

Country SA - Core Funding 2024/25 - 2027/28 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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Population Health

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 centres.
- 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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Appropriate health services for culturally and linguistically diverse communities	190
Health services which prioritise equity and access for vulnerable population groups	190
Access to afterhours primary health care services	190
Access to services that support developmental health and wellbeing of children and youth	190
Improvement in immunisation and vaccination rates	192
Improved integration of Pharmacy in delivering primary health care	192
Culturally appropriate health services	183



Activity Demographics

Target Population Cohort

All Eligible Country South Australians

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Milestone Details/Duration

Activity Start Date

18/09/2021

Activity End Date

31/12/2024



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

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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Aged Care

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.

The intended outcomes:

- increase knowledge of GPs, practices and ACCHS of the GPACI and its benefits to residents of RACHs and providers.
- improve reciprocal relationships between GPs and/ or ACCHS and RACHs to facilitate the delivery of quality and continuous primary care services.
- improve the capacity of GPs, ACCHS and practices to deliver quality and continuous care through collaborative learning networks and/formalised arrangements such as Memoranda of Understanding, and the embedding of the Best Practice Guidelines (to be developed by the Department in 2024).

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.
- Work in collaboration with residents (and/or their nominated guardians), RACHs providers and practices in the region to develop processes that match RACH residents with an appropriate preferred GP in MyMedicare where they do not currently have one.
- Establish collaborative, reciprocal, and formal arrangements with local ACCHS and identify and/or develop culturally safe and appropriate pathways for First Nations RACH residents who request healthcare from within the PHN region.
- Identify and provide support to practices to facilitate the scheduling of regular visits to RACHs patients to encourage continuity of care and eligibility for the GPACI, and Grant Opportunity Guidelines – GO6901 10
- Identify and share examples of best practice arrangements between practices, GPs, ACCHS and RACHs through establishment of networks to improve capacity.
- 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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Appropriate support to older people to understand and access the aged and primary healthcare system	184
Early intervention services which are appropriate and accessible for older people to reduce risk of frailty and deterioration	184
Appropriate support to older people to have an active role in their own health to stay independent and well in their place of residence	184
Appropriate support to ACCHOs to improve individual and community health outcomes	183



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

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Milestone Details/Duration

Activity Start Date

01/06/2024

Activity End Date

30/06/2027



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

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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Digital Health

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.

Intended outcomes:

- Increase general practice accreditation.
- Improve safety and quality in health care.
- Improve access of general practice to Commonwealth funded programs such as MyMedicare.
- Community Advisory Committees.

Description of Activity *

- Identify and assist unaccredited practices in their regions to work towards accreditation thereby increasing the number of general practices participating in the NGPA scheme and that they are able to register for Commonwealth funded programs such as MyMedicare.
- 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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Integrated and coordinated multidisciplinary care for people with chronic disease	191
Increased utilisation of digital health solutions to facilitate integrated and coordinated care across the health system	195
Health service integration, coordination and information sharing across the health system	192
Appropriate support to general practices to improve individual and community health outcomes	194
Support integrated and coordinated systems that connect providers and consumers across health, social, community and aged care services	184



Activity Demographics

Target Population Cohort

People living in rural and remote communities

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Milestone Details/Duration

Activity Start Date

01/06/2024

Activity End Date

30/06/2027



Activity Commissioning

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

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

Is this activity being co-designed?

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

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

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

Decommissioning

Co-design or co-commissioning comments



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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Workforce

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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Integrated and coordinated multidisciplinary care for people with chronic disease	191
Increased utilisation of digital health solutions to facilitate integrated and coordinated care across the health system	195
Health service integration, coordination and information sharing across the health system	192
Appropriate support to general practices to improve individual and community health outcomes	194
Locally relevant professional development and education for primary care clinicians	194
Support integrated and coordinated systems that connect providers and consumers across health, social, community and aged care services	184



Activity Demographics

Target Population Cohort

People living in rural and remote communities

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

- Six monthly face to face visits (scheduled) with Country SA regional General Practices and ACCHO's
- Practice Manager and Nurse Networks held bi-monthly
- Training and education (virtual and face to face) targeted to non-participating General Practices and ACCHO's

- Audit and engagement with relevant key allied health peak agencies to support coordination of engagement
- 2 x regional roadshows in specified LHN regions
- General newsletter, email and responsive training sessions as required

Collaboration

Collaboration will occur with regional general practices, ACCHO's and allied health peak agencies to determine best methods for engagement and information dissemination as well as preferred training modes and support to increase the number of practices participating and receiving WIP-PS and implementing multidisciplinary models of care.



