Nepean Blue Mountains - Core Funding
2022/23 - 2026/27
Activity Summary View

CF-COVID-VVP - 1 - 2023-24 COVID Vulnerable Populations

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-VVP

Activity Number *

1

Activity Title *

2023-24 COVID Vulnerable Populations

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity is to support local solutions to facilitate access to the COVID vaccine for the most vulnerable populations through collaborative approaches working with general practice, pharmacy, LHD and contracted vaccine providers if required.

Description of Activity *

This activity will include the following approaches to support vulnerable population groups to access the COVID vaccine:
Continue to commission a minimum of six general practices in the region to improve access for people who are house-bound and unable to access the vaccine except through home visits;
Commission other relevant initiatives as identified to improve access to the COVID vaccine for vulnerable populations, through

targeted grants for general practice, allied health and NGOs to support targeted initiatives to support the vaccination of vulnerable population groups.

Needs Assessment Priorities *

Needs Assessment

NBMPHN Needs Assessment 2019/20-2021/22

Priorities

Priority	Page reference
4.16 Culturally Appropriate Services	469
Access to primary healthcare services	477
Localised guidelines	421
Commissioning	421

Activity Demographics

Target Population Cohort

Vulnerable population groups in the NBM region

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Aboriginal Health NBMLHD
Aboriginal organisations and services
CALD community services groups
Dept of Justice and Communities
Aged Care providers
Disability service providers
Homelessness services

Collaboration

Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

30/12/2023

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: Yes
Open Tender: No
Expression Of Interest (EOI): Yes
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

CF-COVID-LWC - 1 - 2023-24 Living with COVID

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-LWC

Activity Number *

1

Activity Title *

2023-24 Living with COVID

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to support the development of COVID-19 Management Health Pathways and support the effective and efficient community care management of COVID-19 patients within primary health care in the NBM region.

Description of Activity *

To support this activity a Joint Steering Committee will be developed with the NBMLHD and will include the HealthPathways Clinical Leads both GP and LHD to govern and support this activity.
Pathways will be developed that include the following:
- clear treatment and management with escalation pathways;
- include consistent guidance;
- responsive to care needs of vulnerable population groups;
- support testing arrangements.
- Support practices with readiness and knowledge of the process for notifications from HealthDirect for assessment of patients in General Practice, who may be suitable for antivirals
Provision of PPE from the NMS in accordance with the Commonwealth guidance.
Commission Home Visit activity will be undertaken to support the management of residents in RACFs to prepare for and manage COVID-19 outbreak situations.
Provide licenses and access to Care Monitor to assist General Practice to manage and monitor COVID-19 patients across the

region.
Distribute and communicate the vast array of COVID related information to General Practice and other key stakeholders.

Needs Assessment Priorities *

Needs Assessment

NBMPHN Needs Assessment 2019/20-2021/22

Priorities

Priority	Page reference
4.12 Referral Pathways	463
Access to culturally appropriate health services	478
4.4 Service Integration	452
Local guidelines	422
Localised guidelines developed	432
Access to GP services within RACFs	435
Localised guidelines containing culturally safe services	482
Commissioning	421

Activity Demographics

Target Population Cohort

All COVID-19 positive patients in the region.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Engagement with NBMLHD, Hawkesbury Hospital, General Practice, Aboriginal Health Unit, Aboriginal Medical Service,

Multicultural Health, NGOs.

Collaboration

NBMLHD

Activity Milestone Details/Duration

Activity Start Date

30/09/2021

Activity End Date

30/12/2022

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): Yes
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

CF - 1 - 2023-2024 CF-1 Chronic Conditions Services

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

1

Activity Title *

2023-2024 CF-1 Chronic Conditions Services

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

The aim of these activities is to develop mechanisms to improve the management of patients with chronic and preventable conditions and their care coordination including referral pathways for patients who have or are at risk of chronic conditions; to reduce potentially preventable hospital presentations and admissions and improve equitable access to services.

Description of Activity *

1. Winter Strategy in general practice. These services will be commissioned through an EOI process with set criteria and expectations of participation. Successful applicants will sign a service agreement with WHL which outlines the activities they will be required to implement for vulnerable patients at risk of hospital admission in the winter period, including the development of sick day action plans and proactive patient management.
2. Cancer screening services: General Practices will be commissioned to undertake activities to increase the screening rates of their patients who are never screened, or under screened, to participate in bowel and breast cancer screening. The activity will be underpinned by a quality improvement framework that will continue to develop the general practice systems that support ongoing management of population health screening for cancer. Commissioning of practices will occur through an EOI process and successful applicants will sign a service agreement with WHL outlining the required activities.
3. Continued commissioning of the HEAL Program in Hawkesbury, this lifestyle management program for people who are overweight and at high risk of chronic disease. The program is delivered over an 8-week period including group exercise and education sessions.
4. The ongoing commissioning of a pulmonary rehabilitation service in the Hawkesbury will continue to support patients diagnosed

with COPD who live in the Hawkesbury LGA. The service is commissioned to St John of God Health Service in the Hawkesbury and is aligned to the CALM (Chronic Airways Limitation Management) programs offered across the region to ensure regional consistency. The objectives for patients of the service include:
- To increase their strength and distance they can walk;
- To increase their quality of life;
- To increase their confidence and ability to cope;
- To reduce hospital presentations and length of stay.

