Australian Government
Department of Health

phn
An Australian Government Initiative

Activity Work Plan 2020-2021:

After Hours Funding

This After Hours Activity Work Plan template has the following parts:

1. The After Hours Activity Work Plan for the financial years 2019-20 and 2020-2021. Please complete the table of planned activities funded under the following:
    a) Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – After Hours Primary Health Care Program Funding
2. The Indicative Budget for the financial years 2019-20 and 2020-21. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
    a) Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – After Hours Primary Health Care Program Funding

Gold Coast PHN

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

Overview

This After Hours Activity Work Plan covers the period from 1 July 2019 to 30 June 2021. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 24 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

Important documents to guide planning

The following documents will assist in the preparation of your Activity Work Plan:

- Activity Work Plan guidance material;
- PHN Needs Assessment Guide;
- PHN Program Performance and Quality Framework;
- Primary Health Networks Grant Programme Guidelines;
- Clause 3, Financial Provisions of the Standard Funding Agreement.

Formatting requirements

- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables, or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

1. (a) Planned PHN activities for 2019-20 and 2020-21 – After Hours Primary Health Care Program Funding

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2021.

ACTIVITY TITLE	**AH1- Emergency Alternatives to hospital Campaign**
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible. Previous title/code: AH1.3 Emergency Alternatives to hospital Campaign
Program Key Priority Area	Choose from the following: Population Health If Other (please provide details):
Needs Assessment Priority	**Identified local health needs and service issues** General Practice and Primary Care • While categories 4 and 5 ED presentations have remained stable, there has been strong growth in higher acuity categories, increasing demand on ED services • Comparatively high rates of potentially preventable • Access to Information about services and resources to support general practice in key areas required • Potential to increase use of data in general practice software to proactively plan care (Page 333 & 336 of 359 of full Needs Assessment submitted) Aged Care • Limited capacity to provide a coordinated and sustained coverage for palliative and end of life care – within RACF's out of hours • High numbers of preventable hospital admissions for older adults are recorded for Chronic Obstructive Pulmonary Disease, urinary tract infections, angina and heart failure (Page 343 of 359 of Needs Assessment submitted) After-hours • Gold Coast rate for potentially preventable hospitalisations above the national rate in 2017-18 (Page 339 of 359 of Needs Assessment submitted) **Possible Options identified in Needs Assessment** Continuation of • Integrated Care Alliance • Primary Sense • Access to information and resources (healthy GC) • Safe spaces (PCCs) • Emergency Alternative Campaign • After-hours advice and support (interact- for Aged Care RACF) (Pages 334, 338, 339 and 340 of 359 of full Needs Assessment submitted)

Aim of Activity	The aim of this activity is to increase consumer awareness of After Hours Primary Health Care available in their community and improve patient health literacy on the appropriate health services to access in the afterhours period. In particular the campaign aims to reduce emergency department congestion/ unnecessary presentations by educating the community about the local and digital options including afterhours services as an alternative to EDs.
Description of Activity	This activity will increase the awareness of the community about services and options other than emergency departments available to them, when to use them and when it is appropriate to go to emergency departments. This will involve promotion of after-hours doctor's services, online and telephone services to improve awareness of options and help people make appropriate and informed decisions. We anticipate this will assist to reduce the burden in emergency departments by reducing the number of unnecessary or inappropriate presentations. Activities include: • Collateral development and distribution, including magnets, brochures and posters. To be distributed through general practice and Gold Coast Health emergency department. • Online advertising, social media and radio advertising • Usual GCPHN and Gold Coast Health publications • Tonic advertising at pharmacy Advertising through Gold Coast Health screens in foyer and emergency waiting areas.
Target population cohort	Residents living in the GCPHN region
Indigenous specific	No
Coverage	Whole Gold Coast PHN Region (Gold Coast SA4)
Consultation	The activities build on previous work and key elements have been developed and refined in consultation with Gold Coast Health, with feedback from GCPHN Clinical Council, Community Advisory Council and Primary Healthcare Improvement Committee.
Collaboration	**GCH** Partner in development and implementation of campaign. GCH has agreed to use the campaign within their ED departments, promote online through their Social Media Channels, external facing website and internal intranet and has provided images and a contact within their ED to be the 'face' of the campaign and also provide comments from any media enquiries. **General Practice including after- hours services** Working with general practice staff to promote after- hours alternatives and educate the community through displaying collateral within practices.
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates **(including** the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2021 **If applicable**, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Service delivery start date: May 2020 Service delivery end date: August 2021 Any other relevant milestones? Campaign runs annually from approximately 17 May to 31 August.

Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: ☐ Not yet known ☐ Continuing service provider / contract extension ☒ Direct engagement The Emergency Alternatives to hospital campaign is an internally ran communications campaign instead of direct service delivery. Working with a pre-approved list of graphic designers whom are approved by the Department of Health the campaign is advertised at a key target audience, allowing optimal reach and best value for money. ☐ Open tender ☐ Expression of Interest (EOI) ☐ Other approach (please provide details) 2a. Is this activity being co-designed? No but Gold Coast Health, GCPHN Clinical Council and Community Advisory Council have been engaged in content developed and refinement. 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No but it will be implemented in coordination with Gold Coast Health 3b. Has this activity previously been co-commissioned or joint-commissioned? No but was previously implemented in coordination with Gold Coast Health 4a. Co-design or Co-commissioning details
Decommissioning	1a. Does this activity include any decommissioning of services? No 1b. If yes, please provide a description of the proposed decommissioning process and any potential implications

ACTIVITY TITLE	**AH2 - Mental Health After Hours (Safe Space)**
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible. Previously Activity AH1.4 Mental Health After Hours
Program Key Priority Area	Choose from the following: Mental Health If Other (please provide details): This activity supports mental health, AOD and Suicide prevention activities by providing a safe space for people to present as an alternative to presenting to an Emergency Department for out of hours support.