Activity Milestone Details/Duration

Activity Start Date

01/06/2024

Activity End Date

30/06/2025



Activity Commissioning

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

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

Is this activity being co-designed?

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

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

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

Decommissioning

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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Population Health

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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Integrated and coordinated multidisciplinary care for people with chronic disease	191
Health service integration, coordination and information sharing across the health system	192
Appropriate support to allied health to improve individual and community health outcomes	194
Appropriate support to general practices to improve individual and community health outcomes	194
Support integrated and coordinated systems that connect providers and consumers across health, social, community and aged care services	184



Activity Demographics

Target Population Cohort

Underserved or financially disadvantaged communities

Indigenous Specific *

No

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



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

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.



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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health

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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Early intervention and prevention mental health services that are accessible for rural and remote populations	187
Mental health services are accessible to support the wellbeing of children and youth	187



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.

Indigenous Specific *

No

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

31/12/2024



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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health

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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Mental health services that are accessible to people living in rural and remote regions	187
Access to responsive and appropriate mental health services	188



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.

Indigenous Specific *

No

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 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. 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



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?

Decommissioned in 24/25 end date June 2025. All mental health activity now against MH Schedules not in Core Flex.

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

Aim of Activity *

The aim of these activities include:

- Increase access to culturally safe, comprehensive, and coordinated care
- Contribute to improved Aboriginal and Torres Strait Islander health outcomes
- ACCHOs, ITC Providers and other Aboriginal Health Services achieve increased workforce and organisational capacity to provide quality services.
- Enabling best practice approach to delivery of care

The activities will support the ACCHOs, ITC Providers and other Aboriginal Health Services to increase their primary health care workforce and provide professional development opportunities

Description of Activity *

This activity aims to support the local ACCHO network, ITC Service Providers and other Aboriginal health services to increase their organisational and workforce capacity to deliver health care and complementary services to Aboriginal peoples in a culturally safe, comprehensive, and coordinated manner.

Service providers will be supported to deliver comprehensive and coordinated primary health care services to Aboriginal patients with chronic or complex conditions. Primary health care services include screening, early intervention, treatment, and condition 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, physical activity and alcohol and other drug use.

Service providers may also be supported to enhance their workforce or organisational capacity, to ensure that staff are able to participate in professional development activities to improve their response to community health needs, and organisations are able to maintain service quality and viability.

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Culturally appropriate health services	183
Appropriate support to ACCHOs to improve individual and community health outcomes	183
Integrated and coordinated multidisciplinary care for Aboriginal people with chronic disease	183
Screening and early detection services which are appropriate and accessible for Aboriginal people	183



Activity Demographics

Target Population Cohort

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

Indigenous Specific *

Yes

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Fleurieu - Kangaroo Island	40701
Outback - North and East	40602
Murray and Mallee	40703
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.



Activity Milestone Details/Duration

Activity Start Date

01/07/2021

Activity End Date

30/06/2026



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

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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Aboriginal and Torres Strait Islander Health

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.

Aboriginal and Torres Strait Islander Health

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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Culturally appropriate health services	183
Appropriate support to ACCHOs to improve individual and community health outcomes	183



Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander people

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



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

Yes

Decommissioning details?

A decommissioning of the contract however the activities are rolled into the reviewed and amended 2.1 AWP Aboriginal Health - Chronic Condition Management Services

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

Aim of Activity *

The aim of this activity is to support 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 *

‘Creating Healthy Neighbourhoods’ activities support people across the life span to achieve improved health outcomes across a range of health priority areas. Activities within this activity prioritise access to health and wellbeing services for vulnerable and underserved consumers through direct service delivery, workforce professional development or capacity building, service co-design and quality improvement and health promotion or education activities.

