commissioning model.

CCD-P2.3 - Support and promote targeted primary health initiatives to improve workforce capacity and capability across the PHN area.

- Liaison with relevant recognised or accredited organisations that provide workforce development as a key component of their disease prevention mandate. Facilitate the delivery of this workforce development with local arrangements, promotion, logistics and alignment with health needs and gaps in capacity and capability.

CCD-P2.11 - Support Yoonthalla Services Woorabinda to co-design and develop a locally-based Aboriginal Community Controlled Health Organisation.

- The PHN is partnering with Central Queensland HHS, CheckUP, Yoonthalla Services Woorabinda, Red Cross, and wider community stakeholders to form the Woorabinda Health and Wellbeing Partnership which will support the community of Woorabinda in their journey towards community-controlled health. The aim is to achieve better treatment and management of chronic conditions for Aboriginal and Torres Strait Islander people, through better access to the required services and better care coordination and provision of supplementary services.

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Promote chronic disease prevention and management	92
Older persons' health	94
Ensure safe and quality care	97
Quality Improvement	99
Prevention of risk behaviours: chronic disease	108
Development of a coordinated and integrated system for suicide prevention to meet the needs of Aboriginal and Torres Strait Islander populations.	110

Activity Demographics

Target Population Cohort *

CCD-P2.10 - Work with general practice and allied health professionals to support the successful implementation of My Health 4 Life.

- General practice staff including general practitioners, practice nurses, practice managers and reception teams; allied health professionals and associated practice teams.

CCD-P2.2 - Continue to partner with the University of the Sunshine Coast to evaluate Healthy Towns.

- All of the Gympie and Sunshine Coast LGAs.

CCD-P2.3 - Partner with peak bodies to support and promote targeted initiatives for the PHN area (e.g. Stroke Foundation, Heart Foundation, Diabetes Qld and Queensland Aboriginal and Islander Health Council).

- All of the PHN population.

CCD-P2.11 - Support Yoonthalla Services Woorabinda to co-design and develop a locally-based Aboriginal Community Controlled Health Organisation.

- The population of Woorabinda and the Aboriginal and Torres Strait Islander people from surrounding areas.

Indigenous Specific *

No

Coverage *

Whole Region

Yes

Activity Consultation and Collaboration

Consultation *

Consultation has been undertaken with:

- existing local level alliances
- Hospital and Health Services
- general practice
- allied and primary health care providers
- ACCHOs
- Clinical and Community Advisory Councils
- local and state government
- relevant NGOs

Collaboration *

Ongoing collaboration occurs with the following:

- Local Hospital and Health Services
    - planning, integration, coordination between primary, secondary and tertiary care sectors
- Primary and allied health care providers
    - assessment, intervention and referral; planning and advisory
- Education and child and youth sector
    - identification and referral
- Local and state government
- Peak bodies and ACCHOs
    - planning, advisory, implementation and referral as appropriate
- Clinical and Community Councils
    - planning, advisory

Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details) : Yes

Non procured activities, therefore not applicable.

Is this activity being co-designed? *

Yes

Is this activity the result of a previous co-design process? *

Yes

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

N/A

Chronic Conditions Management (Non Procured)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

3

Activity Title *

Chronic Conditions Management (Non Procured) CCD-P1

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Workforce

Aim of Activity *

CCD-P1.1 - Partner with peak bodies to support and promote existing initiatives to general practices and allied health professionals (e.g. Heart Foundation).

- Improve the knowledge and skills of general practice and allied health professionals in relation to activities and initiatives of peak bodies by promoting and encouraging involvement

CCD-P1.2 - Provide support to general practice to encourage best practice management of chronic disease.

- Improve the number and quality of chronic disease management care plans in general practice.

CCD-P1.3 Provide support to general practices to use their practice population health data to better understand and manage their patients' health.

- Improve and increase the use of practice population health data in general practice to support improved health outcomes.

CCD-P1.4 Inform health professionals about the use of HealthPathways when referring appropriate patients.

- Increase the number of health professionals regularly utilising HealthPathways when referring patients.

Description of Activity *

Partner:

CCD-P1.1 - Partner with peak bodies to support and promote existing initiatives to general practices and allied health professionals (e.g. Heart Foundation).

- Using existing strong relationships with peak bodies, such as the Heart Foundation, Stroke Foundation, Diabetes Queensland, Asthma Foundation and others, we will promote existing initiatives to general practice and allied health professionals. Such activities would include workforce development meetings, promotion of events, special days and weeks (e.g. World COPD Awareness Day, National Diabetes Week), supply of information and promotional materials

including patient health literacy resources, redirection to websites and internet pages of interest from e-newsletters etc.

Provide:

CCD-P1.2 - Provide support to general practice to encourage best practice management of chronic disease.

- Through the General Practice Support Team, we provide support to general practices within a tiered model in order to implement best practice management of chronic disease – which may include, but is not limited to, chronic disease management care plans (CDMPs), recall/reminder systems and quality improvement processes that encourage their user, risk stratification and data cleansing.

