



Updated Activity Work Plan 2016-2018: Core Funding & After Hours Funding

The Activity Work Plan template has the following parts:

1. *The updated Core Funding Annual Plan 2016-2018 which will provide:*
 - a) *The updated strategic vision of each PHN.*
 - b) *An updated description of planned activities funded by the flexible funding stream under the Schedule – Primary Health Networks Core Funding.*
 - c) *An updated description of planned activities funded by the operational funding stream under the Schedule – Primary Health Networks Core Funding.*
 - d) *A description of planned activities which are no longer planned for implementation under the Schedule – Primary Health Networks Core Funding.*
2. *The indicative Core Operational and Flexible Funding Streams Budget for 2016-2018 (attach an excel spreadsheet using template provided).*
3. *The updated After Hours Primary Care Funding Annual Plan 2016-2017 which will provide:*
 - a) *The updated strategic vision of each PHN for achieving the After Hours key objectives.*
 - b) *An updated description of planned activities funded under the Schedule – Primary Health Networks After Hours Primary Care Funding.*
 - c) *A description of planned activities which no longer planned for implementation under the Schedule – Primary Health Networks After Hours Primary Care Funding.*
4. *The updated indicative Budget for After Hours Primary Care funding stream for 2016-2017 (attach an excel spreadsheet using template provided).*

Northern Sydney PHN

When submitting this Updated Activity Work Plan 2016-2018 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and that it has been endorsed by the CEO.

The Activity Work Plan must be lodged to Mike Hanlon via email Mike.Hanlon@health.gov.au on or before 17 February 2017

Overview

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

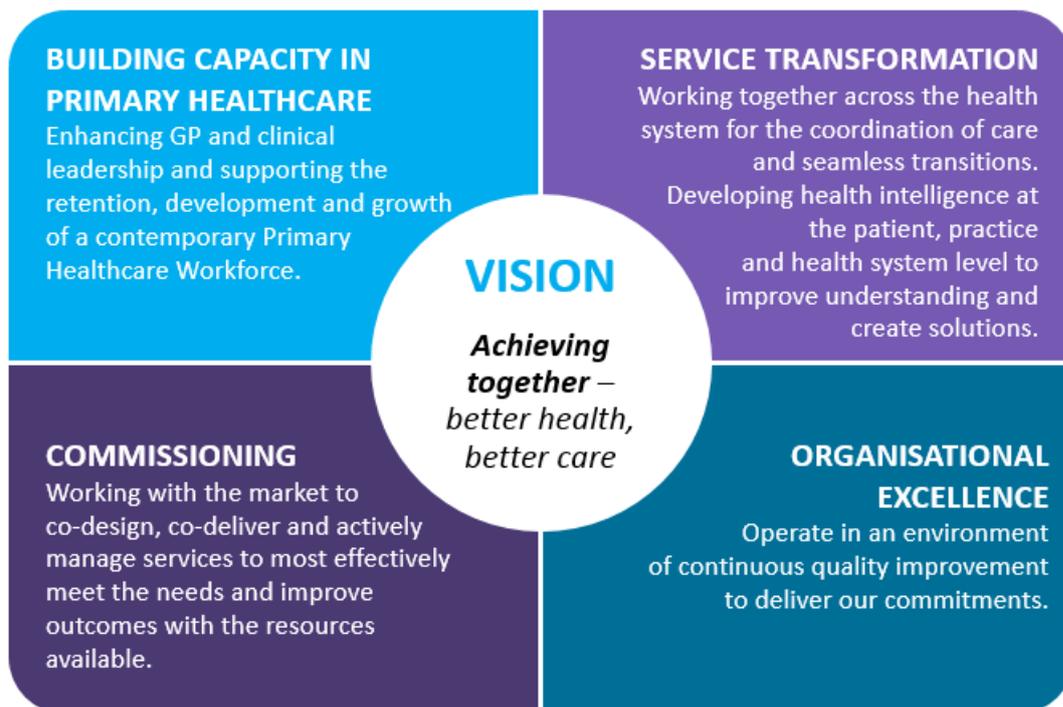
1. (a) Strategic Vision

The Northern Sydney PHN, operated by the Sydney North Primary Health Network (SNPHN Ltd), officially launched in July 2015, as a primary healthcare organisation. The key focus of the PHN is to enable the 907,008 people in our region to care for their own health and when necessary effectively navigate a (complex) health care and support system to which resources are intelligently attracted and distributed.

This is achieved by working together with a network of health professionals including General Practitioners, Practice Nurses, Allied Health Providers, the Northern Sydney Local Health District (NSLHD) and other health services. This partnership approach and community focus is reflected in our vision:

Achieving together – better health, better care.

The Northern Sydney PHN Strategic Plan 2015-18, developed through Board and stakeholder discussions, identified four strategic priority areas for the next three years to realise this vision:



Download summary of Strategic Plan by [CLICKING HERE](#)

The PHN will drive improved health outcomes in our community by the commissioning of appropriate services that respond to regional need. This will be achieved by leading the planning, coordinating and integration of services, bringing all parts of the health system together so that the community is best served. As part of this journey, Northern Sydney PHN is proactively understanding the health care needs of communities and working directly with general practitioners, other primary health care (PHC) providers, secondary care providers and hospitals to ensure improved health outcomes.

The first Northern Sydney PHN Baseline Needs Assessment 2016, reveals a changing demographic which faces challenges across age groups with pockets of disadvantage. The region comprises nine Local Government Areas (LGAs) with a total population of 907,008 which is projected to increase by 20% by 2031 (43% for over 65 year olds). While the region has better reported health and health outcomes than many other Australian regions, there is great scope to improve health outcomes and the services offered, particularly for vulnerable communities within the region.

The PHN is already engaged with partner organisations including the NSLHD to support individuals with complex and chronic disease, and to reduce the need for acute services for such patients. The Needs Assessment data collection and consultation process has enabled the PHN to investigate further and identify specific domains where there is a significant need for services and support, to achieve improved health outcomes for vulnerable community groups, namely residents with mental health or drug and alcohol problems, disadvantaged youth, chronic and complex condition, and the frail elderly.

The opportunities and priority areas identified in the Baseline Needs Assessment triangulated with the strategic priorities identified through consultations in the development of the PHN Strategic Plan, has formed the basis for activities and programs for implementation over the two years. A summary of these activities is in the following table, with further details provided in the activity schedules.

PHN Strategic Plan Priority Areas:	Activities 2016-18 aligned with Needs Assessment	Summary of Tasks/Programs
Service Transformation	Access and Navigation of primary healthcare	<ul style="list-style-type: none"> • Developing targeted health pathways around key priority areas including aged care, chronic disease, end of life, urgent care, mental health, musculoskeletal and shared antenatal care. • Utilising the health pathways collaborative development process as an opportunity for system change and co-commissioning that leads to service transformation. • Working collaboratively on potentially preventable hospitalisations initiatives, including with hospital in the home, GP Liaisons, and joint chronic condition initiatives with partners (LHD, private health insurers, and private hospitals).
	Community Activation: supporting people to manage their health	<ul style="list-style-type: none"> • Development of Health literacy tools and initiatives, including health fact sheets and mapping. These initiatives and tools improve the navigation of services available and that support shared decision making. • Targeted community capacity building through community activities including health talks, GPs in Schools, CALD health programs. • Explore patient activation tools/initiatives and potential role in PHC to support people in proactive management of their health – could include community pharmacies and community NGO initiatives commissioned and support for use of digital health technologies.
Commissioning	Health Intelligence	<ul style="list-style-type: none"> • Develop capacity and work with market to co-design, co-deliver and actively manage commissioned initiatives. • Building capacity and connectivity across PHC to promote sharing of information for improved health outcomes.

PHN Strategic Plan Priority Areas:	Activities 2016-18 aligned with Needs Assessment	Summary of Tasks/Programs
Commissioning cont.		<ul style="list-style-type: none"> • Build health informatics and joint health intelligence infrastructure to inform strategic commissioning and develop joint risk stratification approaches to supporting people to remain in the community.
	Community Health – vulnerable groups	<ul style="list-style-type: none"> • Targeted community initiatives for improved health outcomes. This would include CALD, Aboriginal health, homeless, health of the elderly, youth, co-morbidities, immunisation, mental health and alcohol and other drugs.
	Mental Health	<ul style="list-style-type: none"> • Low Intensity MH services – improve targeting of services to support people with/or at risk of mild mental illness • Children and young people – Support Region-specific cross sectional approaches to early intervention children and young people with, or at risk of severe mental illness who are being managed in primary care • Under serviced / hard to reach population – address service gaps in the provision of psychological therapies for under-served populations • Severe mental illness – commission primary mental healthcare services for people with severe mental illness being managed in primary care, including the use of mental health nurses. • Suicide prevention – encourage and promote a system based regional approach, including community based activities to help ensure appropriate follow up and support arrangements are in place for individuals after a suicide attempt • Aboriginal & Torres Strait Islander mental health – enhance access to and better integrate Aboriginal and Torres Strait Islander MH and suicide prevention services
	Alcohol and Other Drugs	<ul style="list-style-type: none"> • Improving Service Capacity – commissioning to enhance service capacity for AoD screening and intervention in primary care • Service Coordination – enabling service coordination and streamlined pathways of AoD care to support general practice and broader PHC providers to optimally meet the needs of the community • Partnerships, Engagement, and Planning – working with partners to further understand the complex AoD health and service needs for the region, which will further inform strategic commissioning activity.
	Aboriginal Health:	<ul style="list-style-type: none"> • Commissioning of Integrated Care Teams
Building Primary Healthcare Capacity	Building primary healthcare capacity	<ul style="list-style-type: none"> • Person Centred Medical Home (PCMH): co-design a program utilising the PCMH building blocks for interested practices. • Quality improvement initiatives to support PHC providers in achievement of the ‘quadruple aim’ and enhancing their capacity and capability to deliver high quality care.

The key activity groupings across our DoH funded programs remain relevant for 2017/18, with co-design, reviews, and implementation underway in all areas. The PHN are confident that our Activity Plans 2016-18 continue to cover our strategic priority areas in Northern Sydney and while there is opportunity to add in targeted opportunities being developed alongside the DoH funded activities, they would complement and build on the work and themes already established.

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

Proposed Activities	
Activity Title / Reference	Access & Navigation of Primary Healthcare
Existing, Modified, or New Activity	Existing
Program Key Priority Areas	<ul style="list-style-type: none"> - Aged Care - Urgent Care - Palliative Care - Chronic Conditions – diabetes - Mental Health & Alcohol and Other Drugs - Sexual health
Needs Assessment Priority Area (eg. 1, 2, 3)	Access and navigation; multiple co-morbidities; end of life; urgent care; discharge planning, mental health.
Description of Activity	<ol style="list-style-type: none"> 1. Developing targeted health pathways around key priority areas including aged care, chronic disease, end of life, urgent care, mental health, musculoskeletal and shared antenatal care. Work in collaboration with the Northern Sydney Local Health District and Private Hospitals to implement the HealthPathways web-based portal to support local clinicians to plan patient care through primary, community and secondary health care systems within Northern Sydney. The process of prioritising local pathways will assist SNHN with developing an in-depth understanding of key clinical and systems based issues and will be utilised to highlight areas for service improvement and commissioning opportunities and inform key commissioning decisions. HealthPathways will be the key activity undertaken locally to address access and navigation issues for local health providers, to ensure people get the right care in the right place at the right time. 2. Utilising the health pathways collaborative development process as an opportunity for system change and co-commissioning that leads to service transformation. Work collaboratively in identifying gaps in pathways during development, and co-commission solutions.

Proposed Activities	
Activity Title / Reference	Access & Navigation of Primary Healthcare
	<p>3. Working collaboratively on potentially preventable hospitalisation initiatives, including hospital in the home, GP Liaisons and joint chronic condition initiatives with partners (LHD, private health insurers, and private hospitals).</p> <p>Commission and co-commission initiatives include:</p> <ul style="list-style-type: none"> • Working with LHD and the Ministry of Health on joint chronic disease management redesign projects and integrated care projects and support PHC engagement with potentially preventable hospitalisations. • Working with Private Health Insurers, General Practices, and Private Hospitals on joint chronic disease initiatives. • Working with Residential Aged Care Facilities (RACFs) on developing joint potentially preventable hospitalisation (PPH) initiatives.
Target population cohort	Entire PHN population – targeting health conditions that impact on hospitalisations and requiring navigational support across the system.
Consultation	<p>Working Groups are established to work through and co-design each Pathway developed. Working Groups around focus areas include dementia, diabetes, musculoskeletal, palliative care, mental health, antenatal shared care.</p> <p>In addition, the Community Council and Clinical Council provide input into prioritising focus areas and collaborative activities around community initiatives. For example, the joint chronic disease management in primary care project with Sonic Health Care and four Private Health Insurers has presented to the Clinical and Community Councils and have established a Steering Group to oversee the project over the next 18 months.</p> <p>Each potential project developed on preventable hospitalisation will incorporate a co-design workshop, inviting both the Clinical and Community Councils, and key stakeholders and consumers. In addition, where a potential project is for a cluster of clinicians/community, a separate co-design session will be held with the target group to ensure there is input into the design of the new activity.</p>
Collaboration	<p>The PHN and Local Health District Joint Executive Council meets bimonthly and works in partnership to explore opportunities within the shared geographical boundaries to address common health priorities and engage in and support each other’s programs, projects and committees. Joint work around potentially preventable hospitalisation, includes:</p> <ul style="list-style-type: none"> - Chronic Disease (diabetes model of integrated care; ACI musculoskeletal program; Hep C)

Proposed Activities	
Activity Title / Reference	Access & Navigation of Primary Healthcare
	<ul style="list-style-type: none"> - Aged Care (dementia building partnership project, hospital avoidance program for older persons Network, 90 day challenge) - Child, Youth and Family Health (Hornsby Healthy Kids clinic, out of home care, shared antenatal care) - Aboriginal health (Bungee Bidgel Aboriginal Health Clinic) - Population Health (immunisation partnership) - Urgent Care (Joint ED Forums across the region, RNSH Acute Assessment Unit) - Health Pathways – jointly funded and led across the region - GP Secure Messaging (collaborate project around chronic and complex care) <p>The PHN will work closely with the PHN Clinical Council and Community Council in the design of PPH initiatives and development of health pathways across the primary and secondary sectors. Existing collaborative expert groups, such as Antenatal Shared Care Steering Group, Primary Care Diabetes Steering Group, Mental Health and Alcohol and Drug Steering Committee and the Dementia Pathways project group will be utilised where available to lead the health pathways development process and the PHN will work closely across the health community.</p>
Indigenous Specific	No
Duration	1 July 2016 – 30 June 2018
Coverage	Entire PHN region
Commissioning method (if relevant)	PHN will follow its integrated commissioning framework with key components being plan (co-design with clinicians, stakeholders and the community), deliver (procure/contract), monitor (active contract management – working with providers to achieve success in all services commissioned) and review (learning from services commissioned in the design of future services). The approach will be consistent with the nationally agreed commissioning principles incorporating stakeholder and market engagement throughout the process.
Approach to market	<p>Where possible, the PHN will use an open tender approach to market.</p> <p>The decision on approach will be based on a market analysis, looking at the current dynamics in the region against what an ideal market might look like and where characteristics do not align, look at how the PHN can support market development whilst addressing the needs identified.</p> <p>The procurement method will be chosen based on this analysis of the market.</p>

Proposed Activities	
Activity Title / Reference	Access & Navigation of Primary Healthcare
Decommissioning	No decommissioning is planned in this area. The development of improved navigation tools (e.g. health pathways) and establishment of initiatives to improve access and target potentially preventable hospitals, may require redirection of services to improve pathways, but not looking to decommission.

Proposed Activities	
Activity Title / Reference	Community Activation: supporting people to manage their health
Existing, Modified, or New Activity	Existing
Program Key Priority Area	<ul style="list-style-type: none"> - Population Health - Health Literacy
Needs Assessment Priority Area (eg. 1, 2, 3)	Consumer engagement and health literacy; health promotion activities relating to population health risk factors.
Description of Activity	<p>To explore mechanisms that enable the acquisition of knowledge, skills and confidence for people to manage their own health and health care such as:</p> <ul style="list-style-type: none"> • Development of health literacy tools including health fact sheets and health mapping. • Development of tools that support navigation of services available (e.g. HealthPathways patient factsheets) and that support shared decision making. • Targeted community capacity building through community activities including health talks, GPs in Schools, CALD health programs. • Explore the use of patient activation tools, such as PAMs, PROMs and PREMs (Patient activation measures, outcome measures and experience measures) in primary care to support people with proactive management of their health – could include initiatives commissioned through community pharmacies and NGO’s. • Target clinical and educational information and devise tailored channels to specifically support health professionals to effectively support and respond to patient needs. • Explore and encourage the use of digital health technologies e.g. patient wearable devices, active engagement with MyHealth Record.

Proposed Activities	
Activity Title / Reference	Community Activation: supporting people to manage their health
	<ul style="list-style-type: none"> • Outreach and partnerships with vulnerable groups. This activity area will enable the identification and development of patient activation tools and prevention campaigns and specific indicators will be developed in collaboration with relevant stakeholders, with the longer term view to impact on cancer screening rates, immunisation rates and PPHs.
Target population cohort	Targeting vulnerable groups particularly (e.g. lower socio-economic, CALD, Aboriginal), however supporting improved health literacy for entire population
Consultation	The Community Council has been providing oversight for the development of health literacy tools and health literacy approaches. The PHN will actively consult and engage consumers in the co-design of activities and tools.
Collaboration	The Northern Sydney PHN will lead the development of patient activation and health literacy tools and the implementation of targeted prevention and screening initiatives. This will be done collaboratively with our general practice and allied health partners and with the community, utilising the PHN Community Council and community forums.
Indigenous Specific	No
Duration	This major area of activity and infrastructure will develop and last for the duration of the PHN two year cycles in 2016-18.
Coverage	Entire PHN region
Commissioning method (if relevant)	Where commissioning is required, the PHN will follow its integrated commissioning framework with key components being plan, deliver, monitor and review. The approach will be consistent with the nationally agreed commissioning principles incorporating stakeholder and market engagement throughout the process.
Approach to market	<p>Where possible, the PHN will use an open tender approach to market.</p> <p>The decision on approach will be based on a market analysis, looking at the current dynamics in the region against what an ideal market might look like and where characteristics do not align, look at how the PHN can support market development whilst addressing the needs identified.</p> <p>The procurement method will be chosen based on this analysis of the market.</p>
Decommissioning	No decommissioning expected in this activity.
Funding from other sources	If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).

Proposed Activities	
Activity Title / Reference	Health Intelligence
Existing, Modified, or New Activity	Existing
Program Key Priority Area	Select one of the following: <ul style="list-style-type: none"> - Digital Health - Health Workforce - Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	Urgent Care, Health of the Elderly, Population Health, Mental Health, Drug and Alcohol, CALD.
Description of Activity	<p>The Northern Sydney PHN will build and develop capacity and connectivity across the health system to promote the sharing of valuable data which will drive efficiencies, improve outcomes and underpin informed commissioning activities for further quality improvement.</p> <p>Activities will include the following:</p> <ul style="list-style-type: none"> • Design and implement joint health intelligence infrastructure with Local Health District. • Develop and support intelligent use of General Practice data, collected via data extraction tools (e.g. Pen Clinical Audit Tool), to inform commissioning direction and to provide proactive feedback to practices relating to Quality Improvement for their practice populations. • Collate appropriate data linkage and develop risk stratification approaches for commissioned activity and to build further capacity in primary healthcare. • Develop and further undertake strategic commissioning intelligence - qualitative and quantitative analysis, including stakeholder engagement, service capacity analysis and strengthening our needs assessment profile build further capacity in primary healthcare. • Purchase / build internal system to manage commissioning tender processes (e.g. Tenderlink). • Build internal organisational commissioning capabilities – training and development of key staff and partners. • Develop and build capacity to utilise Shared Care Planning/Facilitation of Team based Care technologies in primary healthcare. • Develop and build capacity to utilise digital health technologies, such as eReferrals, secure messaging, ePrescribing, utilisation of MyHealth record etc. in primary healthcare including aged care facilities, to support safe clinical handover. This activity area will enable the identification and development of accurately informed performance indicators for strategic commissioning

Proposed Activities	
Activity Title / Reference	Health Intelligence
	activities, and will engage and build relationships and partnerships with general practice, the wider primary care workforce and the Local Health District to further enhance efficiencies and coordination, as per the PHN's major objectives.
Target population cohort	Not population cohort specific – improving health intelligence through General Practice cohort, health workforce and improving data across the Northern Sydney population.
Consultation	<p>The Needs Assessment updates involve consultation and stakeholder engagement to provide qualitative data with the quantitative activity collected.</p> <p>The Clinical and Community Councils participate in consultation processes around the needs assessment and provide oversight of updates made.</p> <p>All new activities incorporating use of health intelligence tools will involve a co-design and consultation process in the development of the activity.</p>
Collaboration	<p>The Northern Sydney PHN will lead the development and implementation of the Health Intelligence activity for 2016-2018 and will involve and collaborate with key partners and stakeholders throughout to deliver on KPI's. This will include:</p> <ul style="list-style-type: none"> • Working closely with the Local Health District to develop methods of sharing data, including establishing access to timely and useful data sets. • Working in collaboration with General Practice and the wider Primary Care sector to design and roll out health intelligence related outputs. Aged Care Facilities, Providers, Consumers and both the Clinical and Community Council's will be integral to provide support and facilitate the delivery of these activities.
Indigenous Specific	No
Duration	This major area of activity and infrastructure will be developed throughout the duration of this activity plan.
Coverage	The Northern Sydney PHN Health Intelligence activities will occur across the entire PHN region, to include primary care and the Local Health District.
Commissioning method (if relevant)	This activity will underpin and inform the Northern Sydney PHN's entire commissioning approach and objectives. The PHN will follow its integrated commissioning framework with key components being plan, deliver, monitor and review. The approach will be consistent with the nationally agreed commissioning principles incorporating stakeholder and market engagement throughout the process.

Proposed Activities	
Activity Title / Reference	Health Intelligence
Approach to market	<p>Where possible, the PHN will use an open tender approach to market.</p> <p>The decision on approach will be based on a market analysis, looking at the current dynamics in the region against what an ideal market might look like and where characteristics do not align, look at how the PHN can support market development whilst addressing the needs identified.</p> <p>The procurement method will be chosen based on this analysis of the market.</p>
Decommissioning	No decommissioning is planned in this area.
Proposed Activities	
Activity Title / Reference (eg. NP 1)	Community Health and Vulnerable Groups
Existing, Modified, or New Activity	Existing
Program Key Priority Areas	<ul style="list-style-type: none"> - CALD - Aged Care - Indigenous Health - Homeless - Mental Health and Drug and Alcohol - Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	Urgent Care, Health of the Elderly, Population Health, Youth, Mental Health, Drug and Alcohol, CALD, Homeless.
Description of Activity	<p>Working with patients, carers, service providers and wider stakeholders to co-design services, Northern Sydney PHN will develop an evaluation framework in partnership with other stakeholders to ensure a shared approach and responsibility to developing and achieving outcomes. Outcome indicators for 2017 onwards and such measures will be developed in collaboration with stakeholders in 2016-17.</p> <p>During the activity year for 2016-2017 there will be a requirement to achieve certain elements of process indicators, which will be developed further into actual performance. A key area of work for this activity is the establishment of measurable performance indicators and measurable outcome performance indicators for PHN activity in the second year of commissioning activity.</p> <p>Aboriginal and Torres Strait Islander Health</p> <ul style="list-style-type: none"> • Work with the local community and key stakeholders to contribute to the co-design of commissioned services and activity.

Proposed Activities	
Activity Title / Reference	Health Intelligence
	<ul style="list-style-type: none"> • Work with consumers and other stakeholders to increase understanding of issues with current system including barriers (actual or potential) to accessing services. • Work with local community, partners, LHD and primary care to promote better access and uptake of regional Aboriginal Health GP outreach unit. • Work with general practice and partners to increase IH PIP registration and percentage of Aboriginal and Torres Strait Islander peoples who receive MBS715 health assessment. <p>Culturally and Linguistically Diverse Populations (CALD) -including humanitarian entrants, Tibetan community, Northern Sydney Chinese population, and vulnerable groups</p> <ul style="list-style-type: none"> • Work with stakeholders including consumers and cultural groups to understand issues with current system and services available. • Work with stakeholders to co-design and commission solutions. <p>Aged Care/ Health of the elderly</p> <ul style="list-style-type: none"> • Establish integrated processes and referral pathways at levels of general practice and community allied health services to identify older people at risk of falls and engage a whole of primary health care approach to falls prevention. • Adopt and support a multidisciplinary team approach to supporting the health of the elderly (e.g. falls prevention, transition of care, clinical handover activity, addressing polypharmacy). <p>Co-morbidities</p> <ul style="list-style-type: none"> • Review service provision for people with co-morbidities. • Develop in partnership, community-based models of care to support people with co-morbidities in the community (also links to ‘Patient Activation’) e.g. outreach services • Work with stakeholders to design and deliver integrated services • Increase health literacy <p>Youth</p> <ul style="list-style-type: none"> • Refer further to the Northern Sydney Mental Health Annual Plan for youth mental health activity. • Work with partners to improve access to services for young people at risk of mental health illness, including, but not limited to self-harm, homelessness, bullying, causes for Emergency Department presentations, drug and alcohol and risk taking behaviour. • Better integration of services to ensure young people attending ED following self-harm are followed up by support service (postvention)

Proposed Activities	
Activity Title / Reference	Health Intelligence
	<ul style="list-style-type: none"> Undertake review of current Northern Sydney PHN youth intervention programs, 'GPs in Schools' and 'UConnectHealth' service to determine fitness for purpose and develop regionalised requirements. Depending on recommendations from review either re-commission, expand, redesign or decommission service, with review to focus on a regional solution and approach to meet need. <p>Homeless</p> <ul style="list-style-type: none"> Co-design and commission identified initiatives. Work with stakeholders including general practice, NGOs, FACS and the community to understand issues, current services, and opportunities for collaboration. Immunisation Supporting practices in LGAs with low coverage recorded to data cleanse Work with LHD Public Health Unit, general practice, and local communities to increase immunisation rates <p>Mental Health</p> <ul style="list-style-type: none"> Refer further to the Northern Sydney Mental Health Annual Plan for related community health and vulnerable group mental health activity. <p>Drug and Alcohol</p> <ul style="list-style-type: none"> Refer further to the Northern Sydney Drug and Alcohol Annual Plan for related community health and vulnerable group drug and alcohol activity
Target population cohort	Vulnerable population groups within Northern Sydney: Aboriginal, CALD, aged care, co-morbidities, youth, homeless, immunisation, mental health, drug and alcohol.
Consultation	Co-design and consultation workshops will be undertaken for all new developed activities. The Community Council provides input to community engagement activities and targeted initiatives developed.
Collaboration	<p>Northern Sydney PHN will work with stakeholders across the health and social care economy to set the strategic direction, to drive service improvements and achieve system change beyond their direct circle of control.</p> <p>Relationships will build and will support co-design and co-delivery of services.</p> <p>The PHN will work in partnership with the Local Health District on joint activities around key vulnerable population groups, overseen by the PHN/LHD Joint Executive Council.</p>

Proposed Activities	
Activity Title / Reference	Health Intelligence
Indigenous Specific	Some of the activities are directly targeted to Aboriginal and Torres Strait Islander peoples.
Duration	This major area of activity will commence in 2016/17 and will continue through to 2018.
Coverage	The Northern Sydney PHN activities will occur across the entire PHN region, to include primary care and the Local Health District.
Commissioning method (if relevant)	Northern Sydney PHN will adopt a collaborative approach to commissioning. We will work with patients, providers, and the wider community to define problems and identify appropriate solutions.
Approach to market	Where possible, the PHN will use an open tender approach to market. The decision on approach will be based on a market analysis, looking at the current dynamics in the region against what an ideal market might look like and where characteristics do not align, look at how the PHN can support market development whilst addressing the needs identified. The procurement method will be chosen based on this analysis of the market.
Decommissioning	The current youth health programs have been reviewed and the PHN will be developing a new regional program during 2016/17 for implementation during 2017/18. As the two current programs are funded by the PHN, the transition will be incorporated into the implementation process. This will include engagement of current GPs engaged in the programs in designing the new service. The revised service will expand the provision of support to all secondary schools across the region.

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

Proposed general practice support activities	
Activity Title / Reference (eg. OP 1)	Building Primary Care Capacity
Existing, Modified, or New Activity	Existing
Description of Activity	<p>The PHN will continue to work with our local Primary Care Providers to enhance their capacity and capability to deliver high quality, safe, evidence-based care to their communities, through a combination of strategies designed to provide clinical decision support, workforce development and system integration and maximise engagement with and between local providers.</p> <p>The PHN has a core team of Primary Care Advancement Coordinators (PCAC's), each assigned a sub-region within the catchment and act as the first point of contact for local providers requesting support and as a key engagement and implementation vehicle for targeted initiatives.</p> <p>This includes:</p> <ul style="list-style-type: none"> • continual profiling of local primary health care providers, including GPs, primary care nurses, pharmacists, and allied health etc. to inform the development and implementation of workforce planning and needs assessments; • support for practice accreditation; • support for uptake and implementation of digital health initiatives; • support for health information management and data quality with a focus on chronic disease management and immunisations; • delivery of quality improvement initiatives (QI Coach program); • support for the co-development and implementation of a the Person Centred Medical Home (PCMH) building blocks in practices; • networking and professional development opportunities that align with national and local priority areas; • support for uptake of the local HealthPathways program once launched; and • support for implementation of other key PHN initiatives as they arise. <p>In addition we will:</p> <ul style="list-style-type: none"> • develop and implement allied health engagement strategy; • develop a workforce plan, including a nurse transition program to attract and retain a viable local workforce; and • implement at least one “talk to us” forum or event to encourage input from a broad range of local stakeholders.

Proposed general practice support activities	
Activity Title / Reference (eg. OP 1)	Building Primary Care Capacity
	These will form a portfolio of core support activities that will support the primary care sector to work towards achievement of the “quadruple aim”, that is, improving patient experience, population health outcomes, value for money and improve the experience of providing care for the local workforce.
Supporting the primary health care sector	Outline how the activity will support the primary health care sector
Collaboration	<p>A key element of building capacity in primary health care (PHC) is engagement and working with providers in PHC. The PHN will work closely with the Clinical Council in the establishment of engagement approaches and tools to support PHC.</p> <p>The PHN will be the major contributor to delivery of support activities, however key components will be delivered collaboratively including:</p> <ul style="list-style-type: none"> • The local Public Health Unit for immunisation support. The PHU can assist SNHN with in-depth data analysis to determine which specific areas to target and which interventions may have the biggest impact. SNHN can support the PHU’s Immunisation Nurse to engage with practices in targeted areas. • The Improvement Foundation will assist PCAC staff to implement the QI Coach program • Working in partnership with general practice will remain a key focus, seeking regular input into support required, education focus and approaches to targeting quality improvement.
Duration	1 July 2016 – 30 June 2018
Coverage	Entire PHN region
Expected Outcome	<p>These PHN core support activities will form a key component of our market development strategy to build capacity within primary healthcare, in preparation for future commissioning decisions and to maximise the success of activities planned across other schedules (flexible, mental health, AOD etc.).</p> <p>It will support practices to enhance their ability to provide comprehensive, coordinated, integrated, quality care.</p> <p>It will also support the primary care sector with achieving the “quadruple aim”, that is, improving patient experience, population health outcomes, value for money and improve the experience of providing care for the local workforce.</p>

3. (a) Strategic Vision for After Hours Funding

The Northern Sydney PHN intent is to align after hours with the strategic vision of the organisation as a whole, which is to achieve better health and better care for the community, in collaboration with local stakeholders, including and most importantly the end user.

Furthermore, we believe the strategic focus of addressing after hours needs to be considered within the context of a broader system view of urgent care.

Our PHN seeks to:

- Maximise the contribution of community-based providers and health professionals as both providers of care and influences of patient-decision making;
- Reiterate the need to continue to develop comprehensive shared care plans and clinical pathways; and
- Leverage data and technology to enhance and facilitate the entire after hours' system and improve the co-ordination of services, the integration of care, and both consumers' and providers' experience of the system.

There is continued interest and an expressed commitment from stakeholders in the region to continue the Northern Sydney After Hours Network established during 2015/16. This presents a considerable leadership opportunity for the PHN and provides a basis on which to drive system accountability and performance from the multiple organisations and providers. Integral to the Network is the continuance of a system-wide performance framework supported by shared data and aggregated performance reporting.

Over the two years, we aim to:

- Continue to build and maintain consumer awareness of alternatives to emergency departments after hours, especially for target cohorts such as CALD, frequent ED attenders, those with complex health and social needs.
- Build the capability of general practice in the afterhours timeframe as patient-centred care providers.
- Improve the consumer journey through the afterhours system.
- Identify commissioning opportunities through development of local health pathways.
- Lead the formalisation of an after-hours network for the Northern Sydney region.
- Support the design and implementation of digital health and enabling technologies across the urgent care system.

3. (b) Planned PHN Activities – After Hours Primary Health Care 2016-17

Proposed Activities	
Activity Title / Reference	AH 1.1 Better Access to Community Based Services
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area (eg. 1, 2, 3)	<ul style="list-style-type: none"> Page 50 Aged Care - End of Life Planning Page 55 Urgent Care – Urgent Care Services /ED admissions
Description of Activity	<p>HealthPathways</p> <ul style="list-style-type: none"> Continue to work jointly with the LHD to prioritise and develop clinical pathways relevant to urgent care e.g. hospital in the home, palliative care, musculoskeletal, falls and any others identified through the afterhours network, clinical and community councils. Work collaboratively in identifying gaps in urgent care during pathway development and commissioning solutions. <p>Palliative Care</p> <ul style="list-style-type: none"> Continue to work with the LHD and other stakeholders to co-design and implement an appropriate local model for community based palliative care, particularly in aged care facilities and for those with chronic (non-cancer) disease. <p>Alternative treatment options for minor injuries/ acute musculoskeletal injuries</p> <ul style="list-style-type: none"> Work with the LHD, NSW Ambulance and general practice to develop capacity within the community to treat minor injuries and/or acute musculoskeletal injuries, to alleviate pressure on after hours ED presentations and provide alternative transport options for ambulances. This could include commissioning improved access to diagnostics and upskilling of primary care providers. <p>Extend After Hours Coverage</p> <ul style="list-style-type: none"> Work with stakeholders to extend geographic coverage of afterhours services in pockets where there are none (Cowan, Brooklyn) <p>Monitor outcome from 15/16 commissioned services</p>

Proposed Activities	
Activity Title / Reference	AH 1.1 Better Access to Community Based Services
	<ul style="list-style-type: none"> Monitor outcomes of the dementia discharge follow up service & general practice social work service commenced in 2016, to determine impact on re-admissions and whether to expand to 17/18.
Target population cohort	whole population
Consultation	<p>Palliative Care - Consultation has been ongoing with a broad Palliative stakeholder group, to progress to co-design workshop, which will prioritise and define the service specifications for commissioning.</p> <p>Dementia and Social Work commissioned services - Consultations have been ongoing with stakeholders and the commissioned services.</p> <p>Alternative treatment options for minor injuries/ acute musculoskeletal injuries - Multiple consultations with the LHD and Ambulance NSW still suggest this activity needs to be carried forward, with a continued focus on upskilling primary care providers by providing urgent care education opportunities</p> <p>Extend After Hours Coverage - Consultations with stakeholders will lead to a release of an afterhours innovation grant to extend coverage into 'Cowan and Brooklyn'</p> <p>Health Pathways - Consultation is ongoing with expert reference groups to keep prioritising pathways and will lead to identifying possible commissioning opportunities</p>
Collaboration	NSLHD Medical Deputising Services Ambulance NSW Aged Care Facilities GPs Allied Health Community Providers Consumers After Hours Stakeholder Group

Proposed Activities	
Activity Title / Reference	AH 1.1 Better Access to Community Based Services
Indigenous Specific	NO
Duration	<p>July 16- June 17</p> <p>After Hours Innovation Grant</p> <ul style="list-style-type: none"> • May 17 - Release of After Hours Innovation grant to extend coverage of After Hours Care to Cowan and Brooklyn • July 17 – Service delivery <p>Palliative Care Commissioning</p> <ul style="list-style-type: none"> • Feb 17- Co-design workshop to refine service specifications • March 17 – Release of Request for Tender • End of May 17 – Service delivery <p>Commissioned Dementia and Social Work Services</p> <ul style="list-style-type: none"> • Jan 17 Progress reports • Feb /March 17 - Evaluation of services • April – Negotiations on new contracts • June – New Contracts ready for re-commissioning 17/18
Coverage	Whole PHN region
Commissioning method (if relevant)	Where commissioning is required, the PHN will follow its integrated commissioning framework with key components being plan, deliver, monitor and review. The approach will be consistent with the nationally agreed commissioning principles incorporating stakeholder and market engagement throughout the process
Approach to market	Where possible, the PHN will use an open tender approach to market.

Proposed Activities	
Activity Title / Reference	AH 1.1 Better Access to Community Based Services
	<p>The decision on approach will be based on a market analysis, looking at the current dynamics in the region against what an ideal market might look like and where characteristics do not align, look at how the PHN can support market development whilst addressing the needs identified.</p> <p>The procurement method will be chosen based on this analysis of the market.</p>

Proposed Activities	
Activity Title / Reference (eg. NP 1)	AH 1.2 - Improved Shared Care Planning
Existing, Modified, or New Activity	Modified
Needs Assessment Priority Area (eg. 1, 2, 3)	<ul style="list-style-type: none"> • Page 49-51 Aged Care – multiple co-morbidities / End of Life planning • Page 55 Urgent Care – Emergency department admissions
Description of Activity	<p>This activity will continue the work started in 15/16 which is to:</p> <ul style="list-style-type: none"> • Work with healthcare providers to enhance the quality of care plans (including advance care plans) for targeted cohorts of patients where poor care planning results in urgent afterhours presentations (e.g. palliative care, older persons, children with asthma, patients with multi-morbidity) • Work with the afterhours network to enable connectivity between providers through electronic shared care and progress to a trial – Due to delays with the NSLHD and their shared care planning strategy, this activity has been delayed and the budget has been re-allocated to activity Better Access to Community Based Services – to increase the available funds for the Palliative care commissioning activity.
Target population cohort	whole population

Proposed Activities	
Activity Title / Reference (eg. NP 1)	AH 1.2 - Improved Shared Care Planning
Consultation	<p>Consultation with Ambulance NSW has highlighted the opportunity to increase the communication between GPs and the Extended Care Paramedics when treating patients using a digital health application, this will progress to a pilot at the end of January 2017.</p> <p>A digital health consultation group will be established and will be consulted to ensure all digital health technology implemented is endorsed by the group and other stakeholders before implementation begins.</p>
Collaboration	<p>NSLHD –Shared care tools Medical Deputising Services Ambulance NSW & Decision Assist – Advance Care Plans, Authorised Care plans and secure messaging pilot Aged Care Facilities – Implementation of enabling technologies GPs Allied Health Community Providers – secure messaging enabling sharing of information with patient’s GP Consumers After Hours Stakeholder Group Asthma Australia and National Asthma Council -Asthma Actions Plans</p>
Indigenous Specific	NO
Duration	July 16- June 17
Coverage	Whole PHN region
Commissioning method (if relevant)	Where commissioning is required, the PHN will follow its integrated commissioning framework with key components being plan, deliver, monitor and review. The approach will be consistent with the nationally agreed commissioning principles incorporating stakeholder and market engagement throughout the process

Proposed Activities	
Activity Title / Reference (eg. NP 1)	AH 1.2 - Improved Shared Care Planning
Approach to market	<p>Where possible, the PHN will use an open tender approach to market.</p> <p>The decision on approach will be based on a market analysis, looking at the current dynamics in the region against what an ideal market might look like and where characteristics do not align, look at how the PHN can support market development whilst addressing the needs identified.</p> <p>The procurement method will be chosen based on this analysis of the market.</p>
Decommissioning	N/A

Proposed Activities	
Activity Title / Reference (eg. NP 1)	AH 1.3 - Consumer Engagement & Health Literacy
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area (eg. 1, 2, 3)	<ul style="list-style-type: none"> • Page 56 Access • Page 57 Children and young people - mental health and suicide prevention
Description of Activity	<p>Continue the implementation of a targeted communication strategy to improve consumer awareness about afterhours health care options:</p> <ul style="list-style-type: none"> • GP speakers for Adult Migrant English Program through Northern Sydney Institute of TAFE • Targeted advertisements around major public holiday periods • Distribution of redesigned collateral • Collaboration with NSLHD and commissioned services with targeted projects increasing awareness of afterhours medical services.
Target population cohort	Whole population with a specific focus on culturally and linguistically diverse communities, parents of young children and vulnerable populations including those with poorer health outcomes.

Proposed Activities	
Activity Title / Reference (eg. NP 1)	AH 1.3 - Consumer Engagement & Health Literacy
Consultation	<p>The PHN has engaged with the Northern Sydney Institute of TAFE and the teachers are continually feeding back about the presentation being delivered by local GP speakers. This activity has also been reviewed by the community and Clinical councils and feedback has helped design ongoing changes to the presentation being delivered.</p> <p>The community and Clinical Council have been engaged and given feedback and guidance about the direction of the community engagement and health literacy activities in 16/17.</p> <p>The councils will be consulted on ongoing marketing strategies and where needed an adapted strategy.</p>
Collaboration	The North Sydney PHN has led the implementation of these initiatives, but resources and collateral has been developed in collaboration with the After-Hours Network, NSLHD and Community Council
Indigenous Specific	No but they are included in the vulnerable populations
Duration	July 16- June 17
Coverage	Whole PHN region
Commissioning method (if relevant)	Where commissioning is required, the PHN will follow its integrated commissioning framework with key components being plan, deliver, monitor and review. The approach will be consistent with the nationally agreed commissioning principles incorporating stakeholder and market engagement throughout the process
Approach to market	<p>Where possible, the PHN will use an open tender approach to market.</p> <p>The decision on approach will be based on a market analysis, looking at the current dynamics in the region against what an ideal market might look like and where characteristics do not align, look at how the PHN can support market development whilst addressing the needs identified.</p> <p>The procurement method will be chosen based on this analysis of the market.</p>
Decommissioning	N/A