Priority vulnerable or underserved groups include but are not limited to:

- people with a disability or mental illness
- people living in rural and remote communities
- people made vulnerable through homelessness and / or domestic violence
- persons identifying as LGBTQIA+
- prisoners
- older people
- children and young people
- Aboriginal peoples
- people from culturally and linguistically diverse backgrounds

Key priority areas include but are not limited to:

- Screening and early detection
- Sexual and reproductive health
- Immunisation and vaccination
- Chronic conditions
- Healthy lifestyle factors, including nutrition, exercise, smoking, alcohol and other drug use and social isolation

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Screening and early detection services which are appropriate and accessible for vulnerable population groups	191
Integrated and coordinated multidisciplinary care for people with chronic disease	191
Appropriate health services for culturally and linguistically diverse communities	190
Health services which prioritise equity and access for vulnerable population groups	190
Appropriate and timely sexual and reproductive health services	190
Access to services that support developmental health and wellbeing of children and youth	190
Improvement in immunisation and vaccination rates	192
Improved integration of Pharmacy in delivering primary health care	192



Activity Demographics

Target Population Cohort

All Country South Australians

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 Preventive Health 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

30/06/2026



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

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

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. This activity aims to support 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 with chronic conditions including respiratory, musculoskeletal, renal and cardiovascular diseases, diabetes or other long term health conditions to maintain optimal health and wellbeing and reduce the risk of potentially preventable hospitalisation

Description of Activity *

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

These initiatives will provide a range of frontline health services supported by digital and other enablers to assist people in building their health literacy and becoming active participants and partners to their care.

Living Well with Chronic Condition activities may include:

- Direct service delivery from allied health and specialist nurses in geographic regions of high need or for priority population groups
- Multidisciplinary and coordinated team care models
- Personalised care including but not limited to Point of Care Testing and Virtual Home Monitoring devices
- Access to Medical Specialist advice for GPs and others in the care team
- Outreach telemedicine and shared medical appointments.

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Integrated and coordinated multidisciplinary care for people with chronic disease	191
Health services which prioritise equity and access for vulnerable population groups	190
Health service integration, coordination and information sharing across the health system	192
Appropriate support to allied health to improve individual and community health outcomes	194
Appropriate support to general practices to improve individual and community health outcomes	194
Early intervention services which are appropriate and accessible for older people to reduce risk of frailty and deterioration	184
Appropriate support to older people to have an active role in their own health to stay independent and well in their place of residence	184
Support integrated and coordinated systems that connect providers and consumers across health, social, community and aged care services	184



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.

Indigenous Specific *

No

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



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

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

Aim of Activity *

The primary healthcare workforce who live and work 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 activities which support the resilience, wellbeing, professional development and connectivity of the primary healthcare workforce in rural and remote locations.

Description of Activity *

Primary Healthcare Wellness activities are specifically related to workforce resilience, professional development, wellbeing and connectivity to optimise retention of the existing primary healthcare workforce in regional, rural and remote areas.

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, medical interventions and wellbeing support delivered either face to face or via telehealth consultations.
- Professional networking activities to enhance social connectivity and peer support
- Workforce capacity building and professional development activities

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Appropriate support to allied health to improve individual and community health outcomes	194
Appropriate support to general practices to improve individual and community health outcomes	194
Locally relevant professional development and education for primary care clinicians	194



Activity Demographics

Target Population Cohort

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

Indigenous Specific *

No

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

30/06/2026



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

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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Aged Care

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,
- support Senior Australians to have an active role in their own health to support independence,
- 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:

- Establishing and implementing a flexible model of care/s.
- Implementing and delivering resources and services that enable and respond to identification of changes in health and quality of life.

- Recognising and activating health care (referral processes) where deterioration and frailty are identified.
- Including and integrating people's GP as the primary player in care team responders including through telehealth.
- Supporting palliation in the home
- Supporting medication management (including during palliation)
- Where applicable, utilising and integrating with currently funded services such as IPHCS, HealthPathwaysSA, 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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Early intervention services which are appropriate and accessible for older people to reduce risk of frailty and deterioration	184
Appropriate support to older people to have an active role in their own health to stay independent and well in their place of residence	184
Support integrated and coordinated systems that connect providers and consumers across health, social, community and aged care services	184



Activity Demographics

Target Population Cohort

Vulnerable and disadvantaged ageing population

Indigenous Specific *

No

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.

Country SA PHN 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

30/06/2026



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

No

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

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

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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Priority populations have access to high quality, culturally appropriate alcohol and other drug treatment services	185
Support integrated and coordinated systems that connect providers and consumers across health, social, community and aged care services	184



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

Indigenous Specific *

No

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

30/06/2021

Activity End Date

30/06/2025



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?

AOD service delivery to be integrated into AOD funding rather than in core schedule in 25/26 FY.

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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Population Health

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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Health services which prioritise equity and access for vulnerable population groups	190
Health service integration, coordination and information sharing across the health system	192
Support integrated and coordinated systems that connect providers and consumers across health, social, community and aged care services	184



Activity Demographics

Target Population Cohort

All Country South Australians

Indigenous Specific *

No

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

30/06/2021

Activity End Date

30/06/2026



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

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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Population Health

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 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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Integrated and coordinated multidisciplinary care for people with chronic disease	191
Increased utilisation of digital health solutions to facilitate integrated and coordinated care across the health system	195
Health service integration, coordination and information sharing across the health system	192
Appropriate support to allied health to improve individual and community health outcomes	194
Appropriate support to general practices to improve individual and community health outcomes	194
Support integrated and coordinated systems that connect providers and consumers across health, social, community and aged care services	184
Integrated and coordinated multidisciplinary care for Aboriginal people with chronic disease	183



Activity Demographics

Target Population Cohort

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

Indigenous Specific *

No

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



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

Co-design or co-commissioning comments



HSI - 3 - System Integration



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HIS

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)

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.
- support integration at the local level to improve coordination and delivery of multidisciplinary care for people living in Country SA.
- support integration at the local level to improve timely access to services.
- 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 by:

- 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.

- Supporting integration across primary care providers such as pharmacy, dental, allied health and general practice to deliver multidisciplinary care.
- Supporting integration to improve timely access to services.

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Integrated and coordinated multidisciplinary care for people with chronic disease	191
Increased utilisation of digital health solutions to facilitate integrated and coordinated care across the health system	195
Health services which prioritise equity and access for vulnerable population groups	190
Health service integration, coordination and information sharing across the health system	192
Improved integration of Pharmacy in delivering primary health care	192
Appropriate support to allied health to improve individual and community health outcomes	194
Appropriate support to general practices to improve individual and community health outcomes	194
Support integrated and coordinated systems that connect providers and consumers across health, social, community and aged care services	184
Integrated and coordinated multidisciplinary care for Aboriginal people with chronic disease	183



Activity Demographics

Target Population Cohort

People who access the health system at any or multiple points

Indigenous Specific *

No

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



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

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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other

Aim of Activity *

This activity aims to address the key PHN objective of improving coordination of care, through the development and state-wide implementation of the HealthPathways SA (HPSA) online portal. HPSA supports the consistent management of health conditions and improve people's journey through our local health system.

Description of Activity *

HealthPathways SA (HPSA) 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, HPSA 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.

A collaborative partnership between Country SA PHN, Department for Health and Wellbeing and Adelaide PHN, HPSA activity involves:

- Identification of clinical priorities for care delivery in South Australia
- Development, maintenance and enhancement of clinical and referral pathways tailored to the local and national context
- Consulting with local health services
- Work with SA Health outpatient reform activities, including e-Referrals and Clinical Prioritisation Criteria (CPC) projects to enhance integration

- Promotion of HPSA across South Australia to the health and aged care sectors

This activity will support access to the HPSA 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.

Priority clinical areas for FY24/25-25/26 including, but not limited to:

Aboriginal and Torres Strait Islander Health
Cancer Care
Cardiology
Endocrinology
Family, Domestic and Sexual Violence
Genetics
Gynaecology
Infectious Diseases
Mental Health
Older Persons Health
Orthopaedic Surgery and Pain Management
Sexual Health
Rural Health
Urgent Care Presentations
Vascular Surgery/Wound Care
Veteran's Health

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Increased utilisation of digital health solutions to facilitate integrated and coordinated care across the health system	195
Health service integration, coordination and information sharing across the health system	192
Improve awareness and access to patient centred palliative care and reduce avoidable hospital admissions	192
Early intervention services which are appropriate and accessible for older people to reduce risk of frailty and deterioration	184
Support integrated and coordinated systems that connect providers and consumers across health, social, community and aged care services	184



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.

Indigenous Specific *

No

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 for Health and Wellbeing, SA Health, all ten state Local Health Networks, Subject Matter Experts, clinical councils and clinical networks and stakeholder and/or peak bodies.

Organisational Roles and Responsibilities:

Department for Health and Wellbeing 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



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

Co-design or co-commissioning comments

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



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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Commissioning

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 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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Appropriate support to allied health to improve individual and community health outcomes	194
Appropriate support to general practices to improve individual and community health outcomes	194
Appropriate support to ACCHOs to improve individual and community health outcomes	183



Activity Demographics

Target Population Cohort

N/A

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2026



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

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

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, including topics such as sexual and reproductive health.
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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Integrated and coordinated multidisciplinary care for people with chronic disease	191
Increased utilisation of digital health solutions to facilitate integrated and coordinated care across the health system	195
Appropriate and timely sexual and reproductive health services	190
Health service integration, coordination and information sharing across the health system	192
Appropriate support to general practices to improve individual and community health outcomes	194
Locally relevant professional development and education for primary care clinicians	194



Activity Demographics

Target Population Cohort

General practices in the CSAPHN region.

Indigenous Specific *

No

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



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

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

Aim of Activity *

This activity is aimed at supporting the existing primary health workforce, building local service capacity, supporting professional education and workforce development activities, 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, Disability & Ageing. 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. Targeted education and continual professional development for primary health professionals inclusive of general practitioners, nurses, pharmacists, allied health providers, oral health professionals, aged care workforce and others. Education addresses the PHN six key priority areas, headline indicators, national health priorities and disease conditions specifically highlighted in the Country SA PHN Needs Assessment, with a focus on priority populations.
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.

8. Workforce development activities and initiatives which are designed to enhance the capacity and retention of the primary healthcare workforce through workshops and sessions which focus on topics including but not limited to health, wellbeing, leadership, business development and resilience

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Appropriate support to allied health to improve individual and community health outcomes	194
Appropriate support to general practices to improve individual and community health outcomes	194
Locally relevant professional development and education for primary care clinicians	194
Aged care workforce are supported with skill and knowledge opportunities to improve workforce capacity to deliver person-centred care	184
Professionals have the appropriate skills, knowledge and capability to support people with AOD needs	184
Appropriate support to ACCHOs to improve individual and community health outcomes	183



Activity Demographics

Target Population Cohort

Whole of CSAPHN primary health care providers.

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



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

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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Population Health

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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Integrated and coordinated multidisciplinary care for people with chronic disease	191
Health service integration, coordination and information sharing across the health system	192
Support integrated and coordinated systems that connect providers and consumers across health, social, community and aged care services	184
Culturally appropriate health services	183



Activity Demographics

Target Population Cohort

Local communities

Indigenous Specific *

No

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



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

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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Workforce

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 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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Appropriate support to allied health to improve individual and community health outcomes	194
Appropriate support to general practices to improve individual and community health outcomes	194
Locally relevant professional development and education for primary care clinicians	194



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.

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

30/06/2025



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

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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Population Health

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 activity 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**

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Appropriate support to allied health to improve individual and community health outcomes	194
Appropriate support to general practices to improve individual and community health outcomes	194
Support integrated and coordinated systems that connect providers and consumers across health, social, community and aged care services	184
Appropriate support to ACCHOs to improve individual and community health outcomes	183



Activity Demographics

Target Population Cohort

N/A

Indigenous Specific *

No

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



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

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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Population Health

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.

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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Health service integration, coordination and information sharing across the health system	192
Appropriate support to older people to understand and access the aged and primary healthcare system	184
Appropriate support to older people to have an active role in their own health to stay independent and well in their place of residence	184
Support integrated and coordinated systems that connect providers and consumers across health, social, community and aged care services	184



Activity Demographics

Target Population Cohort

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

Indigenous Specific *

No

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

30/06/2021

Activity End Date

30/06/2025



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

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 *

Existing



Activity Priorities and Description

Program Key Priority Area *

Population Health

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

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Increased utilisation of digital health solutions to facilitate integrated and coordinated care across the health system	195
Health service integration, coordination and information sharing across the health system	192
Improve awareness and access to patient centred palliative care and reduce avoidable hospital admissions	192
Early intervention services which are appropriate and accessible for older people to reduce risk of frailty and deterioration	184
Support integrated and coordinated systems that connect providers and consumers across health, social, community and aged care services	184



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.

Indigenous Specific *

No

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

30/06/2026



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

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

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 key liaison between primary care providers, RACHs, and the Department to manage program-related queries, respond to provider requests and ensure ongoing compliance with reporting and quality improvement requirements.
- Promote multidisciplinary approaches by linking General Practices with pharmacies and allied health providers for complementary vaccine delivery and facilitate and support coordination between General Practices, RACHs, ACCHOs, pharmacies, and allied health providers to strengthen vaccine delivery networks
- Provide support and tailored guidance to General Practices, Aboriginal Community Controlled Health Services (ACCHOs), Residential Aged Care Homes (RACHs), and disability accommodation facilities to address local health priorities and emerging needs
- Act as a central point of support for Residential Aged Care Homes (RACHs) and disability accommodation facilities by coordinating with key stakeholders and service providers to enhance local service integration. This includes facilitating collaboration across the sector, maintaining open and consistent communication channels, and supporting initiatives that address local health priorities and system need.

- Regularly distribute relevant and up-to-date culturally appropriate communication materials—including factsheets, posters, FAQs, and service updates—to support Residential Aged Care Homes (RACHs), disability accommodation facilities, General Practices, and Aboriginal Community Controlled Health Services (ACCHOs). These resources are designed to promote awareness, encourage best practice, and support the delivery of coordinated and person-centred care aligned with local and national health priorities.
- Support targeted outreach campaigns in collaboration with local community leaders and organisations to raise awareness and address vaccine hesitancy among priority populations.
- Engage community organisations, elders, and cultural groups to co-design education campaigns that are culturally safe and relevant.
- Support the adoption of digital health platforms for scheduling, reminders, education modules, and tracking vaccine coverage.
- Provide ongoing vaccination education that is relevant and specific to each cohort—General Practices, ACCHOs, RACHs, and disability accommodation facilities. This may range from basic vaccination administration and safety to advanced clinical training, ensuring all staff are confident and competent in vaccine delivery
- Develop and/or disseminate communication campaigns that emphasise the benefits of routine vaccinations beyond COVID-19 (e.g., influenza, pneumococcal, shingles).
- Continue to work closely with peak primary health bodies (i.e. PSA) to maximise our reach and strengthen collaborative approaches, ensuring coordinated efforts across the sector to improve vaccination uptake and overall health outcomes.

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Appropriate health services for culturally and linguistically diverse communities	190
Health services which prioritise equity and access for vulnerable population groups	190
Access to afterhours primary health care services	190
Access to services that support developmental health and wellbeing of children and youth	190
Improvement in immunisation and vaccination rates	192
Health service integration, coordination and information sharing across the health system	192
Improved integration of Pharmacy in delivering primary health care	192
Culturally appropriate health services	183



Activity Demographics

Target Population Cohort

Primary care, aged care and disability care providers in the region

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2026



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

Co-design or co-commissioning comments