CCD-P1.3 - Provide support to general practices to use their practice population health data to better understand and manage their patients' health.

- Supporting general practice to identify and analyse their practice population health data to better understand and manage their patients' health, with particular emphasis on data cleanliness, benchmarking, quality improvement initiatives, MBS billing activity, cycles-of-care and recall and reminder systems.

CCD-P1.4 - Inform health professionals about the use of HealthPathways when referring appropriate patients.

- Promote the HealthPathways referral program, supporting best practice information to health professionals, actively seeking and providing feedback on the referral processes and educating health professionals on the meaningful use of the pathways.

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Promote chronic disease prevention and management	92
Maternal and child health	94
Improve access to appropriate and quality maternity care by facilitating coordination and continuity of maternity and child care	97
Quality Improvement	99
Ensure continuation of clinician-led workforce that enables PHNs to make informed decisions	99
Improve collaborations, support integrated care practices and create culturally competent workforce and practices	108
Development of a coordinated and integrated system for suicide prevention to meeting the needs of Aboriginal and Torres Strait Islander populations.	110
Early identification of risk cohorts and ensuring better access to culturally appropriate services – maternal and child health	112
Improve engagement and participation through provision of a broader range and availability of culturally appropriate health services	116
Increased cultural competency (through to proficiency) of mainstream services	117

Activity Demographics

Target Population Cohort *

CCD-P1.1 - Partner with peak bodies to support and promote existing initiatives to general practices and allied health professionals (e.g. Heart Foundation).

- General practice staff including general practitioners, practice nurses, practice managers and reception teams; allied health professionals and associated practice teams.

CCD-P1.2 - Provide support to general practice to support chronic disease management care plans in general practices.

- General practice staff including general practitioners, practice nurses, practice managers and reception teams.

CCD-P1.3 - Provide support to general practices to use their practice population health data to better understand and manage their patients' health.

- General practice staff including general practitioners, practice nurses, practice managers and reception teams.

CCD-P1.4 - Inform health professionals about the use of HealthPathways when referring patients.

- General practice staff including general practitioners, practice nurses, practice managers and reception teams; allied health professionals and associated practice teams; Hospital and Health Service professionals and administration teams.

Indigenous Specific *

No

Coverage *

Whole Region

Yes

Activity Consultation and Collaboration

Consultation *

Consultation has been undertaken with:

- existing local level alliances
- Hospital and Health Services
- general practice
- allied and primary health care providers
- ACCHOs
- Clinical and Community Advisory Councils
- local and state government
- data extraction software providers
- NGOs, carer groups, human and social services sector

Collaboration *

Ongoing collaboration occurs with the following:

- Local Hospital and Health Services
  - planning, integration, coordination between primary, secondary and tertiary care sectors
- Primary and allied health care providers
  - assessment, intervention and referral; planning and advisory
- Education and child and youth sector
  - identification and referral
- Local and state government
- Peak bodies and ACCHOs
  - planning, advisory, implementation and referral as appropriate
- Clinical and Community Councils
  - planning, advisory

Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details): Yes

Non-Procured Activities (Provide and Partner)

Is this activity being co-designed? *

Yes

Is this activity the result of a previous co-design process? *

Yes

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

Refer to consultation section of AWP.

Maternal, Child and Reproductive Health: Optimise health during pregnancy.

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

1

Activity Title *

Maternal, Child and Reproductive Health (MCH-P1): Optimise health during pregnancy.

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Aim of Activity *

Support and promote optimal health during a woman's pregnancy to increase better long-term health outcomes for children.

Description of Activity *

MCH-P1.3 - Procure Little Beginnings on the Sunshine Coast.

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Maternal and Child Health	94

Activity Demographics

Target Population Cohort *

Pregnant women and women of childbearing age.

Indigenous Specific *

No

Coverage *

Whole Region

No

Activity Consultation and Collaboration

Consultation *

Consultation has been undertaken with:

- Hospital and Health Services
- General practice
- Primary and allied health providers
- Clinical and Community Advisory Councils

Collaboration *

Ongoing collaboration occurs with the following:

- Local Hospital and Health Services – planning, integration and coordination between primary, secondary and tertiary care sectors.
- General practice, primary and allied health providers – planning, advisory, implementation as appropriate.
- Clinical and Community Advisory Councils – planning and advisory.

Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: Yes

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details): No

Is this activity being co-designed? *

No

Is this activity the result of a previous co-design process? *

Yes

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

Co-designed with parties mentioned in the consultation section of AWP.

Maternal, Child and Reproductive Health: Improve access to maternity care

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

2

Activity Title *

Maternal, Child and Reproductive Health (MCH-P2): Improve access to maternity care

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Aim of Activity *

Improve access to appropriate and quality maternity care and facilitate coordination and continuity of maternity and child health care.

Description of Activity *

MCH-P2.3 - Procure Foundations for Life Program in Bundaberg.

MCH-P2.4 - Procure Mums and Bubs Program in Fraser Coast.

MCH-P2.5 - Continue antenatal shared care program in Wide Bay by developing and implementing program guidelines and GP accreditation program.

MCH-P2.6 - Establish model to improve health outcomes for Maternal, Child and Reproductive Health.

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Maternal and child health	94

Activity Demographics

Target Population Cohort *

Pregnant women and infants.

Indigenous Specific *

Yes

Indigenous Specific Comments *

MCH-P2.4 is specifically for Aboriginal and Torres Strait Islander women.

Whilst not specifically targeting Aboriginal and Torres Strait Islander people, MCH-P2.5 and MCH-P2.3 will benefit Indigenous people.

Coverage *

Whole Region

Yes

Activity Consultation and Collaboration

Consultation *

Consultation has been undertaken with:

- Hospital and Health Services
- General practice
- Primary and allied health providers
- Clinical and Community Advisory Councils

Collaboration *

Ongoing collaboration occurs with the following:

- Local Hospital and Health Services – planning, integration and coordination between primary, secondary and tertiary care sectors
- General practice, primary and allied health providers – planning, advisory, implementation as appropriate
- Clinical and Community Advisory Councils – planning and advisory.

Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: Yes

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details): No

Is this activity being co-designed? *

No

Is this activity the result of a previous co-design process? *

Yes

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

Co-designed with parties mentioned in the Consultation section of AWP.

Maternal, Child and Reproductive Health: Screening, assessment and therapy for children

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

5

Activity Title *

Maternal, Child and Reproductive Health (MCH-P5): Screening, assessment and therapy for children.

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Aim of Activity *

Improve access to timely screening, assessment and evidence-based services and programs for children under 5 years.

Description of Activity *

MCH-P5.3 – Procure Paediatric Early Intervention Program in Gympie, Fraser Coast and expand program to North Burnett and Discovery Coast (Year 1) and Central Queensland (Year 2). Expanded to include Healthy Play in the Gympie region.

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Maternal and Child Health	94

Activity Demographics

Target Population Cohort *

Children up to 5 years of age

Indigenous Specific *

No

Indigenous Specific Comments *

Whilst not specifically targeting Aboriginal and Torres Strait Islander children, this activity will benefit Indigenous communities across the PHN region.

Coverage *

Whole Region

No

Activity Consultation and Collaboration

Consultation *

Consultation has been undertaken with:

- Hospital and Health Services
- General practice
- Primary and allied health providers
- Clinical and Community Advisory Councils
- Education sector

Collaboration *

Ongoing collaboration occurs with the following:

- Children's Health Queensland Hospital and Health Service
  - planning, integration and coordination between primary, secondary and tertiary care sectors
- General practice, primary and allied health providers and education sector
  - planning, advisory, implementation as appropriate
- Clinical and Community Advisory Councils
  - planning and advisory

Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: Yes

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details): No

Is this activity being co-designed? *

No

Is this activity the result of a previous co-design process? *

No

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

This activity was co-designed with the parties listed in the collaboration section of the AWP.

Maternal, Child and Reproductive Health: Youth access to sexual health

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

8

Activity Title *

Maternal, Child and Reproductive Health (MCH-P8): Youth access to sexual health

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Aim of Activity *

Support youth engagement and access to sexual health and contraception services.

Description of Activity *

MCH-P8.2 - Procure sexual health youth worker in Gympie.

MCH-P8.3 - Procure school based relationship and sexual health education across the PHN region.

MCH-P8.4 - Procure preventative women's health GP in Gympie.

MCH-P8.7 - Support youth engagement and access to women's sexual health and contraception services.

Needs Assessment Priorities *

CQWBSCPHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Maternal and child health	94
Develop strategies to address rising STI incidence within specific regions within the PHN	96

Activity Demographics

Target Population Cohort *

Youth aged 15 to 24 years.

Indigenous Specific *

No

Indigenous Specific Comments *

Whilst not specifically targeting Aboriginal and Torres Strait Islander youth, this activity will benefit Indigenous communities across the PHN region.

Coverage *

Whole Region

No

Activity Consultation and Collaboration

Consultation *

Consultation has been undertaken with:

- Hospital and Health Services
- General practice
- Primary and allied health providers
- Clinical and Community Advisory Councils
- Education sector

Collaboration *

Ongoing collaboration occurs with the following:

- Local Hospital and Health Services
  - planning, integration and coordination between primary, secondary and tertiary care sectors
- General practice, primary and allied health providers and education sector
  - planning, advisory, implementation as appropriate
- Clinical and Community Advisory Councils
  - planning and advisory

Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: Yes

Continuing service provider / contract extension: Yes

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender: No

Expression of interest (EOI): No

Other approach (please provide details): No

Is this activity being co-designed? *

No

Is this activity the result of a previous co-design process? *

Yes

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

Yes

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

Co-designed with the parties mentioned in the Consultation section of AWP.