



Updated Activity Work Plan 2016-2018: Core Funding

The Activity Work Plan template has the following parts:

1. The updated Core Funding Annual Plan 2016-2018 which will provide:
 - a) The updated strategic vision of each PHN.
 - b) An updated description of planned activities funded by the flexible funding stream under the Schedule – Primary Health Networks Core Funding.
 - c) An updated description of planned activities funded by the operational funding stream under the Schedule – Primary Health Networks Core Funding.
 - d) A description of planned activities which are no longer planned for implementation under the Schedule – Primary Health Networks Core Funding.
2. The indicative Core Operational and Flexible Funding Streams Budget for 2016-2018 (attach an excel spreadsheet using template provided).

Northern Territory PHN

When submitting this Updated Activity Work Plan 2016-2018 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and that it has been endorsed by the CEO.

The Activity Work Plan must be lodged to Peta Mayo via email NTHSN.Health@health.gov.au on or before 17 February 2017

Overview

This Activity Work Plan is an update to the 2016-18 Activity Work Plan submitted to the Department in May 2016.

1. (a) Strategic Vision

Northern Territory PHN Response:

Health Network Northern Territory Ltd (trading as Northern Territory PHN [NT PHN]) has developed a Strategic Plan for 2015-2018 in consultation with company Members, NT PHN's Board, and other primary health care stakeholders. This Strategic Plan includes the vision of 'People in the Northern Territory enjoy their best health and wellbeing', and the purpose 'Build local partnerships and direct resources towards an integrated, high quality primary health care system.' A copy of NT PHN's Strategic Plan is provided at Attachment A. The Strategic Plan will be reviewed prior to 1 July 2017.

Attachment A: NT PHN Strategic Plan 2015-2018

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

Proposed Activities	
Activity Title / Reference (eg. NP 1)	NP 1: Rural Primary Health Services
Existing, Modified, or New Activity	Modified activity (NP 1 in 2016-2017 Activity Work Plan)
Program Key Priority Area	Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	NT PHN Baseline Needs Assessment, submitted 30 March 2016 Chronic conditions, page 41
Description of Activity	<p>Commission services to increase the access to, and availability of, primary health services in small remote communities. Services and programs delivered will differ in each community, responding to locally identified need, and in line with priority areas identified in NT PHN's 2016 Baseline Needs Assessment (BNA).</p> <ul style="list-style-type: none"> • Tennant Creek/Barkly: Increased access to allied health (podiatry and physiotherapy), maternal and child health and nutrition program. • Borroloola/Katherine region: Youth focussed mental health and alcohol and other drugs program – this area will be reviewed during 2017-2018 in accordance with new mental health and alcohol and other drugs program funding • Katherine/western districts: Mobile primary health clinic, increased access to allied health • Katherine/eastern districts: Increased access to allied health, Indigenous workforce • Galiwinku/East Arnhem: Family strengthening, social and emotional wellbeing, preventive health • Galiwinku/East Arnhem: Early childhood development, health promotion • Jabiru/West Arnhem region: Health promotion, youth health, preventive health • Alice Springs: Increased access to allied health (podiatry and physiotherapy).
Target population cohort	The target population cohort for this activity is people living in small remote communities across the Northern Territory (NT).

Consultation	Continuous stakeholder engagement with RPHS funded services will be maintained and strengthened.
Collaboration	<p>The RPHS funded services will be reviewed, using co-design principles to undertake a comprehensive risk and quality assessment, commencing in 2016/17. This will occur in partnership and will be aligned with NT PHN commissioning policies. RPHS service providers (mainly ACCHSs) will engage with NT PHN in transitioning from a historical programmatic, service based contracting approach, to a more outcome orientated commissioning approach. This process will allow opportunities for a collective and agreed shift in resource allocation for needed local health improvements, quality care and patient journey outcomes. It will also allow for a move towards “place based” social and health system integration with a focus on strengthening patient centred comprehensive primary health service models and care pathways, as well as population /preventative health opportunities. Strengthening local primary health capacity, including data quality, will help to inform commissioning priorities and opportunities over time.</p> <p>The Red Lily Health Board Working Group (The Northern Territory Government Department of Health (NTG DOH), Top End Health Service (TEHS), NT PHN and RLHB Chair and Transition Manager will continue to assist in transitioning from TEHS funded and managed primary health services to a community controlled health service.</p>
Indigenous Specific	Yes
Duration	<p>Full year 2017-2018</p> <p>The services are ongoing from 2016-2017, and can commence immediately at 1 July 2017.</p>
Coverage	<p>Areas within NT PHN region by ABS Statistical areas (SA3 Level):</p> <ul style="list-style-type: none"> • 70201 Alice Springs (with a focus on Alice Springs town) • 70202 Barkly (multiple locations) • 70203 Daly – Tiwi – West Arnhem (with a focus on Jabiru) • 70204 East Arnhem (with focus on Galiwinku - Elcho Island) • 70205 Katherine (multiple locations)
Commissioning method (if relevant)	RPHS funding is an historical, service based, contracting approach (transitioned from the Regionally Tailored Primary Health Care Initiative through the Medicare Local Fund to NT PHN)