The service is delivered under the direction of the Director for Allied Health Services with a team of allied health professionals and CNC Nurses who have significant experience in respiratory conditions. The service delivers 6 group pulmonary rehabilitation exercise and education programs delivered over an 8-week period with 12 patients per group attending two sessions per week (96 sessions per year to 72 individual patients). The service also provides comprehensive assessment and referral during and post service engagement including referral to the Lungs In Action program for continued management.

5. A Lungs In Action program in the Hawkesbury will continue to support patients in the Hawkesbury LGA who have a diagnosis of COPD and have either participated in the Pulmonary Rehabilitation Service or are considered well enough to participate in the program. The program operates two groups on a weekly basis with 12 participants a week and is delivered by an Exercise Physiologist who is trained by the Lung Foundation to deliver this service.

6. Tibetan health clinic - funding for an interpreter onsite to support Tibetan families to access a GP. The clinic is delivered once a month for a four-hour period enabling families who have recently arrived in Australia to access primary health care providers. In addition clinics focused on specific areas aimed to address emerging needs are also delivered including diabetes clinic with a dietician and immunisation information clinics.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2021/22 - 2023/24

Priorities

Priority	Page reference
Support general practice with Quality improvement initiatives	250
Continue Cervical Screening education and training for primary care nurses	252
Commission services to improve coordination of care	255
Continue the Primary Care COPD Collaborative	261
Continue to commission Pulmonary Rehabilitation Service	261
Continue Community Respiratory Services	262
Continue to support consumer awareness	262
Continue to incorporate refugee health into localised guidelines	263
Skills and Training Capacity	276
Address the need to improve access to primary healthcare services	306
Address the need to improve access to culturally appropriate health services	306
Support general practice with breast and cervical Screening access for CALD Women	251
Develop Immunisation capacity amongst NBM RACFs	268

Activity Demographics

Target Population Cohort

Patients diagnosed with COPD; chronic conditions or who are at risk of hospitalisation during the winter period; cancer screening.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Hawkesbury	11503

Activity Consultation and Collaboration

Consultation

Pulmonary rehabilitation intensive consultation during the initial stages of developing the pulmonary rehab model of activity in the 2016-18 and 2018-19 plans developed the current successful model of implementation. These initial consultations have consolidated working relationships and provided a platform for ongoing key stakeholder engagement necessary for successful implementation of the activity.
Winter Strategy: Consultation for the development of this model has already occurred broadly with key stakeholders. A co-design workshop with key stakeholders occurred in 2018 to develop the model with the support of the Improvement Foundation and included St John of God; General Practice; Practice Support Staff; NSW Ambulance and the NBMLHD.
Cancer screening: Consultation has already occurred with key stakeholders and will continue as a part of the activity implementation including CINSW and the use of the CINSW Cancer Screening toolkit.
A Steering Committee for the Pulmonary Rehabilitation Services in Hawkesbury has been established and meets quarterly with the following membership:

- Secondary respiratory services and community health services of St John of God Health Services Hawkesbury Hospital;
- Consumer representative with lived experience
- Primary care – General practitioner and practice nurse
- Provider of the Lungs in Action service

Collaboration

- Secondary respiratory services and community health services of the NBM LHD and St John of God Health Services
- Consumers representatives from consumer support groups
- Primary care – General practitioners and practice nurses

- Primary care – Allied health providers
- Peak bodies including the Lung Foundation
- Quality Improvement primary care service developers - The Improvement Foundation
- Nepean Blue Mountains Local Health District – overarching responsibility for public health service provision across the NBM region. Specifically the Public Health Unit.
- St John of God - Hawkesbury Hospital (private /public partnership with NBMLHD) - target population supporting development and implementation of health pathways
- General Practitioners within the NBM region – clinical advice and local knowledge
- NSW Ambulance – clinical advice on emergency transport and onsite support for hospital avoidance
- RACFs – participation in an in-house immunisation program for residents and staff within the facilities.
- Consumers: local knowledge and experience of screening and access;
- Western Sydney University: evaluation of initiative to date and report to inform further initiatives;
- CINSW: region report on cancer outcomes and screening rates
- Breast Screen NSW: service access
- Allied Health – private practitioners for clinical advice and local knowledge

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Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

01/07/2019

Service Delivery End Date

June 2025

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

na

Co-design or co-commissioning comments

These activities were codesigned through expert reference groups with consumers, GPs, LHD physicians, allied health professionals and ACI. The CALM service was co-designed with GPs in the Hawkesbury LGA, St John of God - Hawkesbury Hospital, Respiratory Physician, Head of Community Health Hawkesbury, Director of Physiotherapy and Allied Health and consumers.

HSI - 1 - 2023-24 HSI-1 Commissioning, Service Planning, Integration, Resource, Health Workforce

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

1

Activity Title *

2023-24 HSI-1 Commissioning, Service Planning, Integration, Resource, Health Workforce

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

This activity will aim to:
1. Support the commissioning of services inclusive of contract and commissioning staff
2. Undertake the health needs assessment and service planning
3. Support system integration activities including collaboration with primary care providers, the Nepean Blue Mountains Local Health District, NSW Ministry of Health, local councils and others
4. Develop and maintain resources for health providers
5. Support the capacity and capability of health workforce, including general practice support

Description of Activity *

The activity will fund PHN staff to undertake the work with some contracting/commissioning of specific services where needed to augment the delivery as follows:
1. NBMPHN commissioning approach to procurement of identified services will meet the health needs of the region to provide consistent, comparable and measurable outputs and outcomes against annual activity work plans. The ongoing monitoring and evaluation of the commissioned services will be an integral part of the commissioning cycle of activities.
2. The health needs assessment will be undertaken iteratively to capture contemporaneous needs, involving the collection and analysis of quantitative and qualitative data, a review of health services and consultations with local key stakeholders including consumers. The outcomes of this process will result in the identification of priorities, opportunities and options culminating in the development of annual activity work plans against the PHN priority areas. The annual activity work plans will direct PHN activities

and service commissioning within the NBM region.
3. System integration activities will improve care coordination and access to health services across primary, secondary and tertiary health services within the NBM region to deliver a seamless journey for consumers. This will be achieved working in collaboration with key stakeholders including primary care providers, the Nepean Blue Mountains Local Health District, the NSW Ministry of Health, councils and others on targeted activities such as collaborative commissioning to address chronic conditions.
4. Resources for local health providers will be available through the NBMPHN website and local media and social media platforms to include toolkits, directories, navigations tools, newsletters and other targeted materials designed to support care in the community that meets contemporary needs.
5. The capacity and capability of the local health workforce will be supported through the development of a workforce strategy, working in collaboration with key stakeholders including the Rural Doctors Network to attract primary care professionals to the NBM region and in the long term build a sustainable, scalable workforce. Promoting the professional and social benefits of working in NBM region using various channels e.g. promotional video, social media among job seeking health care professionals with a specific focus on a portion of the NBM region considered to be a District of Workforce Shortage for GPs and where attrition rates of retiring GPs are prevalent. Targeted training will also support primary care development of cultural competency and emergency and disaster response. Maintaining a skilled GP and primary care nurse workforce will reap benefit to the community in the event of an emergency or disaster within the NBM region. This could relate to a flood, bushfire or extreme weather condition and or pandemics.

General Practice Support is addressed separately under HSI-2
Data Governance is addressed separately under HSI-3

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2021/22 - 2023/24

Priorities

Priority	Page reference
Integrated models of care across primary and acute care in conjunction with NBM Local Health District	236
Integrated models of care across primary and acute care in conjunction with NBM Local Health District	237
Develop and review local referral pathways and guidelines	269
Encourage stronger linkages and collaboration between PHN and LHD	312
Address service System Integration and interoperability	291
Commission services to improve coordination of care	255
Maintain collaborative partnership agreements to support System Integration and regional approach	259
Collaboration with local councils	236
Support regional GP workforce recruitment	245
Support access to local primary health workforce recruitment	247
Address gaps in systems that could support improved communication, transfers of care and	285

conjoint care between service providers across sectors including initial assessment for service matching e-referral	
Facilitate partnerships for employment, training, and volunteering	292
Build the capacity and capabilities of healthcare service providers and practitioners to prepare for and respond to future disasters.	311
Planning required to address the additional pressure to the health system in relation to compound and cascading disasters (pandemics and floods).	314
Address the need to improve access to primary healthcare services	306
Address the need to improve access to culturally appropriate health services	306
Address the need for culturally appropriate Services	302

Activity Demographics

Target Population Cohort

Whole of NBM region population inclusive of primary care health professionals and consumers

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

An array of stakeholder engagement and consultation will be conducted routinely to as an integral process of the needs assessment and commissioning cycle to provide the necessary information that will contribute towards shaping options, opportunities and priorities for annual planning and service delivery. Specific areas of focus include:
1. Local Primary care clinicians (GPs, Practice Nurses and Allied Health Providers), uniquely and through NBMPHN clinical councils;
2. The Joint NBMPHN and NBMLHD Community Advisory Committee;
3. Local secondary specialists, private and public health services;
4. Peak health bodies including Diabetes Australia, Diabetes NSW, Lung Foundation, National Heart Foundation, Cancer Institute and Peak professional bodies including the RACGP, Rural Doctors Network and others;
5. Representatives from PHN key priority areas
6. NGOs and Service providers

Collaboration

1. Local Primary Care Clinicians (GPs, Practice Nurses and Allied Health Providers) - supporting collaborative approaches to integrating care, identifying points of intersection with secondary and acute care and gaps in service provision
2. The Joint NBMPHN and NBM LHD Community Advisory Committee - providing consumer perspectives
3. Local secondary specialists, private and public health services - providing perspective of current public health sector service delivery, points of intersection with primary care and gaps in service provision
4. Peak health bodies - providing standardized approaches/models of care/policy direction
5. Representatives from PHN key priority areas - providing targeted feedback on unique health care needs/perspectives
6. NGOs and Service providers - providing feedback on service provision in the NBM region

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Activity Milestone Details/Duration

Activity Start Date

26/06/2022

Activity End Date

30/12/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity start date aligns with Core contract variation execution date 27 June 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

CF - 2 - 2023-2024 CF-2 Health Pathways

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

2

Activity Title *

2023-2024 CF-2 Health Pathways

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity will be to have clinical health pathways support the creation, review and enhancement of information and referral pathways on the current clinical referral pathways platform, Streamliners NZ, for a broad set of clinical conditions prioritized in the NBM region that will support our local health practitioners. A particular focus will be the aged care pathways addressed separately in activity CF-5 and activity dementia pathways addressed in CF 6.

Description of Activity *

Clinical referral pathways will be:
1. Developed, reviewed and maintained regularly to enhance clinical and referral content that supports local NBM health professionals to provide point of care advice and referral for their patients. This will include local prioritisation of new pathways for the region annually and three yearly reviews of existing pathways. Pathways may contain both local regional and broader pathways of care and will also address key contemporaneous issues such as pandemic, flood and fire - all of which have severely affected access to health care in NBM region over the past 4 years.
2. Consultation and co-design between primary care clinicians, secondary and acute care specialist services and peak health bodies will ensure evidence based, current content of health pathways. This will be conducted through clinical working groups and targeted reviews.
3. A joint agreement between the NBM Local Health District and the NBMPHN will enable joint governance arrangement for the Health Pathways program. This will facilitate access to clinicians across the health system and allows for agreed and consistent clinical guidelines to support a whole of region approach to care.

4. Health pathways will be promoted broadly with a specific focus on local primary care clinicians receiving the most up to date references on how to access clinical pathways. Webinars on specific health pathways will also be made available.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2021/22 - 2023/24

Priorities

Priority	Page reference
Integrated models of care across primary and acute care in conjunction with NBM Local Health District	236
Integrated models of care across primary and acute care in conjunction with NBM Local Health District	237
Support general practice with professional support for tobacco control & management	249
Support GPs to increase quality of communication referrals to colonoscopy services	252
Enable primary care providers to enhance Bowel Screening participation rates for CALD men	253
Promote local guidelines - Asthma	254
Support utilisation of chronic conditions systems of care in general practice for asthma, CVD, diabetes, COPD, and vaccine-preventable conditions	254
Review localised guidelines – cardiovascular disease	256
Review Local Guidelines – Chronic Pain	257
Develop local guidelines – Diabetes	258
Maintain collaborative partnership agreements to support System Integration and regional approach	259
Promote Local guidelines – Obesity and Overweight	259
Improve capacity in primary care to manage patients who are overweight and obese	259
Increase Primary care provider skills to support people with dementia	267
Develop and review local referral pathways and guidelines	269
Strategies to increase sector coordination and linkages to enhance understanding of referral pathways and available supports.	288
Maintain existing and develop new local mental health pathways	291
Facilitate service Integration	296

Facilitate General practice and allied health professional education for AOD assessment and intervention.	296
Encourage stronger linkages and collaboration between PHN and LHD	312
Develop local guidelines for dementia	268
Improve access for people at end of life to support and services to die at home if that is their preferred place, through improved integration and coordination of services	265

Activity Demographics

Target Population Cohort

Health Professionals within the NBM region

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Stakeholder consultation will be undertaken through targeted clinical working groups and focused discussions with health care providers including GPs, Allied Health, secondary and tertiary care specialties, peak bodies and NSW Ministry of Health to underpin clinical pathway development.
Consultation with a consumer reference group will also support clinical pathway content alignment and expectations of approaches to advising consumers of self-care needs.

Collaboration

1. GP Clinical Editors - will provide primary care content
2. Secondary and tertiary care specialties - will provide secondary and tertiary care content
3. Peak health bodies - will provide current clinical resources and guidelines
4. Consumers - will provide the consumer lens to advising patients about self-care
5. Joint NBMPHN and NBM LHD Health Pathways Steering Committee - will support the joint governance with the implementation of the health pathways program.
6. NSW Ministry of Health - will provide current resources and guidelines where statewide approaches to pathway content is required

Activity Milestone Details/Duration

Activity Start Date

26/06/2022

Activity End Date

29/06/2024

Service Delivery Start Date

NA

Service Delivery End Date

NA

Other Relevant Milestones

Activity start date aligns to Core contract variation execution 27 Jun 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No

Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

CF - 3 - 2023-2024 CF-3 Aged Care Pathways

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

3

Activity Title *

2023-2024 CF-3 Aged Care Pathways

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

The Aged Care HealthPathways will support primary healthcare professionals to provide advice, referrals and connections for older Australians in the Nepean Blue Mountains region to health, support and aged care services. This will improve awareness, engagement and utilisation of local pathways for older people in the region by local healthcare professionals.

Description of Activity *

The development of the aged care HealthPathways will occur through the current joint LHD and PHN governance arrangement for the HealthPathways program in the NBM region and the PHN Healthy Ageing Steering Committee which has representation from primary care, NBMLHD and consumers. The pathways will be prioritised based on local emerging needs and the existing aged care pathways. The pathways will be developed through a clinical working group model with representative from clinical practitioners, consumers, aged care stakeholders and subject matter experts in the region.
Awareness of the pathways will continue to occur through HealthPathways webinars, communication of new pathways published in PHN newsletters and on our website with links to the pathways and through one-on-one HealthPathways training with primary care clinicians and providers.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2021/22 - 2023/24

Priorities

Priority	Page reference
Develop and review local referral pathways and guidelines	269
Address gaps in systems that could support improved communication, transfers of care and conjoint care between service providers across sectors including initial assessment for service matching e-referral	285
Develop local guidelines for dementia	268

Activity Demographics

Target Population Cohort

Health Professionals in the region and older people

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Community aged care providers
Allied Health providers
Pharmacy
Local Government aged care team representative
Consumers
non-government organisations

Collaboration

Engagement with the GP Clinical Editors and LHD Head of Geriatric Medicine occurred in early April 2022 to commence the planning and prioritisation of the aged care HealthPathways. Consumers and aged care stakeholders and other health professionals will be engaged throughout the pathway development process. The NBMPHN Healthy Ageing Steering Committee will assist to inform the prioritisation and the development of the HealthPathways. The Health Ageing Steering Committee include the follow representatives:

PHN Healthy Ageing team
Head of Geriatric Medicine LHD
Virtual Aged Care Team Nurse Practitioner
GP
Practice Nurse- Health Connector
Consumer
Pharmacy
RACF Care Manager
NSW Ambulance

Activity Milestone Details/Duration

Activity Start Date

26/06/2022

Activity End Date

29/06/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

HSI - 3 - 2023-24 HSI-3 Data Governance

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

3

Activity Title *

2023-24 HSI-3 Data Governance

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

Progressing towards ISO 27001 alignment by 2026

Description of Activity *

1. Implement an organisation wide security training and testing program to educate our staff on cybersecurity and improve the security posture of our 'human firewall'
2. Migrate from a Novell to a Microsoft environment, including implementing enhanced Microsoft security solutions across our network
3. Implement a password management solution to improve the strength and level of security in staff management of their passwords
4. Implement a solution for remote monitoring and patching of workstations to keep endpoints secure and up to date
5. NBMPHN has partnered with Primary Health Insights (PHI) and will store all primary health care data provided by participating general practices within this platform by 2026, replacing less secure on-premises data storage methods.
6. Adopt the Primary Sense population management, clinical decision support and data extraction tool to obtain primary healthcare data from participating general practices, replacing the PenCS suite in July 2023.
7. Adoption of PS hosted within the PHI platform will provide NBMPHN staff with access to a range of analytical and reporting tools. Staff will be trained in the use of such tools to enhance our reporting and analytics capabilities, to improve reporting of data and insights to general practices and enhance population health planning.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2021/22 - 2023/24

Priorities

Priority	Page reference
Support general practice with Quality improvement initiatives	250
Facilitate Care Coordination / uptake of chronic disease management planning items by General Practitioners	254
Identify local research needs that will support future service planning	305
Address the need to improve access to primary healthcare services	306

Activity Demographics

Target Population Cohort

NBMPHN Organisation wide
Primary Care - General Practice

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Internal consultation with Executive and Staff to support development of needs and plan to address gaps
External consultation with Primary Care, GP Clinical Advisors to support development of primary care interfaces and plan to address gaps

Collaboration

Primary Health Insights Community of Practice
Primary Care

Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

30/12/2025

Service Delivery Start Date

01 Jul 2022

Service Delivery End Date

31 Dec 2025

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): Yes

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

No

Decommissioning details?

na

Co-design or co-commissioning comments

na

CF - 4 - 2023-24 CF-4 Dementia Pathways

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

4

Activity Title *

2023-24 CF-4 Dementia Pathways

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

This activity will support health professionals to assess, diagnose and refer people to appropriate dementia care services including diagnostic and post-diagnostic services and support for people living with dementia and their carers.

Description of Activity *

The development of the dementia HealthPathways will occur through the current joint LHD and PHN governance arrangement for the HealthPathways program in the NBM region and the Healthy Ageing Steering Committee. These pathways will be developed through a clinical working group model with representative from Dementia Australia, clinical practitioners, geriatricians, consumers, diverse population group representation, dementia care stakeholders and subject matter experts in the region.
HealthPathways will include the following elements:
- e-referral from general practice including online referral to Dementia Australia and to local diagnostic services, Dementia Support Australia and DBMAS
- local support services for carers
- memory clinic referral details
- list of MBS items to support diagnosis and support for the person with dementia
- clinical prompts including incorporation of dementia prevention identification activities as part of the 75+ health check
- medication management and advice
- referral to dementia appropriate allied health services

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2021/22 - 2023/24

Priorities

Priority	Page reference
Develop and review local referral pathways and guidelines	269
Skills and Training Capacity	276
Continue ongoing education and training to build capacity	242
Develop local guidelines for dementia	268

Activity Demographics

Target Population Cohort

Health Professionals, people with dementia and their carers

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Dementia Australia
Community aged care providers
Allied Health providers
Pharmacy
Local Government aged care team representative
Diverse groups - Aboriginal and Torres Strait Islander, LGBTIQ+, CALD, and disability
Consumers
non-government organisations

Collaboration

Engagement with the GP Clinical Editors and LHD Head of Geriatric Medicine occurred in early April 2022. Dementia Australia, consumers and aged care stakeholders, representatives from diverse groups - Aboriginal and Torres Strait Islander, LGBTIQ+, CALD, and disability and other health professionals will be engaged throughout the pathway development process. The NBMLHD/PHN Healthy Ageing Steering Committee will assist to inform the prioritisation and the development of the HealthPathways. Strong engagement and collaboration with Dementia Australia as part of the development of these pathways will be important and inclusion of the Healthy Ageing Steering Committee will assist to inform the pathway development. This steering committee has representation from the following groups:
PHN Healthy Ageing team
Head of Geriatric Medicine LHD
Virtual Aged Care Team Nurse Practitioner
GP
Practice Nurse- Health Connector
Consumer
Pharmacy
RACF Care Manager
NSW Ambulance

Activity Milestone Details/Duration

Activity Start Date

26/06/2022

Activity End Date

29/06/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

CF - 5 - 2023-24 CF-5 Dementia Consumer Support Pathways

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

5

Activity Title *

2023-24 CF-5 Dementia Consumer Support Pathways

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity is to improve access to dementia care resources and support services to improve the quality of life for the person living with dementia and their carer/s. This will be achieved through improving the awareness of both consumers and health professionals to understanding the risk factors, importance of early diagnosis and post diagnostic services and dementia care support in the community. To develop consumer resources that are localised to support people living with dementia and their carers and families to understand and make informed choices about health, dementia and aged/community care services that may be of benefit to them.

Description of Activity *

This activity will continue to build on the Dementia Care Mapping research undertaken in 2018/19 to develop consumer resources and referral pathways for people living with dementia and their carers. Consultation and engagement with Dementia Australia, primary health care providers, key peak bodies, aged and community services, local government, NBMLHD and consumers and carers and representatives from diverse groups - Aboriginal and Torres Strait Islander, LGBTIQ+, CALD, and disability, will continue to further enhance and leverage the consumer pathways in the MyHealthConnector website. The current consumer facing online services directory myhealthconnector.com.au will continue to be expanded to include dementia specific support services for the person living with dementia and their carer/s. Continued representation and engagement with the Hawkesbury Dementia Friendly Community Working Group will ensure awareness of the available resources. Implementation of the support pathways will include communication and education to primary health care providers including allied health, local government, use of social media and stakeholder communication mechanisms. The resources and support pathways are available through a link in

HealthPathways for primary health professionals to print and provide to patients.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2021/22 - 2023/24

Priorities

Priority	Page reference
Collaboration with local councils	236
Continue to support consumer awareness	262
Develop local guidelines containing culturally safe services	310
Address the need to improve access to primary healthcare services	306
Address the need to improve access to culturally appropriate health services	306
Develop local guidelines for dementia	268
Improve access to consumer-focused resources for use by people living with dementia and their carers	268

Activity Demographics

Target Population Cohort

People living with dementia and their carers

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Consultation and engagement with the following stakeholders will inform the resources and the support pathway development:
Dementia Australia, Carers Australia, Dementia Support Australia, Dementia Training Australia and the Australian Dementia Network (ADNeT)
Consumers and the NBMLHD/PHN Consumer Advisory Committee
Diverse groups - Aboriginal and Torres Strait Islander, LGBTIQ+, CALD, and disability
Community aged care providers
Allied Health providers
Pharmacy
Local Government aged care team representative
non-government organisations

Collaboration

Collaboration will occur with Dementia Australia, consumers and representatives from diverse groups - Aboriginal and Torres Strait Islander, LGBTIQ+, CALD, and disability in the design and implementation of the resources and support pathways as well as other key stakeholders including the Healthy Ageing Steering Committee members and representatives from the Hawkesbury Dementia Friendly Community Working Group.

Activity Milestone Details/Duration

Activity Start Date

31/12/2021

Activity End Date

29/06/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

HSI - 2 - 2023-24 HSI-2 General Practice Support

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

2

Activity Title *

2023-24 HSI-2 General Practice Support

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to support and empower general practice to deliver high quality, accessible and integrated primary health care to the people of the NBM region through evidence-based health care and improve the uptake of practice accreditation.

Description of Activity *

The Primary Care Team will work with general practices one on one to achieve the following:
1.1 Engaging general practice in the principles of quality improvement and the use of data quality systems to deliver safe, data-driven, evidence-based quality health care and improve the uptake of practice accreditation:
• Facilitate the capture and analysis of practice data to support continuous quality improvement, practice population health planning and optimum business modelling.
• Support the identification and uptake of point of care solutions for prevention and management activities including chronic conditions and After-Hours access e.g. PIP, MBS.
• Support Practices to maintain or undertake Accreditation (RACGP 5th Ed Standards).
1.2 Supporting general practice to implement models of care that reflect evidenced based practice including care coordination of patients with chronic and preventable conditions:
• Support General Practice with the care coordination and management of chronic and preventable conditions through the implementation and funding for access to a shared care planning tool.
• Provide access to relevant up to date information including best practice guidelines/models of care to support patient care.
1.3 Increasing the adoption of digital health systems and technologies to improve patient care and communication:

Continue to build and improve the adoption and use of My Health Record and e-referral, e-requesting and other digital systems and technologies to all eligible health care providers to improve patient care and communication across the care continuum.
1.4 Continue to support General Practices to ensure they maintain up to date practices in the areas of immunisation and cold-chain management through providing regular communication, immunisation update events in partnership with Public Health Unit and frequent cold-chain training activities in general practices.
1.5 Continue to provide CPD Events to address emerging areas within the region and the needs of the primary health care workforce.
1.6 Continue to work with primary care providers to plan for and respond to disasters in the region, including coordination of the primary health care response for the region.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2021/22 - 2023/24

Priorities

Priority	Page reference
Increase and enhance meaningful use of My Health Record	243
Enhance video Telehealth uptake	243
Expand the uptake of My Health Record across the primary and secondary care	244
Support regional GP workforce recruitment	245
Conduct Primary Care Workforce Census	246
Support general practice with Quality improvement initiatives	250
Facilitate Care Coordination / uptake of chronic disease management planning items by General Practitioners	254
Support utilisation of chronic conditions systems of care in general practice for asthma, CVD, diabetes, COPD, and vaccine-preventable conditions	254
Support implementation of the 5A’s framework in General Practice for patients with CVD	256
Increase Childhood immunisation Rates	256
Skills and Training Capacity	276
Workforce Capacity Including Skills and Training – identified need for basic mental health training for mainstream services, including Centrelink, Housing, Police, employers, and community organisation	285
Address gaps in systems that could support improved communication, transfers of care and conjoint care between service providers across sectors including initial assessment for service matching e-referral	285
Access to GP care - identified need to improve consumer access to GP clinical care, in particular for those who may be in mental health crisis.	287

Build the capacity and capabilities of healthcare service providers and practitioners to prepare for and respond to future disasters.	311
As NBMPHN is not responsible for the Environmental Health of the four Local Government Areas (LGA's), an awareness of the responsible authorities and their functions is all that is required.	314
Ensuring access to healthcare during and after disasters when services may be compromised or stretched to their limits.	315
Address the need to improve access to primary healthcare services	306
Address the need to improve access to culturally appropriate health services	306
Continue ongoing education and training to build capacity	242
Continue ongoing education and training for medical emergencies	242
Address the need for culturally appropriate Services	302
Support potentially avoidable general practitioner (PAGP) type presentations from ED to GP	241

Activity Demographics

Target Population Cohort

This activity will focus on supporting general practices and health care providers to deliver high quality and accessible healthcare to patients through the application of data quality systems, quality care standards and the meaningful use of digital health systems.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Blue Mountains - South	12402
Rouse Hill - McGraths Hill	11504
Fairfield	12702
Penrith	12403
Dural - Wisemans Ferry	11502
Bathurst	10301
Lithgow - Mudgee	10303
St Marys	12405
Hawkesbury	11503
Richmond - Windsor	12404
Blue Mountains	12401

Activity Consultation and Collaboration

Consultation

Consultation with key stakeholders occur through regular and formalised processes throughout the year contributing to the delivery of general practice support services. This will be delivered through formal governance advisory committees including:
• Consumer Advisory Committee
• GP Clinical Council
• Integrating Care Clinical Council
• Allied Health Clinical Council
• Practice Nurse Leadership Group
• Primary Care Advisory Committee

These committees provide advice to NBMPHN Management and the Wentworth Healthcare Board.
Additional consultation is undertaken with Nepean Blue Mountains Local Health District including the NBMLHD Public Health Unit.

Collaboration

Primary care clinicians – General Practitioners and General Practice staff including Practice Nurses will be engaged in the delivery and design of the support provided to each general practice across the region one on one.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2025

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): Yes

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

na

Co-design or co-commissioning comments

na

CF-COVID-PCS - 1 - 2023-24 COVID-19 Primary Care Support

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-PCS

Activity Number *

1

Activity Title *

2023-24 COVID-19 Primary Care Support

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity is to provide support for the COVID-19 vaccination and treatment strategy across the NBM region specifically through primary care, aged care and disability including the living with COVID measures.

Description of Activity *

The following activities will be delivered:
Continue to provide guidance and advice to GPRCs, General Practices, Aboriginal Community Controlled Health Services (ACCHs), residential aged care facilities (RACF), disability accommodation facilities and governments on local needs and issues;
Continue to work with RACFs and where required disability accommodation facilities as guided by key stakeholders and industry experts on the coordination and access to COVID vaccine, including local service integration and communication, liaison with key delivery partners and consistent reporting;
Continue to work closely with RACFs in the region to coordinate the delivery of vaccination services for their residents and staff;
Continue to support General Practices and GPRCs to support people diagnosed with COVID or with respiratory symptoms, including access to PPE;
Continue to support vaccine delivery sites in their establishment and operation, including where appropriate, performing functions of assurance and assessment of suitability and ongoing quality control support; and
Continue to support vaccine delivery to be integrated within local health pathways to assist with the coordination of local COVID-19 primary care responses, including identification and assistance for GPRCs and General Practices interested in participating, and ensuring consistent communications to local communities.

Needs Assessment Priorities *

Needs Assessment

NBMPHN Needs Assessment 2019/20-2021/22

Priorities

Priority	Page reference
Primary healthcare professional support	411
Systems of care for immunisation in general practice	430
Localised guidelines	421

Activity Demographics

Target Population Cohort

RACF residents and staff, people with a disability in a residential setting and staff, general practices and GPRCs, general population who choose to access the vaccine.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Primary Health Care
RACFs
Disability

Collaboration

General Practice
Primary care
LHD
RACF
Disability sector

Activity Milestone Details/Duration

Activity Start Date

12/04/2021

Activity End Date

30/12/2023

Service Delivery Start Date

March 2021

Service Delivery End Date

June 2023

Other Relevant Milestones

NA

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): Yes

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

PCS-FI - 2 - 2023-24 COVID-19 vaccination services for flood impacted PHNs

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

PCS-FI

Activity Number *

2

Activity Title *

2023-24 COVID-19 vaccination services for flood impacted PHNs

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity is to provide support to Primary Care COVID-19 Vaccination Providers impacted by the 2022 east coast flood event to ensure continuity of service and access to vaccination for the population.

Description of Activity *

Administration of small grants to Primary Care COVID-19 Vaccination Providers impacted by the 2022 east coast flood event, the grants will be administered across the region in grant rounds and promoted to all COVID-19 vaccination providers in the flood impacted areas of the NBM region.
The grants may include but not limited to the following:
- small infrastructure replacements (vaccine fridges, electronics and other essential supplies and equipment)
- costs to replenish lost consumables or perishable items associated with the delivery of COVID vaccinations;
- the engagement of temporary workforce to support the administration of COVID vaccinations in primary care sites.

Needs Assessment Priorities *

Needs Assessment

NBMPHN Needs Assessment 2019/20-2021/22

Priorities

Priority	Page reference
Access to primary healthcare services	477
Commissioning	421

Activity Demographics

Target Population Cohort

Whole population

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2023

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): Yes

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments