



Australian Government

Department of Health



An Australian Government Initiative

Updated Activity Work Plan 2016-2018: Core Funding

South Eastern Melbourne PHN

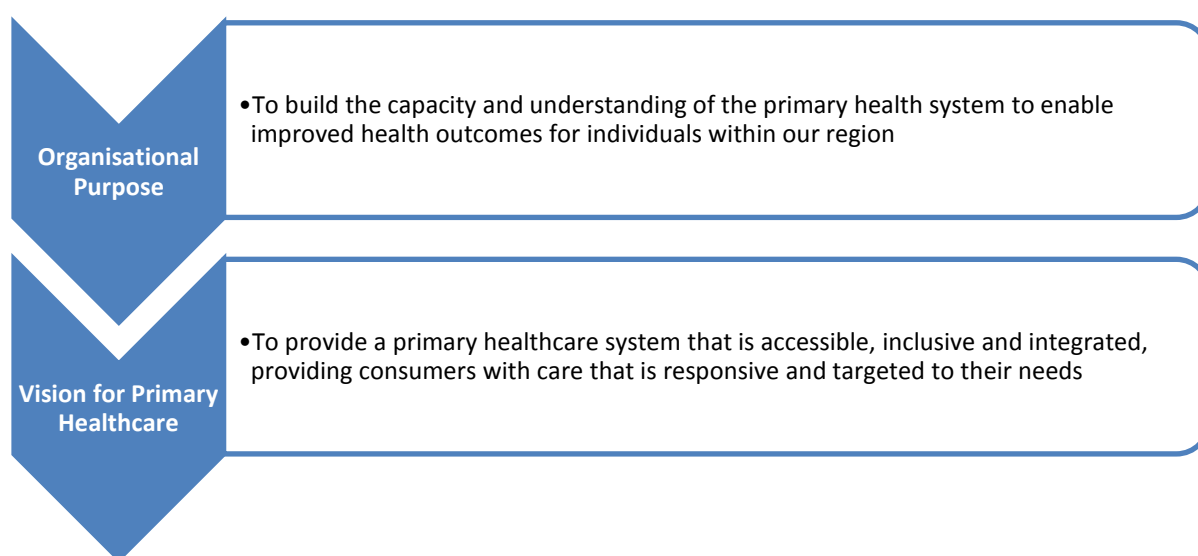
Overview

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.

1. (b) Planned PHN activities – Core Flexible Funding 2016-18

Proposed Activities	
Activity Title / Reference (eg. NP 1)	1.1 Improving Cancer Screening in the Community / CS 1.1
Existing, Modified, or New Activity	Modified
Program Key Priority Area	Cancer Screening
Needs Assessment Priority Area (eg. 1, 2, 3)	Health Specific Priorities – Cancer screening and detection (page 44)
Description of Activity	<p>The activities in 2016-2018 will build on a pilot being undertaken with Cancer Council Victoria (CCV) in 2015-16 to understand cancer screening rates and 'hot spots' within the region.</p> <p>SEMPHN have co-designed a plan with CCV which covers 5 key priority areas.</p> <ul style="list-style-type: none"> • Implementing a systematic approach to cancer screening in general practice • Increasing bowel cancer screening participation • Increasing awareness of cancer prevention and cancer screening within under screened communities • Educate and upskill health professionals about the changes to the National Cervical Cancer Screening Program • Increasing cancer screening rates in the ATSI communities <p>The initial plan is to improve bowel, breast and cervical cancer screening rates and will expand into other cancers</p> <p>In 2017-18, SEMPHN will commission targeted activities to address bowel cancer screening rates in identified 'hot spots' and explore the prevention of other cancers.</p>
Target population cohort	For activities related to bowel cancer screening, as per the national program, the target population cohort are males and females between the ages of 50-74.

Consultation	<p>To support this activity, SEMPLHN has established an advisory group comprising of local cancer screening leaders.</p> <p>To improve cancer screening rates in under screened communities or areas, SEMPLHN will engage with key local stakeholders including local councils, community health services, community groups and consumers.</p>
Collaboration	<p>This activity will be jointly implemented with Cancer Council Victoria who will retain responsibility for the overall administration of the project with continued support from the PHN. There is an established Governance structure with key stakeholders.</p> <p>A governance advisory group has been established to guide SEMPLHN's cancer screening activities. The group is comprised of representatives from CCV, BreastScreen Victoria, the Department of Health and Human Services, Monash University and the University of Melbourne.</p>
Indigenous Specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>
Duration	2016-2018
Coverage	<p>This project is intended to cover the entire SEMPLHN catchment and would be scalable across the state for other PHNs. It will however target particular 'hot spot' areas that will be identified through a detailed needs assessment with Cancer Council Victoria. Port Phillip, Stonnington, Greater Dandenong, Frankston and Casey were identified as areas with relatively low screening rates, particularly for breast and bowel cancer.</p> <p>Cities of Port Philip, Casey and Greater Dandenong have been identified as areas with low bowel cancer screening rates in comparison to the rest of the catchment.</p>
Commissioning method (if relevant)	Refer to SEMPLHN Commissioning Method on page 2
Approach to market	Open tender
Decommissioning	N/A

Proposed Activities	
Activity Title / Reference (eg. NP 1)	Childhood Immunisation / Imm 1.1
Existing, Modified, or New Activity	Modified
Program Key Priority Area	Immunisation
Needs Assessment Priority Area (eg. 1, 2, 3)	Health specific priorities – Immunisation (page 45)
Description of Activity	<p>SEMPHN will monitor which children and teens are not fully immunised and their GPs via fortnightly report. SEMPHN will continue activities commenced in 2015-16 to engage with general practices to identify which of their patients are not fully immunised and recommend patient recalls.</p> <p>SEMPHN will develop contract arrangements and commission a lead person, likely an immunisation practice nurse, to improve uptake for children in a variety of settings including but not limited to general practice and maternal health nurses.</p> <p>SEMPHN will also investigate the need to engage with schools in areas where vaccination rates are lowest and in areas with high proportions of at risk children.</p> <p>Based on the data collected and analysed from the Australian Childhood Immunisation Register (ACIR), SEMPHN has identified areas that are ‘hotspots’, which are characterised by communities or practices with low rates of immunisation or high numbers of children not fully immunised.</p> <p>SEMPHN will work with commissioned agencies to improve the uptake of childhood immunisation in a variety of settings including, but not limited to, general practice and municipal council immunisation nurses. The commissioned agency/individual will need to implement provider-based interventions aimed at supporting immunisation providers (e.g. education, implementing recall/reminder systems or catch-up immunisation sessions) or other activities that address local barriers or challenges to the uptake of childhood immunisation.</p>
Target population cohort	<p>Children who are not fully immunised aged:</p> <ul style="list-style-type: none"> • 12 to less than 15 months old • 24 to less than 27 months old • 60 to less than 63 months old

Consultation	To inform the commissioned activities, SEMPHN consulted with general practice staff (e.g. Practice Managers, GPs and Practice Nurses), nurse immunisers and local government councils.
Collaboration	SEMPHN will collaborate with GPs in the region to help them identify which of their patients are late in their immunisations and form partnerships with practices where immunisation rates are low. SEMPHN will work in collaboration with all contractors to ensure activities are effective and/or appropriate in improving childhood immunisation rates. All contractors will also be required to attend childhood immunisation network meetings in order to collaborate with all providers across the catchment.
Indigenous Specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? NO
Duration	2016-2018
Coverage	There will be an emphasis on targeting identified 'hot spots' with low immunisation rates. These 'hot spot' areas are the Cities of Casey, Greater Dandenong, Port Phillip and Stonnington.
Commissioning method (if relevant)	Refer to SEMPHN Commissioning Method on page 2
Approach to market	Open tender
Decommissioning	N/A

Proposed Activities	
Activity Title / Reference (eg. NP 1)	Adult Immunisation / Imm 1.2
Existing, Modified, or New Activity	Existing
Program Key Priority Area	Immunisation
Needs Assessment Priority Area (eg. 1, 2, 3)	Page 27
Description of Activity	<p>As per page 16 of the Needs Assessment, vaccine preventable conditions accounted for 2,056 preventable hospitalisations with an average length of inpatient stay of 7.9 days. The rate of influenza notifications in the region (153.9/100,000) was significantly higher than the Victorian average (113.1/100,000) and ranged from a high of 239.5 in Bayside to a low of 112.7 in Frankston.</p> <p>SEMPHN will expand existing activity to target at risk groups and regions with low immunisation rates. We are developing a whole of population marketing campaign working with key stakeholders and providers for those risk groups.</p> <p>SEMPHN has also engaged with Monash Health to work into its winter strategy. This includes an immunisation vehicle which is targeted at ensuring at-risk groups have access to influenza vaccination during the winter months when influenza incidence is highest.</p> <p>SEMPHN will also evaluate and likely continue with immunisation promotion programs currently being undertaken with general practice and pharmacies.</p>
Target population cohort	Adults in at risk populations
Consultation	LHNs, RACFs, other consumers and stakeholders
Collaboration	SEMPHN will engage with Monash Health, local general practice and pharmacies and other community organisations to provide access to vulnerable populations.
Indigenous Specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? NO
Duration	2016-2018
Coverage	This project is intended to cover the SEMPHN and Monash Health shared catchment. It will however target particular 'hot spot' areas, general practices and pharmacies with low immunisation rates.

Commissioning method (if relevant)	Refer to SEMPHN Commissioning Method on page 2
Approach to market	Open tender
Decommissioning	No activities to be decommissioned

Proposed Activities	
Activity Title / Reference (eg. NP 1)	Chronic conditions / CD1.1
Existing, Modified, or New Activity	Modified
Program Key Priority Area	Chronic Disease
Needs Assessment Priority Area (eg. 1, 2, 3)	<p>Intelligent commissioning:</p> <ul style="list-style-type: none"> • Coordination of care (page 39) • Potentially Preventable Hospitalisations (PPH) high rates for chronic disease (page 41)
Description of Activity	<p>There is a very substantial number of residents in SEMPHN with chronic health conditions, with an uneven spread across the catchment. Poor communication, lack of information sharing and coordination of care across health providers leads to fragmentation of care, which can be particularly problematic these people.</p> <p>During 2015-16 SEMPHN has done work to identify areas of high rates of chronic disease and multi-morbidity as well as avoidable admission for chronic disease across the region.</p> <p>The following key activities have been identified to address those high rates:</p> <p><u>Activity 1</u> Capacity building in General Practices</p> <p>The purpose of this activity is to provide grants to general practices, within areas of high need (as identified through the SEMPHN's Needs Assessment), to build their capacity to achieve improved quality of care. The grants are focused at improving process outcomes as opposed to clinical outcomes, in preparation for the introduction and implementation of a coordinated model of care. General practices can utilise the funds to improve, or implement, a number of elements, which include but are not limited to:</p>

- Care and coordination support.
- Recall/reminder systems
- Cultural awareness training for staff
- Upgrade of ICT infrastructure (where appropriate – limitations will apply)
- Preparing to provide afterhours care
- Better integration or connection with allied health services

As part their contractual obligations with SEMPHN, practices will be required to attend meetings to share their learnings, or attend training sessions aimed at improving their financial and non-GP clinical capacity.

Target market: General practices, located in the area of need with a minimum of 100 patients with Chronic Disease.

Activity 2 Improving health outcomes for ‘at risk’ population groups

This activity involves the provision of grants to organisations that can demonstrate a capacity to implement continuity and coordinated care to vulnerable/priority groups within the SEMPHN catchment for patients with Chronic Disease. Submissions must target vulnerable/priority groups within our catchment such as older people, refugee/asylum seekers, Aboriginal and Torres Strait Islander people, vulnerable youth or people experiencing homelessness. The activity will have a targeted focus on connecting ‘at risk’ population groups with complex and chronic conditions to primary care.

Target market: General Practice, community services/agencies (e.g. homelessness services) in an area of need with a minimum of 100 patients with Chronic Disease.

Activity 3 Creating better links to primary care through auspiced community health services

This grant will be offered to auspiced community health services within the SEMPHN catchment to support new and creative ways of delivering post-acute services and/or community outreach services that will effectively assist people with chronic disease and acute conditions to prevent exacerbation of their condition. These activities will potentially deter avoidable hospital admissions or emergency department attendance for acute and chronic conditions.

Target market: publicly-funded hospital auspiced community health services.

Activity 4 Co-design with general practices to develop a model of care to improve outcomes for people with complex, chronic disease

This project has been procured and the findings will facilitate development of activities 1 & 2.

Systems

Simple telehealth

Nellie (or Nell) is a persona that patients engage with through their mobile phone, allow them to take an active role in their health and the care team to intervene, when necessary.

For 2016/17, the project is being funded through 2015/16 carried forward funds. In 2017/2018 CDM funding will be allocated to the project.

POLAR

POLAR is a system that SEMPHN utilises to capture and measure population health data. It is also used as a data extraction tool for General Practice. Work is currently underway to promote installation in suitable General Practices.

In 2016/2017 POLAR was funded through Workforce Development, in 2017/2018 CDM funding will be used to develop and implement POLAR into General Practices in the SEMPHN catchment.

Pathways

The use of online health/referral pathways is being reviewed in the first half of 2017. The outcome will determine which product, or method is used into the future. Funding allocated is based upon the potential cost of implementing a pathway platform across the entire catchment.

Education

- Capacity building with health providers to improve chronic disease management and potentially preventable hospitalisations acute conditions for at-risk groups
- Work with community health services, particularly around after hours

Target population cohort	<p>This activity will focus on populations within our catchment living with, or at risk of developing, chronic and complex conditions.</p> <p>A component of this activity will focus on at-risk/vulnerable populations, which aims to include:</p> <ul style="list-style-type: none"> • Humanitarian arrivals (refugee and asylum seekers) • Culturally and linguistically diverse communities • Older people • Aboriginal and Torres Strait Islander people • Individuals experiencing homelessness or at risk of homelessness • Vulnerable youth
Consultation	In planning and implementing this activity, SEMPHN will consult LHNs, general practice staff, community health services and consumers.
Collaboration	<p>Collaborate with</p> <ul style="list-style-type: none"> • State and Federal funded agencies to develop a coordinated approach to PPHs • LHNs identify and research and explore models of care through sector engagement • General practices, • Community health services • Aged care facilities to help manage residents who are frequent presenters
Indigenous Specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>
Duration	2016-2018
Coverage	'Hot spots' locations in the SEMPHN catchment.
Commissioning method (if relevant)	Refer to SEMPHN Commissioning Method on page 2
Approach to market	Multiple open tenders
Decommissioning	N/A

1. (c) Planned PHN activities – Core Operational Funding 2016-18

Proposed general practice support activities	
Activity Title / Reference (eg. OP 1)	Workforce Development and Capacity Building WDCP 1.1
Existing, Modified, or New Activity	Existing
Description of Activity	<p>SEMPHN has undertaken a range of workforce development and capacity building activities.</p> <ul style="list-style-type: none"> • Review and potential redevelopment and expansion of Bayside Medicare Local “Mediseek” website • Practice coaching for general practices within the region • eHealth including the development of POLAR GP • Investigate and implement telehealth programs including but not limited to interoperable secure text messaging services • Advance Care Planning (ACP) training including general practice workflow integration and train the trainer (this will link with Health Care Homes). • Anticipatory Care Planning (Ant-CaP) pilot project Completed in 2015/16 – should not have been in this plan. <p>In 2016-2017 SEMPHN will continue to support general practice capacity and workforce development by building upon 2015-2016 activity, while also ensuring general practice can take part in co-design and commissioning activity. We will do this by providing a Workforce Support function that includes Provider Support Officers and an expert Education Officer.</p> <p>In 2017/18 SEMPHN will continue the approach taken in 2016/17</p> <p>This team will continuously engage with our general practice stakeholders to understand their needs, and share current best practice and innovative opportunities regarding:</p> <ul style="list-style-type: none"> • Clinical knowledge and expertise to provide high quality clinical care • Organisational and business expertise to take advantage of new funding models and opportunities • Quality improvement to evolve and adapt to new models of care and changes in the population’s clinical profile

	<p>We will do this via:</p> <ul style="list-style-type: none"> • Face to face visits • Pop-up events • Social media and other innovative knowledge gathering and sharing technological solutions • Opportunistically through other events and intelligence • Robust collation using the CRM as a key tool • Interpretation and translation of knowledge in collaboration with GPs, Practice Nurses, Managers, Allied Health and community members. • Establishing and supporting Practice Networking Groups • Holding forums for particular initiatives eg. Health Care Homes <p>The team will work in a “whole of organisation” approach to address the needs of general practices utilising:</p> <ul style="list-style-type: none"> • Practice coaching for general practices • Targeted education and training events • Pop-up and other multi-disciplinary events • Health pathways and MediSeek • Service coordination quality cycles • Facilitation of local practice networks, issue focussed networks, special interest groups and/or forums both short term as needed and ongoing. <p>A foundational element of secure messaging, pathways, and other functions, is a high quality directory of providers. We have implemented two projects for this. One is a web application for consumers that searches for GPs, dentists, and pharmacies who are open near them. The database for the application is our own internal CRM. We are also developing a system to synchronise our CRM data with the NHSD.</p>
Supporting the primary health care sector	This activity will support the primary health care sector by providing networking and information sharing opportunities, resources, education and other supports.
Collaboration	SEMPHN has engaged a leading health technology organisation to develop POLAR GP and will continue to collaborate with this organisation and general practice to improve its functionality and uptake.

	SEMPHN will also engage with general practice to provide practice coaching and to develop telehealth programs
Duration	2016-2018
Coverage	These activities are intended to cover the entire SEMPHN catchment.
Expected Outcome	Improved access, coordination, health literacy and sector capacity

Proposed general practice support activities	
Activity Title / Reference (eg. OP 1)	Health Literacy
Existing, Modified, or New Activity	Modified
Description of Activity	<p>SEMPHN has undertaken a project with Deakin University called the Ophelia project with the aim to measure the health literacy across the region and in key 'hot spots' using a validated survey instrument known as the Health Literacy Questionnaire (HLQ). The project is intended to address the issue of health literacy in after-hours primary care.</p> <p>During 2015-16 Deakin University are developing an intervention plan to address the particular cohorts and at-risk groups. This plan will outline specific activities designed to increase awareness in each of the cohorts as well as a broader strategy to address and improve health literacy. They are also developing a community awareness campaign and strategic marketing strategy that provides information through different media. They are consolidating and developing a range of relevant resources with the aim to build a suite of resources through collaboration with GPs and the community. Through this Deakin will provide a range of different activities to implement through an intervention plan.</p> <p>In 2016-2018 SEMPHN will work with Deakin University to implement the implementation plan and promote, distribute and market those resources developed in 2015-16. SEMPHN will apply an evaluation framework to determine their efficacy and where necessary make variations to the materials.</p> <p>The results and recommendations from this review were delayed in their submission by the supplier. A review of the recommendations has been undertaken and the focus of attention is to align health</p>

	<p>literacy interventions with all other aspects of the organisation. Primary care providers and their patients will be the target audience for this work.</p> <p>SEMPHN will also extend previous strategies and:</p> <ul style="list-style-type: none"> • Review and potentially redevelop the Mediseek website (as per WDCP 1.1) • Continue with '<i>Living Well at Every Age</i>' program and distribution of resources • Continue to develop and distribute "Ask me three" resources • Continue to develop and distribute refugee health literacy resources
Supporting the primary health care sector	These activities support the primary health care sector by improving the health literacy of consumers such that they make more appropriate use of the available resources and supports.
Collaboration	SEMPHN will continue collaboration with external parties and will engage with GPs and the community to understand the impact of programs.
Duration	2016-2018
Coverage	This project is intended to cover the entire the SEMPHN catchment. It will however target particular 'hot spot' areas and cohorts with low health literacy that will be identified through Ophelia project, and other research sources.
Expected Outcome	An improvement in health literacy within the SEMPHN community, in particular within at-risk communities.

Proposed general practice support activities	
Activity Title / Reference (eg. OP 1)	Population Health Planning / PH1.1
Existing, Modified, or New Activity	Existing
Description of Activity	<p>SEMPHN will build on the service mapping undertaken in 2015-16 for mental health, alcohol and other drugs, and homelessness to continue to create a full picture of primary health care services provided in the catchment.</p> <p>In 2017-18 the focus will be on mapping chronic disease services including service demand, specialists, identification of at risk populations groups within primary care, pathways from diagnosis to treatment and ongoing care co-ordination.</p>
Supporting the primary health care sector	Service mapping activities contribute to the evidence base that will inform targeted work with the Primary Health sector in the commissioning of appropriate services.
Collaboration	Primary healthcare services across the region
Duration	2016-2018
Coverage	Entire SEMPHN catchment
Expected Outcome	A detailed understanding of the location of providers in the region and the scale and range of services they provide, service gaps and barriers to access.

Proposed general practice support activities	
Activity Title / Reference (eg. OP 1)	Population Health Data / PH1.2
Existing, Modified, or New Activity	Existing
Description of Activity	<p>Publicly available data is limited in quality, geography, timeliness and availability. Data acquisition includes data sets that are not publicly accessible or that is out of date and requires a refresh. SEMPLHN will engage with a range of data custodians for the timely provision of high quality population health data. Where possible will seek to engage through the Victorian PHN Alliance in order to minimise cost of data provision and the consistency of reporting across the state.</p> <p>SEMPHN will also investigate implementing its own data collection through community surveys and consumer experience measurement where existing data collections are deemed inadequate.</p>
Supporting the primary health care sector	Accessing explicit data collections provides an information repository that will be used to inform needs assessments and service planning and provide a profile of primary health service users that is not currently available on a public data platform.
Collaboration	Australian Bureau of Statistics, Department of Health and Human Services Victoria, Turning Point, Southern Academic Primary Care Research Unit (SAPCRU) and Bettering the Evaluation and Care of Health BEACH.
Duration	2016-2018
Coverage	Entire SEMPLHN catchment
Expected Outcome	Access to timely, high quality, locally relevant data in a useable format.

1. (d) Activities submitted in the 2016-18 AWP which will no longer be delivered under the Core Schedule

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)	Acute Conditions / AC 1.1
Description of Activity	<p>Work has been done to identify areas of high rates of avoidable admission for acute conditions in the region.</p> <ol style="list-style-type: none"> 1. Build better pathways and education within the community around access to dental care in order to divert them away from hospital 2. Provide intensive care coordination for top re-presenters 3. Work with screening providers to identify barriers 4. Collaborate with hospitals around models of care including hospital in the home and post-acute care 5. Work with community health services, particularly around after hours
Reason for removing activity	<p>This activity will be integrated or combined into the Chronic Disease / CD 1.1 activity in 2017-18.</p> <p>Further research, collection of data and stakeholder consultation identified that this activity aligned closely with the objectives of the Chronic Disease / CD 1.1 activity. Both activities also aim to commission services that reduce PPHs, improve the integration between acute and primary care services, and improve the coordination of care.</p>
Funding impact	<p>The funding originally intended for this activity will be pooled into the total funding available to deliver the Chronic Disease / CD 1.1 activity.</p>