

Nepean Blue Mountains - Core Funding 2023/24 - 2027/28 Activity Summary View



CMDT-Admin - 9 - 2025-26 Commissioning of Multidisciplinary Teams operational



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CMDT-Admin

Activity Number *

9

Activity Title *

2025-26 Commissioning of Multidisciplinary Teams operational

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area ***Other Program Key Priority Area Description****Aim of Activity *****Description of Activity *****Needs Assessment Priorities *****Needs Assessment**

Priorities



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

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-COVID-VVP - 1 - 2024-25 COVID Vulnerable Populations Vaccination



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-VVP

Activity Number *

1

Activity Title *

2024-25 COVID Vulnerable Populations Vaccination

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 2024

Priorities

Priority	Page reference
Commission services to improve coordination of care.	139
Address the need to improve access to primary healthcare services.	128
Address the need to improve access to culturally appropriate health services	128



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

Collaboration



Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

30/12/2024

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?

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



WIP-PS - 6 - 2025-26 Workforce Incentive Payment - Practice Support



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

WIP-PS

Activity Number *

6

Activity Title *

2025-26 Workforce Incentive Payment - Practice 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:

- increase understanding of the WIP-PS utilisation in NBMPHN region.
- identify and provide additional support to practices where there are gaps in understanding and knowledge of WIP-PS to support implementation.
- identify models of MDT that are supported by WIP-PS to address population health needs and identify the enablers and barriers to support these models.
- identify the range of activities nurses and allied health professionals undertake in primary care supported by the WIP-PS.
- increase general practice participation in WIP-PS.
- improve patient outcomes by improved access to MDT for the communities in which the practice resides.
- identify best practice models of MDT supported by WIP-PS.
- general practices providing sustainable models of MDT.

Description of Activity *

The Primary Care Engagement Team at NBMPHN will work with general practice staff to gain a greater understanding of the WIP-PS utilisation in the region. This work will also enable the gathering of case studies where best practice models are identified and provide an understanding of enablers and barriers to sustainability of the model within primary care. The team will work closely with practices who have not participated or are not currently receiving the WIP-PS payment to support them to understand the

benefits for their practice and patients including connecting them with champions across the region to support the cross-benefit of learning from earlier adopters.

Needs Assessment Priorities *

Needs Assessment

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Increase the workforce capacity for Aboriginal and Torres Strait Islander Health Workers / local Aboriginal and Torres Strait Islander Health and Community Services in the NBM region	130
Support access to local primary health workforce recruitment	157
Address the need to improve access to primary healthcare services.	128



Activity Demographics

Target Population Cohort

General practices within the Nepean Blue Mountains region

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



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.

- Primary Care Advisory Committee

Collaboration

General Practitioners and Practice staff e.g. Practice Managers will be engaged in the delivery of this activity and support provided to each general practice across the region one on one.



Activity Milestone Details/Duration

Activity Start Date

31/05/2024

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



MyM - 7 - 2025-26 My Medicare



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

MyM

Activity Number *

7

Activity Title *

2025-26 My Medicare

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:

- Increase the number of general practices in the region that are accredited.
- Increase the number of general practices in the region that are registered for MyMedicare.
- Improve the quality and safety of health care delivered through general practices.
- Improve access to general practices for commonwealth funded programs.
- Increase engagement of consumer advisory committees to support MyMedicare implementation.

Description of Activity *

Identify non- accredited practices in the NBMPHN region and work with them to understand the benefits of accreditation, increase their understanding of Commonwealth funded programs and support them to become accredited.

Develop resources to support and maintain accreditation of general practices in the region.

Needs Assessment Priorities ***Needs Assessment**

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Supporting Primary Care to support preparedness of those most vulnerable to Disaster and Emergency Events	204
Embedding Emergency Planning and Preparedness	205
Increase the number of local health services identified as culturally safe for Aboriginal and Torres Strait Islander people to attend	129
Support general practice with Quality improvement initiatives	136
Address the need to improve access to primary healthcare services.	128
Address the need to improve access to culturally appropriate health services	128

**Activity Demographics****Target Population Cohort**

Non-accredited general practices and those accredited in the NBMPHN region.

In Scope AOD Treatment Type ***Indigenous Specific ***

No

Indigenous Specific Comments**Coverage****Whole Region**

Yes

**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.

- Primary Care Advisory Committee

Collaboration

General Practitioners and Practice staff e.g. Practice Managers will be engaged in the delivery of this activity and support provided to each general practice across the region one on one.



Activity Milestone Details/Duration

Activity Start Date

31/05/2024

Activity End Date

29/06/2027

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?

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



CMDT - 8 - 2025-26 Commissioning of Multidisciplinary Teams



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CMDT

Activity Number *

8

Activity Title *

2025-26 Commissioning of Multidisciplinary Teams

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 *

NBMPHN will commission allied health providers (dietitian and credential diabetes educator) to work with 4 solo and small general practices located in the Penrith LGA, with a specific focus on Eastern Penrith area to demonstrate a multidisciplinary team-based approach to delivering care to people with Type 2 Diabetes. The commissioned allied health services will be required to work with these general practices to improve access for people with Type 2 Diabetes, to improve the management of their diabetes. The general practices and allied health providers will be required to work collaboratively to pilot a multidisciplinary team model of care for people with type 2 diabetes in the Penrith LGA. Consultation with the general practices in the region to identify the needs of patients with a diagnosis of type 2 diabetes regarding access to allied health will be undertaken to determine the most appropriate allied health professions and models of care prior to commissioning. NBMPHN have mapped and consulted with the general practices to determine the needs and challenges experienced by patients in accessing allied health providers.

Should a thin market exist consideration as to the allied health providers available will be undertaken as part of the commissioning process and the model to be implemented. The MDT model will be set up through a health care neighbourhood approach, engaging appropriate allied health providers who are in the immediate area where possible. The MDT model will be codesigned with the general practices and allied health providers to establish agreed communication mechanisms and protocols, referral pathways and outcomes. The codesign approach will support the development of relationships between the general practices and the allied health providers. The Nepean Blue Mountains (NBM) region consists of four LGAs: Blue Mountains, Hawkesbury, Lithgow and Penrith, with a growing population of over 380,000 people, and the Penrith LGA projected to have an increase in population from 216,075 in 2021 to 270,477 (1.13%) by 2041. The eastern side of Penrith has some of the most disadvantaged

suburbs in the Penrith LGA with a SEIFA index for North St Marys is 838.6, with a percentile of 4, meaning that 4% of Australia's suburbs have a SEIFA index lower than North St Marys. St Marys has a SEIFA index of 912.2 with a percentile of 11, and Oxley Park 920.6 and Colyton 918.6 both with a percentile of 12. Cost is a significant barrier to accessing health care in the region with only 44.9% of people in Penrith LGA with private health insurance (as of 2014/15) vs 54% in BM, 54% in Hawkesbury (Lithgow has lowest at 39.3%). Indicating access to allied health for people in the region can be cost prohibitive. In 2023, 4.51% of the NBM population had a coded diagnosis of T2 diabetes, this has increased from 4.34% in 2022 and 4.37% in 2021, demonstrating a significant need in the region. Lithgow and Penrith have some of the highest rates of diabetes and diabetes-related hospitalisations in the region. The potentially preventable hospitalization (PPH) rate for diabetes complications within NBM region was highest in St Marys SA3 area at rate of 209 per 100 000 persons - higher than the national and state averages (187 and 150 respectively), with the highest number of diabetes complications PPH presentations for NBM region in 2019/20 – 514 per 100 000 persons. The highest number of bed days among PPH conditions for NBM region in 2019-20 was due to diabetes complications accounting for 3140 bed days.

Description of Activity *

NBMPHN have engaged 4 general practices to participate in the program and 3 allied health practitioners 1 x Dietitian 2x Credential Diabetes Educators.

The model has been developed by the general practices and the allied health practitioners to pilot multi-disciplinary team (MDT) model of care for people with type 2 diabetes in the Eastern Penrith area.

Including agreed communication mechanisms between all participating providers, outcome measures align with the National Allied Health outcome measures and include measures of performance that will demonstrate if MDT is working. Reporting to the Allied Health Clinical Council biannually on progress and performance reports will be required quarterly.

The model will test both access to MDT for patients and how an MDT model can work in general practice identifying both enablers and barriers.

Needs Assessment Priorities *

Needs Assessment

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Reduce potentially avoidable general practitioner (PAGP) type presentations to ED.	132
Support Secure Messaging Delivery with allied health providers and specialists and NBMPHN initial assessment and referral (IAR) services.	161
Address the need to improve access to primary healthcare services.	128
Improve capture of patient experiences of care	159
Recognise 'at-risk' populations and communities in service planning	183



Activity Demographics

Target Population Cohort

Type 2 Diabetes for people in the Eastern Penrith Area

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments**Coverage****Whole Region**

No

SA3 Name	SA3 Code
St Marys	12405

**Activity Consultation and Collaboration****Consultation**

Consultation with the general practices in the Eastern Penrith area, Allied Health Clinical Council, GP Clinical Council and Primary Care Advisory Committee" and NBMLHD Diabetes Services

Collaboration

The 4 general practices and 3 allied health practitioners participated in 3 codesign sessions.

