



**Australian Government**

**Department of Health**



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# **Updated Activity Work Plan 2016-2018: After Hours Funding**

***South Eastern Melbourne PHN***

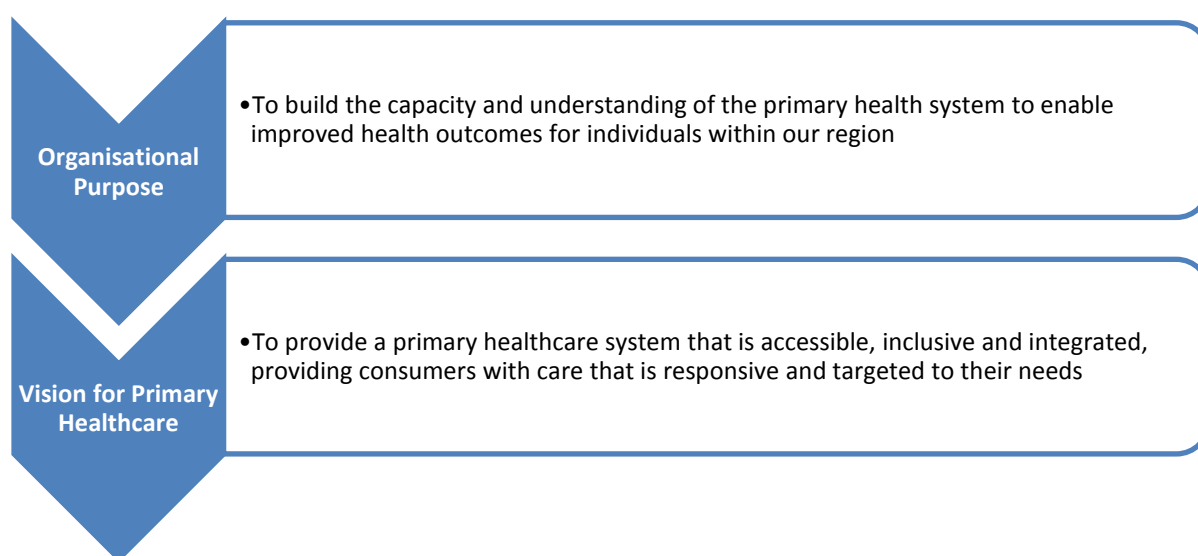
## Overview

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

The duration of activities and terminology have been updated for the purposes of consistency throughout all Activity Work Plans.

As instructed, completed and discontinued activities are represented at the end of this document.

### 1. (a) Strategic Vision



To realise the Vision for Primary Healthcare, The South Eastern Melbourne PHN (SEMPHN) will provide leadership across the catchment to identify and address system integration and capacity issues. This will be done to ensure a well-coordinated and functional system within the region that is capable of responding to the primary healthcare needs of the community.

SEMPHN will focus on early intervention, and reducing the need for long term treatment by commissioning targeted activities that, among other things, seek to integrate and interface with parallel service system. SEMPHN will become a trusted facilitator that is able to build strong productive relationships across the primary health system. These relationships will allow us to work together to build healthier lives through co-design of services that fit the needs of our community. This will make the best use of limited public resources to improve the quality of services available to our stakeholders.

SEMPHN will commission a mix of service intervention modalities in primary care and specialist health services to ensure improved access for the community. Where appropriate, these will adopt a place based approach consistent with findings in our needs assessment.

Throughout all of SEMPHN's work, the organisation will continue to engage with the service sector, consumers and the broader community to monitor and review the effectiveness of the strategies and activities implemented over the life of this work plan.

## SEMPHN Commissioning Method

Commissioning refers to the strategic procurement, monitoring and evaluation of health and related services. SEMPHN's commissioning decisions are informed by:

- Population health analysis
- Evidence review
- Service mapping.

SEMPHN's commissioning activities are consistent, with the Australian Government Department of Health commissioning guidelines in so far as they have:

- A strategic approach to purchasing that seeks to ensure that services meet the health needs of the population and contribute towards service and system improvement and innovation.

SEMPHN's commissioning approach is further underpinned by our key principles which are:

- Value for money
- Ethical behaviour and probity
- Competition
- Efficiency and effectiveness
- Equity and sustainability
- Stakeholder consultation.

Commissioning is a continuous process that requires SEMPHN to be responsible for:

- Strategic planning – assessing the needs of the community and available health services, and determining priorities based on service analysis and professional and community input.
- Service procurement – purchasing health services in line with outcomes of strategic planning, the PHN objectives and the identified local and national priorities for the PHN.
- Monitoring and review – assessing the efficiency and effectiveness (including value for money) of health services, and implementing strategies to address gaps and underperformance.

SEMPHN uses Tenderlink to advertise tenders to the market and to manage the procurement process through to contract award stage. The approach to market maybe via an expression of interest, competitive tender, closed and/or select tender process.

SEMPHN manages its procurement of goods and services to obtain the best 'value for money' and maximise operational benefits, whilst maintaining the highest standards of probity and corporate responsibility, accountability, transparency and confidentiality.

SEMPHN service development officers will work with all commissioned agencies to prepare a contractor work plan. All contracted services will be monitored via progress reports, data collection and client feedback surveys. Evaluation plans will further inform future commissioning activities and contribute to continuous improvement and capacity building of health services.

### **3. (a) Strategic Vision for After Hours Funding**

The South Eastern Melbourne PHN (SEMPHN) will provide leadership across the catchment to identify and address areas to improve the health of our community in the after-hours. We will work with the sector to develop innovative approaches to improving access to services both in hours and after hours to ensure that the community has access to the best quality care at the right time in the right place.

Our work will include further consultation and co-design with clients and service providers to improve access and further develop existing after hours. SEMPHN will build on our existing partnerships with key stakeholders including state and local government, Local Hospital Networks, Aboriginal controlled health services, peak agencies, general practice and the community sector to maximise opportunities for alignment, integration, continuity and coordination of care.

We will commission services to support the effective delivery of primary care services in the after-hours, focusing particularly on disadvantaged groups and locations in order to address gaps in after-hours service provision.

We will engage with general practice and our community to help improve practices' capacity to provide primary health care to activated, health literate clients.

We will continue to engage with the service sector to monitor and review the effectiveness of the strategies and activities implemented over the life of this work plan.

### 3. (b) Planned PHN Activities – After Hours Primary Health Care 2016-18

Proposed Activities	
Activity Title / Reference (eg. NP 1)	After Hours Grants Program / AH1.1
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area (eg. 1, 2, 3)	Intelligent Commissioning: <ul style="list-style-type: none"> <li>• After-hours (page 40)</li> </ul>
Description of Activity	<p>SEMPHN will fund integrated care arrangements among and between different general practices and health services in the catchment to ensure coordination and continuity of care between in hours and after-hours service providers.</p> <p>Via multiple funding rounds, the program will provide grants to local providers to improve access to care in the after-hours. The grants will be from \$30,000 to \$100,000 and seek to engage the sector to provide innovative solutions to reduce primary care type emergency department visits. In 2017/18, SEMPHN will continue the grant program; extend programs where they either require more time to achieve full implementation or demonstrate their effectiveness; and expand models with proven outcomes. Some programs may be modified based on our comprehensive after-hours needs assessment which was commissioned in 2017.</p> <p><b>Program Extensions/Continuation</b></p> <p>1.1 Partnership between Berwick Healthcare and Casey Hospital Emergency Department to redirect primary care type presentations to general practice. (Round 1 – 15/16)</p> <p>1.2 Strong Families program, directed at people living with drug addiction and their families. Developed by Genesis Medical Centre, the program provides skills to support the effective management of a crisis in the after-hours period without going to hospital. (Round 2)</p> <p>1.3 Holistic Family Care Service Program, developed by First Health Medical Centre, aims to reduce hospital presentation by improving the behaviours and increasing the health literacy of families supporting patients with unstable chronic disease who have not responded effectively to their care plans. (Round 2)</p>

- 1.4 Community Facing Program, developed by Hero HQ and initially funded through National Home Doctors Service, aims to reduce hospital presentations by building the confidence and awareness of parents, through an immersive learning program that will enable them to effectively triage and manage their own child's condition/s. (National Home Doctor Service, Round 1 – 15/16) (Hero HQ - Round 2)
- 1.5 Development and production of a Carer Support Kit to assist carers better manage clients in the after-hours period. This scalable project is currently targeted at clients of South East Palliative Care. (Round 2)

#### **Expansion Programs**

- 2.1 A GP led Mobile Emergency Department On Call (MEDOC) service which involves triage and attendance service to Residential Aged Care Facilities (RACF) in the After Hours period. The program was piloted in one practice and five RACF in 2016/17 and has successfully demonstrated a reduction in avoidable hospital attendances. SEMPHN intends to scale up Atticus Health's program in the Frankston/Mornington Peninsula area to include additional RACF's. In addition, SEMPHN intends to commission the service model in other parts of the catchment.
- 2.2 SEMPHN also achieved success by incentivising General Practice to extend opening hours in the defined after-hours period and providing sustainability strategies to ensure the continuation of extended opening hours after the end of the funding period. The program provided funding to eight practices in three 'hotspot' locations. Funded practices have reported positive increases in attendance. SEMPHN may modify this program based on outcomes and will extend coverage into other 'hotspot' locations via further commissioning rounds.

#### **New Programs**

As identified in our needs assessment, a portion of 2017/18 funding will be directed toward RACF's with a view to improving access to urgent after-hours care whilst respecting the patients care preferences. This will have a strong focus on patients who may have a palliative care plan in place. SEMPHN will initially develop and pilot a program with one or two providers and RACF's, with a view to expanding based on successful outcomes. We would expect that much of the work in 2017/18 would be preparatory, including consultation with relevant parties and organisations, with programs to commence towards mid-2018.

Target population cohort	<p>This activity is targeted towards the broad community. However, individual grants may focus on particular demographic cohorts (e.g. 0-4 year olds or older people) or specific geographic locations. For 2017/18 specifically:</p> <ul style="list-style-type: none"> <li>• Two of the activities have an Aged Care focus as this group are identified through the needs assessment as having higher levels of chronic disease, and also preventable hospital presentations.</li> <li>• One activity is targeted to the broader population.</li> </ul>
Consultation	SEMPHN will consult the sector and obtain evidence that supports the development and structure of the broader grants program to determine the scope of the commissioned activities. This includes consultation with successful and unsuccessful applicants such as GPs, local hospital networks and community services.
Collaboration	SEMPHN will collaborate with grant applicants to develop evaluation frameworks and engage a consultant to assist with evaluation of the broader grants process.
Indigenous Specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p><b>NO</b></p>
Duration	2016-2018
Coverage	Due to the size of individual grants, each project is likely to cover a portion of the PHN catchment. The panel will review the range of grants to ensure they cover a broad geographic cross section of the catchment and community as appropriate.
Commissioning method (if relevant)	Refer to SEMPHN Commissioning Method on <a href="#">page 2</a>
Approach to market	Open and/or closed tenders.
Decommissioning	N/A

Proposed Activities	
Activity Title / Reference (eg. NP 1)	Access to After Hours for at-risk populations / AH 1.2
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area (eg. 1, 2, 3)	Intelligent Commissioning: <ul style="list-style-type: none"> <li>• After-hours (page 40)</li> </ul>
Description of Activity	<p>SEMPHN will undertake work to build on existing knowledge and learnings from the broader grant projects in AH 1.1 to gain a deeper understanding the specific needs of our population, specifically at-risk groups and geographical 'hot spots'. We will research models of care and develop a specific funding model and undertake a grants process in the second half of the year to specifically target those groups and areas with the greatest need.</p> <p>In 2017-18 we will:</p> <ul style="list-style-type: none"> <li>• Expand upon successful and effective projects from the 2016-17 funding rounds.</li> <li>• Continue to research models of care to develop and deliver specific funding models for identified areas of need.</li> </ul>
Target population cohort	<p>This activity will have a focus on at-risk populations within the catchment, which may include but is not limited to:</p> <ul style="list-style-type: none"> <li>• Humanitarian arrivals (refugees and asylum seekers)</li> <li>• People experiencing, or at risk of, homelessness</li> <li>• Older people</li> <li>• House-bound individuals</li> <li>• Vulnerable youth</li> <li>• Aboriginal and Torres Strait Islander people</li> <li>• Communities within a identified 'hot spot' geographical location</li> </ul>
Consultation	<p>In completing the comprehensive AH needs assessment to understand the breath of AH services and specific needs across the region, SEMPHN consulted with the following:</p> <ul style="list-style-type: none"> <li>• General practices</li> <li>• Medical Deputising Services</li> </ul>

	<ul style="list-style-type: none"> <li>• LHNs</li> <li>• Community health services</li> <li>• Government departments</li> </ul>
Collaboration	As per above, SEMPHN will collaborate broadly with the sector, including LHNs and Government, to understand specific needs within the region and investigate the various funding models and models of care.
Indigenous Specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? <b>NO</b>
Duration	2016-2018
Coverage	This project is intended to cover at-risk groups and hot-spot areas within the region.
Commissioning method (if relevant)	Refer to SEMPHN Commissioning Method on <a href="#">page 2</a>
Approach to market	Open and/or closed tenders
Decommissioning	N/A

### 3. (c) Activities submitted in the 2016-18 AWP which will no longer be delivered for After Hours Funding

Please use the table below to outline any activities included in the May 2016 version of your AWP which are no longer planned for implementation in 2017-18.

Planned activities which will no longer be delivered	
Activity Title / Reference (eg. NP 1/OP 1)	Provide the activity title and reference as it appeared in the May 2016 AWP.
Description of Activity	Provide the description of the activity as it appeared in the May 2016 AWP (no more than 300 words).
Reason for removing activity	Outline why this activity will not be delivered (for example, a change in identified need) and any anticipated impacts to your region.
Funding impact	How does the removal of this activity impact your budget?