



# 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).

***Murray 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.

**This AWP was approved by the Department 20 March 2017**

## Overview

This Activity Work Plan is a refresh to the 2016-18 Activity Work Plan, providing an outlook for the 2017-18 year ahead. Implicit to this is the progress that Murray PHN is well underway in its development and progress towards the full commissioning environment; ensuring that priorities and decisions in funding are informed by regional planning and regional input. Murray PHN recognise that in a system with finite funds, commissioning drives a greater focus on investing for improvements in population health outcomes, service coordination, system integration and ultimately, both value for money and a stronger patient focus.

In building the capability required to fulfil commissioning responsibilities over the course of the first six months of the 2016/17 year, Murray PHN has established:

- Murray PHN Commissioning Framework
- Murray PHN Commissioning Guiding principles
- Murray PHN Advisory Council Framework (8 Regional Community and Regional Clinical Advisory Councils and supporting structures and arrangements)
- Murray PHN Commissioning Strategy which outlines the approach for commissioning for the 16/17, 17/18 and 18/19 financial years.

Collectively, these provide the necessary structure, governance and transparency that underpins the alignment of resources to match population health needs and improved health system efficiency, effectiveness and equity across the Murray PHN catchment.

## 1. (a) Strategic Vision

Murray PHN's Vision is:

"Better health and wellbeing for our community through better care and better systems".

Our role is to:

Understand and address the health needs of our communities by engaging key partners to deliver targeted actions that:

- Increase the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes, and
- Improve the coordination of care to ensure patients receive the right care in the right place at the right time.

Our strategic goals are:

1. Ensure that the coordination of care is targeted and tailored to our communities and that innovation and engagement are core to our efforts in improving our healthcare systems and service delivery.
2. Address national priority areas as well as explore emerging health and healthcare issues with our communities, and work with service providers pursuing opportunities based on evidence and expertise, and being clear about how we will measure shared success.
3. Strengthen our organisational capability so that we are responsive, accountable and productive.

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

**Proposed Activities** - copy and complete the table as many times as necessary to report on each activity

Activity Title / Reference (eg. NP 1)	<b>NP1 CANCER SCREENING, EARLY DETECTION AND COORDINATION.</b>
Existing, Modified, or New Activity	Existing activity
Program Key Priority Area	This activity addresses the PHN National Indicator – increase cancer screening rates.
Needs Assessment Priority Area (eg. 1, 2, 3)	Needs Assessment section 2 Priority Area – Cancer Screening rates.
Description of Activity	<p>This activity will focus on:</p> <ul style="list-style-type: none"> <li>• Collaborative approach with DHHS and other agencies such as the Cancer Council Victoria to increase the participation of population groups who systematically under-participate in the Australian Government's national bowel, breast and cervical screening programs and therefore at risk of later-stage diagnosis. Priority populations include Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities and communities affected by social and economic disadvantage. <ul style="list-style-type: none"> <li>○ Screening rates will be increased by engaging general practices to participate in quality improvement activities that will improve recalls and reminder systems, referral quality and utilisation of clinical decision support tools such as Health Pathways and CAT Plus.</li> <li>○ General Practice communication strategy to support the rollout of the National Cervical Screening Program (NCSP)</li> </ul> </li> <li>• Implementation of the Optimal Care Pathways (OCPs) to drive quality improvement activities in the primary care and acute environments to reduce variability in practice.</li> <li>• Development of localized HealthPathways for bowel, breast, cervical and other priority cancer tumours as identified within the Needs Assessment and/or engagement with stakeholders.</li> </ul>
Target population cohort	Population groups targeted by the Australian Government's population based national bowel, breast and cervical cancer screening programs.

<p>Consultation</p>	<p>Murray PHN will engage with DHHS as they administer the screening programs on behalf of the Australian Government in Victoria. This will be done through the Victorian Primary Health Network Alliance (VPHNA).</p> <p>The ICS are clinical networks who influence the development and implementation of evidence-based care. As such the Hume RICS and LMICS are natural regionally based partners for Murray PHN.</p> <p>The Murray PHN Advisory Councils will have a role to validate the priority areas and strategies identified within this activity.</p>
<p>Collaboration</p>	<ul style="list-style-type: none"> <li>• Acute hospital services, including oncology and radiation specialists</li> <li>• Loddon Mallee and Hume Region Integrated Cancer Services</li> <li>• Department of Health and Human Services (Victoria)</li> <li>• Loddon Mallee and Hume Regional Health Alliance</li> <li>• ACCHOs</li> <li>• Murray PHN Community and Clinical Advisory Councils</li> <li>• General Practice</li> <li>• Cancer service agencies eg Cancer Council Victoria</li> </ul>
<p>Indigenous Specific</p>	<p>Yes. Aboriginal and Torres Strait Islander Communities will feature prominently in focus areas for this activity.</p>
<p>Duration</p>	<p>This activity will occur across the full 2017-18 year as summarised below.</p> <p><i>July - September</i>      Planning – this will take into account the alignment and scoping of activities with the VPHNA cancer screening joint work program with DHHS and other key stakeholders. For examples the Loddon Mallee Integrated Cancer Services (LMICS), Hume Regional Integrated Cancer Services (HRICS) and VACCHO.</p> <p><i>October – December</i>      Commissioning of work to Cancer Council Victoria. The proposed scope of works will identify the following themes:</p> <ul style="list-style-type: none"> <li>• Strategies to increase cancer screening participation rates in under screened, never screened and hard to reach population groups such</li> </ul>

	<p>as Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities and communities affected by social and economic disadvantage.</p> <ul style="list-style-type: none"> <li>○ Community awareness campaign</li> <li>○ General Practice engagement and quality improvement activity using clinical audit tools to identify at risk groups and improve</li> <li>○ Health Workforce support and capacity building <ul style="list-style-type: none"> <li>▪ Upskilling of Aboriginal Health Workers on prevention and cancer screening</li> </ul> </li> </ul> <p><i>January – June</i>      Implementation</p>
Coverage	<p>The Murray PHN Needs Assessment has identified the following areas to target:</p> <ul style="list-style-type: none"> <li>● Cervical cancer screening data (2013-14) show a lower proportion in Gannawarra, Loddon, Greater Shepparton, Mitchell, Moira and Murrindindi LGAs than the rest of Victoria.</li> <li>● Bowel cancer screening (2013) show a lower proportion in Loddon, Mildura and Swan Hill LGAs compared to other parts</li> <li>● Breast cancer screening (2013) are lower in Loddon, Alpine, Indigo, Towong and Wodonga LGAs compared to other localities.</li> </ul>
Commissioning method (if relevant)	<p>Flexible funding will be integrated in part with Quality Improvement in General Practice and Health Workforce Capacity. As a result, it is important to note that 2017-18 resourcing has included a proportion of General Practice Support resourcing (ref OP1) in order to facilitate and support practice and system-level improvement within the General Practice environment.</p> <p>Part of the funding will be directed to commissioning the Cancer Services Victoria to develop a culturally sensitive community engagement and health workforce training package. The investment has been budgeted at \$150,000 for a catchment wide initiative.</p>

Approach to market	As previously identified, a component of this activity will engage Cancer Council Victoria. Given its prominent visibility, expert knowledge and existing partnerships with stakeholders such as BreastScreen Victoria, it is intended that Murray PHN will apply a direct approach in this instance.
Decommissioning	There is no decommissioning planned associated with this activity.