	<p>Current monitoring will continue - regular six monthly review of the service delivery plans, and reports, including regular two way communications and engagement between NT PHN and providers.</p> <p>The review of RPHS will result in better alignment with NT PHN commissioning principles and priorities, balanced with local need to ensure more efficient allocation and use of available resources for community benefit and progress towards agreed outcomes.</p>
Approach to market	<p>The planned procurement method is as follows:</p> <ul style="list-style-type: none"> • Implement contract variation or extension
Decommissioning	<p>Through the RPHS Steering Committee, key external stakeholders, funded providers and the NT PHN commissioning policy will determine the allocation of funding.</p> <p>One RPHS Program delivered in Borroloola for the 2016-17 period will be transitioned across to be appropriately funded under the Mental Health and Suicide prevention (Priority 3) funding in 2017-18.</p>

Proposed Activities	
Activity Title / Reference (eg. NP 1)	NP 2: Visiting Allied Health Services
Existing, Modified, or New Activity	Existing activity (NP 2 in 2016-2017 Activity Work Plan)
Program Key Priority Area	Indigenous Health
Needs Assessment Priority Area (eg. 1, 2, 3)	NT PHN Baseline Needs Assessment, submitted 30 March 2016 Chronic conditions, page 41
Description of Activity	Commission services for sub-contracted Allied Health practitioners to deliver community visiting allied health services across the Northern Territory.
Target population cohort	The activity will be continued to provide one on one client and community group education allied health services for people living in remote and very remote NT communities. This activity targets those with chronic care conditions often with complex care arrangements. This program is integrated with the MOICD Program as part of Outreach Health Services for administrative and travel efficiencies.

Consultation	Focus in 2017-2018 will be consulting with contracted providers to move towards a more integrated, patient centred rather than a traditional service provider driven approach. Increasing focus on quality of care outcome reporting will occur. Consultation with providers are ongoing in the development of an IT portal for improved administrative efficiencies as well as improved reporting through Visiting Activity Schedules to capture information feeding into the NT PHN Outreach Needs Assessment. These providers will be consulted as part of the NT PHN Outreach Service Needs Assessment to strengthen integrated patient-centred approaches and improved experience of care for those needing and receiving outreach services across the NT.
Collaboration	<p>Ongoing engagement is maintained to ensure service providers are well supported and safe in their practice. It is also maintained to maximise client episodes of care and to integrate with other providers and community members in undertaking group education sessions.</p> <p>NT PHN brings providers and individual professionals together to work on system, service and client care improvements on a regular and regional basis. Increasing direct engagement between providers and with remote primary health centres to find solutions to increasing client demand and NDIS issues is ongoing.</p> <p>NT PHN will lead in facilitating stronger strategic partnerships with key fund holders, organisations, providers and consumers in leading on a visiting outreach needs assessment. The intent is to strengthen integration and coordination of effort and maximise use of allocated funding to more effectively and efficiently meet both current and predicted demand and need for these services across the NT. There will also be opportunities in view of national reforms, for example, Health Care Home Model of Care, Health Pathways, Aged Care and NDIS. NT PHN will work collaboratively with the NT Rural Workforce Agency, a branch of NT PHN in undertaking a Workforce Needs Assessment including allied health.</p>
Indigenous Specific	<p>Yes</p> <p>The activity targets Aboriginal and Torres Strait Islander people, but is inclusive of non-Aboriginal and Torres Strait Islander people living in rural and remote communities across the NT.</p>
Duration	Full year 2017-2018. The services are ongoing from 2016-2017, and can commence immediately at 1 July 2017.
Coverage	Areas within NT PHN region by ABS Statistical areas (SA4 level):

	<ul style="list-style-type: none"> 702 Northern Territory – Outback
Commissioning method (if relevant)	<p>Service continuity will be maintained during 2017-2018.</p> <p>All services proposed to be delivered under this activity were operating prior to the transition to the PHN programme.</p>
Approach to market	Implement contract variation or extension
Decommissioning	Not applicable – none planned at this point.

