

Country SA - Core Funding 2023/24 - 2026/27 Activity Summary View



CF-COVID-VVP - 1 - COVID-19 vaccination of vulnerable populations



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-VVP

Activity Number *

1

Activity Title *

COVID-19 vaccination of vulnerable populations

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 assist CSAPHN to provide support and facilitate local solutions to vaccinate vulnerable populations who may have difficulty in accessing COVID-19 Vaccines in collaboration with COVID-19 vaccination providers. These activity aims to target the following groups include (but are not limited to):

- those who are experiencing homelessness;
- people with disability or are frail and cannot leave home;
- people in rural and remote areas with limited healthcare options;
- culturally, ethnically and linguistically diverse people;
- those who are not eligible for Medicare and/or live in an area without access to a state, territory or Commonwealth Vaccination Clinic; and
- aged care and disability workers.

Description of Activity *

CSAPHN is collaborating with a variety of vaccine providers, including general practices, pharmacies, contracted providers, Aboriginal Community Controlled Health Organisations, SA Health services, Wellbeing SA, Local Councils, Local Health Clusters, and Health Consumer Forums. Together, we aim to facilitate local solutions for vaccinating vulnerable populations who face challenges accessing COVID-19 vaccines.

The groups identified as needing targeted support include (but are not limited to):

- Individuals experiencing homelessness, including those living on the streets, in emergency accommodation, boarding houses, or between temporary shelters.
- Those without a Medicare card or who are ineligible for Medicare.
- People with disabilities or those who are frail and homebound.
- Residents in rural and remote areas with limited healthcare access, particularly those unable to travel to regional centers.
- Culturally, ethnically, and linguistically diverse communities, especially asylum seekers, refugees, and older individuals who may struggle with traditional vaccination services.
- Aged care and disability workers, including all auxiliary staff on-site.
- Children aged 5-11 with complex needs who may not be captured by existing vaccination channels.
- Any other vulnerable groups identified as requiring dedicated support for vaccination access.

Through these collaborations, we are committed to ensuring equitable access to COVID-19 vaccines for all individuals in our community.

This activity includes CSAPHN delivering activities, but not limited to:

- enhancing the skills of primary health staff employed within General Practice, Residential Aged Care Homes, Aboriginal Community Controlled Health Organisations and Private Corrections Facilities. Primarily this includes Registered and Enrolled Nurses (medication accredited), along with Aboriginal Health Practitioners, through targeted Immunisation Education.
- the ongoing promotion of COVID-19 vaccinations in primary health care settings, emphasising their critical role in protecting community health. By ensuring that patients have access to accurate information and resources, we aim to encourage vaccination uptake and safeguard our most vulnerable populations
- explore creative strategies to effectively reach and engage with service providers who work with vulnerable populations. By fostering open lines of communication, we aim to continue supporting the messaging around the importance of COVID-19 vaccinations. This may include the development and use of tailored resources and innovative outreach initiatives to ensure that service providers have the tools they need to advocate for vaccination and address any concerns within their communities.
- collaborate with community groups, shelters, and advocacy organisations to reach individuals experiencing homelessness and others in need of support.
- financial support to general practices and relevant primary care services to deliver innovative COVID-19 vaccination models in areas of need. This could include support with infrastructure (such as renting town halls and community hubs, mobile vans, pop-up tents) or financial support with expenses incurred to reach vulnerable populations (in excess to the current flag fall item);
- reimbursement to health professionals the equivalent MBS COVID-19 Vaccine Suitability assessment items for COVID-19 vaccination services provided to individuals who are not enrolled in Medicare.
- providing regular reports to the Department of Health and Aged Care (DoHAC) concerning the progress and outcomes of the Vaccination of Vulnerable Peoples program.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to culturally appropriate health services	62
Reduce potentially preventable hospitalisations	74
CALD communities are supported to engage and participate in health prevention and health care	71
Access to afterhours services	77
Integrated and coordinated care across the health system	65



Activity Demographics

Target Population Cohort

All Eligible Country South Australians

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

18/09/2021

Activity End Date

31/12/2024

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:** Yes
- 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?

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



CMDT - 01 - Commissioning Multidisciplinary Teams - Commissioning



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CMDT

Activity Number *

01

Activity Title *

Commissioning Multidisciplinary Teams - Commissioning

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 *

Country SA PHN will deliver this activity with the aim to design and commission activities that support timely and appropriate detection and intervention to reduce the risk of the target chronic condition and/or disease progression and severity in underserved members of the community. Country SA PHN will support general practice to extend their existing role in engaging and collaborating with private allied health and/or nursing practices.

Description of Activity *

The Country SA PHN will lead an approach to:

Consult with small or solo general practices or Aboriginal Community Controlled Health Services, to design an expanded approach for multidisciplinary team services in Outback – North and East, and Murray and Mallee regions of Country SA based on the learnings and model of the current commissioned Integrated Primary Health Care Services (IPHCS). The IPHCS program sees the provision of multidisciplinary Allied health and Specialist Nurse services to underserved regional, rural and remote areas.

Successfully commission multidisciplinary teams to service underserved members of the community including Aboriginal or Torres Strait Islander people, or people who are financially disadvantaged, who are experiencing or at risk of chronic illness. Commission activities that support timely and appropriate detection and intervention to reduce the risk of the target chronic condition and/or

disease progression and severity. Priority health conditions that will be addressed include diabetes, cardiovascular disease, obesity management, respiratory disease, and arthritis and musculoskeletal conditions.

Deliver complementary CSAPHN Practice Support activity concurrently to support target general practice uptake, participation and sustainability planning to embed MDT approach with business as usual for identified target conditions.

Ensure activity is linked to outcomes that are measured, monitored and evaluated to support adjustments as required through the CSAPHN performance-based commissioning approach.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to health care services and preventative care	70
Chronic disease: multidisciplinary care and prevention	72
Reduce potentially preventable hospitalisations	74
Integrated and coordinated care across the health system	65



Activity Demographics

Target Population Cohort

Underserved or financially disadvantaged communities

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

CSAPHN will consult with relevant key stakeholders to build on the existing IPHCS program through an expanded program scope. Complementary CSAPHN Practice Support activity will occur to support targeted general practice uptake, participation and sustainability planning to embed a multidisciplinary team approach with business as usual for identified target conditions and cohort. Commissioned service providers and engaged general practices will be supported by the Project Officer throughout the program.

Collaboration

Stakeholders include small or solo general practices and/or Aboriginal Community Controlled Health Services, current IPHCS service providers, relevant allied health providers, Clinical Councils, Community Advisory Committees and Local Health Networks



Activity Milestone Details/Duration

Activity Start Date

01/06/2024

Activity End Date

30/06/2027

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: Yes

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?

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

CSAPHN will undertake co-design activities with key stakeholders to build on the existing IPHCS program through an expanded program scope. This co-design will consider a range of relevant issues such as workforce availability, use of technology and communication.



WIP-PS - 01 - Workforce Incentive Program-Practice Stream



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

WIP-PS

Activity Number *

01

Activity Title *

Workforce Incentive Program-Practice Stream

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description**Aim of Activity ***

To work with practices receiving WIP-PS incentives to implement effective models of multidisciplinary team care:

- Understanding the current utilisation of WIP-PS in CSAPHN region.
- Identifying and providing support to general practices in addressing gaps in WIP-PS and increasing the knowledge of the program requirements.
- Identifying and supporting in the different models of multidisciplinary care supported by the WIP-PS in addressing the needs of the community and enabling and sharing of successful best practice models.
- Identifying the range of activities nurses and allied health professionals undertake in primary care supported by the WIP-PS.
- Supporting in the increase of general practices to participate in WIP-PS.
- Support in patient outcomes by improved access to multidisciplinary care in communities.

Description of Activity *

- To analyse current utilisation of WIP-PS in CSAPHN region.
- Identify the range of activities available for nurses and allied health professionals within general practice by utilizing the WIP-PS incentive.
- Upskill existing general practice and clinical staff in the benefits of registration of WIP-PS.

- Provide targeted training and development of General Practices and ACCHO's to ensure understanding of the program's processes and requirements.
- Manage data collection, reporting, and analysis to support continuous improvement of the program.
- Create and disseminate necessary tools and resources to facilitate program implementation.
- Implement strategies that strengthen partnerships between primary care and improve service delivery to all communities.
- Conduct a regional data needs assessment to guide program design and ensure stakeholder input from general practices.
- Supporting the registration and understanding program requirements in line with incentive payments.
- Ensuring that all eligible general practices are trained and supported in the registration via Services Australia PRODA platform and legal business requirements.
- Ensure consistent communication with general practices and other healthcare providers through websites, forums, and best practice guidelines. This includes ongoing collaboration with the Department of Health and Aged Care.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to health care services and preventative care	70
Improve individual and community health outcomes	62
Older persons are supported to stay healthy and well in their place of residence	63
Reduce potentially preventable hospitalisations	74
CALD communities are supported to engage and participate in health prevention and health care	71
Access to afterhours services	77
Workforce and service sustainability	77
Integrated and coordinated care across the health system	65



Activity Demographics

Target Population Cohort

People living in rural and remote communities

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

01/06/2024

Activity End Date

30/06/2025

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: Yes

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



GPACI-GPM - 01 - General Practice in Aged Care–GP Matching



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

GPACI-GPM

Activity Number *

01

Activity Title *

General Practice in Aged Care–GP Matching

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

This activity provides funding for PHNs to implement and manage the matching of residents in residential aged care homes (RACHS) to General Practitioners (GPs) and practices and/or Aboriginal Community Controlled Health Services (ACCHS). This includes recruitment and employment of staff to undertake stakeholder engagement, practice collaboration and communication:

- specific RACH/practice development, training, and education in activity process and requirements
- data collection, reporting and analysis
- development of resources
- implementation of strategies for developing and enhancing relationships between primary practice and RACHs.