**Activity Milestone Details/Duration****Activity Start Date**

31/05/2024

Activity End Date

29/06/2027

Service Delivery Start Date

28/04/2025

Service Delivery End Date

30/06/2027

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

The 4 general practices and 3 Allied Health practitioners participated in 3 codesign sessions.



GPACI-GPM - 10 - 2025-26 GP-Aged Care Incentive - GP Matching



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

GPACI-GPM

Activity Number *

10

Activity Title *

2025-26 GP-Aged Care Incentive - GP Matching

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

The aim of the activity is:

- engage with stakeholders including RACHs, General Practices, other primary healthcare providers to ensure that residents of RACHs have access to primary healthcare providers;
- development of resources to support the activity;
- implement strategies to increase engagement of GPs and primary healthcare providers in RACHs to ensure residents have access to primary healthcare.

Description of Activity *

Identify what GPs are providing care to residents in RACHs in the region and provide them with education as to the changes to the new GP-ACI program. Establish whether there are any gaps in access to primary health care providers and work with RACHs in the region to support and improve access.

Provide information to GPs, primary health care providers, RACHs and through RACHs residents regarding the importance of GP-ACI and access to primary healthcare providers.

Develop localised resources to support this program and liaise with the Commonwealth and other PHNs to deliver the program.

Needs Assessment Priorities *

Needs Assessment

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Address the need to improve access to primary healthcare services.	128

**Activity Demographics****Target Population Cohort**

general practices in NBMPHN and RACHs

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**

31/05/2024

Activity End Date

29/06/2027

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?

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 - 0 - 2025-26 PHN- Clinical Referral HealthPathways



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

0

Activity Title *

2025-26 PHN- Clinical Referral HealthPathways

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 ***

This activity aims to:

- support access to the clinical referral pathways tool by primary care practitioners in the NBM region
- promote best-practice care and enhance local clinicians awareness of referral options and services in the NBM region
- improve collaboration and integration across the health care and other systems.

Description of Activity *

Through the following activities, clinical referral pathways will enhance clinical information to create better linkages between primary health care services other providers and relevant services to improve the patient journey, increase practitioner capability and quality of care:

1. Continue to develop, review and regularly maintain a suite of current HealthPathways 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 review of existing pathways. Pathways may contain both local regional and broader information related to patient clinical care and may also address key contemporaneous issues where relevant. Aged care clinical pathways continue as a separate activity .
2. Through continued consultation and codesign, engage with key stakeholders including primary care clinicians, secondary and acute care specialist services and peak health bodies to ensure locally based. current content of HealthPathways. Clinical working

groups and targeted review meetings will support the process.

3. Maintaining a collaborative partnership 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 allow for agreed and consistent clinical guidelines to support a whole of region approach to care.

Needs Assessment Priorities *

Needs Assessment

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Integrated models of care across primary and acute care in conjunction with NBM Local Health District	125
Develop local guidelines containing culturally safe services	132
Reduce potentially avoidable general practitioner (PAGP) type presentations to ED.	132
Improve primary care access to domestic family violence, sexual violence, and child sexual assault services for appropriate referral	133
Apply expert knowledge from key sources	144
Develop local guidelines for dementia	149
Develop and review local referral pathways and guidelines	150
Reduce potentially avoidable general practitioner (PAGP) type presentations to ED.	153
Strategies to increase sector coordination and linkages to enhance understanding of referral pathways and available supports.	174
Promote local asthma guidelines.	138
Strong relationships and Collaboration to leverage local knowledge and ensure coordination.	202
Support GPs to increase quality of communication referrals to colonoscopy services.	136
Improve access to palliative care supports and resources	147
Review localised CVD guidelines.	141
Review local chronic pain guidelines.	141
Role of the GP in palliative care	145
Building a more connected palliative care system	145
Maintain existing and develop new local mental health pathways	177
Develop local diabetes guidelines	142



Activity Demographics

Target Population Cohort

Health Professionals within the NBM region, with a focus on GPs

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 state-wide approaches to pathway content is required



Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2025

Service Delivery End Date

30/06/2027

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): Yes

Is this activity being co-designed?

Yes

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?

Co-design or co-commissioning comments

Yes, pathways are dynamic and co-designed between primary, secondary and tertiary sectors.



CF - 1 - 2025-26 Chronic Conditions Services



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

1

Activity Title *

2025-26 Chronic Conditions Services

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 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 wk 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.

Needs Assessment Priorities *

Needs Assessment

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Integrated models of care across primary and acute care in conjunction with NBM Local Health District	125
Facilitate service Integration	189
Reduce potentially avoidable general practitioner (PAGP) type presentations to ED.	132
Continue Community Respiratory Services	144
Apply expert knowledge from key sources	144
Continue to support consumer awareness of respiratory disease	144
Reduce potentially avoidable general practitioner (PAGP) type presentations to ED.	153
Facilitate Care Coordination / uptake of chronic disease management planning items by General Practitioners	138
Support utilisation of chronic conditions systems of care in general practice for asthma, CVD, diabetes, COPD, and vaccine-preventable conditions	138
Support general practice with Quality improvement initiatives	136
Commission services to improve coordination of care.	139
Address the need to improve access to primary healthcare services.	128

Improve capture of patient experiences of care	127
Continue to commission Pulmonary Rehabilitation Service	143



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



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 Winter Services: • 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. Cancer screening: • General Practitioners: Clinical advice and local knowledge; • 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 • General Practices – GPs and practice nurses for clinical advice and local knowledge and as a potential commissioned service provider



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2026

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

Decommissioning details?

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.



CF - 14 - 2025-26 Aged Care Pathways



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

14

Activity Title *

2025-26 Aged Care Pathways

Existing, Modified or New Activity *

Existing



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 are 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 HealthPathway 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**

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Develop and review local referral pathways and guidelines	150

**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 following 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?

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 - 15 - 2025-26 Dementia Support Pathways



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

15

Activity Title *

2025-26 Dementia Support 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 ***

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 have been developed through a clinical working group model with representatives from Dementia Australia, clinical practitioners, geriatricians, consumers, diverse population group representation, dementia care stakeholders and subject matter experts in the region.

HealthPathways 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

The pathways will continue to be reviewed by the GP Clinical Editors and any pathway gaps will be developed through the process outlined above.

Continue to promote and deliver CPD events, one on one training and skill development for health practitioners to promote awareness, utilisation and referral pathways.

Continue to deliver events and workshops in collaboration with health professionals, Dementia Australia, local dementia service providers and the LHD to support people living with dementia and their carers to access services.

Needs Assessment Priorities *

Needs Assessment

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Review Framework for Disaster and Emergency Management including planning for the increased additional stress on primary healthcare services during disaster and emergency events and ongoing through to	203
Strong relationships and Collaboration to leverage local knowledge and ensure coordination.	202



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

Collaboration



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



HSI - 1 - 2025-26 Commissioning, Service Planning, Integration, Resource, Health Workforce



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

1

Activity Title *

2025-26 Commissioning, Service Planning, Integration, Resource, Health Workforce

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

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 RACGP, ACCRM, and 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 Distribution Priority Area for GPs and where attrition rates of retiring GPs are prevalent. Targeted training will also support primary care development of cultural competency, emergency and disaster preparedness and 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. Focus on building capacity of the primary healthcare workforce through the delivery of targeted continuous professional development programs to meet the emerging needs of the region and the workforce.

General Practice Support is addressed separately under HSI-2

Data Governance is addressed separately under HSI-3

Needs Assessment Priorities *

Needs Assessment

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Increase the workforce capacity for Aboriginal and Torres Strait Islander Health Workers / local Aboriginal and Torres Strait Islander Health and Community Services in the NBM region	130
Support regional GP workforce recruitment.	154
Conduct Primary Care Workforce Census	156
Identify local research needs that will support future service planning	199
Maintain and promote utilisation of a health needs prioritisation framework incorporating social disadvantage and equity	134
Map Allied Health Workforce to support service planning	158
Participate in the Western Sydney City Deals Health Alliance	158
Support access to local primary health workforce recruitment	157
Collaboration with local councils	125
Address the need to improve access to primary healthcare services.	128



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 NBM LHD 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



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2026

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 - 2025-26 General Practice Support



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

2

Activity Title *

2025-26 General Practice 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 *

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 Engagement 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.
- 1.2 Support Practices to maintain or undertake Accreditation (RACGP 5th Ed Standards).
- Support general practice to implement models of care that reflect evidenced based practice including care coordination of patients with chronic and preventable conditions:
- 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

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Reduce potentially avoidable general practitioner (PAGP) type presentations to ED.	132
Facilitate Care Coordination / uptake of chronic disease management planning items by General Practitioners	138
Support general practice with Quality improvement initiatives	136
Increase Childhood immunisation Rates	141



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



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
- 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

31/05/2015

Activity End Date

29/06/2026

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?

N/A

Co-design or co-commissioning comments

n/a



HSI - 3 - 2025-26 Data Governance



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

3

Activity Title *

2025-26 Data Governance

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Data Governance and Compliance

Aim of Activity *

Data Governance and Compliance

Description of Activity *

1. Progression towards ISO 27001 alignment by 2026.
2. Implement an enterprise cloud-based telephony system (3CX) for increased security and availability.
3. Implement enterprise-wide Hard Disk Encryption (MS BitLocker) for all endpoints across the organisation.
4. Implement an enterprise-wide cloud-based endpoint management solution (MS Intune) to manage devices access securely to organisational resources.
5. Continue partnering with Primary Health Insights (PHI) to store all primary health care data within this platform by 2026, replacing less secure on-premises data storage methods.
6. Continue with the adoption of Primary Sense population management, clinical decision support and data extraction tool to obtain primary healthcare data from participating general practices.
7. Continue with development of analytic tools and staff capacity to ensure accurate, secure and high-quality analysis of program data to improve reporting of data and insights to general practices and enhance population health planning.
8. Continued compliance with all elements of and changes to relevant Privacy laws.

Needs Assessment Priorities ***Needs Assessment**

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Identify local research needs that will support future service planning	199
Support cross sector regional services planning broadly.	188
Support regional services planning to consider special needs groups	188
Facilitate Care Coordination / uptake of chronic disease management planning items by General Practitioners	138
Support general practice with Quality improvement initiatives	136
Recognise 'at-risk' populations and communities in service planning	183

**Activity Demographics****Target Population Cohort**

NBMPHN Organisation wide

Primary Care – General Practice and Mental Health Commissioned Services

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 Sense User Group
 Primary Care
 PHNISO2700 Community of Practice Gathering

**Activity Milestone Details/Duration****Activity Start Date**

30/05/2015

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2022

Service Delivery End Date

30/06/2026

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?

No

Decommissioning

No

Decommissioning details?

na

Co-design or co-commissioning comments

na



CG - 1 - 2025-26 People



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

1

Activity Title *

2025-26 People

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area ***Other Program Key Priority Area Description****Aim of Activity *****Description of Activity *****Needs Assessment Priorities *****Needs Assessment****Priorities**



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

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



CG - 2 - 2025-26 Office



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

2

Activity Title *

2025-26 Office

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area ***Other Program Key Priority Area Description****Aim of Activity *****Description of Activity *****Needs Assessment Priorities *****Needs Assessment****Priorities**



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

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



CG - 3 - 2025-26 Board



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

3

Activity Title *

2025-26 Board

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area ***Other Program Key Priority Area Description****Aim of Activity *****Description of Activity *****Needs Assessment Priorities *****Needs Assessment****Priorities**



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

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



CG - 4 - 2025-26 Clinical Councils



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

4

Activity Title *

2025-26 Clinical Councils

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area ***Other Program Key Priority Area Description****Aim of Activity *****Description of Activity *****Needs Assessment Priorities *****Needs Assessment****Priorities**



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

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



CG - 5 - 2025-26 Community Advisory Committee



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

5

Activity Title *

2025-26 Community Advisory Committee

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area ***Other Program Key Priority Area Description****Aim of Activity *****Description of Activity *****Needs Assessment Priorities *****Needs Assessment****Priorities**



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

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



CG - 6 - 2025-26 Other Operational Costs



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

6

Activity Title *

2025-26 Other Operational Costs

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area ***Other Program Key Priority Area Description****Aim of Activity *****Description of Activity *****Needs Assessment Priorities *****Needs Assessment****Priorities**



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

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-COVID-PCS - 1 - 2025-26 COVID-19 Primary Care Support



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-PCS

Activity Number *

1

Activity Title *

2025-26 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 General Practices, Aboriginal Community Controlled Health Services (ACCHs), residential aged care homes (RACH), disability accommodation facilities and governments on local needs and issues.
- Continue to work with RACHs 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 RACHs in the region to coordinate the delivery of vaccination services for their residents and staff;
- Continue to support General Practices to support people diagnosed with COVID or with respiratory symptoms.
- Continue to support vaccine delivery sites in their establishment and operation, including support with cold-chain procedures.

Needs Assessment Priorities ***Needs Assessment**

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Develop immunisation capacity amongst NBM RACHs	149
Promote awareness of and supporting RACHs to access COVID-19 vaccinations for their residents	149
Increase Childhood immunisation Rates	141

**Activity Demographics****Target Population Cohort**

RACH residents and staff, people with a disability in a residential setting and staff, general practices, and the 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
- RACHs
- Disability
- others

Collaboration

- General Practice
- Primary care
- LHD
- RACH
- Disability sector



Activity Milestone Details/Duration

Activity Start Date

31/03/2021

Activity End Date

29/06/2026

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?

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