Proposed Activities	
Activity Title / Reference (eg. NP 1)	NP 3: Regional Partnership and Coordination
Existing, Modified, or New Activity	New activity
Program Key Priority Area	Other - system integration
Needs Assessment Priority Area (eg. 1, 2, 3)	<p>NT PHN Baseline Needs Assessment, submitted 30 March 2016</p> <p>Health system effectiveness, page 42</p>
Description of Activity	<p>NT-wide data does not always reflect the challenges posed by remoteness, the number of small, isolated communities, the different demographics of the Aboriginal and non-Aboriginal populations, and differences of need across regions as well as urban, rural and remote areas. This activity will develop and strengthen regional partnerships with key stakeholders, community and consumers to develop comprehensive regional level planning to inform evidence and place based commissioning.</p> <p>Regional coordinators will undertake a range of activities to improve health system effectiveness. Activities will include but are not limited to:</p> <ul style="list-style-type: none"> Regional cross sectoral partnership development and strengthening Contribute to building a consumer-focussed integrated primary health care system through community, consumer and carer consultation

	<ul style="list-style-type: none"> • Place based commissioning activities • Contribute to regional health system intelligence including regional data, service mapping, needs assessment and evidence based regional planning • Lead/Enhance improved service integration and coordination activities • Lead/Participate in collaborative regional advisory and planning functions
Target population cohort	Populations within the Health Service Districts of: Top End Central, Top End West, West Arnhem and Maningrida, East Arnhem, Katherine, Barkly, Central Australia
Consultation	<p>This activity will engage with a range of stakeholders, including:</p> <ul style="list-style-type: none"> • Commonwealth Government Department of Health, Prime Minister and Cabinet and other Commonwealth agencies as required • Northern Territory Government Department of Health and other Northern Territory Government agencies as required • Top End Health Service (TEHS) – the LHN in the Northern Territory • Central Australia Health Service (CAHS) – the LHN in the Northern Territory • Peak bodies including Aboriginal Medical Services Alliance NT (AMSANT) • NGOs including not for profit and private sector • General Practice • Primary Health Care Centres • Aboriginal Community Controlled Services (ACCHS) • Community, consumer and carers • Local councils, schools, business, community groups • Australian Bureau of Statistics • Other relevant parties
Collaboration	<ul style="list-style-type: none"> • Commonwealth Government Department of Health, Prime Minister and Cabinet • Northern Territory Government Department of Health and other Northern Territory Government agencies as required • Top End Health Service (TEHS) – the LHN in the Northern Territory • Central Australia Health Service (CAHS) – the LHN in the Northern Territory

	<ul style="list-style-type: none"> • Peak bodies including Aboriginal Medical Services Alliance NT (AMSANT) • NGOs including not for profit and private sector • General Practice • Primary Health Care Centres • Aboriginal Community Controlled Services (ACCHS) <p>The roles of these stakeholders will be as partners to ensure patient centred, place based commissioning of quality, evidence based services responsive to local and regional needs. They will enable the establishment of co-design or co-commissioning opportunities to improve service integration and coordination, and strengthen health system effectiveness through the development of strong partnership and engagement.</p>
Indigenous Specific	No – However, a high proportion of the population in rural and remote regions identify as Indigenous.
Duration	2017-2018
Coverage	<p>Entire NT PHN region by ABS Statistical areas (SA4 level)</p> <ul style="list-style-type: none"> • 701 Darwin • 702 Northern Territory – Outback <p>Areas within NT PHN region by ABS Statistical areas (SA3 Level):</p> <ul style="list-style-type: none"> • 70101 Darwin City • 70102 Darwin Suburbs • 70103 Litchfield • 70104 Palmerston • 70201 Alice Springs • 70202 Barkly • 70203 Daly – Tiwi – West Arnhem • 70204 East Arnhem • 70205 Katherine
Commissioning method (if relevant)	Not applicable

Approach to market	Not applicable
Decommissioning	Not applicable

Proposed Activities -	
Activity Title / Reference (eg. NP 1)	NP 4: Practice Support and Digital Health Initiatives
Existing, Modified, or New Activity	Modified activity NP 8 and OP 2 within 2016-2017 Activity Work Plan
Program Key Priority Area	<ul style="list-style-type: none"> • Digital Health • Other – System Integration
Needs Assessment Priority Area (eg. 1, 2, 3)	NT PHN Baseline Needs Assessment, submitted 30 March 2016 EHealth, page 44 Practice support, page 46
Description of Activity	<p>An integrated model will be implemented to ensure relevant and sustainable support is provided to primary health care services in the NT. This includes support to private sector general practices. The Practice Support activity will have a continued focus on digital health, and specifically the promotion and assistance in the use of the My Health Record system. Over 2017-2018, the Practice Support activity will focus on:</p> <ul style="list-style-type: none"> • Practice Engagement across the NT, including in Darwin and Alice Springs urban centres. This will include a focus on: <ul style="list-style-type: none"> ○ Promoting the immunisation of children ○ Accreditation ○ PIP ○ Promote networking and collaboration opportunities, including those targeted at GPs, practice managers and practice nurses • Digital Health. This will include a focus on: <ul style="list-style-type: none"> ○ Supporting improvements in the use of eHealth that increase timely access to effective care

	<ul style="list-style-type: none"> ○ Promoting the PIP eHealth Incentive ○ Promote and assist in the use of My Health Record system ● Continued support to GP Practices implementing and using the PEN Computer System Software to extract population health data suitable for Continuous Quality Improvement and thus improve primary health care service delivery. ● Assisting with the implementation and usage of the HealthPathways system ● Membership of the NT Government Department of Health Regional Medical Group Disaster Medical Response Group ● Disseminate information relevant to primary health care providers in the NT ● Coordinate reviews of NT PHN resources for accuracy and development <p>These activities support general practice, and the broader primary health care sector in the NT, through direct engagement and support.</p> <p>By providing this support to the primary health care sector, including general practice, and ensuring quality services are provided, these activities are directly aligned to the PHN programme objectives:</p> <ul style="list-style-type: none"> ● Increasing the efficiency and effectiveness of medical services for patients particularly those at risk of poor health outcomes ● Improving coordination of care to ensure patients receive the right care in the right place at the right time.
Target population cohort	The target population cohort are the GP primary care services that support medical practitioners responsible for managing patients in the community.
Consultation	NT PHN will consult with GP Practice Owners, Managers and GPs during the course of this activity.
Collaboration	<p>This activity will be jointly implemented with a range of stakeholders, including:</p> <ul style="list-style-type: none"> ● Northern Territory Government Department of Health ● TEHS ● CAHS ● AMSANT ● General Practitioners and other primary health care providers ● Practice Managers, Practice Nurses and other support staff ● NGOs including not for profit and private sector

Indigenous Specific	No
Duration	2017-2018
Coverage	Entire NT PHN region by ABS Statistical areas (SA4 level) <ul style="list-style-type: none"> • 701 Darwin • 702 Northern Territory – Outback
Commissioning method (if relevant)	Not applicable
Approach to market	Not applicable
Decommissioning	Not applicable

Proposed Activities	
Activity Title / Reference (eg. NP 1)	NP5: Population Health and Data
Existing, Modified, or New Activity	Modified activity NP 5 in 2016-2017 Activity Work Plan
Program Key Priority Area	Other – system integration
Needs Assessment Priority Area (eg. 1, 2, 3)	NT PHN Baseline Needs Assessment, submitted 30 March 2016 Health system effectiveness, page 42
Description of Activity	<p>As NT PHN matures, we recognise the need to better address population health throughout the NT. The current NT PHN Needs Assessment clearly identifies that population health is a significant priority yet to be addressed. To realise the opportunity to drive and shape strategy and become place based commissioners in population health significant scaling up effort is required. This will be part of the new Planning and Performance Branch.</p> <p>This activity will involve:</p> <ul style="list-style-type: none"> • Aligning and formalising partnerships including data sharing with NTG, private General Practices and the community controlled sectors for example • Establishment of quality data systems within NT PHN and partner organisations

	<ul style="list-style-type: none"> • Establish advisory governance mechanisms for effective strategic oversight and technical expertise. • Engage and work with Top End and Central Australia Clinical Councils and Community Council and key forums such as NTAHF and consumers. • Strengthen the NT PHN whole of organisational stakeholder, communication and consumer engagement planning and approaches. • Move towards an integrated data strategy and Needs Assessment approach with NT partners • Build in health literacy requirements into all needs assessment work, with a specific focus on Aboriginal populations. • Embed Clinicians as fundamental drivers and champions for scaling up population health effort
Target population cohort	<p>NT populations of need as identified through Needs Assessment</p> <p>NT workforce</p>
Consultation	<p>Consultation will occur through the Needs Assessment Advisory Forum, Clinical and Community Councils and NT PHN Planning and Performance Branch to provide oversight and strategic guidance</p> <p>Establish population specific advisory consumer and provider of identified target populations as required for technical expertise and consumer input. NT PHN will lead on data coordination to understand populations and service gaps.</p>
Collaboration	<p>NTG, NT Department of Health, TEHS, CAHS, AMSANT, Consumers through range of peak bodies and forums and provider organisations.</p> <p>Roles of each party will be determined, clarified and agreed upon using NT PHN commissioning and partnering tools.</p>
Indigenous Specific	Whole the NT population
Duration	<p>BNA –ongoing due November 2017</p> <p>Local needs assessment design commences January 2107- due November 2017</p>
Coverage	<p>Entire NT PHN region by ABS Statistical areas (SA4 level)</p> <ul style="list-style-type: none"> • 701 Darwin • 702 Northern Territory – Outback

Commissioning method (if relevant)	Not applicable – Direct engagement activity by NT PHN, in collaboration with stakeholders.
Approach to market	Not applicable
Decommissioning	Not applicable

Proposed Activities	
Activity Title / Reference (eg. NP 1)	NP6: Health Pathways
Existing, Modified, or New Activity	Modified activity NP 6 and NP 7 from 2016-2017 Activity Work Plan
Program Key Priority Area	Relevant to all program areas <ul style="list-style-type: none"> • Other – system integration • Digital Health • Indigenous Health • Health Workforce • Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	NT PHN Baseline Needs Assessment, submitted 30 March 2016 <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Health, page 40 • Chronic conditions, page 41 • Health System Effectiveness, page 42 • eHealth, page 44 • Workforce, page 45 • Practice support, page 46
Description of Activity	This activity aims to build on the 2016-2017 work to provide clinicians with access to Health Pathways, an online decision-making tool used to help make assessment, management, and specialist request (including referrals to hospital) decisions for over 550 conditions. The target audience for Health Pathways are primary care clinicians responsible for managing patients in the community, and for initiating requests for specialist assistance. Following the initial set up of NT

PHN's Health Pathways system, 2017-2018 will see further development, embedding and rollout of this program across all regions of the NT.

After the 2016-2017 activities of staff and governance set up, systems development and training this activity plans to build on the experiences of the first piloted pathways to further refine the NT's integrated system for clinical pathways development and refinement. The project will then continue across the regional locations of the NT to produce a widened range of clinical pathways and system reforms to support improved patient and clinician flows.

Work will include ongoing software licensing fees and implementation costs such as staffing of the development stage, review of the outcomes, and patient and clinician feedback.

The activity will support a collaborative approach to developing localised pathways. Governance include clinical leaders from CAHS, TEHS, AMSANT, ACCHSs, allied health practitioners, and private-sector General Practitioners, and will be coordinated by NT PHN through clinical editors and NT PHN's Health System Improvement Manager.

This activity contributes towards priorities identified in the BNA through the implementation of an on-line manual with localised clinical referral pathways that can be accessed by a range of health care providers to increase efficiencies. It also focuses local efforts across the health sector to find innovative ways to collaborate and maximise the patient outcomes from the national and local reform agenda. The activity provides the following benefits:

- Patients will benefit from general practice and other services being able to do more for them in the community, from the greater clarity clinicians can provide about the appropriateness and likelihood of obtaining further specialist services, and about alternative options.
- Clinicians will benefit through relationship building with their primary care and hospital specialist colleagues as they localise Health Pathways, and through greater confidence and options in managing their patients.
- The local health system will benefit through less demand on acute and residential care services as patients are better managed in the community, freeing up resources to provide more elective services and increase assistance to primary care.

In 2017-2018 the following outcomes will be achieved

	<ul style="list-style-type: none"> • Governance group processes finalised to drive prioritisation and oversight of pathway development • 100 pathways developed • Development of a CQI process for project and preliminary evaluation of pathways uptake and impact • Rollout plan for all five regions of the NT
Target population cohort	The target population cohort is the primary health care clinicians, including allied health practitioners, responsible for managing patients in the community, and for initiating requests (including referrals to hospital) for specialist assistance.
Consultation	<p>Key stakeholder engagement activities will include</p> <ul style="list-style-type: none"> • regular newsletter about pathways and CQI for involvement by clinicians • working parties with groups of clinicians with subspecialty interest for each pathway • Governance group representations • GP clinic showcasing of the tool by Practice Support • Inclusion of Health Pathways promotion at all CPD events including specific marketing campaign • CPD activity planning for GPs based around the pathways in development
Collaboration	<p>This activity will be jointly implemented with a range of stakeholders, including:</p> <ul style="list-style-type: none"> • Northern Territory Government Department of Health • TEHS • CAHS • AMSANT • General Practitioners • Other primary health care providers, allied health practitioners and medical specialists • NGOs including not for profit and private sector
Indigenous Specific	<p>No</p> <p>Not specifically targeted – however the health needs of Aboriginal and Torres Strait Islander people is a key consideration for this activity. This work will take into account the existing CARPA Primary Health Care Manuals and this will be integrated into the Health Pathways tool.</p>

Duration	2016-2018
Coverage	<p>Areas within NT PHN region by ABS Statistical areas (SA3 Level):</p> <ul style="list-style-type: none"> • 70101 Darwin City • 70102 Darwin Suburbs • 70103 Litchfield • 70104 Palmerston • 70201 Alice Springs • 70202 Barkly • 70203 Daly – Tiwi – West Arnhem • 70204 East Arnhem • 70205 Katherine
Commissioning method (if relevant)	Not applicable – Direct engagement activity by NT PHN in collaboration with stakeholders.
Approach to market	Not applicable
Decommissioning	Not applicable

Proposed Activities	
Activity Title / Reference (eg. NP 1)	NP 7: Reform and Health System integration
Existing, Modified, or New Activity	New activity
Program Key Priority Area	Other - system integration
Needs Assessment Priority Area (eg. 1, 2, 3)	NT PHN Baseline Needs Assessment, submitted 30 March 2016 Health System Effectiveness, page 42
Description of Activity	NT PHN has identified a key opportunity for improved clinical service modelling and pathways development across the NT wide health system e.g. women’s health and screening models and coordination, antenatal shared care, diabetic complications. The current National focus on reform

	<p>offers opportunities to co design new models of care provision across services, ensuring patient outcomes and patient journeys lead improvements for quality care and patient experiences of timely care.</p> <p>NT PHN's Health Pathways program has established the governance agreements between NT's health service providers to progress redesign work.</p> <p>This activity will:</p> <ul style="list-style-type: none"> - bring stakeholders together to agree on models of care eg maternity service to undergo redesign - develop redesign project plans and manage their implementation - embed CQI and performance and monitoring in the activity design and rollout
Target population cohort	Women, screening activities, chronic disease
Consultation	As above
Collaboration	NT Govt, Dept of Health, TEHS and CAHS and AMSANT are engaged to partner at the clinician level in the work of Health Pathways, led by NT PHN. Clinical discussions and clinical governance committees will oversight the choice of projects and areas to be redesigned, supported by NT PHN data. The implementation of any redesign process will require full endorsement and ownership including pooling of resources across the health sector before implementation and rollout.
Indigenous Specific	No
Duration	Commence March 2017 with women's health. The position attached to this work will prioritise project scheduling into the future
Coverage	NT wide
Commissioning method (if relevant)	Not applicable
Approach to market	Not applicable
Decommissioning	Not applicable

Proposed Activities	
Activity Title / Reference (eg. NP 1)	NP 8: Healthy Ageing and Aged Care
Existing, Modified, or New Activity	Modified activity NP 4 in 2016-2017 Activity Work Plan
Program Key Priority Area	Aged Care
Needs Assessment Priority Area (eg. 1, 2, 3)	NT PHN Baseline Needs Assessment, submitted 30 March 2016 Aged Care, page 46
Description of Activity	<p><i>Note: approved change by the Commonwealth.</i></p> <p>Healthy Ageing and Aged Care Needs Assessment</p> <p>Provider and consumers contribute to shaping aged care reforms appropriate to needs of Territorians over time. This activity will:</p> <ul style="list-style-type: none"> • Design quality integrated service system assessments methodologies “knowing our starting point for system improvements”. • Strengthen integrated approaches between public and private aged care providers in keeping NT populations healthy and close to country/home. • Identify and predict future workforce requirements based on ageing population need
Target population cohort	Ageing population of the NT
Consultation	<p>Establish Ageing/Aged Care Advisory Forum to champion stakeholder, community and consumer engagement and provide oversight and guidance in undertaking an Ageing/Aged Care Needs Assessment.</p> <p>Engage and work with NT PHN Community and Clinical Councils as local champions for technical advice and consumer input.</p>
Collaboration	This will be as described above and further determined through the emerging governance mechanisms.
Indigenous Specific	No, whole of ageing and aged care NT population.

Duration	January 2017-November 2017
Coverage	Entire NT PHN region by ABS Statistical areas (SA4 level) <ul style="list-style-type: none"> • 701 Darwin • 702 Northern Territory – Outback
Commissioning method (if relevant)	Not applicable.
Approach to market	Not applicable.
Decommissioning	Not applicable.

Proposed Activities	
Activity Title / Reference (eg. NP 1)	NP 9: NT PHN Response PHN Program Priorities
Existing, Modified, or New Activity	New activity
Program Key Priority Area	Relevant to all program priorities
Needs Assessment Priority Area (eg. 1, 2, 3)	NT PHN Baseline Needs Assessment, submitted 30 March 2016 Relevant to all areas, including Aboriginal and Torres Strait Islander Health (page 40), Workforce (page 45) and Health Literacy (page 47)
Description of Activity	<p>Commission NT service providers to deliver a range of activities aligned with national health reform and the PHN program priorities (mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, digital health and aged care).</p> <p>NT PHN receives a range of unsolicited funding proposals and requests for assistance, outside defined procurement activities. There is presently limited flexibility to respond to evidence based solutions, or to support activities to meet urgent and/or emerging health priorities.</p> <p>This activity will enable NT PHN to flexibly respond to emerging issues, through commissioning services in accordance with the PHN Grant Funding Guidelines and other governing documents (including the organisation’s Constitution and Strategic Plan). A range of governing documents will be developed to</p>

	<p>support this activity, including processes and tools to assess unsolicited proposals received by the organisation (ie. standard grant application form).</p> <p>Initial planned activities to support mental health as a priority include working with the NT Department of Education to implement the Safe Minds Project.</p>
Target population cohort	The activity will be delivered to people in the Northern Territory.
Consultation	Not applicable.
Collaboration	<p>This activity will be jointly implemented with a range of stakeholders, including:</p> <ul style="list-style-type: none"> • Northern Territory Government Department of Health • TEHS • CAHS • AMSANT • General Practitioners • NT Department of Education and NT high schools • Other primary health care providers, allied health practitioners and medical specialists • NGOs including not for profit and private sector
Indigenous Specific	No
Duration	<p>2017-2018</p> <ul style="list-style-type: none"> • June/July 2017 – Development of guiding policies and procedures to support implementation of unsolicited proposals, including prioritisation tools • August 2017 – Endorsement of documents by NT PHN Board
Coverage	<p>Entire NT PHN region by ABS Statistical areas (SA4 level)</p> <ul style="list-style-type: none"> • 701 Darwin • 702 Northern Territory – Outback
Commissioning method (if relevant)	This activity will be fully commissioned, through direct selection of providers following requests for proposals.
Approach to market	Not applicable

Decommissioning	Not applicable
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1. (c) Planned PHN activities – Core Operational Funding 2016-18

Proposed general practice support activities	
Activity Title / Reference	OP1: Clinical Advisor Functions
Existing, Modified, or New Activity	Existing activity OP 1 in 2016-2017 Activity Work Plan
Description of Activity	<p>The Clinical Advisor function includes a range of clinician input across NT PHN branches and the commissioning cycle. The roles and functions support clinician input at all stages of health professional engagement, clinical pathway development, health needs assessments, planning, program management, implementation and evaluation, and both internal and external engagement activities.</p> <p>Through engagement with General Practitioners and other health professionals, including through NT PHN's Clinical Councils, the needs of clinicians to improve their patient care and workforce retention are better understood and represented.</p> <p>Key focuses of this activity in 2017-2018 include:</p> <ul style="list-style-type: none"> • building a more skilled and broadly representative clinician input team. • Development and implementation of a new clinician communication and engagement strategy. • Prioritisation of initiatives around health systems integration and the national reform agenda to ensure locally appropriate innovations and adaptations of national projects. • Redevelopment and reengagement of the GP Liaison functions at TEHS and CAHS focused on clinical pathways and system redesign. • Supporting NT PHN's Top End and Central Australia Clinical Councils. • Representing NT PHN in professional forums and networks, with relevant government agencies, Aboriginal community controlled health services and private organisations.

	<ul style="list-style-type: none"> • Supporting ongoing medical education and continuous professional development. • Clinical Governance framework rollout.
Supporting the primary health care sector	This work will strengthen primary care input into the internal planning and work of the PHN. The renewed clinical team and roles will work to ensure local GPs and clinicians feel engaged with NT PHN and their voice is heard and acted upon in local service delivery design and planning.
Collaboration	<p>This activity will be jointly implemented with a range of stakeholders, including:</p> <ul style="list-style-type: none"> • Northern Territory Government Department of Health • TEHS • CAHS • AMSANT • General Practitioners and other primary health care providers • NT General Practice Education • NGOs including not for profit and private sector
Duration	2016-2018
Coverage	<p>Entire NT PHN region by ABS Statistical areas (SA4 level)</p> <ul style="list-style-type: none"> • 701 Darwin • 702 Northern Territory – Outback
Expected Outcome	<ul style="list-style-type: none"> • Improve equitable access to primary health care through removal of systemic barriers by development of clinical pathways and service redesign through clinician engagement. • Improved engagement as seen through clinician input levels in key activities of the organisation. • Development of a larger clinical team, which is involved in all aspects of the organisation. • Improved health system integration through development and strengthening of partnerships with key clinical stakeholders.

Proposed general practice support activities

Activity Title / Reference	OP2: Health Planning and Performance
Existing, Modified, or New Activity	Existing activity OP 3 in 2016-2017 Activity Work Plan
Description of Activity	<p>This activity supports the NT PHN Health Planning and Performance functions to improve the quality of data and data systems within NT PHN to build capacity to undertake needs assessment(s) to strategically guide co-designed place based commissioning opportunities and priorities over time.</p> <p>Objectives of this activity includes:</p> <ul style="list-style-type: none"> • Ensuring NT PHN’s approach to health planning includes a better understanding of local community population’s health and social needs hand in hand with understanding service systems and service gaps. • A contemporary approach to planning using tools, methodologies (including epidemiological analysis) and frameworks to scope, develop, implement, evaluate, monitor and report on strategic responses to primary health care and population health issues. <p>Data Activities will include:</p> <ul style="list-style-type: none"> • Undertake data audit mapping and sourcing • Identify data systems and IT requirements • Identify data sources and data stakeholders • Establish data alliances and agreements • Performance and Monitoring • Ongoing development and shaping of performance and monitoring KPI aligned with emerging national performance framework balanced with local indicators to support performance monitoring and improvements over time. <p>CQI Activities will include:</p> <ul style="list-style-type: none"> • Assist organisational CQI initiatives for improved commissioning performance over time • Assist to embed CQI into NTPHN commissioning activities, including performance requirements

	<ul style="list-style-type: none"> • Build CQI alliances and communities of practice with AMSANT and ACCHOS across the NT.
Supporting the primary health care sector	<p>Needs Assessment- Build evidence based planning and promote shared understanding of population needs and systemic improvements.</p> <p>Performance and Monitoring- To develop local indicators that are relevant and meaningful to improving commissioning, primary health care improvements and patient experience and engagement with the primary health system in partnership with key health sector partners.</p> <p>CQI- Embed CQI as part of our everyday business with our partners in primary health reform and care.</p>
Collaboration	<p>This activity will be co designed with key stakeholders including:</p> <ul style="list-style-type: none"> • Northern Territory Government Department of Health and other agencies as required • TEHS • CAHS • AMSANT • NGOs including not for profit and private sector • Consumers • ATSI community and organisational representatives (locally)
Duration	2016-2018
Coverage	<p>Entire NT PHN region by ABS Statistical areas (SA4 level)</p> <ul style="list-style-type: none"> • 701 Darwin • 702 Northern Territory – Outback
Expected Outcome	Improved capability to track NT PHN performance and progress as part of the NT health system that is measurable and meaningful.

