



Australian Government

Department of Health

phn

An Australian Government Initiative

Activity Work Plan 2019-2022:

Core Funding

GP Support Funding

This Core Activity Work Plan template has the following parts:

1. The Core Activity Work Plan for the financial years 2019-20, 2020-2021 and 2021-2022. Please complete the table of planned activities funded under the following:
 - a) Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – Operational and Flexible
 - b) Primary Health Networks General Practice Support, Item B.3 – General Practice Support.
2. The Indicative Budget for the financial years 2019-20, 2020-21 and 2021-22. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
 - c) Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – Operational and Flexible
 - d) Primary Health Networks General Practice Support, Item B.3 – General Practice Support.

Central and Eastern Sydney PHN

When submitting this Activity Work Plan to the Department of Health, the PHN must ensure that all internal clearances have been obtained and the Activity Work Plan has been endorsed by the CEO.

Overview

This Core Activity Work Plan covers the period from 1 July 2019 to 30 June 2022. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 36 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

Important documents to guide planning

The following documents will assist in the preparation of your Activity Work Plan:

- Activity Work Plan guidance material;
- PHN Needs Assessment Guide;
- PHN Program Performance and Quality Framework;
- Primary Health Networks Grant Programme Guidelines;
- Clause 3, Financial Provisions of the Standard Funding Agreement.

Formatting requirements

- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables, or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

Strategic Vision for PHN

http://www.cesphn.org.au/images/Central_and_Eastern_Sydney_PHN_Strategic_Plan-2019-2021.pdf

EXECUTIVE SUMMARY

This activity plan has been developed using information from our comprehensive needs assessment submitted in November 2018. The plan identifies activities against the following National Health Priority areas to be delivered over the course of 2019-2022. These include:

1. Population Health
2. Aged Care
3. Digital Health
4. Workforce
5. After Hours

The priority areas of **Aboriginal and Torres Strait Islander Health, Mental Health and Alcohol and Other Drugs Treatment** are covered in separate activity work plans.

Outlined in this plan are the key services to be commissioned in 2019-2022:

- Aged Care:
 - Community wellbeing telehealth
 - Dementia support
 - Falls prevention for elderly people
- Population Health:
 - Diabetes Education Program
 - Establishment of a diabetes community service resource hub
 - E-Learning services (Funding for this activity has been approved by DoH to move from Flexible to HSI)

- Lifestyle modification program
- Child Health early screening
- Cancer Control General Practice Screening
- Sexual Health build primary care capabilities to treat Hepatitis C
- Homelessness Health
- CALD and refugees
- Health Pathways for both Sydney and South Eastern Sydney regions

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

– Core Flexible Funding Stream

Proposed Activities	
ACTIVITY TITLE	CF 1.1: Aged Care – Community Wellbeing Telehealth
Existing, Modified, or New Activity	Modified Activity CF 1.1: Aged Care – Community Wellbeing Telehealth
Program Key Priority Area	Aged Care
Needs Assessment Priority	Priority Number: 7 Priority Title: Increase community-based services for aged care priorities Needs Assessment page reference: 86 Identified as possible option: Yes
Aim of Activity	To improve chronic disease self-management in older people in the CESPHN region through the provision of a health literacy, coaching and telemonitoring program in the home.
Description of Activity	<p>CESPHN has commissioned the delivery of a 12-week health literacy program for older people with chronic disease to build knowledge, skills and confidence in the self-management of their chronic conditions. As the population ages so does prevalence of chronic disease and associated co morbidities and increased use of health services.</p> <p>The 12-week program, 'Staying Healthy, Living Well', includes supply, installation and participant training in telehealth technologies for daily vital signs monitoring and health coaching by telehealth nurses. Monitoring of clinical indicators will include blood oxygen, pulse rate, pulse strength, weight, blood pressure, temperature and blood sugar. Eligible clients are referred by their GP.</p> <p>At the conclusion of the 12-week program, participants will be more empowered to self-manage their chronic conditions with support from their primary health-care provider.</p>
Target population cohort	Community dwelling people aged 70 years or older in the CESPHN region, with one or more chronic conditions who have had an unplanned hospital admission due to their chronic condition in the past 12 months.
Indigenous specific	No
Coverage	CESPHN region
Consultation	<p>CESPHN will continue to consult with a range of stakeholders through relevant advisory and governance groups to implement this activity including:</p> <ul style="list-style-type: none"> • Relevant Sydney Local Health District (SLHD) and South Eastern Sydney Local Health District (SESLHD) chronic care teams • GPs and practice nurses • Consumer representatives <p>Note: Consideration is being given to implementing this program in Norfolk Island, however this is dependent upon completion of stakeholder consultations.</p>
Collaboration	CESPHN will collaborate with a range of stakeholders and an advisory group to implement this activity, including: SESLHD and SLHD staff; Norfolk Island Health

	Services; Technology provider for telehealth assisted living; Universities; and GPs and practice nurses
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Service delivery end date:</p> <p>Any other relevant milestones? Quarterly performance reports (end of each quarter), final performance report including program evaluation (by 15 July 2020).</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input checked="" type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No

Proposed Activities	
ACTIVITY TITLE	CF 1.2: Aged Care – Dementia support
Existing, Modified, or New Activity	Modified Activity CF 1.2: Aged Care – Dementia support
Program Key Priority Area	Aged Care
Needs Assessment Priority	Priority Number: 7 Priority Title: Increase community-based services for aged care priorities Needs Assessment page reference: 86 Identified as possible option: Yes
Aim of Activity	To improve the knowledge of Residential Aged Care Facility (RACF) staff, carers, and staff in community service organisations in dementia care through a train-the-trainer model.
Description of Activity	<p>CESPHN has commissioned a train-the-trainer model to upskill RACF staff and carers in dementia care. This model will be delivered by a series of workshops and online educational materials to meet the learning needs of the target audience. Included in this education will be materials on dementia and associated challenging behaviours frequently encountered by RACF staff, carers and visiting primary care professionals.</p> <p>A provider has been commissioned to deliver the train-the-trainer model on person-centred dementia care to RACF staff and carers. This training will upskill RACF staff and carers to deliver and support this ongoing to other staff within their organisation. Following successful implementation of this program in 2018-19, consideration will be given to extending this model in 2019-21 to include training to carers and staff in community service organisations.</p> <p>There are an estimated 2,200 CESPHN residents living with dementia and this number is likely to increase substantially in the future.</p>
Target population cohort	Carers, primary care, and RACF staff working with older people who suffer from dementia and associated challenging behaviours in RACFs.
Indigenous specific	No
Coverage	CESPHN region
Consultation	CESPHN will consult with a range of stakeholders through relevant advisory and governance groups to implement this activity including: relevant LHD staff, GPs, primary care clinicians, RACFs and retirement villages, and community aged care services
Collaboration	<p>CESPHN will collaborate with a range of stakeholders through relevant advisory and governance groups to implement this activity including:</p> <ul style="list-style-type: none"> • Relevant LHD staff - tender evaluation and advisory group • RACFs, primary care clinicians and community aged care services – ongoing advisory and feedback
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p>

	<p>Any other relevant milestones? 6-month and 12-month performance reports</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input checked="" type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No

Proposed Activities	
ACTIVITY TITLE	CF 1.3: Aged Care – Falls Prevention for Elderly People
Existing, Modified, or New Activity	Modified Activity CF 1.3: Aged Care – Falls Prevention for Elderly People
Program Key Priority Area	Aged Care
Needs Assessment Priority	Priority Number: 7 Priority Title: Increase community-based services for aged care priorities Needs Assessment page reference: 86 Identified as possible option: Yes
Aim of Activity	Reduce the number of falls and fall related injuries in people aged 65 years and older (or 50 years and over for Aboriginal and/or Torres Strait Islander peoples) in the CESPHN region
Description of Activity	The contracted provider for ‘Stay Standing’ will deliver 25 group falls prevention programs, geographically dispersed across CESPHN, targeting regions and/or populations with high incidence of falls, higher numbers of CALD people, to reduce the estimated one in four older people who fall every year. To address variation in health literacy across the population and increase access to falls prevention programs to those groups who are usually excluded from existing community-based falls prevention programs, programs will be tailored to community profiles to support access for people from CALD communities, Aboriginal and Torres Strait Islander populations and population groups with high levels of disadvantage. A train-the-trainer approach will be implemented to increase the number of credentialed providers available to deliver programs. This will enhance capacity for additional programs and offer a sustained option for community led programs.
Target population cohort	People living within CESPHN region who are: <ul style="list-style-type: none"> • 65 years and over, and either living in retirement villages or community dwellings (with a focus on CALD populations) • 50 years and over and identify as Aboriginal and/or Torres Strait Islander.
Indigenous specific	No
Coverage	CESPHN region
Consultation	Key stakeholders, such as allied health professionals, universities and local RACFs and retirement villages, were consulted to identify and adapt the most appropriate falls prevention programs for local needs. This consultation process also informed the best ways of engaging the target audience and design sustainability measures.
Collaboration	CESPHN will collaborate with a range of stakeholders through relevant committees and advisory groups to implement this activity including: <ul style="list-style-type: none"> • Allied health professionals, universities, and local RACF and retirement villages – consult on falls prevention programs • Commissioned Provider –to ensure project implementation and ongoing performance monitoring through progress and financial reporting including KPIs.
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022

	<p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones? Three quarterly performance reports and a Final Evaluation Report.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input checked="" type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No

Proposed Activities	
ACTIVITY TITLE	CF 1.4: Population Health – Diabetes Education Program
Existing, Modified, or New Activity	Existing Activity CF 1.4: Population Health – Diabetes Education Program
Program Key Priority Area	Population Health
Needs Assessment Priority	Priority Number: 1 Priority Title: Screening and management of chronic and complex diseases and associated risk factors Needs Assessment page reference: 83 Identified as possible option: Yes
Aim of Activity	Improve capability of patients with type 2 diabetes to self-manage their condition
Description of Activity	Almost 8% of the CESP HN population are living with diabetes. CESP HN will continue to provide community-based diabetes projects by: <ul style="list-style-type: none"> Continuing to monitor and evaluate existing commissioned community-based diabetes (ComDiab) education programs operating in the SLHD region for people at risk, newly diagnosed, or with uncomplicated type 2 diabetes (with a focus on high prevalence and low socioeconomic areas). Promoting existing ComDiab sessions in the SESLHD region to general practices, allied health professionals and consumers.
Target population cohort	People within the CESP HN region who are: <ul style="list-style-type: none"> Newly diagnosed with type 2 diabetes, or those with low risk and uncomplicated type 2 diabetes requiring general diabetes education, or At high risk of developing type 2 diabetes.
Indigenous specific	No
Coverage	CESP HN region
Consultation	CESP HN will consult with a range of stakeholders through relevant advisory and governance groups to implement this activity including relevant LHD staff, GPs and allied health and practice nurses
Collaboration	CESP HN will collaborate with a range of stakeholders through relevant advisory and governance groups to implement this activity including: <ul style="list-style-type: none"> Relevant LHD staff – support promotion of the ComDiab program to CESP HN networks GPs – support referral of the target group Diabetes NSW & ACT – commissioned service provider Other PHNs – communicate lessons learned of similar projects
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020 If applicable , provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year. Any other relevant milestones? 6-month and 12-month performance reports

<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? Yes</p>
<p>Decommissioning</p>	<p>No</p>

Proposed Activities	
ACTIVITY TITLE	CF 1.5: Population Health – Establishment of community service resource hub (Chronic Disease Service Coordination and Allied Health)
Existing, Modified, or New Activity	Existing Activity CF 1.6: Population Health – Establishment of community service resource hub (Chronic Disease Service Coordination and Allied Health)
Program Key Priority Area	Population Health
Needs Assessment Priority	Priority Number: 1 Priority Title: Screening and management of chronic and complex diseases and associated risk factors Needs Assessment page reference: 83 Identified as possible option: Yes
Aim of Activity	To facilitate increased coordination, communication and service planning for diabetes across the CESP HN region
Description of Activity	<p>A community service resource hub for diabetes that will provide targeted clinical services to priority groups, enhance service navigation between primary and tertiary levels of health care and promote more consistent care to those with, or at risk of developing diabetes. This hub will incorporate person centred medical neighbourhood principles to support management of chronic disease by primary care providers.</p> <p>This project represents an opportunity to build upon existing diabetes service frameworks within SLHD, SESLHD and SVHN to establish a resource sharing model across the Central Eastern Sydney catchment area. This model will involve a range of clinical and health planning activities mentioned below. The outcomes of this project will benefit diabetes patients across the CESP HN region.</p> <p>This project will involve cross-sectoral planning of diabetes management and will include the following activities:</p> <ul style="list-style-type: none"> • Resource sharing between project partners • Provision of clinical services to a priority population in the region • Provision of streamlined diabetes referral pathways • Establishment of an integrative care approach • Quarterly governance meetings.
Target population cohort	The target population is people with or at risk of diabetes within the CESP HN region. Target priority populations include (but are not limited to): <ul style="list-style-type: none"> • People experiencing homelessness • Aboriginal and Torres Strait Islander peoples • CALD communities
Indigenous specific	No
Coverage	Services available to entire CESP HN region
Consultation	CESP HN will consult with a range of stakeholders through relevant advisory and governance groups to implement this activity including relevant LHD staff, GPs and allied health and practice nurses
Collaboration	Relevant LHDs: commissioned service providers, participation in service harmonisation activities, participation in governance meetings GPs and practice nurses: enhanced coordination of care for chronic disease patients

	AHPs: enhanced coordination of care for chronic disease patients
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones? 6-month and 12-month performance reports</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input checked="" type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No However consideration will be given to this in the second year.</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No

Proposed Activities	
ACTIVITY TITLE	CF 1.6: Population Health – Lifestyle Modification Program
Existing, Modified, or New Activity	Existing Activity CF 1.9: Population Health – Lifestyle Modification Program
Program Key Priority Area	Population Health
Needs Assessment Priority	Priority Number: 1 Priority Title: Screening and management of chronic and complex diseases and associated risk factors Needs Assessment page reference: 83 Identified as possible option: Yes
Aim of Activity	Reduce the incidence of lifestyle risk factors among adolescents participating in lifestyle modification programs
Description of Activity	<p>Continue to commission adolescent lifestyle modification programs for people aged 13 to 17 years who are above a healthy weight. Between 2014-15, the estimated rate of children (2-17 years) in the CESP HN region considered overweight was 16.8%, and obese was 6.7%, with rates significantly increasing among adolescents.</p> <p>Think, Eat, and Move (TEAM) is a new program developed by the commissioned provider in 2018. TEAM is an 8-week healthy lifestyle and weight management program for adolescents. TEAM adopts a non-face-to-face, flexible delivery model delivering weekly online sessions, individual phone coaching from a qualified health professional, practical resources, regular SMS and email communications and a moderated social media support forum.</p> <p>The TEAM program is developed by exercise professionals, dietitians and health psychologists in accordance with the clinical practice guidelines for the management of overweight and obesity in Australian adolescents. The program employs a holistic approach focusing equally on nutrition, physical activity and behaviour change.</p>
Target population cohort	The intervention is to be delivered to people who are aged 13 to 17 years or studying in high school, living or studying in the CESP HN region, and are above their healthy weight range (BMI score above the 85th percentile). Parents/ carer will also receive support to facilitate healthy lifestyle changes of the adolescents.
Indigenous specific	No
Coverage	CESP HN region
Consultation	Consultation with SLHD and NSW Office for Preventive Health was undertaken to identify the service gaps in addressing adolescent obesity.
Collaboration	Relevant LHD staff: support referral of the target group, support promotion of the TEAM program to CESP HN networks GPs: support referral of the target group Other PHNs: inform AHPs: support referral of the target group
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/11/2019

	<p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones? Quarterly data updates, 6-month and final performance reports</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input checked="" type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>No</p>

Proposed Activities	
ACTIVITY TITLE	CF 1.7: Population Health – Child health early screening – Aboriginal
Existing, Modified, or New Activity	Existing Activity CF 1.10: Population Health – Child health early screening – Aboriginal
Program Key Priority Area	Aboriginal and Torres Strait Islander Health
Needs Assessment Priority	Priority Number: 5 Priority Title: Refine pathways for children with developmental delays Needs Assessment page reference: 85 Identified as possible option: Yes
Aim of Activity	To enhance early identification, intervention and referral for Aboriginal preschool children with language difficulties.
Description of Activity	<p>Aboriginal and Torres Strait Islander children consistently score more poorly across all five domains of the Australian Education Development Index with almost 40% of children having a score that identifies them as “developmentally vulnerable”.</p> <p>The Early Intervention Speech Pathology program will identify Aboriginal and Torres Strait Islander children (aged 2-5 years) with language difficulties, requiring further assessment and intervention.</p> <p>CESPHN has commissioned the Sydney Children’s Hospital Network to employ 1 FTE Level 3 speech pathologist to provide screening, assessment and intervention to Aboriginal and Torres Strait Islander children aged between 2 – 5 years. The speech pathologist will deliver services in different environments including early child care centres, parenting groups, general practices, early childhood nurse services and outreach models.</p> <p>The model of screening will include a focus on carer/parent case history and dynamic assessment using a collaborative family-based approach. After parent consent has been gained, results from the screening assessment will be shared with the child’s GP, who can support the child’s ongoing management and referral needs.</p>
Target population cohort	Aboriginal and Torres Strait Islander children aged 2-5 years within the northern sector of SESLHD in the CESPHN region.
Indigenous specific	Yes The speech pathology service is located within an area of concentrated Aboriginal population and works closely with local Childhood and Aboriginal services to facilitate referrals. Additionally, local Aboriginal Health Workers promote the service during community engagement activities.
Coverage	LGAs within the northern sector of SESLHD in the CESPHN region
Consultation	CESPHN will consult with a range of stakeholders to implement this activity including: relevant LHD staff, GPs, Childhood and Aboriginal services, families, childcare groups
Collaboration	<p>Sydney Children’s Hospital Network: commissioned service provider, support referrals to other relevant services</p> <p>GPs and practice nurses: participate in coordination of care, support referral pathways for target population</p> <p>Childhood and Aboriginal services: community and cultural liaison role, support promotion of the service</p> <p>Families: participate in service delivery</p> <p>Childcare centres: support promotion of the service, support screening activities</p>

	AHPs: participate in coordination of care, support referral pathways for target population
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/7/2019 Activity end date: 30/06/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones? 6-month and 12-month performance reports</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No

Proposed Activities	
ACTIVITY TITLE	CF 1.8: Population Health – Child health early screening
Existing, Modified, or New Activity	Existing Activity CF 1.11: Population Health – Child health early screening
Program Key Priority Area	Population Health
Needs Assessment Priority	Priority Number: 5 Priority Title: Refine pathways for children with developmental delays Needs Assessment page reference: 85 Identified as possible option: Yes
Aim of Activity	To deliver early intervention speech pathology services to children aged 0-4 years who have language difficulties in the CESPHN region.
Description of Activity	The percentage of children considered developmentally vulnerable has risen, with areas with high levels of socioeconomic disadvantage and CALD communities being more vulnerable. CESPHN has commissioned SLHD and SESLHD to employ 1 x FTE Level 3 speech pathologist each to provide screening, assessment and intervention to children aged between 0 – 4 years of age. Screening will be conducted at local community venues such as playgrounds, medical centre, childcare centres and shopping centre. All children will be screened, assessed and provided with intervention services if needed. Children identified as needing follow up will be provided with a report to their GP and feedback to parents. Desired outcomes include reduced wait times for speech pathology services, children receiving improved screening assessment, assessment and intervention services in a timely manner and integrated care with GPs.
Target population cohort	Children aged 0-4 years within the CESPHN region
Indigenous specific	No
Coverage	CESPHN region with a focus on socioeconomically disadvantaged communities including CALD families.
Consultation	CESPHN will consult with a range of stakeholders to implement this activity including relevant LHD staff, GPs, families, and childcare groups.
Collaboration	SLHD and SESLHD: commissioned service providers, network speech services across districts GPs and practice nurses: participate in coordination of care, support referral pathways for target population Childhood services: community liaison role, support promotion of the service Families: participate in service delivery Childcare centres: support promotion of the service, support screening activities AHPs: participate in coordination of care, support referral pathways for target population
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020

	<p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones? 6-month and 12-month performance reports</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No

Proposed Activities	
ACTIVITY TITLE	CF 1.9: Population Health – Enhanced identification of people living with Viral Hepatitis and link to care
Existing, Modified, or New Activity	Modified Activity CF 1.12: Population Health - Sexual Health build primary care capabilities to treat hepatitis C
Program Key Priority Area	Population Health
Needs Assessment Priority	Priority Number: 4 Priority Title: Support primary care providers to address STIs and blood borne (HIV and Viral Hepatitis) conditions Needs Assessment page reference: 84 Identified as possible option: Yes
Aim of Activity	To better identify people living with hepatitis B and C and link them to treatment
Description of Activity	<p>CESPHN is one of only two metropolitan PHNs with a prevalence of hepatitis C virus (HCV) above the national average. Working with LHDs, CESP HN will deliver three projects to enhance GPs capacity to manage HCV patients, provide education, and assist dried blood spot testing:</p> <ul style="list-style-type: none"> • The iCHAT model will continue to deliver a nurse-led model of care for patients with chronic HCV through a range of general practice focused programs to standardise screening, assessment, and triage for community-based antiviral treatment • A CALD community outreach project will develop and implement culturally appropriate and community-based education and health promotion programs in affected communities (Chinese, Korean and Aboriginal), and contextualise hepatitis B primarily as a family health and cancer prevention issue, as well as opportunistically test (and fibroscan), vaccinate and link to care where appropriate • Dried blood spot testing for hepatitis C (and HIV) is a pilot project that is being rolled out by NSW health. CESP HN is assisting LHD, AOD and other settings set up as Phase 1 or Phase 2 sites, to allow people who may otherwise not test or access treatment.
Target population cohort	Patients with chronic HVC within the CESP HN region
Indigenous specific	No
Coverage	CESP HN region
Consultation	CESP HN will consult with a range of stakeholders through relevant advisory and governance groups to implement this activity including relevant LHD staff, general practice, NGOs and community groups
Collaboration	SESLHD: Harp unit, Public Health unit for data and strategy, Advisory committee, provide CNC GPs and practice nurses, AOD services, homelessness services: inform, involve NSW health: supply DBS kits, governance, SSHC, SHIL (Clinical Governance) Hepatitis NSW: project managers and providers community outreach.
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 23/11/2019

	<p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? Yes</p>
<p>Decommissioning</p>	<p>No</p>

Proposed Activities	
ACTIVITY TITLE	CF 1.10: Population Health – Homelessness Health
Existing, Modified, or New Activity	Modified Activity CF 1.13: Population Health – Homelessness Health
Program Key Priority Area	Population Health
Needs Assessment Priority	Priority Number: 26, 32 Priority Title: Ensure appropriate use, mix and distribution of after-hours services for the CESP HN population; Meeting the primary healthcare needs of people experiencing homelessness Needs Assessment page reference: 96, 99 Identified as possible option: Yes
Aim of Activity	Reduce barriers to primary care services for people at risk of homelessness and/or experiencing primary, secondary and tertiary homelessness in the CESP HN region
Description of Activity	<p>CESP HN will commission SESLHD to design and deliver a community outreach health clinic for residents of South Maroubra and surrounding areas. Residents living in public housing accommodation are one of the target populations.</p> <p>The Communities at the Centre (ComaC) is a place-based equity and well-being initiative that aims to increase community wellbeing and improve health literacy by delivering locally-based health initiatives. These initiatives will be co-designed with the community, implementing a patient-centred care model.</p> <p>Clinicians will screen, assess and provide referrals to intervention services to engaged clients. Any results or reports will be provided to the client’s GP promoting an integrated care model.</p> <p>Community consultations are still occurring. The community Hub (a shopfront premise) opened in November with initial services operating, including a weekly GP clinic, weekly supported playgroup, falls prevention program, gentle exercise program, social inclusion activity (coffee drop in), counselling and case work service with domestic violence focus and assistance with housing related issues. All these services have been determined by community members. Over time as The Hub establishes its relationships with the Maroubra community, services will broaden to respond to other community priorities and needs.</p>
Target population cohort	People at risk of homelessness and/or experiencing primary, secondary and tertiary homelessness in the CESP HN region.
Indigenous specific	No
Coverage	CESP HN region. Commissioned projects may be implemented in specific areas where service gaps have been identified.
Consultation	CESP HN consulted with SESLHD, local councils, Family and Community Services (FACS) and locally based organisations, to collectively identify the regional need for enhancing primary care clinician’s engagement with residents living in public housing to facilitate access to health care services.
Collaboration	<p>SESLHD: lead organisation in developing the inter-sectoral Homelessness Health Strategy and delivering the ComaC Initiative.</p> <p>Local councils: collaborate and partner with councils including City of Sydney, Inner West Council and Randwick Council.</p> <p>FACS: key stakeholder in supporting people who are experiencing homelessness.</p>

	NGOs, locally-based organisations, peak bodies: partner with key stakeholders e.g. Newtown neighbourhood centre, Kirkton Rd Centre, New Horizons other NGOs, Local GPs, Youth Block, Gender Centre
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2021</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones? 6-monthly and final performance reports</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input checked="" type="checkbox"/> Direct engagement. SESLHD was the only service provider with the necessary infrastructure to efficiently deliver this project. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? Yes</p>
Decommissioning	No

Proposed Activities	
ACTIVITY TITLE	CF 1.11: Population Health – Cultural Support Program
Existing, Modified, or New Activity	Existing Activity CF 1.14 Population Health - CALD and Refugees
Program Key Priority Area	Population Health
Needs Assessment Priority	Priority Number: 25 Priority Title: Develop a workforce and primary care service plan Needs Assessment page reference: 95 Identified as possible option: Yes
Aim of Activity	To support the delivery of culturally appropriate primary health care to ensure the needs of CALD communities are met
Description of Activity	<p>CESPHN will continue to support the Cultural Support program (formerly named the Bilingual Community Education (BCE) program) in coordination with SLHD and SESLHD. The program will be directly commissioned to SLHD. The Cultural Support program is jointly funded by CESPHN, SLHD and SESLHD over a three-year period (March 2018 – March 2021).</p> <p>The Program will focus on four health areas in the first year of program: maternal and child health, access to health care, cancer screening, and diabetes. It is envisaged that the program will be responsive to other emerging health issues (e.g. sexual health and viral hepatitis).</p> <p>The priority population language groups include Mandarin, Arabic, Cantonese, Vietnamese, Korean, Bengali, Nepali, Greek, Italian, Rohingya and Mongolian. This program will undertake work with CALD communities and will provide support to members of these communities as required.</p> <p>Cultural Support Officers will be recruited to provide cultural and linguistic input into the work of the LHDs, including working with and strengthening links with CALD communities, assisting in media and education activities, developing culturally appropriate resources or delivering education sessions, and providing cultural and linguistic input into health promotion initiatives.</p>
Target population cohort	CALD communities and primary care providers (GPs and AHPs) in the CESPHN region.
Indigenous specific	No
Coverage	CESPHN region, but working with specific language populations
Consultation	The consultation process has involved CESPHN engaging with LHDs and CALD communities, and participation in stakeholder forums and committees.
Collaboration	<p>SLHD: commissioned provider, collaborate with SESLHD, CESPHN and local CALD communities to develop an appropriate service model.</p> <p>SESLHD: collaborate with SLHD, CESPHN and local CALD communities to develop an appropriate service model.</p> <p>Community and Service Organisations: collaborate with SESLHD, SLHD and CESPHN to develop an appropriate service model.</p> <p>Representatives of CALD groups: provide cultural guidance.</p> <p>GPs and AHPs: participate in culturally appropriate service delivery.</p>
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 31/03/2021

	<p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones? Development of 2019-20 annual workplan by 30 June 2019. Six-month and annual progress reports. Final report by 31 March 2021.</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input checked="" type="checkbox"/> Direct engagement. This was a partnership between CESPHN and SESLHD and SLHD using pooled funding to achieve service outcomes that would not be achieved using alternative tendering arrangements. Combined, this service partnership has the infrastructure to achieve the project's outcomes. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? Yes</p>
<p>Decommissioning</p>	<p>No</p>

Proposed Activities	
ACTIVITY TITLE	CF 1.12: Population Health – Quality Improvement for Cancer
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority	<p>Priority Number: 3, 28</p> <p>Priority Title: Increase screening rates for breast, bowel and cervical cancer; Improve access to culturally appropriate adult chronic disease, mental health and drug and alcohol services for Aboriginal and/or Torres Strait Islander peoples</p> <p>Needs Assessment page reference: 84, 97</p> <p>Identified as possible option: Yes</p>
Aim of Activity	Support GP practices across the region to systematically implement screening and prevention activities for breast, cervical and bowel cancer, focusing on population groups with lower participation rates
Description of Activity	<p>CESPHN is currently below the national average for screening rates for breast cancer (50.3%), cervical cancer (55.3%) and bowel cancer (34.8%). The number of 715 preventative checks for Aboriginal and Torres Strait Islander peoples and 45-49 year old preventative health checks are also low in the region.</p> <p>This activity will support the primary health care sector to improve its capacity to systematically provide cancer screening in the general practice setting and adhere to relevant guidelines to promote increased screening rates for breast, bowel and cervical cancer. General practices will be selected to:</p> <ul style="list-style-type: none"> • Identify and support a cancer screening ‘champion’ in the practice to develop and sustain activities once initiated • Identify under screeners and never screeners in the practice population and reduce the number by increasing targeted cancer screening activities • Recognise practice team knowledge/resource and support gaps and ensure that the practice is effectively linked to ongoing support for cancer prevention and Quality Improvement (QI) activities through the Practice Support and Cancer Prevention teams at CESPHN • Support data extraction needs of practices jointly engaged in the SESLHD5 cervical screening project and QI for Cancer Program. <p>Further work may be undertaken with communities identified from this activity to encourage uptake of self-initiated preventative strategies.</p>
Target population cohort	Selected general practices in the CESPHN region. Population groups that are under-represented in national screening programs such as Aboriginal and Torres Strait Islander peoples, CALD populations, and people with a disability.
Indigenous specific	No
Coverage	CESPHN region
Consultation	CESPHN has consulted with: LHD cancer screening, multicultural, and women’s health service; general practices; National Screening Programs; Cancer Institute NSW; Community groups and organisations; SESLHD CINSW Antenatal Cervical Screening Project Steering Committee; South Eastern Sydney Women’s Cancer Working Party; Breast Screen NSW Advisory Committee
Collaboration	CESPHN will collaborate with a range of stakeholders through attendance and participation within cross agency meetings and development of agreed strategies and where necessary formal agreements. Stakeholders include:

	<ul style="list-style-type: none"> • LHD cancer screening services, Multicultural Health (partner), Cancer Services, and women’s health service • General practices • National Screening Programs • Cancer Institute NSW
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 20/12/2019</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones? Six month progress and final performance reports</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input checked="" type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No

Proposed Activities	
ACTIVITY TITLE	CF 1.13 Population Health – Cervical screening for priority populations
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority	<p>Priority Number: 3, 28</p> <p>Priority Title: Increase screening rates for breast, bowel and cervical cancer; improve access to culturally appropriate adult chronic disease, mental health and drug and alcohol services for Aboriginal and/or Torres Strait Islander peoples.</p> <p>Needs Assessment page reference: 84, 97</p> <p>Identified as possible option: Yes</p>
Aim of Activity	Support increased participation in cervical screening by priority populations
Description of Activity	<p>CESPHN has commissioned Family Planning NSW to provide cervical screening for women in priority areas. Women will also receive a physical and psychosocial assessment as part of a comprehensive women’s health check from the women’s health nurse. The women’s health service operates in the form of a clinic held at Rockdale Community Health Centre.</p> <p>Rockdale and Kogarah local government areas have amongst the lowest screening rates within the CESP HN region. The percentage of the population born overseas, and the percentage born in non-English speaking countries is higher in these two LGAs than the PHN and NSW average.</p> <p>The area is also characterised by a high proportion of male GPs, many of whom work in male-only practices without a female practice nurse. For a number of local women, it is not culturally appropriate for a male to perform a cervical screening test. Rockdale Women’s Health Clinic provides a service for these local women who choose not to be screened by their male GP as well as providing a referral pathway for male GPs who choose not to offer cervical screening.</p>
Target population cohort	Women in the Rockdale and Kogarah LGA.
Indigenous specific	No
Coverage	Rockdale and Kogarah LGAs of the CESP HN region
Consultation	<p>CESP HN has consulted with:</p> <ul style="list-style-type: none"> • Family Planning NSW (FPNSW) • LHD cancer screening, multicultural, and women’s health services • General practices • National Screening Programs • Cancer Institute NSW • Community groups and organisations • SESLHD CINSW Antenatal Cervical Screening Project Steering Committee • South Eastern Sydney Women’s Cancer Working Party • Breast Screen NSW: Advisory Committee
Collaboration	<p>CESP HN collaborates with a range of stakeholders through attendance and participation within cross agency meetings and development of agreed strategies and where necessary formal agreements. Stakeholders include:</p> <ul style="list-style-type: none"> • FPNSW: service provider • LHD cancer screening services, Multicultural Health (partner), Cancer Services, & women’s health service: support promotion of the service

	<ul style="list-style-type: none"> • General practices: support referral to the service • Cancer Institute NSW: support promotion of the service.
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 20/12/2019</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones? Quarterly progress reports and final report</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No

Proposed Activities	
ACTIVITY TITLE	CF 1.14: HealthPathways Sydney Program
Existing, Modified, or New Activity	Existing Activity CF 1.15: HealthPathways Sydney Program
Program Key Priority Area	Workforce
Needs Assessment Priority	Priority Number: 1, 5, 27 Priority Title: Screening and management of chronic and complex diseases and associated risk factors; Refine pathways for children with developmental delays; Service integration with a focus on high priority groups and local disease prevalence Needs Assessment page reference: 83, 85, 96 Identified as possible option: Yes
Aim of Activity	To improve equity of service access for the local population through the provision of service information and supportive clinical information using the HealthPathways model
Description of Activity	HealthPathways is an online manual used by clinicians to make assessment, management and specialist referral decisions for over 550 conditions. Pathways provide locally relevant clinical frameworks that guide patient management and identify equitable and appropriate referral options when required. The pages in each local HealthPathways program are developed by local GPs and Specialists.
Target population cohort	Local Primary, Secondary Care Health Professionals, Education and Social sector workers, and NGOs.
Indigenous specific	No
Coverage	The LGAs within the SLHD region: City of Sydney, Inner West, Canterbury-Bankstown, Canada Bay, Strathfield and Burwood
Consultation	Health community engagement occurs at each stage of the program's output, from initial prioritisation of work schedule through to involvement at development and review stages.
Collaboration	Local GPs: involved at all stages of pathway development and as users. Local Allied Health Practitioners: involved where appropriate for the development topic in content development representation at Collaborative workgroups, reviewing developed and published content and as users. SLHD: program funder, provides operational personnel and resources and supports the development of pathways through service personnel and specialist opinion. Local/National NGOs: participation in content development and promotion of platform use. Streamliners NZ Ltd: platform licence owners and technical and content support providers. Other HealthPathway regions across Australia: all HealthPathways Regions are members of the HP Community and regional sub groups. The open sharing of content allows for quicker development of clinical content.
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022 If applicable , provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):

	<p>Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No

Proposed Activities	
ACTIVITY TITLE	CF 1.15: South Eastern Sydney HealthPathways
Existing, Modified, or New Activity	Existing Activity CF 1.16 Health Pathways South Eastern Sydney Program
Program Key Priority Area	Workforce
Needs Assessment Priority	Priority Number: 1, 5, 27 Priority Title: Screening and management of chronic and complex diseases and associated risk factors; Refine pathways for children with developmental delays; Service integration with a focus on high priority groups and local disease prevalence Needs Assessment page reference: 83, 85, 96 Identified as possible option: Yes
Aim of Activity	To improve equity of service access for the local population through the provision of service information and supportive clinical information using the HealthPathways model
Description of Activity	South Eastern Sydney HealthPathways Program is a web-based information portal designed to improve navigation of the health system. Pathways provide locally relevant clinical frameworks that guide patient management and identify equitable and appropriate referral options when required. This single point of information for primary health care service providers on how to assess, manage and effectively refer patients to specialists and other community-based services in a timely manner. This project has the potential to assist the health system to meet future demand through a more connected and integrated approach to the delivery of healthcare and management of patients.
Target population cohort	The target population cohort includes GPs and Allied Health clinicians in the South Eastern Sydney region, NGO community service providers, and Specialist Clinicians from the partner organisations (SESLHD, SVHS, SCHN)
Indigenous specific	No
Coverage	The LGAs within the SESLHD region: City of Sydney, Bayside, George River, Randwick, Sutherland Shire Waverly & Woollahra
Consultation	Initial community engagement and consultation activities occurred early in 2016 through to present time with attendance and consultations at Annual General Meetings for the General Practice Networks within the region, at Executive Meetings within the partner organisations and engagement with relevant clinicians interested in Pathway development. Consultation and promotion will continue through ongoing CPD events and practice visits and through clinician engagement and collaboration within hospital facilities and community-based service organisations.
Collaboration	Local GPs: involved at all stages of pathway development and as users. Local Allied Health Practitioners: involved in editing and localising Pathway content, collaborating in Clinical Work Groups and Advisory Committees, system users and providing feedback for evaluation of the project outcomes SESLHD, SVHNS and SCHN: financial contributors and partner organisation. Local/National NGOs: provide collaboration, advice, and up to date service criteria and referral guidelines for non-hospital-based services NSW Health ACI: works with clinicians and managers to design and promote models of care that are the basis for much of the content in HealthPathways.

	<p>Streamliners NZ Ltd: platform licence owners and technical and content support providers.</p> <p>Other HealthPathway regions across Australia: all HealthPathways Regions are members of the HP Community and regional sub groups. The open sharing of content allows for quicker development of clinical content.</p>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2021</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones? The Service Agreement between Streamliners NZ and SESLHD on behalf of the partner organisations (CESPHN, SVHN, SCHN) will be renewed in June 2021.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No

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

Proposed Activities	
ACTIVITY TITLE	HSI 1.1 Population Health – Priority Populations
Existing, Modified, or New Activity	<p>Modified Activity</p> <p>Combined HSI 1.1: Population Health – Preventative health care, HSI 1.2: Population Health – Homelessness Health, HSI 2.1: Population Health – Domestic & Family Violence, HSI 6.1: Population Health – CALD and Refugees, HSI 8.1: Population Health - Inner West Sydney Youth Health and wellbeing plan, and HSI 11.2 Childhood Screening for developmental delays</p>
Needs Assessment Priority	<p>Priority Number: 1, 5, 19, 27</p> <p>Priority Title: Screening and management of chronic and complex diseases and associated risk factors; Refine pathways for children with developmental delays; Person centred, quality service delivery; Service integration with a focus on high priority groups and local disease prevalence</p> <p>Needs Assessment page reference: 83, 84, 91, 96</p> <p>Identified as possible option: Yes</p>
Aim of Activity	<p>Reduce barriers to accessing primary care services for priority populations in the CESP HN region, promote health literacy, and increase awareness and capacity of primary care providers to identify and respond appropriately to specific issues relating to priority populations.</p>
Description of Activity	<p>CESPHN has Identified the following priority populations including but not limited to:</p> <p>1. Homelessness Health</p> <p>CESPHN will continue implementing the findings and recommendations of <i>Enhancing Primary Health Care Services for People Experiencing Primary Homelessness in the Central and Eastern Sydney PHN</i>. The expected outcomes include:</p> <ul style="list-style-type: none"> • Increased access to primary care services for people who are experiencing homelessness (includes primary, secondary and tertiary homelessness) through enhanced service planning • Enhanced knowledge and confidence of primary care providers to manage the primary care needs of homeless residents • Improved primary care clinicians’ ability to deliver best practice and evidence-based interventions when managing their patients • Enhanced primary care workforce capacity via commissioned services • Stronger advocacy of homelessness health in primary care via the development of formal strategies. <p>2. Domestic and Family Violence</p>

GPs and other primary health care providers play a key role in identifying, intervening and treating patients who are at risk of or affected by domestic violence. This activity will:

- Build capacity and increase confidence of primary health care professionals to identify and respond to issues relating to domestic and family violence
- Improve primary health care professional's knowledge of referral pathways and support services relating to domestic and family violence

3. CALD and Refugees

This activity will coordinate professional development of CESPHN staff and production of resources for primary care providers and improve access to culturally appropriate health information for CALD communities through:

- Delivery of multicultural awareness training for CESPHN staff
- Development of a best practice guide for use by CESPHN staff to engage with and meet the needs of CALD communities.
- Working collaboratively with key CALD stakeholders at peak NGOs forums, including LHDs, to support primary care focused multicultural programs and ensure a consistent approach to multicultural healthcare across the region
- Coordinating the translation of key materials and resources to promote reliable translated resources to the primary health care workforce
- Providing specialist support to existing programs provided by CESPHN to better meet the needs of CALD communities.

4. Inner West Sydney Youth Health and wellbeing

CESPHN will jointly develop and implement activities under the Inner West Youth Health and Well Being Plan, in coordination with three partner agencies (SLHD, NSW Department of Education and FACS). Activities include:

- Development and promotion of HealthPathways relating to vulnerable families
- Provision of resources and training advice for primary care clinicians on key youth issues e.g. sexual health, drug and alcohol, mental health.

5. Childhood screening for developmental delays

CESPHN will implement strategies to support the primary healthcare clinicians regarding the use of child development assessment tools to better identify, manage and appropriately refer children with developmental delay. Activities will include:

- Support Rockdale Early Years Hub developmental screening project, which aims to improve identification and appropriate referral for children not meeting developmental milestones
- Strengthen partnerships with SESLHD Child and Family Health Clinic (C&FHC) and general practice through targeted practice visits and educational opportunities regarding paediatric services for children identified with developmental delays
- Construct referral pathways (HealthPathways) to address child developmental screening and assessment

	<ul style="list-style-type: none"> Promote existing consumer resources regarding child developmental milestones with a focus on vulnerable families.
Associated Flexible Activity/ies:	CF 1.1, CF 1.4, CF 1.6, CF 1.7, CF 1.8, CF1.10, CF1.11, CF 1.13, CF 1.14, CF 1.15
Target population cohort	Priority populations and primary care providers.
Indigenous specific	No
Coverage	CESPHN region
Consultation	CESPHN will consult with a range of stakeholders through relevant advisory and governance groups to implement this activity including: SESLHD, SLHD, FACS, Child and Family Services, relevant community organisations, consumer representatives from specific priority population groups
Collaboration	<p>SESLHD: lead organisation in developing the inter- sectoral Homelessness Health Strategy, Violence prevention & child protection co-ordination group.</p> <p>SLHD: Community Health, Womens' Health Service Domestic Violence Committee</p> <p>Local Councils: collaborate and partner with councils including City of Sydney, Inner West Council and Randwick Council.</p> <p>FACS: Consult with this key stakeholder in supporting priority populations.</p> <p>Multicultural services, NGOs, locally-based organisations, peak bodies: partner with key stakeholders (e.g. Newtown neighbourhood centre, Kirkton Rd Centre, New Horizons other NGOs, Local GPs, Youth Block, Gender Centre)</p> <p>Healthy Strong Communities: key Steering Committee driving service delivery reform in the Inner West Sydney</p> <p>Rockdale Hub (led by SELHD): will be the principal project lead regarding the pilot project to improve childhood development surveillance/screening.</p> <p>Department of Education: support promotion of services</p>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year.</p> <p>Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input checked="" type="checkbox"/> Other approach (please provide details) No commissioned services under this activity</p>

	<p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
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Proposed Activities	
ACTIVITY TITLE	HSI 1.2: Population Health – Maternal Health
Existing, Modified, or New Activity	Modified Activity Combined HSI 2.2: Population Health – Maternal Health, HSI 2.3: Population Health – Healthy Pregnancy, HSI 2.4 Population Health – Perinatal mental health, HSI 11.3 Workforce – GP ANSC program
Needs Assessment Priority	Priority Number: 6 Priority Title: Maintain access to maternal primary care services Needs Assessment page reference: 86 Identified as possible option: Yes
Aim of Activity	Improve awareness amongst primary health care workforce and the community of issues relating to maternal health including preconception advice, early antenatal care, weight and lifestyle management, and perinatal mental health to ensure a healthy pregnancy outcome.
Description of Activity	<p>CESPHN will work in partnership with stakeholders to facilitate a range of coordinated strategies to enhance both primary care and community awareness regarding maternal health, including:</p> <p>Priority 1: Promote early access to antenatal care</p> <ul style="list-style-type: none"> • Scope availability of resources promoting early access to antenatal care • Partner with community organisations to identify strategies focussing on early access to antenatal care specifically for priority/vulnerable groups • Provide maternal health resources to the CESPHN Women’s Health Clinic • Ongoing support and promotion of GP ANSC as an option of antenatal care <p>Priority 2: Support lifestyle and weight management strategies in pregnancy</p> <ul style="list-style-type: none"> • Increase awareness amongst primary health professionals and consumers of referral services (e.g. NSW Health Get Healthy in pregnancy program, LHDs pre-conception/lifestyle clinics, which support a healthy weight prior and during pregnancy and promotion of healthy lifestyle). This will be facilitated through the GP ANSC program and CESPHN communication channels • Support referral to Diabetes NSW community-based education programs that promote greater awareness and improve knowledge of the risk factors associated with diabetes in pregnancy and pre-gestational diabetes for women of child-bearing age from specific CALD communities. <p>Priority 3: Promote use of perinatal mental health screening tools</p> <ul style="list-style-type: none"> • Improve primary care providers’ knowledge and use of perinatal mental health screening tools to identify women at risk for a perinatal mental health disorder • Promote CESPHN Psychological Support Services (PSS) to improve access to a range of applied psychological therapies • Promote uptake of new postnatal MBS item assessing postnatal mental health concerns <p>Priority 4: Support health professionals to provide breastfeeding information and advice</p> <ul style="list-style-type: none"> • Improve primary care providers’ knowledge and understanding of breastfeeding to enable them to provide practical advice and support to pregnant and breastfeeding women

	<ul style="list-style-type: none"> Facilitate CPD events for GPs and Practice Nurses focused on breastfeeding, as CPDs on breastfeeding continue to be in demand and stakeholder feedback indicates it as an area of need. <p>Priority 5: GP ANSC program</p> <p>CESPHN will continue to support the GP Antenatal Shared Care Program (ANSC) model of care across 5 maternity hospitals by:</p> <ul style="list-style-type: none"> Overseeing program administration and monitoring program compliance by participating GPs Providing a specific maternal health educational program across PHN Developing and promoting resources to assist with GP ANSC program delivery in collaboration with LHDs Delivering communication strategies to inform and update primary health care in relation to GP ANSC program Supporting general practice regarding initiatives to ensure optimal antenatal and postnatal care including uptake of vaccinations during pregnancy, perinatal mental health screening
Associated Flexible Activity/ies:	N/A
Target population cohort	Primary care workforce and women of childbearing age and their newborns, especially those from vulnerable communities.
Indigenous specific	No
Coverage	CESPHN region
Consultation	SLHD, SESLHD, NSW Health, Tresillian Family Services, Australian Breastfeeding Association
Collaboration	<p>General practice</p> <p>SLHD: Maternity Services, Multicultural Services, Child and Family Health Services</p> <p>SESLHD: Child and Family Health services, Multicultural service</p> <p>NSW Health “Get healthy in pregnancy” service</p> <p>Tresillian Family Services</p> <p>Australian Breastfeeding Association</p>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year.</p> <p>Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement</p>

	<p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input checked="" type="checkbox"/> Other approach (please provide details) Internal delivery.</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
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Proposed Activities	
ACTIVITY TITLE	HSI 2.1: Population Health - Can Get Health in Canterbury
Existing, Modified, or New Activity	Modified Activity HSI 3.1: Population Health – Can Get Health in Canterbury
Needs Assessment Priority	Priority Number: 6, 10 Priority Title: Maintain access to primary care services Needs Assessment page reference: 86 Identified as possible option: Yes
Aim of Activity	To improve health and reduce inequities for marginalised culturally and linguistically diverse (CALD) populations in the Canterbury area
Description of Activity	<p>The population of Canterbury has high mortality rates for all cancers, high rates of chronic diseases, high overweight and obesity rates for adults and children, high rates of children with one or more developmental vulnerability domains, and the highest rates of psychological distress, smoking, and people reporting fair or poor health.</p> <p>The Can Get Health in Canterbury project is a partnership between SLHD, CESP HN, and the University of New South Wales Centre for Primary Health Care and Equity (CPHCE). The project is underpinned by values of equity and community engagement and works in collaboration communities and community organisations within Canterbury. There are three priority areas:</p> <p>Priority 1: Child, Family and Women’s Health</p> <ul style="list-style-type: none"> • Provide health education programs for Bangladeshi women in partnership with Metro Assist including an in-language parenting program • Co-design a program supporting the positive role of men in their families, with male workers from relevant local child and family services and agencies • Develop Bangladeshi language resources about supporting newly arrived migrant mothers and grandmothers to access appropriate health care <p>Priority 2: Mental Health</p> <ul style="list-style-type: none"> • Support the promotion of CESP HN Psychological Support Services (PSS) to improve access to a range of applied psychological therapies. • Promote domestic violence resources targeted at raising community awareness of DV and support services <p>Priority 3: Stakeholder Engagement</p> <ul style="list-style-type: none"> • Support the Rohingya community to strengthen the role of men in family wellbeing (Rohingya Little Local). • Support the Community Participation Coordinator at Canterbury Hospital to assist CALD communities to access health services. • Deliver professional development strategies to enhance the capacity of primary health care providers to address issues and barriers • Employ an Arabic speaking community networker to implement a program of work in partnership with a Muslim Association in one of the priority areas, as identified in January-June 2019.
Associated Flexible Activity/ies:	N/A
Target population	Marginalised CALD communities in the Canterbury area

cohort	
Indigenous specific	No
Coverage	Canterbury SA3
Consultation	All activities of Can Get Health in Canterbury currently collaborate with health and community organisations listed below to achieve the goals of the project.
Collaboration	<p>The Can Get Health in Canterbury project works in partnership with the following organisations:</p> <ul style="list-style-type: none"> • SLHD Population and Community Health, Diversity Strategies and Programs • GPs in the Canterbury region • Canterbury Bankstown Council • NSW Refugee Health Service • Canterbury Hospital • Local interagency such as the Canterbury Child and Family Interagency • Community organisations (e.g. Metro Assist (formerly Migrant Resource Centre), Canterbury City Community Centre (4 Cs), Koorana Child & Family Services, Muslim Women Association, Lebanese Muslim Association, Burmese Rohingya Community Australia, Lakemba and Wiley Park Schools as Community Centres)
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2020</p> <p>Activities in the FY 2021-2022 are subject to continued external funding of the project and input of the steering committees.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input checked="" type="checkbox"/> Other approach (please provide details) Internal delivery</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

Proposed Activities	
ACTIVITY TITLE	HSI 3.1: Population Health - Sexual Health and Viral Hepatitis- Capacity building in Primary Care
Existing, Modified, or New Activity	Modified Activity Combined HSI 4.1: Population Health - Sexual Health and HSI 4.2: Population Health - Sexual Health new models of care for management of chlamydia in general practice
Needs Assessment Priority	Priority Number: 4 Priority Title: Support primary care providers to address STIs and other blood borne (HIV and Viral Hepatitis) conditions Needs Assessment page reference: 84 Identified as possible option: Yes
Aim of Activity	Increase competency of primary health care professionals in addressing STIs and Viral Hepatitis with respect to reducing barriers in access to care for priority populations, including new models of care for testing, addressing inclusivity and better treatment outcomes.
Description of Activity	<p>CESPHN continues to have the highest rates of STIs in NSW with all STIs increasing across the region except for HIV. This activity will support the primary health care sector by increasing primary care's approachability, acceptability and appropriateness, to better reach priority populations.</p> <p>General practice strategies will be focussed on encouraging Gay Friendly Practice and building capacity in managing transgender health needs, viral hepatitis needs and youth needs.</p> <p>CESPHN will also partner and co-fund identified projects that complement the following strategies:</p> <p>Management of Chlamydia Cases in Australia (MoCCA) project</p> <p>This activity will support the primary health care sector by increasing the ability to reach cases of chlamydia that would otherwise be lost to follow up and contribute to ongoing transmissions (Partnered Delivered Therapy). It will increase health care efficiency by reducing avoidable hospitalisations and morbidity in patients attending general practice and being missed for PID (which can result in ED presentations and ectopic pregnancy).</p> <p>AMR Project</p> <p>Develop model of Care for POC (point of care testing) and/or precision testing for AMR for chlamydia (CT) and gonorrhoea (NG) in collaboration with the Kirby Institute (UNSW). This technology offers a new approach to the diagnosis and management of STIs with results in 90 minutes, as well as directing antibiotic susceptibility of microbe, reducing the misuse (prescribing) of antibiotics.</p> <p>UNSW Kiosk</p> <p>New model for testing hard to reach populations (international students) will allow a soft entry into the University Health service (GP practice) for people who would otherwise not test/not be treated.</p> <p>Scoping New Models of Care for people living with HIV and Social isolation/ Physical Activity/ Aging/ NDIS</p> <p>Joint project with SESLHD investigating interventions that support people with HIV to improve their quality of life throughout the lifespan and stay socially connected.</p>

Associated Flexible Activity/ies:	CF 1.9
Target population cohort	Primary health care professionals, transgender populations, gay men, and men who have sex with men, young people, CALD communities, people who have a history of injecting drug use.
Indigenous specific	No
Coverage	CESPHN region
Consultation	LHDs, GPs, NSW STI Programs Unit, Kirby Institute, Australasian Society of HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), Doherty Institute for Infection and Immunity, UNSW health service/ health promotion, STIMGA- STIs in Gay Men's Action Group
Collaboration	<p>SESLHD & SLHD HARP Unit: partner in the CESPHN led Sexual health and Viral Hepatitis Partnership committee, co-designing project activities, clinical governance, partner in co-funding project e.g. Kiosk project</p> <p>RPA Liver Clinic and St George Liver Clinic: as above, provides clinical guidance</p> <p>LHD Public Health Units: provide notification data on STIs</p> <p>SLHD Services RPA Sexual Health: sit on the STIGMA (see below)</p> <p>GPs: consulted for acceptability of gay friendly and STI strategies</p> <p>NSW STI Programs Unit: convenes STI committees</p> <p>Kirby Institute: Chief investigators for AMR project</p> <p>Outcome health: Developing clinical Audit tools for STIs</p> <p>ASHM: Viral Hepatitis Partnership committee</p> <p>Doherty Institute for Infection and Immunity: academic expertise</p> <p>UNSW health service/ health promotion: Kiosk project</p> <p>STIMGA- STIs in Gay Men's Action Group: provide expertise in relation to STIs in gay men</p>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year.</p> <p>Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p> <p>By March 2020: Kiosk Evaluation and report</p> <p>By Jun 2020: KPIs delivered for MoCCA Project</p> <p>2020-2021: POC/AMR project commenced (5-year project)</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input checked="" type="checkbox"/> Other approach (please provide details) CESPHN will provide co-funding. Current partners have the most appropriate infrastructure and relationships to efficiently deliver this project.</p>

	<p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
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Proposed Activities	
ACTIVITY TITLE	HSI 4.1: Population Health – Cancer Control
Existing, Modified, or New Activity	Modified Activity Combined HSI 5.1: Population Health – Cancer Control and HSI 8.2: Population Health – Clinical Pathways for Cancer
Needs Assessment Priority	Priority Number: 3, 28,31 Priority Title: Increase screening rates for breast, bowel and cervical cancer; Improve access to culturally appropriate adult chronic disease, mental health and drug and alcohol services for Aboriginal and/or Torres Strait Islander peoples; Disability service integration and coordination. Needs Assessment page reference: 84, 97, 98 Identified as possible option: Yes
Aim of Activity	Support GP practices across the region to systematically implement screening and prevention activities for breast, cervical and bowel cancer, focusing on communities/population groups with lower participation rates, in line with revised national guidelines.
Description of Activity	<p>This activity will support the primary health care sector to improve its capacity to systematically provide cancer screening in the general practice setting and adhere to relevant guidelines to promote increased screening rates for breast, bowel and cervical cancer. Improving consumer health literacy will also support the primary health care sector by driving cancer-related provider activities.</p> <p>CESPHN will use the following approaches to support general practices across the region and increase participation rates:</p> <p>Priority 1: General Practice Screening</p> <p>CESPHN will support general practices to reduce the number of under-screener and never-screener in practice populations by:</p> <ul style="list-style-type: none"> • Providing clinical leadership training to practice staff to support staff to implement systematic changes that increase cancer screening in their general practice. CESPHN will also provide further support to practice staff who have been trained as clinical leaders previously to continue to systematically enhance cancer screening activities in their practices. This will complement the QI for Cancer commissioned service. • Following up with practices on the use of the GP endorsement letter/SMS for bowel cancer screening and optimising other recall and reminder systems. • Assisting general practices increase the uptake of 45-49-year preventive health assessments/715 for Aboriginal patients for cancer screening discussions by proactively identifying and appointing eligible patients. • Encouraging greater take up of QI activities for cancer screening through the QI for Cancer initiative and supporting the Practice Support Team and PCMN Teams in related activities. • Increasing access within practice waiting areas to cancer screening information (CESPHN developed brochure and poster and NBCSP poster and in-language instructions). • Updating cancer control resources on CESPHN website for providers. <p>Priority 2: Increasing access to cervical screening for priority populations</p> <ul style="list-style-type: none"> • CESPHN will support promotion of a commissioned service that provides cervical screening for women in priority areas.

	<ul style="list-style-type: none"> • CESPHN is a project partner on the SESLHD project for 2018-2020 to increase access to cervical screening focusing on Aboriginal women and women from CALD backgrounds at ante-natal and postnatal points of care. • CESPHN will support at least 18 practices to audit data and increase screening at these points of care through a range of activities. <p>Priority 3: Consumer Health Literacy</p> <p>CESPHN will ensure dissemination of the newly developed and co-designed cancer screening information brochures, posters and videos by:</p> <ul style="list-style-type: none"> • Providing in-language resources to GP practices, Breastscreen NSW Assessment centres, local libraries, community organisations and LHDs/other stakeholders working with CALD groups for use in their activities. • Formatting Chinese and Arabic versions of the CESPHN resource for practices and Breastscreen NSW Screening and Assessment centres. • Increasing access to NBCSP in-language bowel screening test instructions. • Providing communities with relevant in-language resources. • CESPHN will work with partner organisations to identify health literacy needs and publicise and disseminate existing resources or develop other resources for Aboriginal peoples as part of the SESLHD project if required.
Associated Flexible Activity/ies:	CF 1.13
Target population cohort	Primary care professionals involved in cancer screening and treatment, and eligible consumers with attention to groups with low screening participation; in particular, CALD communities, Aboriginal and Torres Strait Islander people, and people with a disability
Indigenous specific	No
Coverage	CESPHN region with a focus on geographical areas with lower screening rates including the following LGA regions: Rockdale, Strathfield, Canterbury, City of Sydney and Botany.
Consultation	LHD cancer screening services, multicultural service, women’s health service, general practice, National Screening Programs, CINSW, Community groups and organisations, NSW PHNs, external provider of cervical screening/women’s health (to be decided through commissioning), Metro Assist CINSW cervical screening project Steering Committee, SESLHD CINSW Antenatal Cervical Screening Project Steering Committee, SES Women’s Cancer Working Party, Sydney LHD: Women’s Health, Breast Screen NSW: Advisory Committee
Collaboration	CESPHN will collaborate with a range of stakeholders through attendance and participation within cross agency meetings and development of agreed strategies and where necessary formal agreements. Stakeholders include: <ul style="list-style-type: none"> • LHD cancer screening services, multicultural service (partner), women’s health service (partner) • General practice • National Screening Programs • CINSW • Community groups and organisations • NSW PHNs • External provider of cervical screening/women’s health (to be decided through commissioning)

<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input checked="" type="checkbox"/> Other approach (please provide details) These are not commissioned services <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

Proposed Activities	
ACTIVITY TITLE	HSI 5.1: Population Health – Supporting NDIS
Existing, Modified, or New Activity	Existing Activity HSI 7.1: Population Health – Supporting NDIS
Needs Assessment Priority	Priority Number: 31 Priority Title: Disability service integration and coordination Needs Assessment page reference: 98 Identified as possible option: Yes
Aim of Activity	To improve the capability of primary care providers to coordinate services under the NDIS and enhance the capacity of primary care to respond to the challenges of those clients with a disability and those who receive care under NDIS.
Description of Activity	A CESPHN NDIS survey identified that a majority of providers with patients/clients with specific disabilities were dissatisfied with how patients/clients were accessing the NDIS or receiving NDIS support and services. To support the implementation and management of the NDIS, CESPHN will: <ul style="list-style-type: none"> • Update the Disability Health Portal for the CESPHN region • Deliver a range of education programs targeting primary care professionals to improve competency regarding the “whole of life” nature of disability, including managing health parallel to disability care, and informing primary care professionals about NDIS • Commission NDIS Education and Training for Primary Health Providers • Maintain secretariat support to the CESPHN Disability Network.
Associated Flexible Activity/ies:	N/A
Target population cohort	Primary health care providers, clients with disabilities and those under the NDIS
Indigenous specific	No
Coverage	CESPHN region
Consultation	Consultation is via the CESPHN Disability Network. Membership includes appropriate representation and expertise as required and includes, but is not limited to, all of the stakeholders listed below.
Collaboration	CESPHN’s stakeholders include: <ul style="list-style-type: none"> • Individuals and carers with lived experience of disability • Sydney and South East Sydney LHD representatives • FACS representatives • Health Network representatives • General practice, GPs, Nurses and practice staff & allied and community health professionals • Aboriginal health workers • Hospital representatives • University representatives • CALD community representatives and service providers • Non-Government organisations & community organisations • LGBTQI representatives • Local Area Coordinator – St Vincent de Paul representatives

	<ul style="list-style-type: none"> • Ministry of Health representatives • NDIS representatives
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input checked="" type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

Proposed Activities	
ACTIVITY TITLE	HSI 6.1: Aged Care - Building primary care sector capacity to support aged care
Existing, Modified, or New Activity	Modified Activity HSI 9.1: Aged Care – Building primary care sector capacity to support aged care
Needs Assessment Priority	Priority Number: 7 Priority Title: Increase community-based services for aged care priorities Needs Assessment page reference: 86 Identified as possible option: Yes
Aim of Activity	Build capabilities and capacity of local aged care providers to respond to the healthcare needs of older people.
Description of Activity	<p>This activity will build capability and capacity of the local primary care workforce to manage patients with frailty or at risk of falls and create opportunities for service integration between primary care and RACF/Retirement Villages (RV). This activity will also contribute to enhancements in the local primary care system to effectively and efficiently manage those aged 65 years and older.</p> <p>CESPHN will build the capacity of the primary care sector to support aged care by:</p> <ul style="list-style-type: none"> • Delivering a range of education events targeting local primary care clinicians and staff from local RACF/RV. Topics will aim to enhance capabilities to effectively respond to the health needs of people aged 65 years and over e.g. frailty and falls screening, and topics that enhance/streamline the care continuum for older people, e.g. chronic disease management, advance care planning, integrated service planning. • Maintaining CESPHN representation on pertinent external committees/working groups related to aged care, with a specific focus on promotion of activities and sharing knowledge in Advance Care Planning, palliative care, CHSP support forums, and connecting Primary Health Care with RACFs and Hospitals.
Associated Flexible Activity/ies:	CF 1.3
Target population cohort	Primary health care professionals working directly with older people across different health care settings
Indigenous specific	No
Coverage	CESPHN region
Consultation	LHDs and RACFs
Collaboration	<p>CESPHN will collaborate with a range of stakeholders through relevant committees and advisory groups to implement this activity including:</p> <ul style="list-style-type: none"> • Relevant LHD staff – collaborate with LHD staff who specialise in certain areas (e.g. Advance Care Planning. Engagement with those staff to provide education). • Medical specialists – engagement with Geriatricians and/ or staff specialists (e.g. Palliative Care Staff Specialist. Medical specialists to provide the education, deliver expert knowledge in specialised fields). • Community aged care services – deliver training sessions for RACF staff (both care staff and clinical staff)

	<ul style="list-style-type: none"> • Dementia Australia – provide resources and representation at Aged Care Forum
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input checked="" type="checkbox"/> Other approach (please provide details) These are not commissioned services <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

Proposed Activities	
ACTIVITY TITLE	HSI 7.1: Population Health Planning - Needs Assessment, Monitoring and Evaluation
Existing, Modified, or New Activity	Modified Activity Combined 10.1: Population Health Planning - Needs Assessment, Monitoring and Evaluation, HSI 10.2: Population Health Planning - Develop comprehensive, real-time data assets, 10.3: Population Health Planning - Building capacity of CESPHN staff for comprehensive and sustained monitoring and evaluation, and HIS 10.4: Population Health Planning - Stakeholder engagement
Needs Assessment Priority	Priority Number: 24 Priority Title: Develop robust methods for capturing, monitoring and evaluating data Needs Assessment page reference: 94 Identified as possible option: Yes
Aim of Activity	To accurately and reliably determine the health needs and service gaps for the region, inform service commissioning and evaluate planned activities.
Description of Activity	This activity includes: <ul style="list-style-type: none"> • Completing ongoing needs assessments to identify the health needs and service gaps for the region, and identify priorities and develop responses including commission services, according to need • Completing Activity Work Plans with priorities identified from needs assessment • Integrating the PHN Program National Performance and Quality Framework into activities using local indicators to monitor and evaluate progress and report against these indicators in the 6 and 12 month Performance Reports • Establishing and implementing an organisation-wide monitoring and evaluating framework to assess/monitor progress against planned activities or commissioned services and build capability of CESPHN staff to support comprehensive, efficient and sustained monitoring and evaluation functions • Integrating methods for capturing patient and provider experience using validated tools. <p>The expected outcomes include increased data granularity and subsequent insight into the primary care health needs and service gaps for the region and better targeted support to primary care providers.</p>
Associated Flexible Activity/ies:	N/A
Target population cohort	N/A
Indigenous specific	No
Coverage	CESPHN region
Consultation	CESPHN will consult with its advisory groups, member networks, consumer and community groups, peak bodies, NGOs, allied health professionals, general practices, universities, SLHD, SESLHD SCHN, SCHN, and other PHNs
Collaboration	CESPHN will collaborate with SESLHD, SLHD, SVHN and SCHN through relevant governance groups such as the Primary Care Partnership Committee to identify data, obtain feedback and synthesise findings to inform plans and reports: CESPHN will also collaborate with other PHNs through groups such as the NSW/ACT Population Health, Data and Information Network.

<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones? Updates to Needs Assessment (ongoing), revisions to AWP (by March each year), 6 month Performance Report (by March each year), 12 month Performance Report (by September each year)</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

Proposed Activities	
ACTIVITY TITLE	HSI 8.1: Workforce - CPD
Existing, Modified, or New Activity	Existing Activity HSI 11.1: Workforce – CPD
Needs Assessment Priority	Priority Number: 25, 27 Priority Title: Develop a workforce and primary care service plan; Service integration with a focus on high priority groups and local diseases prevalence Needs Assessment page reference: 95, 96 Identified as possible option: Yes
Aim of Activity	To provide a comprehensive, varied and high quality CPD program within the region incorporating a variety of delivery methods and working in partnership to address the identified education needs of the primary care workforce
Description of Activity	Continuing Professional Development activities directly support the primary care workforce by ensuring primary care professionals and their practice staff are provided with high quality education which supports their day to day work. Activities include: <ul style="list-style-type: none"> • Delivering CPD education for a range of primary care providers (GPs, practice nurses, allied health professionals, practice admin staff) to maintain registration with their respective peak bodies or regulating authority (RACGP, APNA, AHPRA, AAPM) • Developing and implementing Small Group Learning (SGL) program across the CESPHN region The expected outcome is that primary care providers have access to a wide range of CPD events that are based on identified needs and meet requirements for their professional registration.
Associated Flexible Activity/ies:	N/A
Target population cohort	Primary care professionals and their practice staff
Indigenous specific	No
Coverage	CESPHN region
Consultation	CESPHN consults with GPs, AHPs and practice staff through advisory committees and networks to identify educational needs.
Collaboration	CESPHN will collaborate with a range of stakeholders in the planning and execution of the CPD Program. Key stakeholders engaged in the execution of this activity and their level of engagement are: <ul style="list-style-type: none"> • Prince of Wales Private Hospital, St Vincent’s Private Hospital and Clinic and Royal Hospital for Women: partner, shared responsibility of CPD activities • SCHN, Concord hospital, St Luke’s hospital: partner • Chris O’Brien Lifehouse: shared responsibility of CPD activities • Spectrum Medical Imaging • RACGP • APNA: collaborated • Sydney Private Hospital

<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input checked="" type="checkbox"/> Other approach (please provide details) Internal delivery <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

Proposed Activities	
ACTIVITY TITLE	HSI 9.1: Population Health – General Practice Support Immunisation
Existing, Modified, or New Activity	Modified Activity HSI 12.1 Population Health – General Practice Support Immunisation
Needs Assessment Priority	Priority Number: 2 Priority Title: Increase immunisation coverage rates in line with national aspirational targets Needs Assessment page reference: 84 Identified as possible option: Yes
Aim of Activity	Increase childhood immunisation coverage rates through direct support to local general practices
Description of Activity	In coordination with CESPHN’s practice support team, provide direct support to local general practices to improve childhood immunisation rates, uptake of early childhood assessments, screening and referral pathways. This includes education on cold chain management, supporting newly opened general practices to set up their Vaccine Account Number for ordering vaccines, and working with Public Health Units to disseminate disease alerts and respond to disease outbreaks. Support will also be provided to general practices and the community to increase uptake of vaccines in at risk groups (chronic disease patients, elderly, pregnant women, Aboriginal and Torres Strait Islander people).
Associated Flexible Activity/ies:	N/A
Target population cohort	CESPHN general practices and consumers with a focus on new immigrants
Indigenous specific	No
Coverage	CESPHN region, with a focus on areas with low immunisation rates
Consultation	General practices, local playgroups, with a focus on areas with low immunisation rates and new immigrants, private hospitals, local councils, child care centres
Collaboration	Sydney Public Health Unit and South Eastern Sydney Public Health Unit: provide data on areas of low immunisation coverage rates, information on disease outbreaks and alerts, and identify practices who have had a cold chain breach requiring education and support National Centre for Immunisation, Research and Surveillance (NCIRS): jointly coordinates the program National Prescribing Service: jointly coordinates the program General Practitioner, Practice Nurse and Aboriginal Health Service Staff Representatives: provide input into activities and education events
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022 If applicable , provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year.

	Any other relevant milestones?
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input checked="" type="checkbox"/> Other approach (please provide details) Internal delivery <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

Proposed Activities	
ACTIVITY TITLE	HSI 10.1: Digital Health – Systems integration and enablement
Existing, Modified, or New Activity	Modified Activity Combined HSI 13.1: Digital Health – Rate of health care providers using specific digital health systems and HSI 13.2: Digital Health – Data Sharing
Needs Assessment Priority	Priority Number: 21, 22, 23 Priority Title: Empower primary care providers for the digital health journey; Strengthen systematic, accurate and reliable discharge summaries between hospitals and GPs; Explore innovative approaches to the use of digital health solutions Needs Assessment page reference: 93, 94 Identified as possible option: Yes
Aim of Activity	Increase digital health uptake and the meaningful use of specific digital health systems / technologies by health care providers
Description of Activity	<p>This activity will support general practices and health professionals to use digital health systems and participate in information sharing by:</p> <ul style="list-style-type: none"> • Supporting general practices and other health professionals to adopt secure messaging technologies, to receive /send correspondence electronically • Providing support to general practices to receive discharge summaries from LHDs/LHNs and private hospitals via HealtheNet and other digital technologies • Facilitating the implementation of technologies that enable two-way communication between LHDs/LHNs and other health professionals, primarily general practice • Exploring the feasibility of electronic shared care planning tools • Systematically embedding the use of My Health Record into routine patient care • Implementation of a new GP Engagement Strategy that is aimed at better supporting GPs and practices needing more intensive engagement and support with continuous quality improvement activities and enablement of My Health Record and PIP QI programs in primary care. A key focus will also be supporting the uptake of MHR in RACF – CESP HN has 150 RACFS in its region of whom approximately only 5% have registered in the MHR system. • Maintain the uptake and momentum of national and state level primary care programs and initiatives that provide a more patient centric and connected care ecosystem across the region • Providing general practices with access to data extraction and analysis tools to support continuous quality improvement activities • Facilitating the uploading of accurate shared health summaries to the My Health Record and the inclusion of accurate information in eReferrals and Smart Forms. <p>The expected outcomes are an increased number of health professionals meaningfully using digital health systems / technologies and an increased number of practices sharing data with the PHN and participating in quality improvement activities.</p>

Associated Flexible Activity/ies:	N/A
Target population cohort	General practices and health professionals
Indigenous specific	No
Coverage	CESPHN region
Consultation	CESPHN will consult with its advisory groups, member networks, consumer and community groups, peak bodies, NGOs, allied health professionals, general practices, pharmacists, medical specialists, SESLHD, SLHD, SVHN, SCHN, eHealth NSW, Australian Digital Health Agency (ADHA), external training organisations, software vendors and other PHNs.
Collaboration	<p>General practices including GPs, Practice Nurses and Practices Managers, allied health professionals, medical specialists, pharmacists: participation and adoption in the use of specific health systems and participation in data sharing and data quality improvement activities</p> <p>Advisory groups, member networks, consumer and community groups: provide advice and support in digital health integration and activities</p> <p>Aged care and RACFs: encourage integrated coordination of care for older Australians through My Health Record, improved GP access to RACF electronic health records and improved communication with hospitals</p> <p>Private hospitals: assist in the implementation and review in a range of activities to address issues impacting the timeliness, accuracy and quality of electronic discharge summaries and the adoption of secure messaging</p> <p>Australian Digital Health Agency (ADHA): responsible for national digital health services and systems. eHealth NSW: provides statewide leadership on the shape, delivery and management of ICT-led healthcare and implements change and adoption</p> <p>Software vendors: partners in the delivery of interoperable solutions in coordination with healthcare professionals</p> <p>External training organisations: support health care providers to use digital health systems to improve patient care and information sharing</p> <p>SESLHD, SLHD, SVHN, SCHN: facilitate implementation of technologies that enable two-way communication between LHDs/LHNs and other health professionals, and data linkages</p> <p>RACGP: provide guidelines for data quality in general practice and standards for accreditation</p> <p>Research organisations: opportunities to collaborate on population health research supported by data to achieve better patient health outcomes</p> <p>Other PHNs: leverage existing digital health activities and collaborate with other PHNs enabling open sharing of content, specifically those in geographical proximity to CESPHN.</p>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year.</p> <p>Service delivery end date: Month. Year.</p>

	Any other relevant milestones?
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

Proposed Activities	
ACTIVITY TITLE	HSI 11.1 Population Health – e-learning services
Existing, Modified, or New Activity	Modified Activity CF 1.8: Population Health – e-Learning Services
Needs Assessment Priority	Priority Number: 1, 25 Priority Title: Screening and management of chronic and complex diseases and associated risk factors; Develop a workforce and primary care service plan Needs Assessment page reference: 83, 95 Identified as possible option: Yes
Aim of Activity	Increase knowledge of general practice nurses using e-learning modules covering contemporary treatment and management options, including models of care to manage patients with chronic and complex medical conditions.
Description of Activity	Commission e-Learning project for general practice nurses and other practice staff members to improve their skills in providing person-centred care in chronic disease management. In 2018-19, CESP HN commissioned Australian Primary Health Care Nurses Association (APNA) to provide 15 e-learning modules on primary care for up to 400 practice nurses in the region. Based on the activity's success in 2018-19, CESP HN will commission APNA to continue delivering e-learning services, with increased modules in priority areas. APNA will also provide e-learning modules for practice managers and medical receptionists. The objectives are to enhance access to learning resources and relevant content to general practice nurses to assist them in managing their patients and improve quality of care through continuous professional development. Consideration will also be given to further developing online learning modules for practice managers and receptionists in line with their CPD needs.
Associated Flexible Activity/ies:	N/A
Target population cohort	General practice nurses working in the CESP HN region
Indigenous specific	No
Coverage	CESP HN region
Consultation	Consultation with general practice nurses undertaken in 2017-2018 through online survey. Ongoing consultation will be conducted through commissioned provider. Other consultations were held with relevant LHD staff, GPs and allied health professionals.
Collaboration	CESP HN Stakeholders include: <ul style="list-style-type: none"> • General practice nurses: partner • GPs: partner • Allied health professionals: partner
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022 If applicable , provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year.

	<p>Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input checked="" type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

Proposed Activities	
ACTIVITY TITLE	GPS 1.1 - Primary Care Workforce Support.
Existing, Modified, or New Activity	Existing Activity GPS 1: Workforce - Primary Care Workforce Support
Needs Assessment Priority	Priority Number: 25 Priority Title: Develop a workforce and primary care service plan Needs Assessment page reference: 94 Identified as possible option: Yes
Aim of Activity	Support the local primary care workforce in continuous quality improvement and capacity building
Description of Activity	<p>CESPHN will implement a range of activities, including (but not limited to) face to face training and education visits, email/phone support and provision of resources to support the primary care workforce in the following areas:</p> <ul style="list-style-type: none"> • Accreditation under the RACGP 5th Edition Standards • Uptake of the QI PIP from 1 May 2019 and other PIPs including After Hours, Indigenous Health Incentive, ePIP, PNIP • Newly opened, closing or amalgamating practices and retiring GPs • Expanding workforce, such as co-located allied health, employing practice nurses, practice managers • Orientation of GP registrars, GPs, practice nurses, practice staff, and medical students • Cultural awareness training • Implementation of GP Engagement Strategy in order to tier general practices to identify and support according to level of engagement. <p>CESPHN will utilise practice engagement tools to develop tailored support and lay the foundations for the person centred medical neighbourhood (PCMN) model of care to targeted practices. The PCMN model of care is CESPHN's localised model designed to build the capacity and capability of general practices.</p> <p>The expected outcomes are:</p> <ul style="list-style-type: none"> • Maintenance or increase in general practice accreditation across the region • Increased number of practices participating in CESPHN PCMN readiness program model • Increased uptake of QI PIP amongst practices and participating in quality improvement activities.
Associated Flexible Activity/ies:	N/A
Target population cohort	Primary care workforce
Indigenous specific	No
Coverage	CESPHN region
Consultation	RACGP, Australian Primary Care Nurses Association, Australian Association of Practice Managers, Australian Health Practitioner Regulation Agency, CESPHN community health network, GP Synergy, universities and research institutions within the CESPHN region, GPs, general practice and allied health staff
Collaboration	GPs, practice nurses, practice managers/staff, general practice accrediting bodies, SESLHD, SLHD, software vendors (including Pen CS and POLAR GP)

<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: May 2019 Service delivery end date: Month. Year.</p> <p>Any other relevant milestones? Introduction and support to general practices on QIPIP – from 1 July 2019 Implement GP Engagement Strategy – between 1 July 2019 to 30 June 2020</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input checked="" type="checkbox"/> Other approach (please provide details) Internal delivery <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

Proposed Activities	
ACTIVITY TITLE	CHHP – Cancer Management in General Practice
Existing, Modified, or New Activity	New Activity CHHP – Cancer Management in General Practice
Needs Assessment Priority	Priority Number: 1 Priority Title: Screening and management of chronic and complex disease and associated risk factors Needs Assessment page reference: 82 Identified as possible option: Yes
Aim of Activity	The aim of the activity is to boost the capacity of general practice to enhance the management of people with newly diagnosed and end stage cancer, by addressing gaps in service communication and care coordination.
Description of Activity	The 2018 CESP HN needs analysis identified cancer and palliative care services as a key priority area. During 2011-2015 cancer was the highest cause of premature mortality in the CESP HN region (88.6 deaths per 100,000 people). To address this priority issue, the Activity will undertake the following: <ul style="list-style-type: none"> • Create a GP support line(s) to assist GPs and practice nurses with advice and service navigation in relation to cancer management; • Create new General Practice (GP) nurse liaison positions to better manage the needs of cancer patients in the community by supporting GP involvement in shared cancer and palliative care management; and • Create a network of allied health professional staff aligned to existing hospital and community cancer and palliative care teams, GPs, and GP networks, to improve care and management for patients. The expected outcomes are: <ul style="list-style-type: none"> • Enhanced capacity of primary care providers to manage of people with newly diagnosed and end stage cancer • improved communication and care coordination between cancer specialists and primary care providers.
Associated Flexible Activity/ies:	N/A
Target population cohort	Primary care workforce
Indigenous specific	No
Coverage	CESPHN region
Consultation	GPs, Allied Health Professionals, NGOs, Practice Nurses, Practice Managers, Cancer Specialists, Community Service Providers, Consumers, CESP HN Community Health Network, CESP HN Clinical Council, Sydney LHD and South Eastern Sydney LHD.
Collaboration	GPs, NGOs, Practice Nurses, Cancer Specialists, Community Service Providers, Consumers, Sydney LHD and South Eastern Sydney LHD.
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle) : Activity start date: 1/07/2019 Activity end date: 31/12/2022

	<p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: June 2020 Service delivery end date:</p> <p>Any other relevant milestones? GP Cancer Support Line</p> <ul style="list-style-type: none"> • Co-design of the GP Cancer Support Line - August-October 2019 • Procurement - November 2019-February 2020 • Service establishment (design and testing) - March-April 2020 • Service start - 1 June 2020 <p>Note: These timeframes are indicative and will be updated annually, with progress updates provided in the 6 and 12-month reports.</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input checked="" type="checkbox"/> Open tender <input checked="" type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) Internal delivery <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>