Needs Assessment Priority	Gold Coast PHN Needs Assessment 2019, Page P1 in the Severe and Complex Needs Assessment Summary (page 210 of 271 in Needs Assessment documentation as submitted to DoH). • Coordinated shared care planning that is available across primary care, community and the hospital and health service (Severe and Complex Needs Assessment, pg. 1). • Education and training for General Practice to better support severe and complex patients, including physical health and referral pathways (Severe and Complex Needs Assessment, pg. 1). • Increased opportunities to support greater engagement in service delivery by peer workers and people with a lived experience (Severe and Complex Needs Assessment, pg. 1). • Centralised intake across the stepped care model to ensure people receive the appphiliharopriate support and referral based on their needs (Severe and Complex Needs Assessment, pg. 1). • Develop efficient pathways to support person centred transfer of care between acute and primary services (general practice, allied health and community services) (Severe and Complex Needs Assessment, pg. 1).
Aim of Activity	The community based safe space aims to support people to proactively manage their mental health by allowing access through a drop-in arrangement when the person identifies symptoms of becoming unwell and their primary care provider is not accessible. Over time it is anticipated that people will utilise the safe space facility as an alternative to the Emergency Department where it is safe to do so.
Description of Activity	**Community Safe Space** This service commenced 1 September 2018 to reduce barriers to accessing mental health support by providing people with a welcoming 'no wrong door' option to accessing support, advice, referrals to other services and care planning. Since commencing operations the safe space facility has matured and is now responding to on average over 450 presentations a quarter. A number of these presentations self-identify using the safe space facility as an alternative to the Emergency Department. The commissioned Provider will continue to operate a community "drop in" type space which includes after hours clinical and psychosocial support including but not limited to; • Assessment • Care Co-ordination • Groups • Service Information The safe space is provided by peer support workers and clinicians. After hours has been defined as: • 6pm to 11pm weeknights • 12midday to 11pm Saturdays and Sundays In responses to the maturing of this service the following activities will be undertaken: - Review the service utilisations and the alignment with the needs assessment outcomes to explore opportunities to target the safe space facility at high need groups – eg. homeless population. - Explore opportunities to expand the safe space initiative over

	the Gold Coast region to allow with greater accessibility - Continue to develop the capability of staff providing the safe space facility to respond to presenting issues, ie. homelessness, alcohol and drug intoxication, dependence and use - Where able integrate the safe space facility into activities undertaken as part of the Joint Regional Planning process. In addition to continuing to mature the service offering through the current Mermaid location for the safe space GCPHN will explore opportunities to expand this service offering to the Northern Corridor of the Gold Coast in line with recommendations from the Joint Regional Plan.
Target population cohort	• Individuals who identify that their mental health symptoms are escalating or are in mental distress and their primary care provider is unavailable or inaccessible. • Individuals that require mental health support that do not have a primary care provider and cannot access clinical support at the time they require it. • Individuals that have experienced or are experiencing barriers to accessing primary mental health care or other mental health supports. Individuals identified as hard to reach as specified in the 2016 GCPHN Mental Health Needs Assessment healthygc.com.au/Programs-Services/Mental-Health-Resources
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No If yes, briefly describe how this activity will engage with the Indigenous sector.
Coverage	Outline coverage of the activity. Where area covered is not the whole PHN region, provide the statistical area as defined in the Australian Bureau of Statistics (ABS), or LGA. This activity will cover the full GCPHN area
Consultation	GCPHN led a targeted consultation process between September and October 2017 to build on findings from the broad consultation undertaken in 2016. The 2017 workshops were conducted, with representatives from Queensland Government agencies, consumers, carers and community service providers from the non-government sector and clinical service providers, with over 120 people participating. These workshops focused on understanding the vision stakeholders held for mental health on the Gold Coast; assessing and prioritising contemporary models of care (drawn from local, State, national and international practice) and, importantly, identifying the outcomes that both consumers and providers want to achieve. This co-design approach elicited greater clarity of the desired service components and models of care that would meet the identified needs of people living with severe and complex mental illness on the Gold Coast.
Collaboration	**Stakeholder/Partners–Role** 1. GCH - Collaborative working relationship 2. General Practice including after - hours services - Service information and advice service will target general practitioners and psychiatrists first to assist in the management of people with mental health across the stepped care model

Activity milestone details/ Duration	Provide the anticipated activity start and completion dates **(including** the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2021 **If applicable**, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year. Any other relevant milestones? During the term of this activity plan the following milestones are anticipated: • Dec 19- June 21 – ongoing service delivery • March 20-June 20 – review current utilisations of Safe Space and correlation with Needs Assessment • July 20-June 21 – Integrate Safe Space into Joint Regional Plan activity seek opportunities to expand initiative to other sites in the Gold Coast region • Jan 21-June 21 – Review and Evaluate safe space
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: ☐ Not yet known ☒ Continuing service provider / contract extension ☐ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. ☐ Open tender ☐ Expression of Interest (EOI) ☐ Other approach (please provide details) 2a. Is this activity being co-designed? Yes It was co-designed and has ongoing input into the evolution of the service 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No Exploring opportunities to work in partnership with the Gold Coast Hospital and Health Service 3b. Has this activity previously been co-commissioned or joint-commissioned? No 4a. Co-design or Co-commissioning details
Decommissioning	1a. Does this activity include any decommissioning of services? No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications.

ACTIVITY TITLE	**AH3 Alcohol and Other Drugs After Hours Treatment**
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible. Note: *This activity is connected to 2019-20 AF1.5 Alcohol and Other Drugs After Hours – Treatment*
Program Key Priority Area	Choose from the following: Alcohol and Other Drugs If Other (please provide details):
Needs Assessment Priority	Gold Coast PHN Needs Assessment 2019, Page P1 in the Alcohol and Other Drugs Needs Assessment Summary (page 71 of 271 in Needs Assessment documentation as submitted to DoH). • Current capacity of detoxification, residential rehabilitation and aftercare services limit the provision of flexible support and follow up for clients. • Flexible outreach treatment services with a focus on vulnerable target groups including young people. • Provision of training and resources, including referral pathways, for General Practice to support patients with substance use issues including ice.
Aim of Activity	The community-based alcohol and other drugs afterhours service aims to support people requiring specialist treatment who can't access this treatment during traditional business hours. This activity aims to: • Increase availability of AOD treatment services in the community • Increase timely access to specialist AOD treatment services for individuals and their families • Improve AOD treatment outcomes for clients • Reduce harm associated with drugs and alcohol use, with a focus on methamphetamine use
Description of Activity	**Afterhours Alcohol and Other Drugs treatment** Commission providers QuIHN and Lives Lived Well to deliver alcohol and other drugs treatment over a six-month period. This trial period will allow GCPHN to assess regional demand for specialist treatment outside traditional business hours with service delivery data used to inform the need for a longer-term afterhours service model. Outcomes: • Improved access for individuals requiring alcohol and other drugs treatment that is flexible and responsive to their needs • Improved referral pathways from AOD and other service providers to ensure utilisation of service • Reduced problematic substance use or safer substance use

	Service Model:
	• Afterhours brief intervention, counselling and case management for people seeking treatment for drug and alcohol related issues
	• Individuals must be 18+ to access the service
	• Individual and group treatment will be provided (group delivered based depending on demand)
	• Referral sources to include:
	  ○ Individuals that come via QuIHN and Lives Lived Well intake
	  ○ Gold Coast Health AODs team
	  ○ GCPHN commissioned services
	  ○ Mental health, AOD and other local service providers
	• Services settings:
	  ○ QuIHN and Lives Lived Well service sites
	  ○ Negotiated sites including GCPHN commissioned Safe Space
	
	After hours service delivery has been defined in this trial as:
	• 5pm to 8pm weeknights
	• Saturdays

Target population cohort	Individuals 18+ requiring treatment support for alcohol and/or other drug use including individuals experiencing co-occurring mental health and substance related disorders.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No If yes, briefly describe how this activity will engage with the Indigenous sector.
Coverage	Outline coverage of the activity. Where area covered is not the whole PHN region, provide the statistical area as defined in the Australian Bureau of Statistics (ABS), or LGA. This activity will cover the full GCPHN area.
Consultation	This activity has been informed by consultation that has occurred over several years throughout various co-design processes for AOD and mental health services, during AOD specific working groups and the development of needs assessments. Recently building on this, the Joint Regional Plan consultation has highlighted the absence and need for community-based afterhours treatment, as there is currently no dedicated service in the region. Gold Coast Health Alcohol and Other Drugs branch has regularly reported the need for afterhours support for clients they cannot service. Consumers, community members and other service providers have reported this as a need and an important addition to the current treatment delivery landscape, not only to increase the overall availability of treatment in the region, but also to provide an option to individuals who cannot attend appointments during business hours because they work full-time, or are full-time carers for example.
Collaboration	**Stakeholder/Partners-Role** 1.Gold Coast Health-Collaborative working relationship Referrals 2. Aboriginal and Torres Strait Islander services, mental health services- Referrals 3. AOD and mental health services-Collaborative working relationship Referrals

	4. General Practice including after- hours services-Service information and referrals
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates **(including** the planning and procurement cycle): Activity start date: 1/04/2020 Activity end date: 30/06/2021 **If applicable**, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Service delivery start date: April 2020 Service delivery end date: June 2021 Any other relevant milestones? During the term of this activity plan the following milestones are anticipated: 1. April 2020 – October – Implementation and delivery of afterhours service 2. October 2020 – Trial evaluation and commissioning of appropriate service model 3. October 2020 – June 2021 – Service delivery and business as usual, quarterly performance meetings and regular relationship manager engagement
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: ☐ Not yet known ☐ Continuing service provider / contract extension ☒ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. ☐ Open tender ☐ Expression of Interest (EOI) ☐ Other approach (please provide details) QuIHN and Lives Lived Well have been commissioned by GCPHN since January 2017, however, have not been specifically funded for afterhours activity. Both providers have been reviewed to be high performing providers and well respected in the region. GCPHN has worked with each provider during design phase of the trial to determine appropriate approach and have determined it is efficient and effective to increase scope of existing providers to trial a new activity. 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No 4a. Co-design or Co-commissioning details
Decommissioning	1a. Does this activity include any decommissioning of services? No

	1b. If yes, provide a description of the proposed decommissioning process and any potential implications.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
ACTIVITY TITLE	***AH4-Access to information and Resources***
Existing, Modified, or New Activity	Existing Activity
Program Key Priority Area	Choose from the following: Digital Health (Increase consumer awareness of Afterhours primary care services available in community and increase patient health literacy on after hours services and to support access to information and resources to general practice in key health areas and support use of secure electronic messaging) If Other (please provide details):
Needs Assessment Priority	**Identified health needs and service issues** General Practice and Primary Care • Access to Information about services and resources to support general practice in key areas is required. (Page 335 of 359 of full Needs Assessment Submitted) Chronic Disease • Better systems to support care coordination required • Referral pathways and care coordination including self-management systems to identify suspected at-risk patients (Page 340 of 359 of full Needs Assessment submitted) Palliative Care • Access to clear communication and accessible information for patients, families and health care professionals • Current systems not always established for the provision of clinical care coordination of end of life care between providers (Page 196 of 359 of full Needs Assessment submitted) Low intensity mental health services • Promotion of low intensity services to General Practice to support complementary use with other primary health interventions • Develop effective pathways to increase accessibility to evidence based electronic (digital) mental health services (Page 347 of 359 of full Needs Assessment submitted) National Psychosocial Services • Efficient referral pathways to increase accessibility to new psychosocial services (Page 348 of 359 of full Needs Assessment submitted) Mental Health- Suicide Prevention • Develop clear referral pathways and supported connections to appropriate community supports (Page 349 of 359 of full Needs Assessment submitted) Mental health- children and youth

	• Issues with transfer of information • Limited knowledge and adherence to guidelines/frameworks by health care providers (Page 351 of 359 of full Needs Assessment submitted) Mental Health- Severe and Complex • Develop efficient pathways to support person centred transfer of care between acute and primary care services (general practice, allied health and community services) (Page 351 of 359 of full Needs Assessment submitted). Alcohol and other drugs • Provision of training and resources, including referral pathways, for general practice to support patients with substance use issues including ice (Page 352 of 359 of full Needs Assessment submitted) Aboriginal and Torres Strait Islander Mental health and Suicide • Access and awareness of appropriate services (Page 356 of 359 of full Needs Assessment submitted) **Possible Options identified in Needs Assessment** Integrated Care Alliance • Continue to support the implementation of new integrated models of care • Preliminary work to develop models of care have been completed for a range of disease conditions. I implementation requirements are currently being scoped. • A major body of work for GCPHN involves the implementation of shared care frameworks and pathways to enable all clinicians on the Gold Coast to review and utilise new pathways to care resulting from the re-design work. This will include the electronic infrastructure to support the implementation of the new models of care. (Page 334 of 359 of full Needs Assessment) Access to information and resources • GCPHN will continue to host, develop the I.T. infrastructure, update and market the existing web portal featuring: o Localised referral guidelines and templates for Gold Coast Health, updated to reflect the Clinical Prioritisation Criteria protocols introduced in Queensland o Review and update of existing referral templates to ensure they align to current evidence and GCH systems and protocols o Other clinical and service navigation support information including the emerging new models of care • Professional resources • Patient facing resources (page 336 of 359 of full Needs Assessment)
Aim of Activity	This activity aims to ensure a locally curated suite of information and resources in a modern and intuitive interface to support consumer and sector awareness of afterhours primary care services and other primary care services more broadly available in community. With access to readily available, evidence based information, resources, service and referral options, tailored specifically

	to Gold Coast region through an range of communications and engagement channels particularly the GCPHN website: • patient health literacy regarding afterhours primary care services and other primary care services more broadly available in community increases • general practice and other primary care services have increased access to information and resources regarding afterhours primary care services and other primary care services more broadly available in community • health issues in the after hours period may be avoided • health issues in the after hours period may be more appropriately managed through primary care services, reducing the need for presentations to emergency departments

Description of Activity	During 2019, software options and a review of the information architecture and content management system was completed to ensure the service continues to function in the most effective and efficient way and meet the needs of its users. This resulted in the development of a new website, delivering a locally curated suite of information and resources in a modern and intuitive interface to support consumer and sector awareness of afterhours primary care services and other primary care services more broadly available in community. The activity continues to addresses the needs as GCPHN will continue to continue to host, develop and refine the IT infrastructure, online architecture and content of the GCPHN website featuring: • localised Afterhours primary care services information and where relevant, referral guidelines and templates for services • library of Gold Coast Health referral templates, promote these to general practice and provide support for use to ensure effective uptake of secure electronic messaging • suite of professional resources and educational material for priority health areas • publication of care pathways information across a number of prioritised service areas/health issues • patient facing resources to increase health literacy of available Afterhours primary care services • embedding of links to National Health Service Directory. Information is provided about Afterhours and other primary care services available in community through a stable, reliable, accurate, localised digital platform for general practice, primary care service providers and the broader community to access the necessary curated, up-to-date information and resources that support access to service options, referral and optimal care management. This activity includes linking and liaison with the National Health Service Directory and other related directories to ensure most effective information sharing.
Target population cohort	Community of the Gold Coast PHN Region (Gold Coast SA4)
Indigenous specific	No
Coverage	Whole Gold Coast PHN Region (Gold Coast SA4)
Consultation	Extensive consultation and co-design was undertaken to inform the website redesign including general practitioners, practice staff, consumers, Gold Coast Health local and RACF staff.
Collaboration	general practitioners, practice staff, consumers, Gold Coast Health, local and RACF staff and website users will be engaged to continue to develop and refine the IT infrastructure, online architecture and content of the website. In addition, GCPHN will actively collaborate with Gold Coast Health and National Health Service Directory to ensure an effective approach to integration of information across respective websites.
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates **(including** the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2021

	If applicable, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year. Any other relevant milestones? No
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: ☐ Not yet known ☒ Continuing service provider / contract extension ☐ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. ☐ Open tender ☐ Expression of Interest (EOI) ☒ Other approach (please provide details) Continuation of contract with web design and hosting company whose services were retained during 2019-20. . 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No 4a. Co-design or Co-commissioning details
Decommissioning	1a. Does this activity include any decommissioning of services? No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications.

ACTIVITY TITLE	**AH5** ***Health Service Access for Hard to Reach Populations – (Community Connectors)***
Existing, Modified, or New Activity	Existing Activity Note: This activity is connected to CF3 Health Services Access for Hard to Reach Populations (Community Connectors) *This Activity captures the afterhours component of this activity.*
Program Key Priority Area	Choose from the following: Aboriginal and Torres Strait Islander Health If Other (please provide details): This activity supports a broad range of services including AOD, Mental Health and general health.

Needs Assessment Priority	**Identified local health needs and service issues**
	• Access to Information about services and resources to support general practice in key areas required
	• Page 1 of General Practice and Primary Care Needs Assessment Summary (page 17 of 359 full Needs Assessment submitted) Effective service engagement with people who
	  ○ are from culturally and linguistically diverse (CALD) backgrounds
	  ○ identify as Aboriginal and/or Torres Strait Islander
	• A local workforce comprised of peer support workers, life coaches and support workers able to provide client-centred, trauma-informed, culturally and recovery-oriented support in both outreach and centre-based settings.
	The National Psychosocial Support Needs Assessment Summary (page 235 of 359 of full Needs Assessment submitted)
	Data, research and consultation with service users, service providers and community members identified the following groups as high risk / hard to reach on the Gold Coast including:
	• Culturally and Linguistically Diverse people (CALD)
	• Aboriginal and Torres Strait Islander people
	• Access to psychological services for the CALD population is limited
	• Interpreters used in psychological interventions would benefit from training in mental health
	Mental Health Hard to Reach Groups Needs Assessment Summary (page 252 of 359 of full Needs Assessment Submitted)
	• Limited services in the northern part of the region where there are large child and youth populations and significant demand for Mental Health (MH) services for this cohort, including services for Aboriginal and Torres Strait Islander Children
	Youth Mental Health, Including Children Needs Assessment Summary (page 266 of 359 of full Needs Assessment submitted)
	• Barriers to accessing residential rehabilitation due to upfront financial costs, childcare responsibilities and funds to cover housing costs while in rehabilitation.
	• Small Aboriginal and Torres Strait Islander workforce which limits the capacity of providers to work with clients who require treatment.
	• Cultural competency of mainstream alcohol and other drugs treatment services requires improvement to confidently, safely and effectively work with Aboriginal and Torres Strait Islander people.
	Alcohol and Other Drugs Needs Assessment (page 295 of 359 of full Needs Assessment submitted)
	• Cultural competency, transport and cost affect access to services for Aboriginal and Torres Strait Islander people
	• Focus on chronic disease early identification and self-management

	• Large growth in Aboriginal and Torres Strait Islander population in Ormeau-Oxenford • Gaps remain in terms of life expectancy and many contributing factors Higher rates of Aboriginal and Torres Strait Islander people with diabetes and COPD in the region and higher rates of smoking Aboriginal and Torres Strait Islander Health Needs Assessment (page 310 of 359 of full Needs Assessment submitted) • Access and awareness of appropriate services • Mainstream services that are culturally appropriate and safe • Limited Australian and Torres Strait Islander workforce in specialist mental health services including suicide support Aboriginal and Torres Strait Islander Mental Health and Suicide Needs Assessment (page 310 of 359 of full Needs Assessment submitted)
Aim of Activity	Aim: To increase and improve the access and referral pathways to health and related services for people from culturally and linguistically diverse backgrounds, and/or who identify as Aboriginal or Torres Strait Islander. To highlight well-established, trusted and respected service providers already specialising in engaging with hard to reach groups, to provide an integrated approach to navigating services and enhancing cultural awareness and understanding across the Gold Coast region. For example: • Primary and secondary health care services including mental health, Alcohol and drug treatment and suicide prevention services as well as other chronic disease services. • Child and Family services • Homelessness services • Legal services • Financial support services • Housing services • Employment services • NDIS
Description of Activity	Based on the co-designed model of service, continued quality improvement towards the service delivery will be monitored and reported against, with a continued focus to improving health and social outcomes for hard to reach groups in the Gold Coast region. This is being achieved through: • Increasing awareness of and maximising links between services for Aboriginal and Torres Strait Islander people and culturally and linguistically diverse communities, including those provided by Commonwealth and state/territory governments, AMSs, and other specialist organisations. • Continue to support services across the health and social sectors in educating, developing and implementing strategies to improve access to primary care for Aboriginal and Torres Strait Islander people and culturally and linguistically diverse communities, i.e. supporting self-identification, providing coaching support to mainstream health provider, providing advocacy on behalf of people accessing services. • Collaborating with local Indigenous health services and mainstream health services in a partnership approach for the delivery of primary care services.

	The Health Services for Hard to Reach Populations – Community Connectors service has been implemented with the first 6 months demonstrating success with achieving the aims above. The service will continue to be monitored and work undertaken to record the evolution of the model as it develops through continuous quality improvement. Due to the design of the program a component of service delivery is conducted outside of normal business hours to support participants to engage with relevant services. This component of the activity is funded under this deed.
Target population cohort	Aboriginal and Torres Strait Islander people and Culturally and Linguistically Diverse groups
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? Yes If yes, briefly describe how this activity will engage with the Indigenous sector The activity is commissioned through a local ACHO. The services are directly targeted at local First Nations people who access the organisation for support. The program aims to support people in the local area to engage effectively with mainstream services.
Coverage	Gold Coast PHN Region (Gold Coast SA4)
Consultation	Co-design and consultations with community, providers (health and social Service), clients with lived experience and other funders/Commissioners Ongoing feedback mechanisms once service is established to ensure effective implementations.
Collaboration	GCPHN works in collaboration with the following stakeholders to complete and inform the needs assessment and determine locally appropriate and integrated service solution: • the Karulbo Partnership (a local regular meeting with representation from organisations working in relation to A&TSI health and wellbeing with around 30 attendees at meetings) • the A&TSI community • Kalwun (AMS), • Krurungal (ATSI Provider) • CURA – CALD providers • Institute of Urban Indigenous Health (IUIH) • Gold Coast Health – Aboriginal & Torres Strait Islander Services other health and social service providers.
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates **(including** the planning and procurement cycle): Activity start date: 1/06/2019 Activity end date: 30/06/2021 **If applicable**, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Service delivery start date: October 2019 Service delivery end date: June 2021 Any other relevant milestones

	Milestones: 1. Consultation and Co-design -May – August 2019- Completed 2. Procurement of Services -August – September 2019- Completed 3. Service Delivery Commenced -1 October 2019-Completed 4. Ongoing implementation and model development through business as usual – quarterly performance meetings and regular relationship manager engagement -Oct – Oct 2020- 5. Review program-Oct – Dec 2020- 6. Decide future commissioning approach for program-Dec 2020-
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: ☐ Not yet known ☐ Continuing service provider / contract extension ☒ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. GCPHN has long standing relationships with key identified providers targeting services for the Aboriginal and Torres Strait Islander and Culturally and Linguistically diverse communities and will work with them and the community to determine the model of service and procurement approach that will possibly be a direct approach given the strength of these providers with their communities. ☐ Open tender ☐ Expression of Interest (EOI) ☐ Other approach (please provide details) 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No Should the program prove successful consideration will be given to approaching other government agencies of Department of Communities etc to co-fund and potentially extend the program. 3b. Has this activity previously been co-commissioned or joint-commissioned? No 4a. Co-design or Co-commissioning details
Decommissioning	1a. Does this activity include any decommissioning of services? No 1b. If yes, please provide a description of the proposed decommissioning process and any potential implications
Funding from other sources	If applicable, name any other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).

ACTIVITY TITLE	***AH6 Hospital avoidance RACFs After hours InterAct Service***

Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity Existing and links with CF 2017.5 Enhanced Primary Care in RACFs.
Program Key Priority Area	Choose from the following: Aged Care If Other (please provide details):
Needs Assessment Priority	Lines 26, 27 and 28 pages 41-44 Section 4 Aged Care pathways and coordination page 58 · System navigation for older people and primary care providers supporting them with a focus on proactive co-ordinated care. · Agreed pathways developed and evaluated that provides triage, consultancy, clinical support, and advice for Residential Aged Care Facilities (RACF) staff and GPs, so that care for patients can be delivered in the facility where appropriate, and transfer to hospital is avoided. Training and education for implementation of pathways to RACFs, GPs and MDS · Detailed service mapping to identify current services in acute and community to identify duplicates and gaps within the system that supports older person. · Develop a regional solution through pathways and process that can be implemented regionally · Up to date information to support access and referral online. GCPHN Needs assessment2018 – Older People • High numbers of preventable hospital admissions for older adults are recorded for chronic obstructive pulmonary disorder, urinary tract infections, angina and heart failure • The prevalence of dementia in the Gold Coast region is projected to almost double by 2030, and the rate of hospitalisations for dementia has increased rapidly in recent years. In Page 42 permanent residential aged care, over half of residents have a diagnosis of dementia. • The Gold Coast has high rates of medicine dispensing for anxiety disorders and Alzheimer's compared to national rates, and pockets of high dispensing for antidepressants and antipsychotics such as Southport. • Low uptake, awareness and confidence in relation to advance care planning, including documentation, legal requirements and how to approach conversations, for both service providers and community members. • Over 80% of residents in residential aged care facilities (RACFs) have medium-to-high care needs in the domains of daily living activities, cognition/behaviour and complex health care. • Low numbers of people identifying as Aboriginal and Torres Strait Islander or who have a preferred language other than English utilise RACF services, despite many RACFs self-reporting they deliver appropriate services for these priority groups. Data availability for other diverse population groups such as older adults identifying as LGBTI+ is limited. • National and local consultation highlights the ongoing need for timely, appropriate and accessible community information to support people in

	accessing, navigating and negotiating the aged care system; and the subsequent impact on all levels of the community and service sector support systems • The issue of 'reluctant consumers' of conventional services and support, particularly in relation to entering RACFs, is a hidden need which potentially impacts all levels of the community and service sectors. • The increased complexity of care and support needs of RACF residents requires an appropriately skilled workforce. • Home Care Package waitlists are substantial (HCP 3 and 4 in particular), delaying the delivery of care to older people to support them to remain at home, which can lead to acute hospitalisations and premature placement in an RACF • Improved understanding of business processes for GPs and other providers could support more frequent and effective delivery of integrated services into RACFs
Aim of Activity	The aim of the InterACT After Hours Service is to enable after- hours access to specialist nursing advice to support residents to remain in residential aged care facilities and reducing unnecessary hospital emergency department presentations and admissions. Key Objectives • Reduce the frequency of transfers and admissions to the acute hospitals Support safe and timely transfer of individuals across the GCH-residential aged care interface • Improve the identification, evaluation, and communication about changes in resident status • Develop and improve communication pathways between GCH and medical services supporting residential aged care residents, including after-hours medical deputising services • Development of proactive clinical care model with the provision of equipment, education and a suite of decision support tools to assist nursing staff detect and respond early to the deteriorating resident; ultimately enabling residents to remain at home • Ensure continuity of care and a consistent high-quality approach to guide the transfer of individuals between RACF and GCH
Description of Activity	The InterAct Service provides the following service components, • Dedicated Phone support for Residential Aged Care Facilities, GPs and QAS to InterAct clinical nurses from 07:30 – 22:30 Monday to Friday; 12:00-20:30 Saturdays and 08:00-16:30 Sundays and Public Holidays. • Work in collaboration with the Specialist Palliative Care Service in triaging, service provision and education to RACF's • Work in collaboration with Queensland Ambulance in triaging, service provision and education to RACF's • After-hours clinical care advice to clinical staff and residents and their significant others within residential aged care facilities • Liaison and consultation with Nurse Practitioners in InterACT who provide advanced level clinical nursing care and intervention for a diverse range of