Description of Activity *

- Employ staff and/or upskill existing CSAPHN staff to foster collaboration between RACHs, GPs, practices, and ACCHs.
- Provide targeted training and development to RACHs General Practices and ACCHs to ensure understanding of the program's processes and requirements.
- Manage data collection, reporting, and analysis to support continuous improvement of the program.
- Create and disseminate necessary tools and resources to facilitate increase in MyMedicare registrations and program implementation.

- Implement strategies that strengthen partnerships between primary care and RACHs and improve service delivery to vulnerable communities.
- Conduct a regional needs assessment to guide program design and ensure stakeholder input from RACHs, GPs, ACCHs, and diverse communities.
- Develop local processes for program management, working closely with stakeholders to ensure smooth implementation.
- Provide support for RACH residents to register with MyMedicare, formalise care relationships, and assist practices in understanding program requirements, such as incentive payments.
- Develop and communicate program processes, engage stakeholders through various channels, and establish an internal working guideline to support collaboration and overall program success.
- Ensuring that all eligible general practices and RACHS are trained and supported in the registration via Services Australia PRODA MyMedicare platform and legal business requirements of the GPACI Program.
- Ensure consistent communication with RACHs, GPs, practices, and other healthcare providers through outreach, websites, forums, and best practice guidelines. This includes ongoing collaboration with the Department of Health and Aged Care.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to health care services and preventative care	70
ACCHOs are supported to improve the individual and community health experience	62
Older persons are supported to stay healthy and well in their place of residence	63
Reduce potentially preventable hospitalisations	74



Activity Demographics

Target Population Cohort

Residents in residential aged care homes
 People living in rural and remote communities
 People identified as being at a high risk of disadvantage

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

01/06/2024

Activity End Date

30/06/2027

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: Yes

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 - 01 - My Medicare



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

MyM

Activity Number *

01

Activity Title *

My Medicare

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Digital Health

Other Program Key Priority Area Description**Aim of Activity ***

MyMedicare is a voluntary patient registration model that has been established to formalise and strengthen relationships between patients, their general practice and preferred general practitioner (GP) to deliver greater continuity of healthcare.

MyMedicare provides patients with better continuity of care and easier access to telehealth consultations.

MyMedicare also offers practices with more comprehensive information about their regular patients and access to additional funding packages tailored to their health care needs.

Description of Activity *

- Identify and assist unaccredited practices in their Country SA region to work towards accreditation thereby increasing the number of general practices participating in the NGPA scheme.
- To create resources and support mechanisms to assist general practices in achieving and maintaining accreditation throughout each accreditation cycle.
- To analyse current utilisation of MyMedicare voluntary patient registration in CSAPHN regions.
- Upskilling and supporting eligible general practices and clinical staff in the benefits of registration for the Voluntary Patient Registration.

- Provide targeted training and development of General Practices and ACCHO's to ensure understanding of the program's processes and requirements and value.
- Manage data collection, reporting, and analysis to support continuous improvement of the program.
- Implement strategies that strengthen partnerships between primary care and improve service delivery to all communities.
- Conduct a regional data needs assessment to guide program design and ensure stakeholder input from general practices.
- Develop local processes for program management, working closely with general practices to ensure smooth implementation of the said voluntary patient registration.
- Supporting the by formalizing relationships and assisting general practices in understanding program requirements in line with incentive payments.
- Support the Voluntary Patient Registration and training in the use of telehealth services available
- Ensuring that all eligible general practices are trained and supported in the registration via Services Australia PRODA MyMedicare platform and legal business requirements of the Voluntary Patient Registration Program.
- Create resources and support mechanisms to assist general practices in achieving and maintaining accreditation throughout each accreditation cycle.
- Identify and assist unaccredited practices in our regions to work towards accreditation
- Ensure consistent communication with general practices and other healthcare providers through websites, forums, and best practice guidelines. This includes ongoing collaboration with the Department of Health and Aged Care.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Improve individual and community health outcomes	62
Chronic disease: multidisciplinary care and prevention	72
Medication management	63
Workforce and service sustainability	77
Integrated and coordinated care across the health system	65
Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	76



Activity Demographics

Target Population Cohort

People living in rural and remote communities

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

01/06/2024

Activity End Date

30/06/2027

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: Yes

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 - 11 - Mental Health – Early intervention & low intensity strategies



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

11

Activity Title *

Mental Health – Early intervention & low intensity strategies

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health

Other Program Key Priority Area Description

Aim of Activity *

Aimed at improving coordination of care, this activity will complement and integrate with Primary Mental Health funded programs and Stepped Care ideology while also focussing on early intervention strategies, low intensity approaches and holistic complementary services.

Description of Activity *

This activity will:

- Focus on wellness promotion and prevention by providing access to information, advice and self-help resources;
- Increase early intervention through access to lower cost, evidence-based alternatives to face-to-face psychological therapy services.

This activity supports integration without duplication or replication between this activity and the Primary Mental Health Care Activity Work Plan.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to low intensity MH services	66
Integrated and coordinated care across the health system	65



Activity Demographics

Target Population Cohort

Population groups include (but are not limited to):

people living in rural and remote communities
people identified as being at a high risk of disadvantage
people with, or at risk of, mild mental illness
people with severe and complex mental illness, and
people with a co morbid mental health and drug and alcohol condition.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Eyre Peninsula and South West	40601



Activity Consultation and Collaboration

Consultation

CSAPHN has ongoing commitments to consultation through our established Primary Health Care Committees, which cover much of our regional catchment including:

- Barossa Local Health Cluster • Far West Local Health Cluster
- Fleurieu Region Community Services Advisory Committee

- Limestone Coast Community Service Round Table (LCCSRT)
- Lower Eyre Local Health Cluster • Mid North Local Health Cluster
- Riverland Community Services Alliance • Roxby Downs Community Board Health Forum
- Upper Eyre Local Health Cluster
- Yorke Peninsula Local Health Cluster

These Committees are essential to provide the community perspective to Country SA PHN and ensure that decisions, investments are innovations are patient centred, cost-effective, locally relevant and aligned to local care experiences and expectations.

Mental Health, Alcohol and Other Drug community consultations were conducted with both service providers and community members providing context to data already gathered through the literature.

Continued engagement with the six Regional LHN's, additionally we have undergone extensive service mapping of core and commissioned services across both sectors with the stepped care model and held 6 jointly chaired forums focusing on the findings as well as key issues surrounding:

- local service gaps;
- pressure points;
- points of intersection; and
- areas of opportunity to further collaborate.

Collaboration

In supporting the stepped care approach collaboration would occur across the sector, specifically between the:

- mental health sector
- alcohol and other drugs sector
- broader primary health care environment
- acute services • community services
- aged care services
- child and youth services
- social services
- Aboriginal health services
- Royal Flying Doctor Service



Activity Milestone Details/Duration

Activity Start Date

01/07/2021

Activity End Date

30/06/2024

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: 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?

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

Yes

Decommissioning details?

Decommissioning process commences in 24/25FY - service delivery wind down arrangements to December 2024.

Co-design or co-commissioning comments



CF - 12 - Mental Health - Acute transitions and holistic supports



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

12

Activity Title *

Mental Health - Acute transitions and holistic supports

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health

Other Program Key Priority Area Description

Aim of Activity *

Aimed at improving coordination of care, this activity will complement and integrate with Primary Mental Health funded programs and Stepped Care ideology while also supporting regional interfaces between inpatient and community mental health settings.

Description of Activity *

These activities will:

- Provide wrap-around holistic coordinated care for disadvantaged rural people with complex needs; and
- Bridge the gap between acute episode discharge and re-entry to primary mental health services and wrap around supports via coordinated care and appropriate clinical triage.

This activity supports integration without duplication or replication between this activity and the Primary Mental Health Care Activity Work Plan.

Needs Assessment Priorities *

Needs Assessment

Priorities

Priority	Page reference
Access to mental health services in rural and remote areas	66
Integrated and coordinated care across the health system	65

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

Population groups include (but are not limited to):

- people living in rural and remote communities;
- people identified as being at a high risk of disadvantage;
- people with, or at risk of, mild mental illness;
- people with severe and complex mental illness; and
- people with a co morbid mental health and drug and alcohol condition.

Country SA PHN's consumer focus is translated through the experience and outcomes of consumers who live, work and play in communities across country South Australia. The consumer focus supports a holistic approach to services that takes consideration of multiple factors that may impact the ability of the individual, family or community to experience health optimisation and wellbeing as they go about their daily lives. Supporting all members of our community across all age groups, cultural values, family groupings, ability or disability, advantage or disadvantage, sexual orientation.

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

No

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

No

SA3 Name	SA3 Code
Yorke Peninsula	40504
Adelaide Hills	40102

**Activity Consultation and Collaboration**

Consultation

CSAPHN has ongoing commitments to consultation through our established Primary Health Care Committees, which cover much of our regional catchment including:

- Barossa Local Health Cluster
- Far West Local Health Cluster
- Fleurieu Region Community Services Advisory Committee
- Limestone Coast Community Service Round Table (LCCSRT)
- Lower Eyre Local Health Cluster
- Mid North Local Health Cluster
- Riverland Community Services Alliance
- Roxby Downs Community Board Health Forum
- Upper Eyre Local Health Cluster
- Yorke Peninsula Local Health Cluster

These Committees are essential to provide the community perspective to Country SA PHN and ensure that decisions, investments and innovations are patient centred, cost-effective, locally relevant and aligned to local care experiences and expectations.

Mental Health, Alcohol and Other Drug community consultations were conducted with both service providers and community members providing context to data already gathered through the literature. Ongoing monitoring and discussions occur with commissioned agencies to meet set key performance indicators.

Continued engagement with the six regional LHN's, additionally we have undergone extensive service mapping of core and commissioned services across both sectors with the stepped care model and held 6 jointly chaired forums focusing on the findings as well as key issues surrounding:

- local service gaps;
- pressure points;
- points of intersection; and
- areas of opportunity to further collaborate.

Collaboration

Using the IAR levels of care approach Country SA PHN has directed all providers of mental health services to establish and formalise partnerships between organisations and services in their region to facilitate 'joined up' service provision, specifically between the:

- mental health sector
- alcohol and other drugs sector
- broader primary health care environment
- acute services
- community services
- aged care services
- child and youth services
- social services
- Aboriginal health services

Country SA PHN is committed to working with lived experience representatives of mental ill-health and/or suicide, their families and carers, to embed lived experience knowledge as central to the design, planning, delivery and evaluation of services. Lived Experience Representatives are formally engaged to support the implementation of the Bilateral Schedule on Mental Health and Suicide Prevention: South Australia, and our broader mental health program activity.

Commissioned service providers must provide evidence how their service model:

- incorporates and formalises effective mechanisms to enable appropriate clinical handover of an individual's care.
- ensures an individual's transition through the steps of care are seamless and appropriate.
- has systems in place to support the integration and coordination of services.
- supports referrals and referrers to ensure individuals are appropriately triaged to the most suitable stepped level of treatment available.

- interacts with the broader social services sector.
- engages with the local health networks and acute sector.



Activity Milestone Details/Duration

Activity Start Date

01/07/2021

Activity End Date

30/06/2025

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: 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?

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 - 21 - Aboriginal Health - Chronic Condition Management Services & Workforce Support



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

21

Activity Title *

Aboriginal Health - Chronic Condition Management Services & Workforce Support

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Aboriginal and Torres Strait Islander Health

Other Program Key Priority Area Description

Aim of Activity *

Activities aim to:

- Increase access to culturally safe, comprehensive, and coordinated care
- Contribute to improved Aboriginal and Torres Strait Islander health outcomes
- ACCHOs and AMS achieve increased capacity to provide quality services.
- Enabling best practice approach to delivery of care
- Supporting the capacity of ACCHOs and AMS to increase their primary health care workforce and provide professional development opportunities

Description of Activity *

Supporting the local ACCHO network to increase their capacity and workforce development to deliver health care services and complementary services in a culturally safe, comprehensive, and coordinated manner.

Support to rural and remote communities in delivering comprehensive and coordinated care to Aboriginal patients with chronic conditions. Including the provision of primary health care services to clients with a chronic and/or complex condition that aims to improve the health outcomes of the client and enables self-management of their condition.

Primary health care services, on referral from a General Practitioner, include screening, early intervention, treatment, and condition (self) management. The targeted health and lifestyle conditions that are to be prioritised include chronic condition care and management, and managing risk factors such as smoking, nutrition, alcohol, and physical activity.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to culturally appropriate health services	62
Improve individual and community health outcomes	62
Workforce and service sustainability	77



Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander people at risk of or with a chronic condition.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

Through direct funding and support of the regional ACCHOS.

Coverage

Whole Region

No

SA3 Name	SA3 Code
Murray and Mallee	40703
Fleurieu - Kangaroo Island	40701
Outback - North and East	40602
Eyre Peninsula and South West	40601



Activity Consultation and Collaboration

Consultation

CSAPHN works in consultation with AHCSA, ACCHOS, the Aboriginal Health Directors of the 6 Regional LHNs, RDWA, Wellbeing SA, SA Health, communities, and Elders as well as across various condition specific committees and networks

Collaboration

CSAPHN work directly with each organisation and offer a range of other support and services to ensure a collaborative relationship. This relationship was and is continuing to be developed on an ongoing basis as ACCHOs are recognized as General Practice providers.

The commitment between CSAPHN and ACCHOS is formalized through various mechanisms which includes Service Agreements, Collaborative Agreements or MOUs. CSAPHN is developing a Collaborative Agreement with The Aboriginal Health Council of SA (AHCSA) to establish a close working relationship that will foster ongoing partnerships with the peak body of the ACCHO's in South Australia.



Activity Milestone Details/Duration

Activity Start Date

01/07/2021

Activity End Date

30/06/2026

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: 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?

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 - 22 - Aboriginal Health - Workforce Support and Capacity Building



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

22

Activity Title *

Aboriginal Health - Workforce Support and Capacity Building

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Aboriginal and Torres Strait Islander Health

Other Program Key Priority Area Description

Aim of Activity *

Country SA PHN's consumer focus is translated through the experience and outcomes of consumers who live, work and play in communities across country South Australia. The consumer focus supports a holistic approach to services that takes consideration of multiple factors that may impact the ability of the individual, family or community to experience health optimisation and wellbeing as they go about their daily lives. Supporting all members of our community; across all age groups, cultural values, family groupings, ability or disability, advantage or disadvantage, and sexual orientation.

This activity aims at:

- Increasing the number of Aboriginal and Torres Strait Islander people in the health workforce
- Increasing the participation of Aboriginal primary health care providers in professional development, inclusive of Integrated Team Care service providers
- Increase access to culturally safe, comprehensive, and coordinated care
- ACCHOs and AMS achieve increased capacity to provide quality services
- Enabling best practice approach to delivery of care.

Description of Activity *

First Nations people rely on the primary health care services that are provided by ACCHOs, specifically the coordination of multidisciplinary services that visit the communities. Sometimes these services are the only services present in the communities.

Delivery of capacity support to Aboriginal primary health care providers inclusive of Integrated Team Care Providers. This includes however, is not limited to workforce professional development support and recruitment support.

Aboriginal Health Workforce grants: Increasing the Aboriginal Health Practitioner/Worker supply where issues have been identified in terms of availability (local people) and development of the workforce in particular areas where it has been identified in terms of chronic conditions. E.g. Spirometry Training associated with areas of high Asthma and COPD diagnosis.

Culturally appropriate health service grants: To support the clinical activities undertaken and improve participation and engagement in lifestyle programs and education that need to be undertaken, inclusive of Ngangkari Services as part of a holistic health framework.

By supporting the capacity of the ACCHOs and ITC Service providers to increase their workforce and provide professional development opportunities and access traditional healers; service quality remains high, and the organisations remains viable to continue to ensure that the best practice approach to the delivery of culturally safe, comprehensive, and coordinated care.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to health care services and preventative care	70
Access to culturally appropriate health services	62
Improve individual and community health outcomes	62
CALD communities are supported to engage and participate in health prevention and health care	71
Workforce and service sustainability	77
Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	76



Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander people

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The activity engages directly with the Aboriginal Community Controlled Health Service sector as it requests expressions of interest from this sector. For those Service Providers who are Integrated Team Care Service Providers, direct commissioning will be included as the most efficient process to deliver the support.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

CSAPHN works in consultation with AHCSA, ACCHOS, the Aboriginal Health Directors of the 6 Regional LHNs, RDWA, Wellbeing SA, SA Health, communities, and Elders as well as across various condition specific committees and networks.

Collaboration

CSAPHN work directly with each organisation and offer a range of other support and services to ensure a collaborative relationship. This relationship was and is continuing to be developed on an ongoing basis as ACCHOs are recognized as General Practice providers.

The commitment between CSAPHN and ACCHOS is formalized through various mechanisms which includes Service Agreements, Collaborative Agreements or MOUs. CSAPHN is developing a Collaborative Agreement with The Aboriginal Health Council of SA (AHCSA) to establish a close working relationship that will foster ongoing partnerships with the peak body of the ACCHO's in South Australia.



Activity Milestone Details/Duration

Activity Start Date

01/07/2022

Activity End Date

30/06/2025

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): 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



CF - 23 - Aboriginal Health - Aboriginal Health Navigator Project (Discharge Care to Community)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

23

Activity Title *

Aboriginal Health - Aboriginal Health Navigator Project (Discharge Care to Community)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Aboriginal and Torres Strait Islander Health

Other Program Key Priority Area Description

Aim of Activity *

The aim of the activity is to improve patient pathways of Aboriginal and Torres Strait Islander people in systematic discharge, referral and follow-up between hospital and primary health care services.

Country SA PHN's consumer focus is translated through the experience and outcomes of consumers who live, work and play in communities across country South Australia. The consumer focus supports a holistic approach to services that takes consideration of multiple factors that may impact the ability of the individual, family or community to experience health optimisation and wellbeing as they go about their daily lives. Supporting all members of our community; across all age groups, cultural values, family groupings, ability or disability, advantage or disadvantage, and sexual orientation.

Description of Activity *

The Health Navigator project seeks to identify where pathways may be disconnected and work with the Aboriginal Community Controlled Health Organisations to find solutions that will work on the ground, including strategies to avoid travel such as Telehealth.

This Activity is designed to support patient self-management through supported health system navigation to support Aboriginal patients transitioning from tertiary to community-based healthcare.

The Health Navigator focusses on the health needs of the individual, supporting the patient’s identified health needs, and in particular, managing the transition of care through admission and discharge and between non-acute services in conjunction with Integrated Team Care Activity Care Coordinators, where present.

The objective of the activity is to develop a sustainable platform which improves the ability of Aboriginal people to navigate through primary health services and between primary and acute services, in conjunction with the CSAPHN and western region ACCHO’s.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to health care services and preventative care	70
Access to culturally appropriate health services	62
Improve individual and community health outcomes	62
CALD communities are supported to engage and participate in health prevention and health care	71
Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	76



Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander people

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

Coverage: These activities are focused on:

- Western SA2
- Ceduna SA2
- West Coast SA2
- Port Lincoln SA2
- Whyalla SA2
- Port Augusta SA2
- Outback SA2
- Quorn-Lake Gilles SA2

Coverage

Whole Region

No

SA3 Name	SA3 Code
Outback - North and East	40602
Eyre Peninsula and South West	40601



Activity Consultation and Collaboration

Consultation

CSAPHN works in consultation with AHCSA, ACCHOS, the Aboriginal Health Directors of the 6 Regional LHNs, RDWA, Wellbeing SA, SA Health, communities, and Elders as well as across various condition specific committees and networks.

Collaboration

CSAPHN work directly with each organisation and offer a range of other support and services to ensure a collaborative relationship. This relationship was and is continuing to be developed on an ongoing basis as ACCHOs are recognized as General Practice providers.

The commitment between CSAPHN and ACCHOS is formalized through various mechanisms which includes Service Agreements, Collaborative Agreements or MOUs. CSAPHN is developing a Collaborative Agreement with The Aboriginal Health Council of SA (AHCSA) to establish a close working relationship that will foster ongoing partnerships with the peak body of the ACCHO's in South Australia.



Activity Milestone Details/Duration

Activity Start Date

01/07/2022

Activity End Date

30/06/2024

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: 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?

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 - 31 - Population Health – Creating Healthy Neighbourhoods



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

31

Activity Title *

Population Health – Creating Healthy Neighbourhoods

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 *

Country SA PHN's consumer focus is translated through the experience and outcomes of consumers who live, work and play in communities across country South Australia. The consumer focus supports a holistic approach to services that takes consideration of multiple factors that may impact the ability of the individual, family or community to experience health optimisation and wellbeing as they go about their daily lives. Supporting all members of our community; across all age groups, cultural values, family groupings, ability or disability, advantage or disadvantage, and sexual orientation.

With the aim of supporting people in creating and maintaining optimal health and wellbeing for them, their family and community, this activity encompasses a range of initiatives that support appropriate access to health and related services, targeted support, education and information.

Description of Activity *

The following activities support people in establishing healthy life habits by addressing a range of national health priorities, PHN headline indicator and local priority areas with a primary goal of reducing potentially preventable hospitalisations and ill-health across the life span.

1. Healthy Neighbourhood Illness Prevention – Keeping up to date with information, basic health checks and screening, including

sexual health, can be a challenge for people in community. Activities under this initiative are designed to empower and provide people with information and resources to support decision making and access to appropriate frontline health services. This may be achieved by but not limited to: activities directed to the specific needs of consumers in the region who may be considered members of our vulnerable populations, including but not limited to, people with a disability, people made vulnerable through homelessness and / or domestic violence, new arrivals having experienced trauma, persons identifying as LGBTQI and are at risk of ill health including chronic and complex conditions.

2. Immunisation and Vaccinations – Enabling people to contribute to herd immunity in their community along with reducing their risk of contracting a vaccine preventable condition, this activity contributes to the headline indicator of improving immunisation rates and includes but is not limited to:

- a) Targeting geographic regions of low vaccination compliance with a focus on vulnerable populations and including uptake of Meningococcal B vaccine in 0 – 4-year-old children.
- b) Supporting the skill base of immunisation providers with commissioned targeted vaccine education to support frontline service delivery of immunisations; promotion of vaccine awareness; and address vaccine hesitancy.
- c) Promotion, support, and monitoring of vaccinations that impact the health of communities and individuals including Human Papillomavirus (HPV), whooping cough (pertussis) for pregnant women and grandparents, influenza and shingles (herpes zoster) for people over 60.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to health care services and preventative care	70
Improve immunisation and vaccination rates	73
Chronic disease: multidisciplinary care and prevention	72



Activity Demographics

Target Population Cohort

All Country South Australians

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

Activities under this AWP consider all priority populations including people of Aboriginal and Torres Strait Islander descent. Requirements supporting cultural competencies and safety, as a standard, are built into the contractual obligations of commissioned service providers.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Engagement with appropriate stakeholders across country SA regions has been imbedded in the activity of the PHN. It is complemented by consultation with Clinical Council/s and Community Advisory Committee/s. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate.

Collaboration

Collaboration has and continues to occur with state government health agency Wellbeing SA - Prevention and Population Health directorate and relevant peak bodies. CSAPHN works directly with the commissioned service providers and offers a range of other supports and services to ensure a collaborative relationship.



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2025

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): Yes

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?

Co-design or co-commissioning comments

Co-design with state government health agency Wellbeing SA - Prevention and Population Health directorate and service providers has occurred in identification of need, planning and joint implementation of initiatives.



CF - 32 - Population Health – Living Well with Chronic Conditions



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

32

Activity Title *

Population Health – Living Well with Chronic Conditions

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 *

Country SA PHN's consumer focus is translated through the experience and outcomes of consumers who live, work and play in communities across country South Australia. The consumer focus supports a holistic approach to services that takes consideration of multiple factors that may impact the ability of the individual, family or community to experience health optimisation and wellbeing as they go about their daily lives. Supporting all members of our community; across all age groups, cultural values, family groupings, ability or disability, advantage or disadvantage, and sexual orientation.

Activities and initiative under 'Living Well with Chronic Conditions' aim to:

- Support people as they experience the onset of chronic conditions whether asthma, arthritis, or other long term health conditions, and
- Contribute to lessening the deterioration of health and wellbeing and reduce the likelihood of becoming a potentially preventable hospitalisations statistic.

Description of Activity *

Living Well with Chronic Condition activities and initiatives will support people on their patient journey to better health outcomes by enabling access to appropriate and integrated care close to home.

1) Managing Chronic Conditions - Evidence suggests that where people are able to quickly build their health literacy and are active participants and partners to their care, they are more likely to have positive disease outcomes, including remission[1]. These initiatives will provide a range of frontline health services supported by digital and other enablers to assist people in achieving better health outcomes and include but are not limited to:

- a) up-to-date, evidence-based health information at point of diagnosis in primary care and through ongoing coordinated team care,
- b) multi-faceted approach to healthy lifestyles and other risk behaviours through both direct personal intervention and accompanying virtual service such as outreach telemedicine and shared medical appointments.
- c) Supporting personalised care including but not limited to Point of Care Testing and Virtual Home Monitoring devices. This includes access to Medical Specialist advice for GPs and others in the care team.

2) Integrating Primary Health Care – In country communities of South Australia where you are likely to find access to primary health care such as allied health and other associated services that support better health outcomes for people with chronic conditions, continue to be limited.

Through this activity, people in country communities will continue to be able to access an appropriate level of integrated, tooled up and capable primary care services that supports them to be activated in self-management.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to health care services and preventative care	70
Chronic disease: multidisciplinary care and prevention	72
Reduce potentially preventable hospitalisations	74
Integrated and coordinated care across the health system	65



Activity Demographics

Target Population Cohort

This activity is targeted towards people who live in country SA with, or at high risk of, a chronic disease condition/s, with a particular emphasis on vulnerable and disadvantaged populations.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Engagement with appropriate stakeholders across country SA regions has been imbedded in the activity of the PHN. It is complemented by consultation with Clinical Council/s and Community Advisory Committee/s. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate.

Collaboration

CSAPHN works directly with each organisation and offer a range of other support and services to ensure a collaborative relationship. Roles and relationships vary dependant on the contracted activity and the region of delivery and include (but are not limited to) the six regional Local Health Networks and contracted service providers.



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2026

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?

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

Co-design with service providers, key stakeholders and relevant LHN occurred in identification of need, planning and implementation of initiatives, and ongoing with contract continuity.



CF - 41 - Health Workforce – Primary Healthcare Wellness



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

41

Activity Title *

Health Workforce – Primary Healthcare Wellness

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description**Aim of Activity ***

General Practitioners living and working in country South Australia, often face stressful conditions with limited local professional support networks or other independent primary care services where they are not well known. The aim of this activity is to enable access to primary health care that supports the resilience and wellbeing of General Practitioners in rural and remote locations.

Description of Activity *

Primary Healthcare Wellness is specifically related to workforce resilience development and support to ensure retention of the existing medical workforce. This activity includes, but is not limited to:

- Specialised support for the health and wellbeing of rural and remote GPs, registrars, and medical students. This includes provision of clinical services and medical interventions via direct service delivered either face to face or via telehealth consultations.

The provision of health and wellbeing services to doctors and medical students living and working in country South Australia has long been recognised as a need and is essential in supporting medical workforce recruitment and retention, particularly in rural and remote areas where there is limited local professional support networks or other independent primary care services offering access to confidential support and advice, crisis support and resilience strategies.

This program has addressed this need by enabling doctors to access timely medical care and advice from a dedicated network of colleagues trained to provide General Practitioner (GP) services to GPs and has built capacity for local networking and the provision of web-based support, information and resources. This service is well known and reinforces the positive health messages that a support service is available 24 hours a day, seven days a week to all resident and visiting doctors and medical students in rural South Australia.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Improve individual and community health outcomes	62
Chronic disease: multidisciplinary care and prevention	72
Workforce and service sustainability	77
Integrated and coordinated care across the health system	65
Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	76



Activity Demographics

Target Population Cohort

General Practitioners, GP Registrars and Medical Students on placement in General practice.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Engagement with appropriate stakeholders across country SA regions has been imbedded in the activity of the PHN. It is complemented by consultation with Clinical Council/s and Community Advisory Committee/s. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate.

Collaboration

Ongoing monitoring and collaboration has occurred with General Practice and the commissioned service provider to ensure the service continues to meet local needs and requirements.



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2025

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: 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?

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 - 51 - Digital Health - Health Connections



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

51

Activity Title *

Digital Health - Health Connections

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Digital Health

Other Program Key Priority Area Description**Aim of Activity ***

Supporting the PHN objectives, this activity aims to facilitate supported access to a consistent suite of digital tools and capabilities for healthcare providers and patients in the CSAPHN region to improve coordination, access, continuity, and quality of care.

Description of Activity *

Health Connections is an activity name under which digital capabilities are being made available to health providers and patients in the CSAPHN region.

This activity work plan covers three initiatives that are a continuation of activity:

1. Health Connections - Video

Addressing equity in access to health professionals in rural and remote regions, the ongoing development and growth of a network of health providers connected to a shared Cisco WebEx platform that enables innovative service delivery models and improved collaboration and coordination between health providers and patients.

2. Health Connections - Community

A Community engagement platform deployed to support a variety of communities of practice across the country SA region and provides a platform for community engagement to facilitate community input to the Community Advisory Committees and regional needs assessment processes.

3. Health Connections – Care Planning

Addressing system integration in a digitally challenged health environment, this online shared care planning platform enables the GP, patient, and other health providers, involved in a patient's care, to access and contribute to a living shared care plan.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to health care services and preventative care	70
Chronic disease: multidisciplinary care and prevention	72
Access to afterhours services	77
Integrated and coordinated care across the health system	65
Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	76



Activity Demographics

Target Population Cohort

The capabilities will be available to all patients and General Practices in the CSAPHN Region. Access will also be available for any other health provider that provides service to a Patient that resides in the CSAPHN region. This includes specialist and allied health services based in metropolitan Adelaide.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Continuing activity with ongoing stakeholder collaboration and engagement.

Collaboration

SA Health SA Digital Telehealth Network - input on compatibility and enabling usage cases between hospital and primary health care

Country LHNs - engagement on potential use of digital health capabilities in allied health service delivery

All general practice, ACCHO and AMS in the CSAPHN region - input on models of care using digital health capabilities



Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

30/06/2024

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: 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



CF - 61 - Aged Care – Ageing Well in Place



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

61

Activity Title *

Aged Care – Ageing Well in Place

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 *

With the overarching aim of enabling Senior Australians to preserve their quality of life as they get older, activities and initiatives under 'Ageing well in place' will:

- Support Senior Australians through their journey including managing deteriorations in their health and wellbeing, and
- support carers and health professionals in the management of people's care to reduce avoidable hospitalisations.

Description of Activity *

Over the last few years, Senior Australians have increasingly accessed a range of health and other services, some of which may have been commissioned by CSAPHN such as Integrating Primary Health Care, in an endeavour to re-enable themselves to retain their independence and quality of life. Integrated care at home sets out to ensure that in their place of residence (whether at home in the community or at home in their residential aged care setting), people have adequate supports that recognise and can respond to their health needs including halting or reversal of deterioration.

Initiatives under this activity are designed to be integrated across systems. The following activities are tailored to supporting people as they age well in place and will include but are not limited to:

- a) Establishing and implementing a flexible model of care/s.

- b) Implementing and delivering resources and services that enable and respond to identification of changes in health and quality of life.
- c) Recognising and activating health care (referral processes) where deterioration and frailty are identified.
- d) Including and integrating people's GP as the primary player in care team responders including through telehealth.
- e) Supporting palliation in the home.
- f) Where applicable, utilising and integrating with currently funded services such as IPHCS, My Health PoCITT, mental health and other Local Health Network, State, private and digital enablers that support chronic condition management.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Chronic disease: multidisciplinary care and prevention	72
Older persons are supported to stay healthy and well in their place of residence	63
Reduce potentially preventable hospitalisations	74
Workforce and service sustainability	77



Activity Demographics

Target Population Cohort

Vulnerable and disadvantaged ageing population

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Engagement with appropriate stakeholders across country SA regions has been imbedded in the activity of the PHN. It is complemented by consultation with Clinical Council/s and Community Advisory Committee/s. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate. Service providers are required to demonstrate their consultation activities, needs analysis and how their service delivery is based on evaluation and feedback.

Collaboration

Collaborations for the activities described above are many and varied and are inclusive of both the public and private space. Collaborations include, but are not limited to; Adelaide PHN, State Health, Regional LHNs, Country SA Rural Support Service, General Practice, ACCHOs, Clinical Councils, Community Advisory Committees, allied health professionals, and relevant peak organisations.

CSAPHN works directly with the commissioned service providers and offers a range of other supports and services to ensure a collaborative relationship.



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2025

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): Yes

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

Yes

Decommissioning details?

Decommissioning of aged care support phone line service. Activity decommissioned as identified duplication of commissioned Care Finder services.

Co-design or co-commissioning comments

Co-design with service providers and key stakeholders in identification of need, planning and implementation of initiatives, and occurs ongoing with contract continuity.



CF - 71 - Alcohol & Other Drugs - Co morbid Drug and Alcohol support services



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

71

Activity Title *

Alcohol & Other Drugs - Co morbid Drug and Alcohol support services

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

Other Program Key Priority Area Description**Aim of Activity ***

The activity will improve integration between the Mental Health and Drug and Alcohol Services while also meeting the unique support and coordination needs of rural and remote communities.

Description of Activity *

Activities will:

- Support prevention and early intervention activities and treatment services;
- Promote evidence-based information about drug and alcohol through education;
- Support the development of drug and alcohol data to support evidence-based treatment national policy and service delivery; and
- Support service linkages between drug and alcohol treatment services and mental health services, as well as with social, educational, and vocational long-term support services. There is no service duplication or replication between this activity and the Primary Mental Health Care Activity Work Plan and the Drug and Alcohol Treatment Activity Work Plan

This activity supports integration without duplication or replication between this activity and the Primary Mental Health Care Activity Work Plan or the Drug and Alcohol Treatment Activity Work Plan

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to culturally appropriate health services	62
Community appropriate MHAOD rehabilitation services	65



Activity Demographics

Target Population Cohort

Population groups include (but are not limited to):

- people living in rural and remote communities
- people identified as being at a high risk of disadvantage
- people 15 years and older
- Aboriginal and Torres Strait Islander people, and
- people with a co morbid mental health and drug and alcohol condition

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Eyre Peninsula and South West	40601



Activity Consultation and Collaboration

Consultation

To realign our commissioning cycle with the new state-wide Needs Assessment; DASSA, APHN and CSAPHN went to market simultaneously for AOD activity from June 2021. The Needs Assessment process included nine focus groups and 22 interviews with

a total of 91 participants. Participants included providers, specialist GPs, client and family representatives, LHNs, peak bodies and academics and commissioners.

A semi-structured approach was utilised to gather information with questions focused on the following themes: sector context; cohort characteristics; client perspective, sector baseline and performance; strengths and, challenges and opportunities; and priorities and options.

CSAPHN continues to engage with stakeholders to understand the trends, unmet needs and complexities of rurality, whilst looking for innovative solutions to meet the needs of people living in Country SA.

Collaboration

CSAPHN has executed an Memorandum of Understanding (MOU) with DASSA and the Adelaide PHN relating to the planning, commissioning and evaluation of state or PHN funded private or non-government alcohol and other drug treatment and intervention services across the state.

CSAPHN executed a Memorandum of Understanding (MOU) between Primary Health Networks (PHNs) and Drug and Alcohol Services South Australia (DASSA) in 2023-2025, which is inclusive of a 3-year workplan to support the MOU which is a shared commitment to develop a high quality, coordinated and accessible alcohol and other drug service system in South Australia.

Intended outcomes are to support the strategic development of an effective and responsive alcohol and other drug service system in South Australia, the Parties agree to work collaboratively to achieve the below outcomes:

- developing complementary commissioning processes to provide effective and efficient service responses
- developing consistent data collection processes to develop an evidence base that will inform future decisions and directions
- building the capacity of and strengthen connections between service providers to improve service responses and streamline pathways across the sector
- improve the health outcomes for priority populations and strengthen connections with the community.

CSAPHN continues to engage with the peak AOD body South Australian Network of Drug and Alcohol Services (SANDAS), in additions commissions SANDAS to deliver regional AOD treatment education workshops.

Key stakeholders are but not limited to:

- DASSA
- SANDAS
- 10 X ACCHO's
- 6 X Regional LHNs

CSAPHN will work closely with key stakeholders to support expansion, development and quality improvement of the alcohol and other drug services sector.



Activity Milestone Details/Duration

Activity Start Date

01/07/2021

Activity End Date

30/06/2025

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: 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?

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 - 1 - Population Health Planning



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

1

Activity Title *

Population Health Planning

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 *

Country SA PHN's consumer focus is translated through the experience and outcomes of consumers who live, work and play in communities across country South Australia. The consumer focus supports a holistic approach to services that takes consideration of multiple factors that may impact the ability of the individual, family or community to experience health optimisation and wellbeing as they go about their daily lives. Supporting all members of our community; across all age groups, cultural values, family groupings, ability or disability, advantage or disadvantage, and sexual orientation.

The aim of this activity is to enable understanding of the country SA population, including social determinants, health and wellbeing, risk factors and service gaps in order to support activities that improve the health outcomes of that population.

Description of Activity *

The main activities under this workplan include:

- data analysis, population health monitoring, analysis of health needs, health equity and services gaps, preparing and updating needs assessments
- development of regional primary health plan to support annual design and commissioning
- regional profiles and other regionally mapped services and population health data for publication and use by a range of organisations and communities

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to health care services and preventative care	70
ACCHOs are supported to improve the individual and community health experience	62
Reduce potentially preventable hospitalisations	74
Integrated and coordinated care across the health system	65
Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	76



Activity Demographics

Target Population Cohort

All Country South Australians

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Engagement with appropriate stakeholders across country SA regions has been imbedded in the activity of the PHN. It is complemented by consultation with Clinical Council/s and Community Advisory Committee/s. Consultation also occurs with research bodies and at the strategic and peak body level across the State and elsewhere as appropriate.

Collaboration

Collaborations for the activities described above are many and varied and are inclusive of both the public and private space. Collaborations include, but are not limited to; Adelaide PHN, State Health, Regional LHNs to understand and map service needs, Country SA Rural Support Service to support data analysis and planning, General Practice, ACCHOs, Clinical Councils, Community Advisory Committees, allied health professionals, relevant peak organisations and research bodies including local universities.



Activity Milestone Details/Duration

Activity Start Date

01/07/2021

Activity End Date

30/06/2026

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: Yes

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?

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



HSI - 2 - Stakeholder Engagement



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

2

Activity Title *

Stakeholder Engagement

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Understand the health needs of the population and provide support with integration of care

Aim of Activity *

This activity aims to engage key stakeholders across the CSAPHN region to both understand the health needs of the population and provide support with integration of care.

Description of Activity *

This activity is at the core of CSAPHN's work, underpinning CSAPHN delivery of the contractual obligations of the Australian Government Department of Health. This activity includes but is not limited to:

1. Stakeholder engagement with upwards of 5000 health and associated services across the CSAPHN region.
2. Strategic engagement with SA Health regional Local Health Networks regarding local and regional population health planning, workforce and system improvement.
3. Key partnerships with peak health organisations with a focus on collaborative approaches for system integration.
4. Enabling local engagement and advocacy between stakeholders in order to explore solutions at the point of care.
5. Supporting clinical councils and community advisory committees.
6. Engaging stakeholders in targeted consultation and collaboration that contributes to CSAPHN population health data analysis and Needs Assessment activities.
7. Supporting to integrate commissioned services into the core business of appropriate stakeholders.
8. Providing contract management, monitoring and evaluation.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to health care services and preventative care	70
Improve individual and community health outcomes	62
Older persons are supported to stay healthy and well in their place of residence	63
CALD communities are supported to engage and participate in health prevention and health care	71
Workforce and service sustainability	77
Integrated and coordinated care across the health system	65



Activity Demographics

Target Population Cohort

Whole of CSAPHN including peak health organisations and state-wide stakeholders.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Engagement with appropriate stakeholders across country SA regions has been imbedded in the activity of the PHN. It is complemented by consultation with Clinical Council/s and Community Advisory Committee/s. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate.

Collaboration

Collaborations for the activities in HSI 2 are many and varied and are inclusive of both the public and private space. Collaborations include, but are not limited to; State Health, Regional LHNs, Country Health SA Rural Support Service, general practice, Aboriginal Community Controlled Organisations, allied health professionals, residential aged care homes, peak organisations, universities and registered training organisations.



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2026

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): 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



HSI - 3 - System integration



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

3

Activity Title *

System Integration

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

n/a

Aim of Activity *

This activity aims to:

- enable productive and targeted engagement with the broader health system to inform and improve system integration and care coordination at Country SA, State and National levels.
- provide targeted integration activity to improve the health outcomes of people living in Country SA.

Description of Activity *

This activity supports the health system to work in a more coordinated way, developing and maintaining informal and formal partnerships including:

- Key engagement with SA Health, SA Local Health Networks (LHNs) re strategic and local population planning and leverage for system improvement.
- Key partnerships relating to peak bodies and national agencies re collaborative approach to chronic co-morbidities and screening initiatives.
- Stakeholder engagement with upwards of 5,000 health and associated services sites across the region.
- Progressing partnerships relating to digital health solutions to enable uploading of coordinated care and other activity across disconnected systems for country patients and services.

- Enabling primary care providers to access networked supports and upskilling to deliver care for People with Intellectual Disability, and their carers.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Improve individual and community health outcomes	62
Chronic disease: multidisciplinary care and prevention	72
Reduce potentially preventable hospitalisations	74
Integrated and coordinated care across the health system	65
Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	76



Activity Demographics

Target Population Cohort

People who access the health system at any or multiple points

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Engagement with appropriate stakeholders across country SA regions has been imbedded in the activity of the PHN. It is complemented by consultation with Clinical Council/s and Community Advisory Committee/s. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate.

Collaboration

Collaborations for the activities described above are many and varied and are inclusive of both the public and private space. Collaborations include, but are not limited to; Adelaide PHN, State Health, Regional LHNs, Country SA Rural Support Service, General Practice, ACCHOs, Clinical Councils, Community Advisory Committees, allied health professionals, and relevant peak organisations.



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2026

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?

Co-design or co-commissioning comments

Co-design with commissioned service providers and stakeholders will occur in identification of need and planning.



HSI - 4 - Clinical Referral Pathways



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

4

Activity Title *

Clinical Referral Pathways

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Digital Health

Other Program Key Priority Area Description**Aim of Activity ***

Enabling and supporting the provision of best practice, evidence-based care for people to receive, this activity aims to address the key PHN objective of improving coordination of care, through the development and state-wide implementation of the HealthPathways online portal to support the consistent management of health conditions and improve people's journey through our local health system.

Description of Activity *

Previously titled as HSI 4 Other - Health Referral Pathways and Care Coordination.

HealthPathways is an online portal that provides General Practitioners (GPs) and other health professionals with access to evidence-based assessment, management and localised referral resources for specific health conditions. GPs and other health professionals across the health sectors collaborate on the development and implementation of local pathways to ensure people receive the right care in the right place at the right time.

In building a more cohesive and integrated health care system for South Australia, HealthPathways South Australia continues to support the development of agreed models of care and clinical referral pathways at a locally and regional level, CSAPHN region and whole of state.

This activity provides primary care providers across Country SA access to evidence-based assessment, management and localised referral resources for specific health conditions. GPs and other health professionals across the primary, acute and community health sectors collaborate in the development and implementation of local pathways to ensure people receive the right care in the right place at the right time.

A collaborative partnership between Country SA PHN, Wellbeing SA (SA Health) and Adelaide PHN, HealthPathways activity involves:

- Identification of clinical referral pathway priorities for care delivery in South Australia
- Development, maintenance and enhancement of clinical and referral pathways tailored to the local context
- Consultation with local health professionals and relevant stakeholders
- Promotion of health professional use of HealthPathways in South Australia

This activity will support access to the HealthPathways SA tool by primary care practitioners, promote best-practice care and enhance local clinician’s awareness of referral options and services, and improve collaboration and integration across the health care and other systems to create better linkages between primary health care services, other providers and relevant services, improve the patient journey, and increase practitioner capabilities and their quality of care.

Pathway development schedule for FY23/24-24/25 includes but is not limited to clinical and care areas:

- Aboriginal and Torres Strait Islander Health
- Domestic Violence
- Ear, Nose and Throat
- Gynaecology
- Infectious Diseases
- Mental Health
- Older Persons Health
- Oral Health
- Sexual Health

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to health care services and preventative care	70
Chronic disease: multidisciplinary care and prevention	72
Access to specialist services to support ageing well	63
Older persons are supported to stay healthy and well in their place of residence	63
Reduce potentially preventable hospitalisations	74
Workforce and service sustainability	77
Integrated and coordinated care across the health system	65

Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	76
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Activity Demographics

Target Population Cohort

Supports all country South Australians - this activity is targeted towards the wide variety of health professionals and health care providers across country SA including, but not limited to GPs and practice nurses, specialists, pharmacists, allied health and aged care professionals.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Engagement with appropriate stakeholders across country SA regions has been imbedded in the activity of the PHN. It is complemented by consultation with Clinical Council/s and Community Advisory Committee/s. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate. The HealthPathways SA Team and Steering Committee facilitates collaborative consultation mechanisms with the activity partners and other stakeholders in the project.

Collaboration

The HPSA program incorporates wide collaboration and consultation throughout program to facilitate design, development and implementation of clinical care and referral pathways. Collaboration has occurred and is ongoing for development of clinical pathways of care across the Department of Health and Wellbeing, SA Health, all ten state Local Health Networks and stakeholder or peak bodies including but not limited to: Dementia SA, Dementia Australia, Asthma SA, SHINE, Palliative Care SA, SA Rural Support Service, SA Aboriginal Chronic Disease Collaborative.

Organisational Roles and Responsibilities:

Wellbeing SA (SA Health) is a key partner responsible for contract management; provides specific FTE to support service navigation, collaboration and engagement of local health clinicians, clinical leads, GP liaison units and Subject Matter Experts.

Adelaide PHN is a key partner; responsible for ensuring needs of primary care across the metropolitan area are identified; provides specific FTE for operational coordination, clinical GP editors, program coordination and administration. Collaboration with Adelaide Metropolitan GP Liaison Units and engaging local general practitioners in consultation processes and online pathway feedback.

Country SA PHN is a key partner; responsible for ensuring the expectations and needs of primary care across the country area are identified; provides specific FTE to support the HPSA for operational coordination, clinical GP editors, IT support and program management. Collaboration and engagement with regional and remote SA general practitioners in online consultation processes and pathway feedback.



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2026

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?

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?

Yes

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

Yes

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

This is a partnership agreement with no commissioning of services. Wellbeing SA (Department for Health and Wellbeing) holds header agreement with Streamliners NZ for HealthPathways.



HSI - 5 - Commissioning Support



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

5

Activity Title *

Commissioning Support

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Commissioning

Aim of Activity *

The aim of this activity is to develop, administer and manage policies, processes and systems that advance best practice commissioning of health services for Country SA PHN (CSAPHN) in line with departmental guidance

Description of Activity *

Commissioning support ensures that CSAPHN staff have the knowledge, skills and tools to assist them to secure efficiency, value for money and probity in a planned approach across the Commissioning Cycle. Key factors of the activity support CSAPHN in:

- maintaining of commissioning cycle including developing strategic partnerships, procurement, monitoring and evaluation;
- to advance service integration and co-design opportunities through strategic stakeholder engagement and partnerships.
- driving evolution of market approaches over time
- a systematic approach to procurement, tendering and preparation of contracts and other activities aligned to the commissioning cycle including developing and managing necessary systems and processes such as compliance, risk management and management of contract registers.
- Coordination of the CSAPHN Board’s Independent Commissioning Committee to ensure best-fit/best-value service provision.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Workforce and service sustainability	77



Activity Demographics

Target Population Cohort

N/A

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

30/06/2021

Activity End Date

30/06/2026

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): 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



HSI - 6 - Practice Support



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

6

Activity Title *

Practice Support

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description**Aim of Activity ***

This activity provides support to general practice both in business capacity and population health support. It encourages continuous improvement and quality care, enhanced capacity, sustainability, improved access, better coordination and better health outcomes for patients. This support is delivered via a targeted program that includes practice visits, remote support, webinars, assistance with resources and education.

This activity aligns with and supports the key priority areas and headline indicators of CSAPHN.

Description of Activity *

This activity supports the general practice function in its encounter with and management of patients, data, systems and process to enable best practice options of patient care. This activity includes but is not limited to:

1. Implement digital health changes for the meaningful use of the My Health Record and enabling technologies.
2. Increase general practice capacity and sustainability through increased appropriate use of MBS and Incentive payments.
3. Promote engagement and participation in Practice Incentives Program (PIP) and the PIP Quality Improvement (QI) incentive.
4. Support Practice Managers, Practice Nurses and General Practice staff with CQI and Accreditation.
5. Support care planning and team care.
6. Support change management and implementation of the MBS and other changes.

7. Improve data quality and use of clinical information systems.
8. Support the uptake of systems such as HealthPathways and online care planning to access to improve coordination of care and integration with specialist and allied health.
9. Provide clinical care updates, current preventative health information and other resources.
10. Facilitate the delivery of primary health network communities of practice for managers, nurses and staff.
11. Facilitate the delivery of continuing professional development to general practice.
12. Support primary care integration and use of commissioned services.
13. Promote mental wellness awareness for GPs and the general practice community.
14. Engage general practice in targeted consultation and collaboration that contribute to CSAPHN Comprehensive Needs Assessment.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Chronic disease: multidisciplinary care and prevention	72
Reduce potentially preventable hospitalisations	74
Workforce and service sustainability	77
Integrated and coordinated care across the health system	65
Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	76



Activity Demographics

Target Population Cohort

General practices in the CSAPHN region.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Engagement with appropriate stakeholders across country SA regions has been imbedded in the activity of the PHN. It is complemented by consultation with Clinical Council/s and Community Advisory Committee/s. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate.

Collaboration

Collaborations for the activities in HSI 6 are many and varied and are inclusive of both the public and private space. Collaborations include, but are not limited to; general practice, State Health, Regional LHNs, Aboriginal Community Controlled Organisations, allied health professionals, residential aged care homes, peak organisations and registered training organisations.



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2026

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): 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



HSI - 7 - Workforce development and Capacity Building



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

7

Activity Title *

Workforce development and Capacity Building

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description**Aim of Activity ***

This activity is aimed at supporting the existing primary health workforce, building local service capacity, stimulating market development, strengthening the viability of primary health care practices and supporting recruitment strategies.

Description of Activity *

Health workforce issues continue to be a recurring theme in stakeholder and community consultation.

This activity is at the core of CSAPHN's work, underpinning CSAPHN delivery of the contractual obligations of the Australian Government Department of Health. This activity includes but is not limited to:

1. Promote mental wellness awareness for GPs and the general practice community.
2. Support targeted education, information and resources addressing clinical care and preventative health.
3. Foster collaboration across multi-disciplinary teams.
4. Encourage investigation of new service delivery options and use of digital technologies.
5. Support recruitment and retention strategies co-designed with primary health care and local communities.
6. Facilitate the delivery of primary health network communities of practice for managers, nurses and staff.
7. Support uptake of commissioned services by the primary health care workforce.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Workforce and service sustainability	77
Integrated and coordinated care across the health system	65
Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	76



Activity Demographics

Target Population Cohort

Whole of CSAPHN primary health care providers.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

Components of these activities will incorporate sessions/information to support culturally appropriate services and care to Aboriginal and Torres Strait Islander clients. Ensuring that primary health care providers are proficient in culturally safe practice will be embedded within this program.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Engagement with appropriate stakeholders across country SA regions has been imbedded in the activity of the PHN. It is complemented by consultation with Clinical Council/s and Community Advisory Committee/s. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate.

Collaboration

Collaborations include, but are not limited to; Adelaide PHN, State Health, Regional LHNs, Country SA Rural Support Service, General Practice, ACCHOs, Clinical Councils, Community Advisory Committees, allied health professionals, relevant peak and professional organisations such as those working with culturally and linguistically diverse communities.



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2026

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): 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





HSI - 8 - Community Advisory Committee - LHC Small Grants



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

8

Activity Title *

Community Advisory Committee - LHC Small Grants

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 the Local Health Cluster (LHC) Small Grants activity is to enable collaboration within regional boundaries within Community Advisory Committee cluster networks to deliver localised health promotion and education in rural and regional South Australia that improves the health and well-being of local communities.

Description of Activity *

The LHC Small Grants activity is designed to deliver health promotion and education to local communities throughout rural and regional South Australia. LHC Small Grants will be co-designed between the LHCs and the PHN and will:

1. Implement localised activity that addresses or goes towards addressing the more granular local health needs as identified within communities, through community input.
2. Engage in health promotion and education activities that align with, and may supplement, other PHN health promotion strategies.
3. Contribute to local small-scale solutions that work towards addressing community identified issues.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to health care services and preventative care	70
Access to culturally appropriate health services	62
Chronic disease: multidisciplinary care and prevention	72
Integrated and coordinated care across the health system	65



Activity Demographics

Target Population Cohort

Local communities

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Collaboration

Engagement with Clinical Council/s and Community Advisory Committees continues to occur.

CSAPHN works directly with the commissioned service providers and offers a range of other supports and services to ensure a collaborative relationship.

Service providers are required to demonstrate their consultation activities, including engagement with Local Health Clusters, needs analysis and how their service delivery is based on evaluation and feedback.

The Local Health Cluster Network works collaboratively with PHN in defining local health needs through community engagement.

CSAPHN continues to expand its network of stakeholders by identifying the relevant spheres of interest directly impacting on the PHN operation.

CSAPHN will seek to further relationships with new and emerging stakeholders to look at collaborative ventures.



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2026

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?

Co-design or co-commissioning comments



HSI - 9 - Workforce Recruitment and retention



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

9

Activity Title *

Workforce Recruitment and retention

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description**Aim of Activity ***

This activity supports the existing primary health workforce, builds local service capacity, stimulates market development, strengthens the viability of primary health care services and supports recruitment and retention in rural and remote locations that are underserved.

Description of Activity *

Health workforce issues continue to be a recurring theme in stakeholder and community consultation. Activities in HSI 9 Workforce recruitment and retention are specifically related to workforce capacity and capability development and support to ensure retention of the existing workforce. Programs are provided to the whole of CSAPHN region. These activities include, but are not limited to:

1. Education services programs. Targeted education/continued professional development for primary health professionals inclusive of general practitioners, nurses, pharmacists, allied health providers, oral health professionals and others. Education addresses the PHN six key priority areas, headline indicators, national health priorities and disease conditions specifically highlighted in the CSAPHN Needs Assessment. Education commissioned is designed to foster collaboration across multi-disciplinary teams, allow providers to investigate new service delivery options, facilitate information sharing and imbed the use of HealthPathways and digital health in clinical practice.

2. General Practice consumer information enablement. This is a program that supports general practice with access to and upskilling in a consumer health information tool that facilitates operational efficiencies in providing relevant targeted information, health reminder and appointment recall with patients. This activity addresses capability and service capacity in general practice within existing workforce, and facilitates enhanced capability in primary care support in chronic disease prevention and management.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Chronic disease: multidisciplinary care and prevention	72
Reduce potentially preventable hospitalisations	74
Workforce and service sustainability	77



Activity Demographics

Target Population Cohort

This activity is targeted to primary health care providers across the CSAPHN catchment and Residential Aged Care Facilities. It includes but is not limited to; GPs and practice staff, allied health and aged care professionals, Country Health SA LHN, Universities and training organisations.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

Elements of the training/continuing professional development schedule will incorporate sessions to support culturally appropriate services and care to Aboriginal and Torres Strait Islander clients/patients. Ensuring that primary health care providers are proficient in culturally safe practice will be embedded within this program.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Engagement with appropriate stakeholders across country SA regions has been imbedded in the activity of the PHN. It is complemented by consultation with Clinical Council/s and Community Advisory Committee/s. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate, such as South Australian Dental.

Collaboration

Collaborations include, but are not limited to; Regional LHNs, General Practice, including working with GPs in the design of education program and training resources and with Universities and training organisations, Community Advisory Committees, Rural and Remote Oral Health Working Group are providing advice around oral health care needs and education/training opportunities, allied health professionals.



Activity Milestone Details/Duration

Activity Start Date

01/07/2021

Activity End Date

30/06/2026

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?

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

Co-design with commissioned service providers and state government health portfolios, including South Australian Dental has occurred in identification of need, planning and joint implementation of initiatives.



HSI - 10 - Research, Evaluation and Advisory



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

10

Activity Title *

Research, Evaluation and Advisory

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 enable connection to evidence, support evaluation and investigate or initiate innovation and to provide a range of supporting mechanisms to commissioned providers.

Description of Activity *

Activities under this AWP will support development of cutting edge commissioning of services that integrate across the system and funding streams.

These activities will also support capacity building and sharing of ideas and best practice between commissioned service providers, along with connection to research institutions.

Needs Assessment Priorities ***Needs Assessment**

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to health care services and preventative care	70
ACCHOs are supported to improve the individual and community health experience	62
Improve individual and community health outcomes	62
Reduce potentially preventable hospitalisations	74
Workforce and service sustainability	77
Integrated and coordinated care across the health system	65
Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	76



Activity Demographics

Target Population Cohort

N/A

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Engagement with appropriate stakeholders across country SA regions has been imbedded in the activity of the PHN. It is complemented by consultation with Clinical Council/s and Community Advisory Committee/s. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate. Service providers are required to demonstrate their consultation activities, needs analysis and how their service delivery is based on evaluation and feedback.

Collaboration

Collaborations for the activity described above is inclusive of both the public and private space, primarily with LHNs.



Activity Milestone Details/Duration

Activity Start Date

01/07/2021

Activity End Date

30/06/2026

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): 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





HSI - 11 - Dementia Consumer Pathway Support



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

11

Activity Title *

Dementia Consumer Pathway 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 ***

People live with dementia at home, and in their chosen place of residence including residential aged care in communities across country South Australia. This activity aims to improve access to locally relevant consumer information on wellness, clinical and care support services to enable people to live well with dementia in their communities for longer.

Description of Activity *

The activity will support the overarching aim to ensure there is locally relevant consumer resources to support post-diagnostic care for people living with dementia.

Working within the HealthPathways SA program framework, this activity will build on HealthPathways activity in development of nationally consistent dementia clinical and referral pathway development and incorporate consumer facing best practice and service information.

The activity includes:

- Engaging with Dementia Australia to facilitate identification of required locally relevant consumer-focused dementia support resources.
- Service mapping local dementia support services, including local, state and federal government, private sector, and non-

government community-based supports.

- Developing, reviewing, maintaining and enhancing localised, consumer-focussed dementia support resource detailing the post-diagnostic care and support available for people living with dementia.
- Communication and dissemination of resources to consumer, local health professionals and service providers, and Dementia Australia.

Working with Dementia Australia and Dementia Australia in SA, we will be consulting with people living with dementia, their families and carers in relation to the development of consumer resources and tailoring specific resources to targeted vulnerable groups, examples include but not limited to CALD, LGBTQI and Aboriginal Communities.

We will be working to enhance the confidence of primary care providers in discussing dementia with people and promote the benefits of using dementia HealthPathways for patients living with dementia, their carers and families.

Working with Dementia Australia's National Dementia Helpline call centre staff, we will ensure information on local services and supports is also accessible to people and their carers and families who are living with dementia.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Improve individual and community health outcomes	62
Chronic disease: multidisciplinary care and prevention	72
Access to specialist services to support ageing well	63
Older persons are supported to stay healthy and well in their place of residence	63
Reduce potentially preventable hospitalisations	74
Integrated and coordinated care across the health system	65
Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	76



Activity Demographics

Target Population Cohort

All Country South Australians living with dementia, their carers, family and friends.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Engagement with appropriate stakeholders across country SA regions has been imbedded in the activity of the PHN. It is complemented by consultation with Clinical Council/s and Community Advisory Committee/s.

Consultation has and continues to occur with Adelaide PHN, Dementia SA and Dementia Australia in identification of need, planning and joint implementation of initiative.

Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate.

Collaboration

Country SA PHN and Adelaide PHN have agreed to work together to facilitate development, review, and maintenance of localised consumer resources that meet the need whole of state, as well as their unique regional populations. Whilst each PHN is responsible for dissemination of communication materials through their own processes and systems, strategies, mechanisms and key messaging will be shared to ensure a level of consistency. Joint messaging may be considered on an as needs basis and agreed upon by both PHNs and any other relevant stakeholders involved at the time. Additional engagement and communication will take place according to the guiding principles set out in the HPSA Program Plan.



Activity Milestone Details/Duration

Activity Start Date

01/07/2021

Activity End Date

30/06/2025

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: Yes
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?

Yes

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

This activity is being delivered in partnership with Adelaide PHN.



HSI - 12 - Clinical Referral Pathways - Aged Care and Dementia Supports



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

12

Activity Title *

Clinical Referral Pathways - Aged Care and Dementia Supports

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 *

People are growing older at home, in their chosen place of residence or in residential aged care in communities across country South Australia. Health professionals access and use of HealthPathways SA (HPSA) for relevant, evidenced based, local clinical and referral guidance, and consumer information. Through the provision of best practice, evidence based care this activity will facilitate development and implementation of nationally consistent aged care and dementia pathways using the HealthPathways SA portal. This activity aims to assist health professionals to support people to receive quality care and access the right wellbeing supports, and aged and dementia care services in the right place, at the right time, when they need it most in Country SA.

Description of Activity *

Previously titled as HSI 12 Population Health - HealthPathways

This activity will support licence to access the HealthPathways SA tool by primary care practitioners, promote best-practice care and enhance local clinician's awareness of referral options and services, and improve collaboration and integration across the health care and other systems to create better linkages between primary health care services, other providers and relevant services, improve the patient journey, and increase practitioner capabilities and their quality of care.

This activity provides primary care providers across Country SA access to evidence-based assessment, management and localised

referral resources for specific health conditions. GPs and other health professionals across the primary, acute and community health sectors collaborate in the development and implementation of local pathways to ensure people receive the right care in the right place at the right time.

A collaborative partnership between Country SA PHN, SA Health and Adelaide PHN, HealthPathways activity involves:

Identification of clinical priorities for delivery of care in South Australia
Development of clinical and referral pathways tailored to the local context
Promotion of health professional use of HealthPathways in South Australia

Aged Care and Dementia Support Referral Pathways

This activity involves:

Identification of aged care and dementia clinical referral pathway priorities for care delivery in South Australia.
Development, maintenance and enhancement of aged care and dementia clinical and referral pathways tailored to the local context.
Consultation with local health professionals and relevant stakeholders to inform aged care and dementia support pathways development.
Promotion of health professional use of aged care and dementia pathways within HealthPathways in South Australia.

Activities will assist health professionals to provide aged care and dementia advice, referrals and care to people through:

Developing locally relevant aged care and dementia clinical and referral pathways in consultation with key stakeholders including (but not limited to) specialists, general practitioners, practice nurses, allied health professionals and aged care providers.
Engaging with Dementia Australia to facilitate nationally consistent dementia pathway development to support people living with mild cognitive impairment or dementia and their carers with diagnostic and post-diagnostic service and supports to enable early intervention and to live well in the community for longer.
Monitoring, reviewing and improving existing aged care and dementia clinical and referral pathways.
Embedding HPSA aged care and dementia care pathways in the care of people in CSAPHN region through awareness and engagement with general practice, allied health and aged care service providers.
Maintaining existing aged care and dementia care service information and expanding service mapping for public and private aged care, and aged care support services for country SA region.
Developing complementary carer support pathways inclusive of carer services.
Developing, reviewing, maintaining and enhancing localised consumer resources that support older people and their carers and families to understand and make informed choices about health, aged care and dementia support services that may be of benefit to them.
This activity will be responsive to emerging national and local priorities as appropriate to facilitate access to up-to-date and accurate guidance and advice for aged care and dementia support clinical pathways.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to health care services and preventative care	70
Chronic disease: multidisciplinary care and prevention	72
Access to specialist services to support ageing well	63
Older persons are supported to stay healthy and well in their place of residence	63
Reduce potentially preventable hospitalisations	74
Workforce and service sustainability	77
Integrated and coordinated care across the health system	65



Activity Demographics

Target Population Cohort

Supports all country South Australians - this activity is targeted towards the wide variety of health professionals and health care providers across country SA including, but not limited to GPs and practice nurses, specialists, pharmacists, allied health and aged care professionals.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

Clinical referral pathways may be tailored to incorporate requirements for Aboriginal and Torres Strait Islander clients/services and to ensure cultural appropriateness.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Engagement with appropriate stakeholders across country SA regions has been imbedded in the activity of the PHN. It is complemented by consultation with Clinical Council/s and Community Advisory Committee/s. Consultation also occurs at the

strategic and peak body level across the State and elsewhere as appropriate. Joint engagement strategies with APHN will be considered. Whilst each PHN is responsible for dissemination of communication materials through their own processes and systems; strategies, mechanisms and messaging will be shared to ensure a level of consistency.

Collaboration

The HealthPathways SA program incorporates wide collaboration and consultation throughout program to facilitate design, development and implementation of clinical care and referral pathways. Collaboration has occurred and is ongoing for development of aged care and dementia clinical pathways of care across the Department of Health and Wellbeing, SA Health, all ten state Local Health Networks and stakeholder or peak bodies including but not limited to: Dementia SA, Dementia Australia, Residential Aged Care Homes, and home care providers.



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2025

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: Yes

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?

Yes

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

HealthPathways SA is a Statewide arrangement with Adelaide PHN and Wellbeing SA.



CF-COVID-PCS - 0 - COVID-19 Primary Care Support



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-PCS

Activity Number *

0

Activity Title *

COVID-19 Primary Care Support

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description**Aim of Activity ***

The Australian Government Department of Health and Aged Care (the Department) and Primary Health Networks (PHNs) are working in partnership to support the COVID-19 vaccination program roll-out. PHNs play a lead role in supporting primary care providers participation in the COVID-19 Vaccination Program.

Description of Activity *

This activity will assist Primary Health Networks (PHNs) in supporting Australia's COVID-19 Vaccine and Treatment Strategy by enhancing services in the primary, aged care, and disability sectors as follows:

- Serve as a point of contact between primary care providers, RACHs, and the Department to resolve program-related queries, manage provider requests (e.g., withdrawal or delay from participation), and ensure compliance with reporting requirements.
- Provide guidance and expert advice to General Practice Respiratory Clinics (GPRCs), General Practices, Aboriginal Community Controlled Health Services (ACCHOs), Residential Aged Care Homes (RACHs), and disability accommodation facilities, addressing local needs and issues.
- Coordinate the vaccine rollout within RACHs and disability accommodation facilities for Phase 1a of the Strategy, in collaboration with key stakeholders and industry experts. This includes local service integration, communication, liaison with delivery partners, and consistent reporting.

- Facilitate the delivery of vaccination services to Residential Aged Care Homes (RACHs) within their regions.
- Conduct a needs assessment in their area, followed by a rapid expression of interest process to identify suitable General Practices and GPRCs for participation in Phase 1b of the Strategy, providing recommendations to the Department on site selection.
- Support the establishment and operation of vaccine delivery sites, including performing assurance functions, assessing suitability, and providing ongoing quality control support as needed.
- Integrate vaccine delivery within local health pathways to enhance coordination of COVID-19 primary care responses, identifying GPRCs and General Practices interested in participating, and ensuring consistent communication with local communities.
- Disseminate information as requested by the Department regarding the COVID-19 vaccination program rollout to sites within CSAPHN region that are currently participating or would like to participate in the COVID-19 Vaccination Program.
- Share key communications such as Provider Bulletins, factsheets, posters, and FAQs on a weekly/fortnightly basis.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Improve immunisation and vaccination rates	73
Workforce and service sustainability	77



Activity Demographics

Target Population Cohort

Primary care, aged care and disability care providers in the 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

30/06/2021

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: Yes

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?

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