**Proposed Activities - copy and complete the table as many times as necessary to report on each activity**

Activity Title / Reference (eg. NP 1)	<b>NP2 MURRAY HEALTH PATHWAYS.</b>
Existing, Modified, or New Activity	Existing activity
Program Key Priority Area	Health Workforce Other – system integration and improved efficiency
Needs Assessment Priority Area (eg. 1, 2, 3)	Integrated Care Pathways page 53
Description of Activity	<p>Murray HealthPathways is a collaborative and structured approach which aims to improve health care quality, integration and efficiency across primary health, the acute sector and community health. Murray HealthPathways addresses the Needs Assessment Priority of Integrated Care Pathways by bringing together general practitioners (GPs), specialists, community based health providers and allied health professionals to discuss optimal assessment and management of common medical conditions, including when and where to refer patients. The result is a single, web-based portal for localised and evidence-based information that is designed to be accessed by GPs and primary care health professionals at the point of care.</p> <p>Murray HealthPathways addresses the national health priorities and local health needs identified in the Murray PHN needs assessment.</p> <p>Murray PHN launched Murray HealthPathways in November 2016.</p> <p>To date:</p> <ul style="list-style-type: none"> <li>• 68 localised pathways completed</li> <li>• 88 health professionals have contributed to pathway development</li> <li>• 870 HealthPathway users since 1 November 2016</li> <li>• 30 health services or private practices have automatic login to Murray HealthPathways</li> </ul> <p>Murray HealthPathways expects to achieve during 2017/2018:</p>

	<ul style="list-style-type: none"> <li>• Completion of over 80 pathways</li> <li>• Over 75% of pathways completed or in development to match the national health priorities and local health needs identified in Murray PHN needs assessment</li> <li>• More than 20 clinical work groups conducted</li> <li>• More than 100 contributing health professionals engaged in development of Murray HealthPathways</li> <li>• Number of health professional users to increase to over 1000</li> <li>• Number of health services and private practices who have agreed to automatic log in to Murray HealthPathways to increase to over 50</li> <li>• To have a program of evaluation in place including referral behaviour from GPs to the acute sector, the use of diagnostics within primary health and the acute sector and patient feedback related to HealthPathway usage</li> <li>• To have piloted embedded electronic referrals within HealthPathways.</li> </ul>
Target population cohort	<p>Murray HealthPathways activity is focussed on addressing the populations and conditions identified in the health needs assessment including:</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander Health</li> <li>• Aged Care</li> <li>• Mental health</li> <li>• Suicide prevention</li> <li>• Child and adolescent mental health</li> <li>• Oral health</li> <li>• Childhood immunisations</li> <li>• Cancer screening</li> <li>• Chronic disease conditions – diabetes and cardiac related.</li> </ul>
Consultation	<p>Murray HealthPathways is now in its implementation phase. Ongoing consultation, though, occurs with the five regional health service partners, Victorian Department of Health and Human Services, primary health and smaller, rural health services, community health, community services and non-</p>

	<p>government organisations. Murray Health Pathways has an active feedback mechanism, and a web based system encouraging health professionals to request pathway development.</p>
<p>Collaboration</p>	<p>Murray HealthPathways is partnering with five regional health services within our catchment area:</p> <ul style="list-style-type: none"> <li>• Mildura Base Hospital</li> <li>• Bendigo Health</li> <li>• Goulburn Valley Health</li> <li>• North East Health Wangaratta, and</li> <li>• Albury Wodonga Health</li> </ul> <p>Negotiations with Swan Hill District Health are currently underway.</p> <p>Each of the health services has signed an agreement committing their staff, including specialists, to contribute to HealthPathway development and review.</p> <p>The Loddon Mallee and Hume regions of the Victorian Department of Health and Human Services is also actively involved, with early work on vulnerable children and cancer pathways, identified as high need areas in these regions.</p> <p>Smaller, rural health services, community health, community services and non-government organisations across the Murray PHN region have been consulted and have been actively engaged, including as users of Murray HealthPathways.</p>
<p>Indigenous Specific</p>	<p>Yes, Murray HealthPathways specifically incorporates indigenous specific pathways information and resources.</p> <p>Murray HealthPathways includes culturally accessible referral options and culturally appropriate patient information. It includes decision support tools to support systematic and consistent approaches to appropriately identify Aboriginal and Torres Strait Islander people.</p> <p>To date, 8 pathways with specific Aboriginal and Torres Strait Islander health information have been completed.</p>
<p>Duration</p>	<p>Murray PHN has established and is implementing a systematic approach to pathway development and implementation and is an ongoing initiative. Commissioned activity extends to the HealthPathways</p>

	vendor (Streamliners) that was commissioned through direct approach in the 16-17 year. Clinical specialists, relative to the clinical streams being addressed are also secured through direct approach.
Coverage	Murray HealthPathways covers the entire PHN region.
Commissioning method (if relevant)	Support from external health professionals to participate in Clinical Work Groups to inform the development of pathways, identify health system barriers and opportunities and influence work force development activities are secured through direct approach – taking into account clinical area of expertise, availability and existing relationship with local health services.
Approach to market	Murray HealthPathways procures services (health professionals) through direct engagement, as described above.
Decommissioning	There is no decommissioning arising from the implementation of Murray HealthPathways.

**Proposed Activities - copy and complete the table as many times as necessary to report on each activity**

Activity Title / Reference (eg. NP 1)	<b>NP10 REGIONAL COLLABORATION</b>
Existing, Modified, or New Activity	This is an existing activity.
Program Key Priority Area	Other – health system integration and improved coordination.
Needs Assessment Priority Area (eg. 1, 2, 3)	<p>This activity supports the regional collaboration and engagement that supports the delivery of activities that are expressly included within the AWP as is identified below.:</p> <ul style="list-style-type: none"> <li>• Potentially preventable hospital admissions (pg. 42)</li> <li>• Mental health and suicide prevention (pg.46)</li> <li>• AOD &amp; AOD and adverse impacts of ICE(pg.50 and 52)</li> <li>• Integrated Care Pathways (pg.53)</li> <li>• Aboriginal and Torres Strait Islander Communities (pg.57)</li> </ul>
Description of Activity	<p>Health system fragmentation has been reported by health services, clinicians and consumers as a major challenge for our catchment. Its impact to the efficiency of health service systems and access to health services will have a direct and significant impact of health outcomes for patients across the Murray PHN catchment.</p> <p>The complexity of health service systems, diversity of these arrangements and the community context in which they operate across the Murray PHN catchment area is significant. Some examples of defining and arguably unique features to the Murray PHN catchment include:</p> <ul style="list-style-type: none"> <li>• The significance of health system coordination across State jurisdictions, particularly in twin-city populations such as Albury/Wodonga and Echuca / Moama;</li> <li>• The diversity of population settings, ranging from very few, large Regional population centres of over 100,000 people to very many, smaller rural settlements of less than 3000 people</li> <li>• The variability in health care arrangements across health services and its impact to accessing primary, secondary and tertiary services;</li> <li>• The characteristics of health workforce populations, particularly as it relates to areas of workforce shortage across different geographies and specialties.</li> </ul>

	<p>This activity allows for Regionally responsive and tailored approaches to the design and development of models of care and commissioning investment. It incorporates the Regional Managers and Regional Medical Advisors who are the principle relationship managers within health services and clinical leadership across four regional areas of the catchment.</p> <p>This activity acknowledges the relationship management approach that supports effective and productive collaboration and engagement with health services at a regional system level. For Murray PHN, the regional health service system is described in terms of 4 regional areas that are broadly described as the North West (Mildura and surrounds), Central Victoria (Bendigo and surrounds), Goulburn Valley (Shepparton and surrounds) and North East Region (Albury / Wodonga and surrounds). A relationship management approach to commissioning responsibilities and functions underpins our capacity to:</p> <ul style="list-style-type: none"> <li>• work with and influence health services to create and grow value to the local health service system, and;</li> <li>• provide the basis for the organisation to manage health services and stakeholder relationship at all levels and across functional areas of the business in order to support transparency and manage the complexity associated with commissioning requirements, local context and system level change.</li> </ul>
Target population cohort	This activity targets clinical and health service leadership across the Murray catchment area.
Consultation	Stakeholder engagement is an implicit function of regional engagement. It is delivered within a Relationship management framework and engagement strategy.
Collaboration	<ul style="list-style-type: none"> <li>• Acute and sub-acute health facilities across the catchment</li> <li>• Aged care facilities</li> <li>• Health workforce training organisations, universities and regional associations (eg. Rural Workforce Agency).</li> <li>• Local Government</li> <li>• Human Services</li> <li>• General Practice and practitioners</li> <li>• ACCHOs</li> </ul>

	<ul style="list-style-type: none"> <li>• Pharmacy</li> <li>• Allied Health</li> </ul>
Indigenous Specific	No. The needs of indigenous people are incorporated within this activity but is not exclusive.
Duration	1 July 2016 – 30 June 2018
Coverage	This activity will cover the entire Murray PHN catchment.
Commissioning method (if relevant)	Not applicable
Approach to market	Not applicable
Decommissioning	There is no decommissioning associated with this activity.

**Proposed Activities - copy and complete the table as many times as necessary to report on each activity**

Activity Title / Reference (eg. NP 1)	<b>NP11 POTENTIAL AVOIDABLE HOSPITALIZATIONS.</b>
Existing, Modified, or New Activity	This is an existing activity.
Program Key Priority Area	Other - Potential avoidable hospitalizations
Needs Assessment Priority Area (eg. 1, 2, 3)	Refer to the Murray PHN Needs Assessment, Section 4, page 42
Description of Activity	<p>Due to the complexity of our multi- funded, multi-service system, a person’s journey through the health system can be experienced as fragmented with a risk of falling through the gaps, as demonstrated by the high number of potentially avoidable hospitalisations (PAHs) for people with chronic disease.</p> <p>Increasing rates of avoidable presentations and preventable admissions and readmissions to acute health services add significant burden to the Victorian health system.</p> <p>Effective management of patients enduring chronic disease by improving access and connections to community based and primary care services can improve health outcomes and reduce increasing costs attributable to these growing issues. Primary Health Networks will focus on system change and service improvement through greater co-ordination and integration underpinned by evidence based information and multi-sector collaboration.</p> <p>Murray PHN will undertake a specific project with relevant partners to utilize hospital and GP data to identify and track patient’s journey through the acute and community based health systems, identify system and service interventions/ change that may improve access and provision of care and prospectively monitor and assess intervention effectiveness.</p> <p>The project is based as a qualitative and quantitative prospective study to identify contributing process issues and care/support improvements in acute and community settings</p> <p>It will provide comparative analysis and significant benchmarking opportunities</p> <p>It will include comprehensive analysis of general practice data and care arrangements relative to cohort eligibility and location</p> <p>The project will identify avoidable presentations to</p> <ul style="list-style-type: none"> <li>• Emergency Departments</li> </ul>

	<ul style="list-style-type: none"> <li>• Acute facility admissions for selected conditions (based upon local ambulatory care sensitive condition prevalence and length of stay data)</li> <li>• Candidates that are eligible for cohort 2 that are readmitted to hospital within 28 days of prior admission</li> </ul> <p>This project will inform and be informed by:</p> <ul style="list-style-type: none"> <li>• Murray PHN Innovation 2 project for reducing PAHs in small rural health services and residential aged care facilities</li> <li>• After hours 'Targeted Emergency Department' project</li> <li>• - Current North East regional PAH project (Wangaratta/ Benalla)</li> </ul>
Target population cohort	This activity targets patient cohorts who are at risk of category 4/5 presentations to hospital services.
Consultation	Consultation will occur across the regional health service system networks in order to communicate the purpose, patterns of evidence and the impact of interventions. Clinical and community advisory committee networks will provide an important forum to capture clinical and community perceptions.
Collaboration	<p>The following 4x Acute hospital services will be involved in</p> <ul style="list-style-type: none"> <li>• Mildura Base Hospital</li> <li>• Bendigo Health</li> <li>• Goulburn Valley Health</li> <li>• Albury Wodonga Health</li> </ul> <p>Critically, General Practice, Allied Health, Pharmacy and other primary care health providers in the 4 respective locations will be involved in designing enhanced care provision for identified conditions and patient groups through this project.</p>
Indigenous Specific	No. Engagement with Aboriginal and Torres Strait Islander communities is an explicit area of focus for this project, but not exclusive.
Duration	1 Dec 2016 – 30 Dec 2017
Coverage	This activity will be implemented across our catchment area through the large regional health services in each of our four regions that span our catchment area.

Commissioning method (if relevant)	Commissioning activity reflects a part of the overall investment for this project. It will be allocated to support hospital and primary care specialists participation, however more significantly and substantially, commissioning will support the investment of planned interventions that are developed in collaboration with individual hospital services and primary health providers within the respective health service system.
Approach to market	A direct commissioning approach will apply in most instances in order to facilitate participation and active research by key stakeholders within the local health system.
Decommissioning	There is no decommissioning associated with this activity.

**Proposed Activities - copy and complete the table as many times as necessary to report on each activity**

Activity Title / Reference (eg. NP 1)	<b>NP 15 ADDRESSING NATIONAL HEALTH PRIORITIES</b>
Existing, Modified, or New Activity	This is an existing activity.
Program Key Priority Area	Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	Refer to the Murray PHN Needs Assessment, Section 4, pages 57.
Description of Activity	<p>Murray PHN is more than a conduit of public health funding. We understand that we add value when we:</p> <ul style="list-style-type: none"> <li>• Provide a range of professional supports to stimulate participation in areas of health need</li> <li>• Build knowledge and system infrastructure in ways that seek to build shared interest and understanding</li> <li>• Acknowledge that communities have their own respective strengths to contribute</li> <li>• Lead positive engagement across communities, service providers and other stakeholders to strengthen market participation and opportunities for collaboration</li> <li>• Influence and advocate for their needs with key decision makers.</li> </ul> <p>This activity, as has applied previously, provides for flexibility to test, address, and respond to market opportunities and local health service system priorities. Activities resourced by this fund provide for:</p> <ul style="list-style-type: none"> <li>• Systematic planning and resourcing of a market engagement schedule to strengthen collaboration and co-design activities for specific commissioning priorities, based on local needs and opportunities and consider place-based design</li> <li>• Systematic approach to evaluation, research and development that informs models of care and system change at the local level</li> <li>• Support for transparent and accessible dialogue that communicates emerging commissioning opportunities, enables market feedback mechanisms and uses a range of platforms to identify and test models of care that support service and system level change, and</li> <li>• Building of market capacity that is where possible based on research and development activity and stimulating co-investment to create leverage in system reform.</li> </ul>

	<p>The outcome of this activity aims to maximise the value of PHN investment through the support of an active and engaged market, and maximise the value to our community by stimulating co-investment and collaboration in areas that align with National and Local priorities.</p> <p>As has been described previously, the purpose of this activity is to allow for provide for flexibility to respond to opportunities and innovations that speak directly to national priority areas. This approach has proven to be beneficial since 2015/2016.</p>
Target population cohort	Health services, peak associations and government agencies are primary cohorts for this activity.
Consultation	Consultation activities will draw from established formal communication mechanisms of Murray PHN (website notification, social media, stakeholder alerts) as well as the relationship management networks established across each of the four regional areas of the PHN, particularly noting the advisory council structure across the catchment.
Collaboration	This initiative is an inclusive and varied activity that will collaborate with health services across local and regional markets as required, and engage with key stakeholders that contribute to market development such as research institutes, e health technology providers, and health workforce providers.
Indigenous Specific	No.
Duration	1 July 2017 to 30 June 2018
Coverage	This activity will cover the Murray PHN catchment area.
Commissioning method (if relevant)	The Commissioning method will vary depending on the opportunity.
Approach to market	The approach to market is likely to include a select or direct approach to market or a combination of both depending upon local capacity and context.
Decommissioning	There is no decommissioning associated with this activity.


**Proposed Activities - copy and complete the table as many times as necessary to report on each activity**

Activity Title / Reference (eg. NP 1)	<b>NP 16 HEALTH SYSTEM INTEGRATION</b>
Existing, Modified, or New Activity	This is a new activity.
Program Key Priority Area	Digital Health
Needs Assessment Priority Area (eg. 1, 2, 3)	Refer to the Murray PHN Needs Assessment, Section 4, pages 62.
Description of Activity	<p>The Murray PHN Needs Assessment identified the need for improvement in the alignment and coordination of referral, discharge planning process and admission process. The Victorian DHHS Service Coordination Survey 2015 indicates that a considerable number of agencies across the catchment have used e referral increasingly to support referral and shared care using a range of secure messaging/communications systems that interact to varying capabilities with organisational client/patient information management systems. Similarly, shared care planning was supported in DHHS Loddon Mallee region through local agreements between 3 or more service providers in 66% of respondents; and in DHHS Hume region 55 %. Despite this however, communications with General Practice was less developed/implemented, occurring in approximately half of these arrangements. This activity therefore explicitly targets General Practice, and aims to improve its participation and application of digital technology, systems and protocols.</p> <p>Murray PHN recognise secure messaging is a key eHealth foundation. Strategies that systematically improve the safe and effective transmission of sensitive healthcare information will positively impact the cost efficiency, provider and patient experience.</p> <p>This activity seeks to build the capacity and application of digital technology within General Practice settings and its interface with other health services within the local health service system, such as Urgent Care Centres and Hospitals. This activity has both a digital health and change management dimension which aims to support the application of technologies, such as telehealth and secure messaging. The activity will use the agency of the Regional teams to collaborate with General Practice and hospital services improve system integration between health services.</p>
Target population cohort	General Practice

Consultation	<p>Stakeholder engagement will leverage from existing General Practice support, health pathways and engagement with hospital services.</p> <p>Improved system integration and practice of secure information exchange protocols will align with and form part of the current and future development of diabetes, copd/cvd and mental health commissioning models of care. Consultation strategies will therefore align with health services that align with these local health priorities.</p>
Collaboration	<p>Hospital services are important collaborators for this activity. Murray PHN will build upon existing digital health collaborations which influence improvements in referral practice, system integration and development of telehealth supported access to specialist clinics.</p> <p>We recognise the collective effort that is occurring across the network of Primary Health Networks, and so options to collaborate with adjoining PHNs or via the agency of the VPHNA is a strategic advantage.</p>
Indigenous Specific	No.
Duration	1 July 2017 to 30 June 2018
Coverage	This activity will cover the Murray PHN catchment area.
Commissioning method (if relevant)	Not applicable.
Approach to market	Not applicable.
Decommissioning	There is no decommissioning associated with this activity.

**Proposed Activities - copy and complete the table as many times as necessary to report on each activity**

Activity Title / Reference (eg. NP 1)	<b>NP 17 DECOMMISSIONING OF SERVICES NOT ALIGNED TO EVIDENCED HEALTH PRIORITIES</b>
Existing, Modified, or New Activity	This is a new activity.
Program Key Priority Area	Other - Improved system integration for people with chronic disease conditions
Needs Assessment Priority Area (eg. 1, 2, 3)	This activity relates to effective and efficient chronic disease management systems and is described in the Needs Assessment on pages 26, 28 and 29.
Description of Activity	<p>The Murray PHN needs assessment has identified a high prevalence of chronic disease and poor access to allied health services, particularly in rural and regional communities. This can contribute to poorer health outcomes, increased burden of disease and potentially avoidable hospital presentations.</p> <p>During 2015-16 and 2016-17, Murray PHN has contracted services with service providers under service continuity arrangements. This has provided continuity of care and enabled the PHN to leverage existing efforts and community capacity. Now that the PHN has analysed population health data, we are in a better position to understand local needs and priorities and to align our finite commissioning resources to this investment.</p> <p>Many of the activities that were funded by Medicare Locals, and the PHN as part of service continuity arrangements, are no longer connected to the prioritised needs of the communities. These activities will be decommissioned over the period from 1 January to 31 December 2017.</p> <p>This activity allows for the staged cessation of service delivery contracts over the 2017-18 year that do not align with local health priorities that align to diabetes, COPD/CVD (as has been addressed in previous activities). A three-staged cessation program has been developed, allowing for exit at either 30 June, 30 September or 31 December 2017, relative to the scale and the complexity of the impact for each organisation. A total of 24 health services across the catchment are impacted by the recalibration of funding in order to release resources to better align with evidenced need.</p>

	Murray PHN will continue to work with service providers, the community and other stakeholders to explore future direction of these activities and support transition and continuity of care for patients or clients.
Target population cohort	The activity targets health services that have been funded through service continuity arrangements that do not align with evidenced local health priorities of Murray PHN.
Consultation	Engagement and consultation activities have been undertaken with the following stakeholders: <ul style="list-style-type: none"> <li>• Current service providers</li> <li>• Organisations that want to partner with Murray PHN or deliver new services</li> <li>• Medical advisors,</li> <li>• Clinical advisory councils and community advisory councils</li> </ul>
Collaboration	Engagement with government including Federal and State Government, together with health service providers and peak organisations are a component of the change and communication strategies underpinning this approach. Support to individual organisations is tailored relative to the scale and complexity of the decommissioning impact.
Indigenous Specific	No.
Duration	Decommissioning activities will take place over the period from 1 June to 31 December 2017.
Coverage	This activity will cover the Murray PHN catchment area.
Commissioning method (if relevant)	Not applicable - This activity involves decommissioning.
Approach to market	This is a decommissioning activity – there is no approach to market
Decommissioning	<p>Many of the activities that were previously funded by Medicare Locals, and the PHN as part of service continuity arrangements, are no longer connected to the prioritised needs of the communities. The table below lists the activities that will be decommissioned over the period from 1 July to 31 December 2017. It is estimated that it will take this time to deliver an organised and staged decommissioning plan.</p> <p>The table below lists the name of the service provider, the type of service and the 2016-17 funds that were allocated.</p>

The strategies to manage the transition and continuity of care for patients and clients include:

- Early notice to service providers about Murray PHN's intention to commission services that align with Murray PHN prioritised needs and Commonwealth priorities. This information was included in a direct mail out to all service providers in July 2016.
- Regular conversations with service providers about Murray PHN's intention to commission services that align with Murray PHN prioritised needs and Commonwealth priorities
- Promotion of Murray PHN Needs Assessment, published on our webpage
- Engagement with service providers, medical advisors, clinical advisory councils, and clinical advisory councils to communicate and socialise messages about Murray PHN's intention to commission services that align with Murray PHN prioritised needs and Commonwealth priorities
- Communication plans to socialise messages with the community that there will be improved access to targeted allied health services for people with Diabetes, COPD and CVD
- A decommissioning plan will be developed for each service that will set out the risk assessment and mitigation, communications plan and strategies to manage the transition and continuity of care

Details removed for published edition

Total \$4,007,916

**Proposed Activities - copy and complete the table as many times as necessary to report on each activity**

Activity Title / Reference (eg. NP 1)	<p><b>NP18 CONTINUING SUPPORT FOR PATIENTS WITH DIABETES</b></p> <p>Increase access to primary health care services and improve health system integration and co-ordination for people with Diabetes</p>
Existing, Modified, or New Activity	Existing
Program Key Priority Area	Other - Improved access and system integration for people with chronic disease conditions
Needs Assessment Priority Area (eg. 1, 2, 3)	This activity specifically relates to Diabetes as a Chronic Disease Condition and is described in the Murray PHN Needs Assessment on pages 17, 30 and 32.
Description of Activity	<p>The Murray PHN needs assessment has identified a high prevalence of chronic disease and poor access to allied health services, particularly in rural communities. This can contribute to poorer health outcomes, increased burden of disease and potentially avoidable hospital presentations.</p> <p>The target population is people with Diabetes who are living in rural and regional communities. Murray PHN will re-fund existing service providers to deliver allied health services such as Diabetes Education, Podiatry and Dietetics that are targeted to people with Diabetes. There are 29 health services that are included within this activity that provide diabetes-specific support services.</p> <p>In parallel to the extension of existing diabetes-specific service arrangements, Murray PHN will continue to work with service providers, the community and other stakeholders to explore future direction of these activities and development of models of care that strengthen efforts for outcomes in line with PHN and Commonwealth priority areas through continued development of regional health profiles and engagement with clinical and community advisory councils. Service providers will be supported to develop more integrated approaches to delivery of services. Uptake of innovative solutions to support service access and appropriate sharing of client information, for instance through utilisation of My Health Record, will be encouraged.</p> <p>These services will be reviewed during 2017-18 and diabetes models of care will be co-designed and commissioned from July 2018.</p>

Target population cohort	This activity will be targeted to people with Diabetes who live in rural and regional areas.
Consultation	Engagement and consultation activities have been undertaken with the following stakeholders: <ul style="list-style-type: none"> <li>• Current service providers</li> <li>• Organisations that want to partner with Murray PHN</li> <li>• Medical advisors</li> <li>• Clinical advisory councils and community advisory councils</li> </ul>
Collaboration	Existing State and Regional diabetes models of care and clinical pathways provide an important basis and platform for collaboration with state funded health services and Department (Vic) representatives. Similarly, clinical and community advisory groups established across the catchment enables important transparency and input into models of care; its application regionally and objective of future commissioning decisions to match resourcing to needs and health service system efficiency and effectiveness.
Indigenous Specific	No.
Duration	Extension of diabetes funded service arrangements will apply from 1 July 2017 to 30 June 2018.
Coverage	This activity will cover the Murray PHN catchment area.
Commissioning method (if relevant)	Murray PHN will re-fund existing contractors to deliver services that are targeted to people with Diabetes. This applies to 29 services across the catchment.
Approach to market	Murray PHN use a direct approach to re-fund existing contractors to deliver services that are targeted to people with Diabetes.
Decommissioning	There will be no decommissioning arising from this activity.



**Proposed Activities - copy and complete the table as many times as necessary to report on each activity**

Activity Title / Reference (eg. NP 1)	<p><b>NP19 COMMISSIONING COPD AND CVD MODELS OF CARE</b></p> <p>Increase access to primary health care services and improve health system integration and co-ordination for people with Chronic Obstructive Pulmonary Disease (COPD) and Cardiovascular disease (CVD)</p>
Existing, Modified, or New Activity	This is a new activity.
Program Key Priority Area	Other - Improved system integration for people with chronic disease conditions
Needs Assessment Priority Area (eg. 1, 2, 3)	This activity relates to effective and efficient chronic disease management systems and is described in the Needs Assessment on pages 26, 28, 30 and 37.
Description of Activity	<p>The Murray PHN needs assessment has identified a high prevalence of chronic disease and poor access to allied health services, particularly in rural communities. This can contribute to poorer health outcomes, increased burden of disease and potentially avoidable hospital presentations.</p> <p>The target population is people with Chronic Obstructive Pulmonary Disease (COPD) and Cardiovascular disease (CVD) who are living in rural and regional communities. Murray PHN will commission services to improve access to allied health professionals and service integration and care coordination services.</p> <p>This activity describes new services. Murray PHN will continue its collaboration with health service system, the community and other stakeholders to finalise the models of care required to invest in the structural design and delivery models to improve access to services that support patients with COPD and CVD. Within this context, Murray PHN will apply a 'Quadruple Aim' perspective that applies Models of Care that address the requirements of best practice clinical guidelines, and factor in client experience, health economics and the health and wellbeing of the service providers. The input and impact of the application of models of care through the community and clinical advisory councils are important attributes of the approach.</p> <p>Service providers will be supported to develop more integrated approaches to delivery of services. Supporting of local solutions to improve service access, workforce capacity, patient experience and health service and system integration form part of the design and scope of this activity.</p>

Target population cohort	This activity will be targeted to people with Chronic Obstructive Pulmonary Disease (COPD) and Cardiovascular disease (CVD) who live in rural and regional areas.
Consultation	Engagement and consultation activities have been undertaken with the following stakeholders: <ul style="list-style-type: none"> <li>• Current service providers</li> <li>• Organisations that want to partner with Murray PHN or deliver new services</li> <li>• Medical advisors,</li> <li>• Clinical advisory councils and community advisory councils</li> </ul>
Collaboration	Existing State and Regional COPD and CVD models of care and clinical pathways provide an important basis and platform for collaboration with state funded health services and Department (Vic) representatives. Similarly, clinical and community advisory groups established across the catchment enables important transparency and input into models of care; its application regionally and objective of future commissioning decisions to match resourcing to needs and health service system efficiency and effectiveness.
Indigenous Specific	No.
Duration	It is expected that services will be delivered from 1 July 2017 to 30 June 2018, with the view that models of care are confirmed and inform the commissioning arrangements and approach from March 2017.
Coverage	This activity will cover the Murray PHN catchment area.
Commissioning method (if relevant)	For 2017-18, this activity will be commissioned in whole, via an open tender. We will use a co-design approach to design models of care and support collaborative service delivery arrangements.
Approach to market	The procurement approach will be an open tender.
Decommissioning	These are new services and are not directly related to decommissioning activity. In part 1 (d), we outline the services that will no longer be delivered under the core schedule. In part, these funds will be reallocated to this priority.


**Proposed Activities - copy and complete the table as many times as necessary to report on each activity**

Activity Title / Reference (eg. NP 1)	<b>NP20 RESPONDING TO INDIGENOUS HEALTH PRIORITIES</b>
Existing, Modified, or New Activity	This is a new activity.
Program Key Priority Area	Indigenous Health
Needs Assessment Priority Area (eg. 1, 2, 3)	Refer to the Murray PHN Needs Assessment, Section 4, page 57.
Description of Activity	<p>This activity aims to refine, test and implement the systematic use of patient identification and risk stratification tool within targeted General Practice and Aboriginal Community Controlled Health Organisations. Implicit to this project is that it:</p> <ul style="list-style-type: none"> <li>• Applies validated clinical risk prediction tools to established primary care health service data systems (PenCS) as a means to determine the overall risk of an Indigenous patient’s risk of emergency hospital admission over one to two years</li> <li>• Refines the risk predictor tool and methodology to the local context and settings through a collaborative process with Indigenous networks; and</li> <li>• Collaborates with a mix of mainstream and ACCHO health services as a means to systematically embed the tool within patient care coordination and management systems.</li> <li>• Applies the findings and resources developed through this process to support the ongoing support and targeted activity provided through the ITC teams that are established across the catchment.</li> </ul>
Target population cohort	The target group for this activity is Aboriginal and Torres Strait Islander people who have multiple complex and chronic conditions
Consultation	Stakeholder engagement aimed at fostering collaborative and co-design activities will target Indigenous Health networks and individual ACCHOs.

	More broadly consultative engagement strategies apply to peak associations, clinical and community advisory committees, hospital services and other PHNs who have implemented similar stratification tools.
Collaboration	The support and agency of ACCHOs across the network is important to the design, development and systematic implementation of the tool. To this end, Murray Indigenous Network (a representative group of all ACCHOs across the network) will play a leadership and influential role to the scope and targeting of communities.
Indigenous Specific	Yes.
Duration	It is expected that services will be delivered from 1 July 2017 to 30 June 2018.
Coverage	This activity will cover the Murray PHN catchment area.
Commissioning method (if relevant)	Commissioning activity will apply to the trial and testing of the risk prediction tool.
Approach to market	The approach to market is likely to include a select or direct approach to market or a combination of both depending upon local capacity and context.
Decommissioning	There is no decommissioning associated with this activity.

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

**Proposed general practice support activities - copy and complete the table as many times as necessary to report on each activity**

Activity Title / Reference (eg. OP 1)	<b>OP1 QUALITY IMPROVEMENT IN GENERAL PRACTICE</b>
Existing, Modified, or New Activity	Existing Activity.
Description of Activity	<p>Quality Improvement in General Practice activities will support enterprise wide PHN initiatives and interventions targeting specific priorities: COPD, Cardiovascular Disease, Diabetes, Aboriginal &amp; Torres Strait Islander Health, Aged Care, Cancer Screening, Childhood Immunisation Rates, AOD and Mental Health.</p> <p>QI in GP is a key enabler for general practice engagement and participation in PHN led initiatives and interventions. The aim of activities is to support general practices improve the health outcomes of their patients by embedding a continuous quality improvement approach to their internal workflows and systems that utilizes evidence-based best practice and technologies.</p>
Supporting the primary health care sector	<p>The activity will support the primary health care sector with tangible and measurable benefits. It will target the following areas:</p> <p><b>Improving data quality:</b></p> <p>Access to and maintaining accurate data is critical to general practice. CAT Plus technology will be made accessible to all practices by Murray PHN to support regular QI activities such as clinical audits and data cleansing of their patient population.</p> <p><b>Embed digital health technology:</b></p> <p>Each PHN initiative or intervention will include strategies to support general practices to participate in the Practice Incentives Payment (PIP) eHealth program and to increase their utilisation of digital health technology such as the My Health Record system, secure messaging, telehealth and e-referrals.</p>

	<p><b>Collaborative Participation:</b></p> <p>General Practices will be engaged to participate in collaborative projects that will target the specific priorities listed above. Focus areas will include increasing bowel, breast and cervical cancer screening and childhood immunisation rates in specific locations and/or sub-population groups. Other focus areas include the use of CAT Plus to identify high risk patients for admission and re-admission to hospitals.</p> <p><b>Murray PHN General Practice Support:</b></p> <p>Regionally based teams will provide support to general practices to participate in practice led and PHN led quality improvement activities. This may take the form of information, access to training, facilitation of peer support or practice visits.</p>
Collaboration	This activity will be delivered in partnership with general practices, local health providers and other stakeholder groups with shared mutual benefits (eg. DHHS) relevant to the initiative.
Duration	1 July 17 – 30 June 2018
Coverage	Activities will cover the whole of the Murray PHN catchment area.
Expected Outcome	<p>Outcomes will include:</p> <ul style="list-style-type: none"> <li>• Improvements in primary health care data quality</li> <li>• Increased utilisation of decision support tools eg CAT Plus in general practice</li> <li>• Increase in My Health Record Shared Health Summary uploads</li> <li>• Increase in bowel, cervical and breast cancer screening rates</li> <li>• Increase in childhood immunisation rates</li> </ul>

**Proposed general practice support activities - copy and complete the table as many times as necessary to report on each activity**

Activity Title / Reference (eg. OP 1)	<b>OP2 POPULATION HEALTH PLANNING &amp; EVALUATION</b>
Existing, Modified, or New Activity	This updated plan includes existing, modified and new activity for the period 2016 - 2018
Description of Activity	<p>Aim: To develop and implement an integrated, systemised population health information management strategy that responds to identified health and service priorities and systemises the collection of population health based data and knowledge, integrates clinical and community advisory structures into strategic decision making in commissioning, engagement and coordination functions for the identified priority areas across the catchment.</p> <p><b>Action area 1: Consolidating population health knowledge management and uptake</b></p> <p>The major achievement has been the establishment of the <u>Murray Exchange</u> that was developed to provide access to information and foster open discussion about population health in the catchment. All of the documents and material under production below will be accessible through Murray Exchange and the system design provides includes: significant community interaction and feedback; opportunity to profile specific communities or services; and an established multimedia approach to information dissemination. Although it has been a considerable investment, the foundational work provides a platform for community interaction and transparent knowledge exchange not previously available.</p> <p>Consolidating the population health planning and knowledge management platform population health training to staff and advisory council members will be delivered via a learning management system (LMS) as a platform. Phase 1 has commenced and Phase 2, which will include content development, will be completed during the 2017/18 financial year.</p> <p>Key activities for 2017 include:</p> <p>User uptake: building the Murray Exchange as a primary source for stakeholders in the inclusion and presentation of evidence based and research informed interventions.</p> <p>Content &amp; system review: <u>Murray Exchange</u> will have content and specific elements of the system under development and ongoing review such as:</p>

- On line polling (now live)
- ESRI GIS mapping software implementation (in design) available enterprise wide through customisable web portals enabling special data analysis and interpretation
- PanSensic patient/client experience software implementation (proposed) with results available enterprise wide through customisable web portals
- Revision of data sources and updates (ABS)
- Integration of new search functionality to National Health Services Directory (NHSD)
- Maintenance of Community and Clinical advisory council briefing packs through customised web portal

This will provide key reports that can be viewed on the Murray Exchange with an emphasis on transparency about engagement, feedback and consultation experiences.

#### 1a) Catchment profile:

- Catchment overview – demographics, summaries of health and service needs as captured in Sections 2 and 3 from the revised needs assessment have been published on the website as required. Service needs analyses is well underway to inform further market analysis and development.
- Service system mapping has been underway based on initial assessment – with priority areas being Aboriginal health, Alcohol & other Drugs, mental health and some allied health. A second stage is being prepared that includes client and clinical pathways information, initial market analysis and planning for each of the identified priorities, particularly chronic disease conditions (diabetes, cardiovascular disease and chronic obstructive pulmonary disease) as well as mental health, AOD, and for some communities, dental conditions.
- Case studies and/or exemplars to showcase key partner agencies, service providers, co-funders: a key partnership exemplar is a project that involves a partnership between VACCHO, Aboriginal health services in the catchment, member agencies of the Loddon Mallee Regional Aboriginal Reference Group (LMARG), potentially La Trobe University with Murray PHN- focuses on Closing the Gap: Aboriginal and Torres Strait Islander clients in regional Victoria.

1b) Regional profiles (x4): the profiles are 50% completed in readiness for upload to the Murray Exchange. The range of products listed below are being identified and assessed for inclusion.

- Regional overview from health needs and services system perspective
- set of case studies (2-4) linked to priorities
- set of exemplars (2-4) showcasing collaborative models of care, local innovation in bespoke service design, evidence of success from formal, active partnering strategies
- set of identified priority actions and projects underway or planned

Planning has commenced to scope potential case studies during the Murray Exchange implementation and this will include capacity building with regional teams in the use of the Murray Exchange and undertake evaluation and system modification through PDSA cycles of improvement

The capture of a set of exemplars (2-4) showcasing collaborative models of care, local innovation in bespoke service design is expected to emerge in the near future commencing with suicide prevention model of care and the collaboration with Campaspe Primary Care Partnership on a localised service system assessment.

1c) Health issue profiles based on identified priorities, including but not limited to:

- AOD – 2nd phase evidence summary completed
- Mental health – 2nd phase evidence summary completed
- Aged care – underway
- Aboriginal & Torres Strait Islander health – 2nd phase evidence summary completed
- CDM (diabetes, cardiac related, possibly respiratory) - underway

These are short-form style reports with more regional level evidence about need, service issues and challenges and planned improvement; and to be produced across multi-media platforms.

**Action Area 2: Advisory Councils** (please see separate Activity No. OP3 for details).

**Action Area 3: System development in population health planning & evaluation**

3a) Development and implementation of a population health planning framework has been commissioned and is in development with staff to achieve a more integrated, accurate and iterative knowledge management system. This is in progress and informed by Murray PHN's company-wide ICT and knowledge management system development.

3b) Development of a high level population health planning network is underway and will be convened in early 2017.

3c) The following activities are being embedded in practice across the organisation and will continue to be supported with a suite of resources and tools.

- Service mapping: work will be incorporated, initially to support the Health Pathways implementation, and then be scaled across other activity and for other priority areas as required, particularly for primary care service providers, to address equity and access needs as well as identify effective models of care and service system efficiencies.
- Research, evaluation & analytics: methodologies and tools for measuring outputs and outcomes, including investigation and adaptation of an outcomes based evaluation framework commencing with a trial of an outcomes based investment model to test alternative financing and business logic models. Proposed research projects include
  - North West region oral health
  - Health literacy
  - Aboriginal and Torres Strait Islander community profile
- Service gap and market analyses for specific populations as identified through ongoing needs assessment work, specifically identifying increased care coordination and pathways for vulnerable populations or under resourced communities, ie: clients of AOD, mental health, aged care services and GP patient populations from low socio economic communities.

#### **Action Area 4: Innovation Development**

There has been progress in developing an innovation culture across the Murray PHN and the inclusion of a Quality & Innovation Network within the organisation is the key vehicle for diffusion of innovation. The development of an innovation plan that is activity and action-research based will provide solid learning material for staff and teams to align and underpin their work.

The overall activity will be delivered through a range of collaborations to be developed as placed based forums; system based networks; institutional and sector based alliances. Where possible, this work will

	<p>draw on existing structures and networks to inform and progress the broader population health planning and evaluation work. The framework design and alignment of quality, risk and innovation is core to the organisational development, and over time will integrate strategic and operations more effectively.</p> <p>Development of content modules for the Murray learning management system (LMS) focussing on commissioning and stakeholder engagement that will systemise an enterprise wide approach to:</p> <ul style="list-style-type: none"> <li>• Data collection and analysis <ul style="list-style-type: none"> <li>○ Rapid evidence review processes</li> <li>○ Determining interventions</li> <li>○ Preferred peak body / validated resources</li> </ul> </li> <li>• Contract management and reporting</li> <li>• Design and/or adaptation of models of care</li> <li>• Design and implementation of an organisational wide evaluation strategy</li> </ul>
Supporting the primary health care sector	<p>Murray PHN will purposefully develop capability as a commissioner of primary health care services. To achieve this and align with the PHN objectives, the population health planning outputs will include:</p> <ul style="list-style-type: none"> <li>• Establishment of an enterprise wide integrated knowledge management system</li> <li>• Production of profiles that collate identified place- and system- based challenges and opportunities based on contextual analyses of need, demand and supply</li> <li>• Implementation of both catchment-wide and region-specific advisory council structure</li> <li>• Planning and evaluation resources and tools for measurement and monitoring of identified local indicators including development of relevant and contextual measures for improved health outcomes as well as improved patient experience</li> </ul> <p>Collectively, these will support the primary health care sector by informing targeted commissioning investment to support improved cost effectiveness, patient and provider experience and support best practice clinical guidelines.</p>
Collaboration	Identified partners as per activities
Duration	1 July 2016 to 30 June 2018
Coverage	Murray PHN Catchment wide

Expected Outcome	<p>Expected outcomes include:</p> <ul style="list-style-type: none"> <li>• Increased equity of service provision across the catchment</li> <li>• Increased access for identified populations particularly for those who, or are likely to, experience poorer health outcomes, as identified in the needs assessment</li> <li>• Increased and strengthened bodies of evidence to drive primary care service and system change with relevant stakeholders</li> <li>• Evidence of co-production/co-design effort and collaboration in data and knowledge management.</li> </ul>

**Proposed general practice support activities - copy and complete the table as many times as necessary to report on each activity**

Activity Title / Reference (eg. OP 1)	<b>OP3 POPULATION HEALTH: ADVISORY COUNCILS</b>
Existing, Modified, or New Activity	This updated plan includes existing, modified and new activity for the period 2016 – 2018. In 2016/17 it formed part of OP2 Population Health Planning but has been extracted to provide additional detail.
Description of Activity	<p>The advisory council structure endorsed by the Board as integral to its governance role has been implemented across the four regions of the Murray catchment. There are four regional clinical advisory councils and four regional community advisory councils operating involving more than 70 individuals, with specific terms of reference guiding both the community and clinical memberships. Each advisory council is resourced through a regional AC coordinator and the Board has appointed a Board director as a sponsor to each region.</p> <p>Having completed a comprehensive induction program advisory council members have council meetings scheduled that are planned to align with the major milestones for Murray PHN in its review, planning and commissioning functions. The Chairs of all advisory councils will meet with the Board every six months and communiques will be available post each round of council meetings to the Board.</p> <p>Work plans are under development with each of the councils for presentation to the Board in March 2017. These will be based on regional profiles and identified health priorities and service system issues, as well as briefing material about proposed interventions and activities to address identified issues. Each advisory council will provide feedback on planned work and contribute to the dissemination of information through their own networks and communities.</p> <p>The Population Health Planning Advisory Council (PHPAC) will establish its work plan in February 2017 having secured its membership in late 2016. It is chaired by a Board director and involves senior academics from six universities who have a research, practice or teaching commitment within the Murray catchment. Its role is to primarily provide intellectual leadership related to the building of research driven practice and evidence. The PHPAC contributes significant value to the Murray PHN’s knowledge base by providing: high level, rigorous analytic oversight of our planning and evaluation capability to capture, measure and communicate timely, localised evidence that leads to planned population level health outcomes and subject expertise, technical knowledge and foresight capacities</p>

	to contribute to a collaborative approach to applied research initiatives throughout the catchment. It will report to the Board through its Chair.
Supporting the primary health care sector	The advisory council structure, incorporating the Population Health Planning Advisory Council will support the primary health care sector by providing a forum to test, understand impact and seek feedback to the commissioning work of the Murray PHN from a clinical and community perspective.
Collaboration	Stakeholders and community networks in a variety of geographic locations.
Duration	Council members have been appointed through to 30 June 2018
Coverage	Murray PHN Catchment wide.
Expected Outcome	<p>The advisory structures of the organisation provide critical transparency and local context and impact that will underpin market and community confidence in the efficacy of the Murray PHN as a commissioning entity.</p> <p>In relation to the Clinical Advisory Councils, the expected outcomes are to:</p> <ul style="list-style-type: none"> <li>• Provide clinical advice and support in relation to the application of evidence based guidelines, analysis of population health data and clinical best practice</li> <li>• Improve quality, safety and efficiency of primary health delivery by contributing clinical perspective to the design of coordinated and locally appropriate health systems to address identified health needs and service delivery gaps in the region</li> <li>• Provide clinical advice to Murray PHN board on addressing challenges, identifying opportunities for health care delivery and supply information to assist the Board in meeting Murray PHN Strategic directives</li> <li>• Reinforce the ongoing need for joined up planning and service system.</li> </ul> <p>Similarly, the expected outcomes of the Community Advisory Councils are to:</p> <ul style="list-style-type: none"> <li>• Provide a community perspective to Murray PHN Board to ensure that decisions, investments, and innovations are patient centered, cost effective, and locally relevant; and aligned to local care experiences and expectations</li> </ul>

	<ul style="list-style-type: none"><li>• Provide strategic advice and make recommendations from a community and consumer perspective to support Murray PHN to plan and deliver health services that result in the delivery of quality care</li><li>• Reinforce the ongoing need for joined up planning and service system</li><li>• Identify additional opportunities for Murray PHN to meet its strategic priorities</li></ul>

## 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** - copy and complete the table as many times as necessary to report on each activity

Activity Title / Reference (eg. NP 1/OP 1)	<b>NP4 Increase access to primary health care services for Aboriginal and Torres Strait Islander People with chronic disease</b>
Description of Activity	<p>The aim of this activity is in line with the priority area identified in the Murray PHN annual plan for Aboriginal &amp; Torres Strait Islander communities and key focus on impact of chronic disease. The service will support Aboriginal and Torres Strait Islander people who have chronic disease to access health checks and improve management through care planning and coordination of their health care needs. Support is provided by a registered nurse/ Aboriginal Health Worker.</p> <p>This activity is funded through the Flexible Fund (formerly RPHS), not funded through CCSS activity.</p> <p>The service is delivered in partnership with an Aboriginal Community Controlled Health Organisation (ACCHO) to promote access and cultural safety. The service provides access to Aboriginal Health Checks for the broader Aboriginal community, unlike CCSS which is targeted at people with a diagnosed chronic condition. It links closely with the General Practitioners located within the service and allied health and other mainstream services available in the community.</p>
Reason for removing activity	This activity will not be delivered as there is alternate funding available. This includes Medicare Benefits Schedule (MBS) items that are now available to support ACCHOs to deliver Aboriginal Health Checks.
Funding impact	

	<p>The funds that were allocated to this activity in 2016-17 will be consolidated into the commissioning of new activities specifically targeting COPD /CVD (refer to NP19)</p> <p>The organisation has been supported to access Medicare Benefits Schedule (MBS) items that are now available to support ACCHOs to deliver Aboriginal Health Checks.</p>
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Activity Title / Reference (eg. NP 1/OP 1)	<b>NP5 Health promotion, prevention and health education for people at risk of poorer health outcomes</b>
Description of Activity	<p>The Murray PHN needs assessment has identified a high prevalence of chronic disease and poor access to allied health services, particularly in rural communities. This can contribute to poorer health outcomes and increased burden of disease. Murray PHN is planning to utilise the existing experienced workforce and resources available for health promotion, prevention and health education as an adjunct to allied health access to support rural communities with improved health literacy and support.</p> <p>The aim of these activities is to provide health education and health promotion for people at risk of poor health outcomes. The target population will be people with chronic disease or people at risk of developing chronic disease, who live in these rural communities. The focus of these activities will align with regional health priority areas. Murray PHN will continue to work with service providers, the community and other stakeholders to explore future direction of these activities and alignment with regional PHN and Commonwealth priority areas through continued development of regional health profiles and engagement with clinical and community advisory councils.</p>
Reason for removing activity	<p>Murray PHN's needs assessment has identified a high prevalence of chronic disease and poor access to allied health services, particularly in rural and regional communities. This can contribute to poorer health outcomes, increased burden of disease and potentially avoidable hospital presentations.</p> <p>During 2015-16 and 2016-17, Murray PHN has contracted services with service providers under service continuity arrangements. This has provided continuity of care and enabled the PHN to leverage existing efforts and community capacity. Now that the PHN has analysed population health data, we are in a better position to understand local needs and priorities.</p>

	<p>Many of the activities that were funded by Medicare Locals, and the PHN as part of service continuity arrangements, no longer align with the prioritised needs of the communities. These activities will be decommissioned over the period from 1 January to 31 December 2017.</p>
Funding impact	<p>The funds that were allocated to this activity in 2016-17 will be consolidated into the commissioning of new activities (see NP 19).</p> <p>Murray PHN will work with the affected service providers to encourage their participation in the commissioning activities. Murray PHN will continue to work with service providers, the community and other stakeholders to explore future direction of these activities and support transition and continuity of care for patients /clients.</p>

Activity Title / Reference (eg. NP 1/OP 1)	<b>NP6 Autism Assessment and Diagnosis Service</b>
Description of Activity	<p>This service was commissioned in line with the requirement for PHNs to ensure continuity of Medicare Locals services in 2014/15. The service was identified in the Lower Murray Medicare Local needs assessment and has strong community support.</p> <p>Murray PHN has worked with the commissioned service provider to strengthen the service delivery protocols and linkages with mainstream services and supports for people and carers of people with autism. The Autism assessment and diagnosis service facilitates early assessment and diagnosis through access to specialists. The target population is people aged 0-25 years of age, living in the Sunraysia and Northern Mallee District, who have been referred by a GP, Paediatrician or Psychiatrist for assessment of Autism Spectrum Disorder.</p> <p>This service has facilitated the enhancement of local service provider networks and skills in assessment and management of Autism. Murray PHN will continue to work with the local community, service providers, advisory councils and other stakeholders to support the transition of this service to broader mainstream service providers.</p>
Reason for removing activity	<p>Murray PHN's needs assessment has identified a high prevalence of chronic disease and poor access to allied health services, particularly in rural and regional communities. This can contribute to poorer health outcomes, increased burden of disease and potentially avoidable hospital presentations.</p> <p>During 2015-16 and 2016-17, Murray PHN has contracted services with service providers under service continuity arrangements. This has provided continuity of care and enabled the PHN to leverage existing</p>

	<p>efforts and community capacity. Now that the PHN has analysed population health data, we are in a better position to understand local needs and priorities.</p> <p>Many of the activities that were funded by Medicare Locals, and the PHN as part of service continuity arrangements, are no longer connected to the prioritised needs of the communities. These activities will be decommissioned over the period from 1 January to 31 December 2017.</p>
<p>Funding impact</p>	<p>The funds that were allocated to this activity in 2016-17 will be consolidated into the commissioning of new activities (see NP19) that align with evidenced need.</p> <p>Murray PHN has engaged an external consultant to evaluate the Autism Assessment and Diagnosis Service. The final report indicates that there are inefficiencies in the model that has been developed and duplicate funding is available via Early Childhood Intervention Services (ECIS) and Medicare Benefits Schedule (MBS).</p> <p>Murray PHN has been working with the affected service providers to develop a transition plan and commence the transition to an alternate assessment pathway.</p>

<p>Activity Title / Reference (eg. NP 1/OP 1)</p>	<p><b>NP7 Healthy lifestyle programs and service coordination for targeted rural communities</b></p>
<p>Description of Activity</p>	<p>The Murray PHN needs assessment has identified a high prevalence of chronic disease and poor access to allied health services, particularly in rural communities. This is contributing to poorer health outcomes and increased burden of disease. Murray PHN is planning to utilise the existing experienced workforce and resources available to provide access to primary health services and support including service coordination, and health education and health promotion activities for people at risk of poor health outcomes who live in isolated, rural communities. In many cases these communities do not have any other service provision arrangements located within the community.</p> <p>The target population will be people who live in isolated, rural areas with limited access to health services and at risk of poorer health outcomes. The services will focus on locally based health education and promotion, risk factor screening, service coordination support, and community capacity building activities. The focus of these activities support regional health needs. Murray PHN will continue to work with service providers, the community and other stakeholders to explore future direction of these activities and alignment with regional PHN and Commonwealth priority areas</p>

	through continued development of regional health profiles and engagement with clinical and community advisory councils.
Reason for removing activity	<p>Murray PHN's needs assessment has identified a high prevalence of chronic disease and poor access to allied health services, particularly in rural and regional communities. This can contribute to poorer health outcomes, increased burden of disease and potentially avoidable hospital presentations.</p> <p>During 2015-16 and 2016-17, Murray PHN has contracted services with service providers under service continuity arrangements. This has provided continuity of care and enabled the PHN to leverage existing efforts and community capacity. Now that the PHN has analysed population health data, we are in a better position to understand local needs and priorities.</p> <p>Many of the activities that were funded by Medicare Locals, and the PHN as part of service continuity arrangements, are no longer connected to the prioritised needs of the communities.</p>
Funding impact	The funds that were allocated to this activity in 2016-17 will be consolidated into the commissioning of new activities (see NP19). These activities were delivered through Bush Nursing Centres in Violet Town, Walwa and Corryong. Murray PHN will work with the affected service providers to encourage their participation in the commissioning activities, and continue to work with the community and other stakeholders to support transition and continuity of care for patients /clients.

Activity Title / Reference (eg. NP 1/OP 1)	<b>NP9 Improve access to health services for older Victorians living in smaller communities.</b>
Description of Activity	<p>The Murray PHN needs assessment has identified a significant ageing population and variable access to services for the elderly.</p> <p>This activity will facilitate access to a range of specialist allied health services for aged people. The target population will be older people with chronic disease or complex health needs who live in smaller rural communities. Service delivery models will support improved access, coordination of care and integration. Murray PHN will work with service providers and the community to explore future focus and context for of these activities, and alignment with PHN and Commonwealth priority areas.</p>

Reason for removing activity	<p>Murray PHN's needs assessment has identified a high prevalence of chronic disease and poor access to allied health services, particularly in rural and regional communities. This can contribute to poorer health outcomes, increased burden of disease and potentially avoidable hospital presentations.</p> <p>During 2015-16 and 2016-17, Murray PHN has contracted services with service providers under service continuity arrangements. This has provided continuity of care and enabled the PHN to leverage existing efforts and community capacity. Now that the PHN has analysed population health data, we are in a better position to understand local needs and priorities.</p> <p>Many of the activities that were funded by Medicare Locals, and the PHN as part of service continuity arrangements, are no longer connected to the prioritised needs of the communities.</p>
Funding impact	<p>The funds that were allocated to this activity in 2016-17 will be consolidated into the commissioning of new activities (see NP19).</p> <p>Murray PHN will work with the affected service providers to encourage their participation in the commissioning activities, and continue to work with the community and other stakeholders to support transition and continuity of care for patients /clients.</p>

Activity Title / Reference (eg. NP 1/OP 1)	<b>NP12 Aged Care Stakeholder Engagement</b>
Description of Activity	<p>The Murray PHN needs assessment has identified a significant ageing population and variable access to services for the elderly.</p> <p>This activity is aimed at establishing and / or strengthening engagement mechanisms with a range of stakeholders in the aged care sector across the Murray PHN. Its purpose was to jointly identify strategic investment opportunities that align with PHN priority areas. There will be separate engagement mechanisms in each of the four Murray PHN regions.</p>
Reason for removing activity	<p>This activity allowed for the continued support and extension of an Aged Care Network that brought together private Residential Aged Care facilities as well as General Practice, Pharmacy, Hospital and Ambulance Victoria representatives, together with the PHN.</p> <p>While the 16-17 activity provided for commissioned activity to research a number of themes including coordination, primary care access, access to medications. The activity has been completed, and aged</p>

	care networks continue to collaborate and consider shared system issues without the need for ongoing support.
Funding impact	<p>The funds that were allocated to this activity in 2016-17 will be consolidated into the commissioning of new activities (see NP19).</p> <p>Murray PHN will continued to support the ongoing collaboration of the aged care network as part of the ongoing regional collaboration activity (see NP 10).</p>

Activity Title / Reference (eg. NP 1/OP 1)	<b>NP13 North East Health Project</b>
Description of Activity	<p>Through engagement with health service sector and clients, this activity aims to apply a client-centred response for people in Wangaratta and Bendigo who have T2 Diabetes, COPD and / or CVD and who are at risk of or have had a hospital admission. The activity will:</p> <ul style="list-style-type: none"> <li>• engage with service recipients in interactive forums in order to identify system issues related to continuity of care</li> <li>• develop collaborative relationships with local General Practice and GPs in Wangaratta and Benalla to identify and assess gaps in integration of services</li> <li>• Develop collaborative approaches with hospital and community health service providers in the target areas to identify gaps and opportunities</li> <li>• Develop a consistent referral and communication pathway</li> <li>• Develop a model for health service providers that address transition of care, sharing information, person centred practice and timely access to service</li> <li>• Develop a change leadership strategy that assists with responsive system improvements relating to person centred engagement and outcomes, system navigation and competencies relating to current practice</li> <li>• Reduce the unplanned admissions for clients</li> </ul>
Reason for removing activity	This activity was a co-investment with hospital services. The project will reach its natural conclusion at the end of the 2016-17 year.
Funding impact	17-18 funding has been redirected to developing models of care and commissioning services as outlined in NP 19.

Activity Title / Reference (eg. NP 1/OP 1)	<b>NP14 Designing New Models of Care</b>
Description of Activity	<p>There are two principles that underpin the approach to the work of Murray PHN, being:</p> <p><i>That we add real value to the funds we distribute in the healthcare system</i></p> <p>Murray is more than a conduit of public health funding; we add real value when we:</p> <ul style="list-style-type: none"> <li>• Build a range of professional supports</li> <li>• Build knowledge and system infrastructure</li> <li>• Acknowledge that all communities have their own strengths to contribute</li> <li>• Lead positive engagement across communities, service providers and other stakeholders to strengthen the market, and</li> <li>• Influence and advocate for their needs and with key decision makers.</li> </ul> <p><i>That we place patient experience of integrated and coordinated care at the heart of our work.</i></p> <p>We commit to our work making it easier to understand and navigate the healthcare service system and access what they need, with less duplication or waste.</p> <p>In light of this strategic intention Murray PHN has developed its codesign approach to bring together the</p> <ul style="list-style-type: none"> <li>• Advisory council activities and interactions</li> <li>• Stakeholder engagement activities</li> <li>• Community level information exchanges and</li> <li>• Consumer feedback and participation</li> </ul> <p>This set of clinical, provider, community and consumer lens will inform planning and development of models of care by considering the:</p> <ul style="list-style-type: none"> <li>• The capacity for the localised service system to coordinate and strengthen regional and / or place-based design for new models of care, and</li> <li>• The range of impacts (socio-economic, health, political, etc) that any potentially changed primary care service models could generate in identified communities and the unintended consequences of any proposed change.</li> </ul> <p>The project will manage the interfaces between the above activities and ensure that the co-created knowledge between these key groups is clearly translated from design proposals through</p>

	to contextualising and assessment of what will produce the right care and the right time for the right person as a meaningful and expected experience.
Reason for removing activity	Much of the system infrastructure to bring together consumer, stakeholder, community and advisory perspectives has been established with the development of the Murray Exchange and the clinical and community advisory structures. The ongoing collaboration and exchange between these domains will be supported through the combination effect of a number of existing activities, including Regional Collaboration (NP 10), Advisory Committees (OP3) and Population Health (OP2)
Funding impact	17-18 funding has been redirected to developing models of care and commissioning services as outlined in NP 19.

**Note: This AWP template also included details of After-Hours activities in 2017/18.**

**A separate review and approval process was done for these activities and so these have been removed prior to publication. After-Hours AWPs will be uploaded separately.**