	geriatric conditions within a defined and agreed scope of practice and clinical guidelines to patients residing in RACFs Nurse • Navigators support the transition home to RACF residents with complex care needs following admission to hospital • Work in collaboration with GPs, their after-hours medical deputising services and multidisciplinary teams, liaising with and referring to appropriate community and hospital services • facilitate the provision of alternatives to hospital-based care for patients residing in RACFs • contribute to clinical excellence through consulting, and providing leadership to the nursing profession and teaching (including education of registered and enrolled nurses in aged care within the RACF setting).
Target population cohort	Residents living in RACFs in the whole Gold Coast PHN region
Indigenous specific	No
Coverage	Whole Gold Coast PHN Region (Gold Coast SA4) – focus on RACF with highest percentage of avoidable hospital admissions
Consultation	The revised model has been developed in collaboration with the GCH, local RACFs, QAS, Palliative /Aged care Leadership Group and general practitioners building on existing relationships and will ensure greater collaboration across these services. Collaboration has been extended to include consumers, service providers (primary and secondary care) via the overarching Steering Committee (GCH Integrated Care Alliance Model of Care) to support this activity and the Palliative Care Projects
Collaboration	**Gold Coast Health** (GCH) Role: Provision of Nurse Navigator and Nurse Practitioner to provide clinical advice to RACF staff to reduce length of stay and timely discharge of RACF residents in hospital back to their facility **General Practice** including after- hours services Role: Providing General Practitioner Services within RACF **Qld Ambulance Service (QAS)** Role: Providing advice and guidance in pathway decision points and triaging for hospital avoidance **Multidisciplinary Service Providers** Role: Providing care to residents of an RACF as part of a multidisciplinary team **RACFs** Role: Seeking advice from InterAct Staff after hours to support and enhance quality care to residents

	Palliative and Aged Care Steering Committee Role: Oversee implementation of activities implemented from regional plans
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates **(including** the planning and procurement cycle): Activity start date: 1/11/2019 Activity end date: 30/06/2020 **If applicable**, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year. Any other relevant milestones?
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: ☐ Not yet known ☒ Continuing service provider / contract extension ☐ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. ☐ Open tender ☐ Expression of Interest (EOI) ☐ Other approach (please provide details) 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No

Decommissioning	1a. Does this activity include any decommissioning of services? No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications.

ACTIVITY TITLE	***AH 7 PALLIATIVE CARE***
Existing, Modified, or New Activity	Modified Activity Modified Finalisation of work commenced in Greater Choice for at Home Palliative Care
Program Key Priority Area	Workforce
Needs Assessment Priority	Palliative Care Needs Assessments (Page 343 of Full Needs Assessment submitted) • Lack of access to after-hours services particularly impacting on palliative care patients • High numbers of palliative care patients presenting to emergency departments afterhours • Limited uptake of ACPs • Care coordination and support to general practice to be the centre of care where possible • RACFs service high numbers of palliative patients • Current systems not always supportive to ensure planning, commissioning and delivery of integrated and coordinated service matrix. • Access to integrated palliative care system across the health and social sector so people are supported as early as possible • Current limitations for ensuring that patient choice and wishes are respected. • Options for better conversations about death and dying; and involvement • Need to ensure people can access good quality end of life care 24/7 • Access to clear communication, and accessible information for patients, families and healthcare professionals • Provisions of care required to allow patients achieving their preferred place of death • Current systems not always established for the provision of clinical coordination of end of life care between providers • To ensure all providers are skilled and competent in delivering high quality palliative and EOL care.
Aim of Activity	To build the capacity and skills of general practitioners in providing palliative care to people with a life-limiting illness and reducing the likelihood of need for emergency palliative care after hours. This will be achieved through the provision of coordinated care, and improved information transfer between service providers, with patients and families and other strategies. This activity are expected to reduce the demand for services after hours by:

	• To provide a high quality, effective and supportive framework for Shared Care and Health Pathways for General Practitioners and the local community in that deliver proactive end of life care, minimising the need for unplanned/urgent care particularly after hours; • Increasing the support and connections to enable local primary care providers to increase their role in managing end of life care, again minimising the need for transfer of care to a more specialised provider, particularly after hours; and • Encouraging consumers and carers to actively plan for end of life care, including planning for events that may happen after hours, thereby enabling mitigation strategies to be put in place and minimise the need for unplanned after-hours care. The Key Performance Indicators of the Activity are: • Reduction in after-hours presentation to emergency departments and admissions to hospital. • Increased confidence reported by GPs in the region to deliver palliative care in home and RACF's • Increased uptake of advance care planning • Increased palliative care-related attendances by GPs into patient's homes and RACFs • Increased number of linkages and partnerships with non-health related community organisations relating to raising awareness about palliative care and death and dying • Increased effectiveness of clinical handovers of palliative patients reported by hospital clinicians, GPs, community clinicians and RACF staff • Improve health, death and compassion literacy within the Gold Coast community • Increased number of people accessing palliative care services and their carers and families reporting that they feel better connected to information and supports • Increased number of linkages and partnerships with non-health related community organisations relating to raising awareness about palliative care and death and dying.
Description of Activity	**The key activities are:** **1. Palliative Care Health Pathways and Shared Care** Finalisation and Implementation of Shared Care Model and Health Pathways integrating Primary Care with interdisciplinary palliative care specialist teams to improve access to quality palliative home care / Residential Aged Care addressing multiple domains of end-of-life issues and needs, with a focus on avoiding unnecessary presentations to emergency departments and hospital admissions in the afterhours period.

	Implementation Program • Implement and trial the final arrangement of works from market testing and embed training and education within the GCHHS, community and Primary care. • Revise the Palliative Care products/resources and upload to online platform • Implement the principles of shared care framework for the seamless transfer of the care from the hospital or specialist service setting to general practice. • Trial the Shared care prescribing guidelines and local policies to enable general practitioners (GPs) to accept responsibility for monitoring of medicines/treatments in primary care, in agreement with the initiating specialist service. • Trail shared care principles and framework linked to and complemented by local integrated care pathways and shared care policies designed to reduce unnecessary presentations to emergency departments and hospital admissions in the afterhours period. **2. Living Matters Resource implementation for Primary Care linking to Advance Care Planning P.I.P. Q. I program.** **3. Development and Implementation of a Quality Improvement Toolkit for General Practice in Advance Care Planning** Utilising the lessons learns from the "Hammond Care "Advance Care Project finalise and implement a quality improvement toolkit to be available for all General Practices on the Gold Coast. Implement as a business and usual tool. Maintenance of resources, information, and education via GCPHN website. **4. GCPHN Project & Contract Management of CF4 Enhanced Primary Care *(*PMP Clinical Educator – Palliative)** • Transition the project into every day care within RACF's, from the time of admission, to identifying a change in condition, and communicating and documenting relevant information; inclusive of the quality improvement components of the program into business as usual. • Embed quality improvement actions within the facility and local community level inclusive of primary care and the HHS. • Complete joint Research with Griffith University and GCHHS for the evaluation of the Project **5. Advance Care Planning: Indigenous & C.A.L.D.** Improve the effectiveness of Aboriginal and Torres Strait Islander people's journey through the system for those that are affected by palliative illnesses – 'Sorry Business" across Gold Coast communities by: • Dying to Yarn Expo • Indigenous PEPA program GCHHs • Reverse Indigenous PEPA training for mainstream • Implement and sustain the program within Aboriginal Medical Services (AMS)

	• Adapt "The Advance Project" for A.M.S • Adapt "The Advance Project" for C.A.L.D communities. **6. GCPHN Aged and Palliative Care Leadership Group** Provide leadership and co-ordination of the GCPHN Aged and Palliative Care leadership group who oversee the deliverables of the GCPHN/HHS Palliative Care Regional Plan. 7. **Partnering with PEPA Queensland** to support a State Conference to be held on the Gold Coast in June 2021, originally scheduled in June 2020 but re-scheduled due to Covid 19 This component links closely with CF4 Enhanced Primary Care *(*PMP Clinical Educator – Palliative) 2020/21 Greater Choices for At Home Palliative Care (GCFAHPC) Project
Associated Flexible Activity/ies:	CF4 Enhanced Primary Care *(*PMP Clinical Educator – Palliative) 2020/21 Greater Choices for At Home Palliative Care (GCFAHPC) Project
Target population cohort	People with Palliative Care Needs
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No
Coverage	Whole of Gold Coast PHN Region (Gold Coast SA4)
Consultation	A local palliative care needs assessment Regional plan was endorsed by Gold Coast Health and GCPHN in 2019. The Palliative Care *Regional Plan was* developed through consultation with key sector stakeholders, including our Gold Coast Health partners, primary care providers, and the carers and representatives of people who have undertaken the palliative care journey in the Gold Coast region. A joint GCPHN and GCH work plan developed as an outcome of the regional plan is overseen by a Palliative Care Leadership group who meet bimonthly to provide advice on the projects and their deliverables. In addition to the joint governance arrangements, a number of specific working groups have been established to progress key pieces of work in the plan. GCPHN will be regularly conducting stakeholder and service user interviews and feedback sessions throughout the year. Consultations will take many different forms, such as: o Consultative Palliative Care Workshops o Public workshops o Champion Palliative Clinical Advisory Workshops PHN advisory councils and other committees
Collaboration	GCPHN has longstanding relationships with palliative care providers including GCH, non-government and private agencies who provide community nursing, allied health, residential care, and general practice which have and will continue to support this project. In addition GCPHN's standard governance committees will be supporting and advising on this work (including our Community Advisory Group, Clinical Council

	and Primary Care Partnership Council) a Palliative Care leadership was established with representation from the Gold Coast Health Specialist Palliative Care Team, General Practitioners, community palliative care services and consumers. The implementation work will be completed in partnership through the establishment of the; 1. Shared Care – Health Pathway Steering Committee which has been established in partnership between GCH, primary care, broader service providers and the GCPHN. 2. Clinical Champion Palliative Care Working Group established to provide clinical and consumer input into appropriate frameworks, systems and processes for the development and validation of future models of care. The group meets on a regular basis. 3. The Gold Coast Health and GCPHN Integrated Care Alliance leadership group signed off the Regional Palliative Care Plan and Needs Assessment in January 2019 and agreed to provide ongoing support and endorsement for the activities detailed in this plan.
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2020 Activity end date: 30/06/2021 **If applicable**, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year. Any other relevant milestones?
Commissioning method and approach to market	This project will be delivered by GCPHN and Gold Coast Health staff 1. Please identify your intended procurement approach for commissioning services under this activity: ☒ Not yet known ☐ Continuing service provider / contract extension ☐ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. ☐ Open tender ☐ Expression of Interest (EOI) ☐ Other approach (please provide details) 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No 4a. Co-design or Co-commissioning details Activity was undertaken as a Joint development project between Gold Coast Health (HHS) and GCPHN

Decommissioning	1a. Does this activity include any decommissioning of services? No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications