

Central Queensland, Wide Bay, Sunshine Coast - PHN Pilots and Targeted Programs 2021/22 - 2024/25 Activity Summary View



PP&TP-GCPC - 1000 - Palliative Care (PCP-P1): Staffing



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GCPC

Activity Number *

1000

Activity Title *

Palliative Care (PCP-P1): Staffing

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Palliative Care

Aim of Activity *

PCP-P1.1 - Recruit up to 2FTE

PCP-P1.2 - Allow for travel costs

PCP-P1.3 - Administrative costs

Description of Activity *

PCP-P1.1 - Recruit up to 2FTE (+ on costs) to deliver on project activity as outlined in the Activity Work Plan.

PCP-P1.2 - Allow for travel of staff across our geographical spread to engage with stakeholders in the palliative care space and deliver upon set activity in an equitable manner.

PCP-P1.3 - Allow for PHN administrative costs to support delivery of this program

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

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Activity Demographics

Target Population Cohort

Communities across Central Queensland, Wide Bay and Sunshine Coast.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

- Internal Senior Management and Executive

Collaboration

Ongoing collaboration occurs with the following:

- Local Hospital and Health Services
- Primary health care providers
- Hospices
- Community aged care providers
- Palliative care peak bodies

- Palliative care education providers
- Palliative care State and National Providers
- Local Government



Activity Milestone Details/Duration

Activity Start Date

29/06/2021

Activity End Date

28/06/2025

Service Delivery Start Date

01/07/2021

Service Delivery End Date

30/06/2025

Other Relevant Milestones

N/A



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A



PP&TP-GCPC - 2000 - Palliative Care (PCP-P2): Assisting and Empowering Community



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GCPC

Activity Number *

2000

Activity Title *

Palliative Care (PCP-P2): Assisting and Empowering Community

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Palliative Care

Aim of Activity *

PCP-P2.1 - Partner with hospices and state-based palliative care services to promote Advance Care planning in the community.
PCP-P2.2 - Scope the existing services and gaps with relation to grief and bereavement.
PCP-P2.3 - Partner with Palliative Care Queensland and the Australian Centre for Grief and Bereavement to provide appropriate community grief and bereavement support.
PCP-P2.4 - Commission the Office of Advance Care Planning to build awareness of Advance Care Planning.
PCP-P2.5 - Commission the Groundswell Project to support local Compassionate Community Lead Connectors.
PCP-P2.6 - Commission local host organisations from July 2022 within our region to coordinate and promote Community Connector activities.

Description of Activity *

Partner:

PCP-P2.1 - Partner with hospices and state based palliative care services to promote Advance Care planning in the community through maximising existing resources to provide education and support to community dwelling Australians across our PHN region.

PCP-P2.3 - Partner with Palliative Care Queensland and the Australian Centre for Grief and Bereavement to provide appropriate community grief and bereavement support, following the identification of gaps – partnership and procurement approaches to be

considered.

Provide:

PCP-P2.2 - Scope the existing services and gaps with relation to grief and bereavement within our region in order to better understand the landscape and any further support required to support communities.

Procure:

PCP-P2.4 - Commission the Office of Advance Care Planning to build awareness of Advance Care Planning considerations and processes within communities across Central Queensland, Wide Bay and Sunshine Coast, and to support interested community members in the completion and appropriate storage of the relevant documentation.

PCP-P2.5 - Through partnership and funding, enable The Groundswell Project to maintain contact and momentum with local Compassionate Communities lead connectors who were trained in the 19/20 financial through the establishment of a Community of Practice and provision of education and support to enable lead connectors to play their role in the community.

PCP-P2.6 - Commission local provider organisations within our region to coordinate and promote Community Connector activities (education, coordination, resources) in local communities to increase the number, diversity, and skill/knowledge of Community Connectors active in the end-of-life (EOL) space, and to support the role they play.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

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Activity Demographics

Target Population Cohort

Communities across Central Queensland, Wide Bay and Sunshine Coast.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Consultation

Consultation has been undertaken with:

- The Groundswell Project
- Palliative care Interagency Steering Committee Members
- Primary health care providers
- Hospices
- Community aged care providers
- Palliative care peak bodies
- Palliative care education providers
- Palliative care State and National Providers
- Local Government

Collaboration

Collaboration

Ongoing collaboration occurs with the following:

- The Groundswell Project
- Palliative Care Qld
- The Australian Centre for Grief & Bereavement
- The Office of Advance Care Planning
- Local Hospital and Health Services
- Primary health care providers
- Hospices
- Community aged care providers
- Palliative care peak bodies
- Palliative care education providers
- Palliative care State and National Providers
- Local Government
- Local community across our PHN region



Activity Milestone Details/Duration

Activity Start Date

29/06/2021

Activity End Date

28/06/2025

Service Delivery Start Date

01/07/2021

Service Delivery End Date

30/06/2025

Other Relevant Milestones

N/A



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A



PP&TP-GCPC - 3000 - Palliative Care (PCP-P3): Improving Integration



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GCPC

Activity Number *

3000

Activity Title *

Palliative Care (PCP-P3): Improving Integration

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Palliative Care

Aim of Activity *

PCP-P3.1 - Map and partner with existing primary, acute and community, palliative care providers.

PCP-P3.2 - Partner with key National and State based palliative care providers and support services.

PCP-P3.3 - Facilitate Increased collaboration and coordination in palliative care through the provision of interagency steering committees.

Description of Activity *

Partner:

PCP-P3.1 - Map and partner with existing primary, acute and community, palliative care providers to understand the role they play in the sector and any locally specific gaps in the provision of palliative care services.

PCP-P3.2 - Partner with key National and State based palliative care providers and support services to understand the role that they play in supporting patients, families and clinicians in our areas with their palliative care needs.

Provide:

PCP-P3.3 - Facilitate increased collaboration and coordination within and across our Hospital and Health Service (HHS) areas between primary, acute and community, as well as National, and State based palliative care providers through the provision of

monthly interagency steering committees with the aim of providing greater awareness of palliative care and the options available for patients/carers to enable choice.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

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Activity Demographics

Target Population Cohort

Local, State and National palliative care providers and support services.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

- Primary health care providers
- Hospices
- Community aged care providers
- Palliative care peak bodies
- Palliative care education providers
- Palliative State and National Providers
- Local Government

Collaboration

Ongoing collaboration occurs with the following:

- Palliative Care Qld
- The Office of Advance Care Planning
- Local Hospital and Health Services
- Primary health care providers
- Hospices
- Community aged care providers
- Palliative care peak bodies
- Palliative care education providers
- Palliative State and National Providers
- Local Government
- Local community across our PHN region



Activity Milestone Details/Duration

Activity Start Date

29/06/2021

Activity End Date

28/06/2025

Service Delivery Start Date

01/07/2021

Service Delivery End Date

30/06/2025

Other Relevant Milestones

N/A



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

Refer to consultation section of AWP.



PP&TP-GCPC - 4000 - Palliative Care (PCP-P4): Building Workforce Capacity



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GCPC

Activity Number *

4000

Activity Title *

Palliative Care (PCP-P4): Building Workforce Capacity

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Palliative Care

Aim of Activity *

Aim of Activity *

PCP-P4.1 - Provide health professional grief and bereavement upskilling support.

PCP-P4.2 – Partner with across the sector to provide education and service information to primary health care providers.

PCP-P4.3 - Partner with existing organisations in the provision of education to clinicians on appropriate end-of life care for Indigenous persons.

PCP-P4.4 – Partner with key players in the development and delivery of a palliative care project ECHO series.

PCP-P4.6 - Partner with hospices within our region to understand service models, gaps and potential opportunities.

PCP-P4.5 - Update and maintain HealthPathways sites to ensure palliative care and end-of-life pathways are up to date.

PCP-P4.7 - Promote use of the local HealthPathways system to the primary health care workforce within the PHN region.

PCP-P4.8 - Investigate education gaps and opportunities to upskill the primary health care workforce in palliative care.

PCP-P4.9 - Provide sponsorship funding to allow regional and rural primary health care providers to be able to access palliative care upskilling opportunities.

PCP-P4.10 - Commission a digital story telling platform to be able to capture health professionals' education experience and outcomes.

PCP-P4.11 - Co-fund a GP with Special Interest position to work closely with a specialist at the Sunshine Coast Hospital and Health Service's palliative care day unit.

PCP-P4.12 - Provide financial and partnership resources to hospices in the PHN region to allow them to innovate or scale up work they are currently undertaking, where resources are not currently available to allow this.

Description of Activity *

Partner:

PCP-P4.1 - Partner with PCQ and Aust. Centre for Grief and Bereavement to provide health professional grief and bereavement upskilling support using existing resources and expertise.

PCP-P4.2 - Partner with HHSs, local service providers and State and National palliative care players to provide education and service information to primary Health Care providers.

PCP-P4.3 - Partner with the Program of Experience in the Palliative Approach (PEPA) and Gwandalaan in the provision of education to clinicians on the topic of appropriate end-of life care for Indigenous persons through the use and promotion of existing education modules and supporting these organisations to expand their reach into and across our region.

PCP-P4.4 - Partner with the University of Queensland's centre for online health, HHSs and other involved PHNs in the design, development and delivery of a palliative care project ECHO series to increase the capacity of our regional primary health professionals and facilitate the provision of expert care for patients.

PCP-P4.6 - Partner with hospices within our region, through both informal conversations and formal data gathering processes, to better understand hospice service models, gaps and potential opportunities.

Provide:

PCP-P4.5 - Update and maintain the Central Queensland, Wide Bay and Sunshine Coast HealthPathways sites to ensure palliative care and end-of-life pathways are consistent and up to date with relevant clinical and local referral information.

PCP-P4.7 - Promote use of the local HealthPathways system and specifically the palliative care and end-of-life pathways to the primary health care workforce within the PHN region.

PCP-P4.8 - Investigate further education gaps and opportunities to upskill the primary health care workforce in palliative care with an emphasis on equity for more vulnerable groups within the patient population.

Procure:

PCP-P4.9 - Provide sponsorship funding for travel and backfill costs to allow regional and rural primary health care providers to be able to access existing palliative care upskilling opportunities that are not available locally.

PCP-P4.10 - Commission a digital Story telling platform to be able to capture health professionals experience and outcomes related to the palliative care education delivered to primary Health Care under this activity.

PCP-P4.11 - Co-fund a GP with Special Interest position to work closely with a specialist at the Sunshine Coast Hospital and Health Service's palliative care Day unit with the aims of: increased collaboration between primary care and the SCHHS for the benefit of patients at end-of-life; reduction in unnecessary admissions; improved access to timely care and symptom relief for patients; and increased confidence of involved GPs to deliver end-of-life care.

PCP-P4.12 - Provide financial and partnership resources to hospices in the PHN region to allow them to innovate or scale up on work they are currently undertaking, where resources are not currently available to allow this. Funding will be allowed across four capacity building domains: Develop relationships and communications with external stakeholders to enable integration, care coordination and patient access to hospice services; Provide staff education and training to develop knowledge and efficiencies in meeting patient and family care requirements; Foster community links to respond to local needs and raise awareness about palliative care and support options; and, Improve systems, processes, and technology to strengthen quality and safety in clinical practice.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

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Activity Demographics

Target Population Cohort

Primary health care Providers; Local, State and National palliative care providers and support services.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

- Primary health care providers
- Hospices
- Community aged care providers
- Palliative care peak bodies
- Palliative care education providers
- Palliative State and National Providers
- Local Government
- Local Hospital and Health Services

Collaboration

Ongoing collaboration occurs with the following:

- Palliative Care Qld
- The Office of Advance Care Planning
- Local Hospital and Health Services

- Primary health care providers
- Hospices
- Community aged care providers
- Palliative care peak bodies
- Palliative care education providers
- Palliative State and National Providers
- Local Government
- Local community across our PHN region



Activity Milestone Details/Duration

Activity Start Date

29/06/2021

Activity End Date

29/06/2025

Service Delivery Start Date

01/07/2021

Service Delivery End Date

30/06/2025

Other Relevant Milestones

N/A



Activity Commissioning

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

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

Refer to consultation section of AWP.



PP&TP-PCEP - 5000 - PCE-P1 – Primary Care Enhancement Program



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-PCEP

Activity Number *

5000

Activity Title *

PCE-P1 – Primary Care Enhancement Program

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

The Primary Care Enhancement Program (PCEP) for People with Intellectual Disability (PWID) is a key short-term priority under the National Roadmap. The PCEP will build on existing infrastructure and focus on the Primary Health Care of PWID. The PCEP is to be developed in four PHN's over four years, with a view to national rollout across all PHN's. The program will seek to improve health outcomes for PWID, through:

- better models of care for PWID and their families.
- better support for Health Professionals to provide better care with PWID.
- and research, data, and measurement to support continuing improvement.

The PCEP will include a focus on Aboriginal and Torres Strait Islander people, and other vulnerable and marginalised populations. The development of an innovative model to achieve connected integration of Primary Health Care services for PWID. The PCEP aims to enhance the skills of the Primary Health Care workforce in communication, diagnosis and treatment including and understanding of substitute consent requirements and legal and disability practice requirements for chemical restraint and other restricted practices; ensuring that PWID and have equitable access to health prevention and health promotion programs; promote take-up and quality of annual Medicare health assessments; ensure that the range of programs provided or funded by PHN's are inclusive of PWID; supporting Primary Health Services to provide cost effective healthcare; facilitate access to an appropriate GP (General Practices) for people with complex health care needs; facilitate coordinated local responses between primary Health

Services and other Health services, including hospitals and medical specialists who have expertise in Intellectual Disability health and NDIS (National Disability Insurance Scheme) and other community services.

Description of Activity *

CQWBC PHN (Primary Health Networks) is currently implementing the Primary Care Enhancement Program for People with Intellectual Disability (PCEP) in our region in line with eligible activities outlined in Program Schedule (a-h) below.

a. Recruitment of (or dedication of) up to 2.5 full-time equivalent nurses or allied health professionals who have appropriate expertise and skills in primary care and intellectual disability, to work specifically on the PCEP. Complete.

1x Program Coordinator and 1x Project Officer positions have been appointed across the PHN region, covering the Central Queensland, Wide Bay and Sunshine Coast areas, with senior management oversight of these positions. The positions work collectively to plan and implement the key strategies outlined below in a three-stage area rollout occurring first in Wide Bay, then Central Queensland and finally Sunshine Coast. This approach enables us to concentrate our resources, consumer and practitioner engagement, capability, and sustainability; allowing continuous improvement as we progress through.

a.1 Recruitment of 0.6 FTE appointed 13/06/2022. PCEP Team collectively has 3x Dedicated PCEP Champions within Primary Health Care Team based in each of our PHN regions, two disability sector (NDIS) specialists, two identified Aboriginal & Torres Strait Islander positions, two health professional positions (nursing), one identified CALD position working specifically on the PCEP.

The primary health care needs of people with disabilities have been included as a priority in our PHN strategic plan.

We have partnered with Parent-to-Parent Qld's state body for Inclusion Australia and self-advocacy group Loud & Clear who are committed to working on delivering the outcomes of PCEP and developing our internal organisational disability inclusion plan this will ensure that the range of programs provided or funded by PHN's are inclusive of people with intellectual disability.

b. Training and support for PHN staff from specialist intellectual disability health centres and/or local intellectual disability advocacy organisations.

CQWBC PHN (up to five staff) are scheduled to attend the Council of Intellectual Disability (CID) PCEP/Project Easy Read Training 24th May 2021. The CID engagement plan outlines development and use of Intellectual Disability (ID) resources and Co-design to include the four lead PHNs and advisory group. Engage an work intersectionality with learnings from Queensland Health Centres of Excellence, Queensland Children's Hospital, NDIA Mainstream and Community Engagement teams, NDIS Quality Safeguards Commission, and other disability departments(state and national), peak bodies with an Intellectual Disability focus in scope with the term 'Intellectual disability' referring to impairments in both cognitive functioning and adaptive skills whose onset is during the developmental period to meet any specific training needs. Our collaborative approach with Parent 2 Parent and Loud & Clear addresses activity (e.) through both co-design and planning of intentional inclusion within the project addressing training PHN staff (champions) on the barriers and challenges faced by people by people with ID and the methods to overcome those barriers with an understanding of our community.

b.1 Council for Intellectual Disability delivered 'Train the Trainer' to lead PHN 's in a two-hour workshop providing an overview of CID training resources, this was delivered in February 2022. Council for intellectual Disability (CID) and four Lead PHN's have moved through the codesign phase since September 2021, we are in the finalise and share phase of codesign. CID training modules have been signed off by Department of Health, mid last month (March 2022). The PCEP codesign phase has followed the below cycle and included, Department of Health, Lead PHN Project Coordinators (working group) Subject Matter Experts with technical/professional experience, lived experience, information about gaps in knowledge and what health professionals want to learn, suggestions/solutions, provision/linking to existing tools and resources that work, information and technical software/platforms.

Parent to Parent facilitated an Inclusive Communication Workshop with PHN Managers 17th May 2022, attendance with pre an post survey questions captured.

c. Practice support, including activities such as:

- Running local education programs for primary health care services, about enhancing health care for people with intellectual disability.
- Being a consultancy resource to primary health care services, within the PHN region.
- Establishing care pathways to specialized intellectual disability health services.

- Undertaking practice visits to GPs and other primary health care providers, to support them in providing better care for people with intellectual disability; and
- Promoting quality general practice for people with intellectual disability.

We can achieve this by way of skilling/training PHN practice staff in synergism with the interface of PHN portfolios to support existing health services become inclusive and accessible rather than to create separate services/programs for people with Intellectual Disability, with potential to improve health outcomes. Design local clinical and provider pathways inclusive to Intellectual Disability and the promotion of. Liaise with RACGP, Intellectual Disability Specialists (child & adult) and GPLO re facilitation of GP education and PCEP awareness.

c.1 Our PCEP & Health Pathways team are reviewing and localising clinical pathways to include approaches to care and referral pathways, a principle of Intentional Health. The universal design aims to enhance the skills of the primary health workforce in communication, diagnosis and treatment including the understanding of legal disability practice requirements for chemical restraint and other restrictive practices, to include approaches to care and referral pathways.

Education events are scheduled from August through November this year, these events will be co facilitated with our Primary Health Care Team, GPLO's, a person with lived experience we have commenced facilitation training with P2P and loud and clear health ambassadors. Our Primary Care Team will be PCEP champions across practice support activities. The NDIS have recently dedicated senior officers to work directly with PHNs in raising awareness and better support for health professionals we look forward to cofacilitating those information workshops scheduled to kick off in September 2022.

There is harmonising at a Dept level with other project complimentary of PCEP, Health Assessments, Curriculum Project. Intellectual Disability Health Assessment has been reinstated however currently still sits under a generic MBS item no. which isn't going to improve the data on increased uptake of Health Assessments for people with intellectual Disability.

d. Supporting access to high quality health care, including activities such as:

- Identifying primary and secondary health services with expertise in intellectual disability; and
- Disseminating information to other providers and to the community in their PHN regions about these services.

Facilitated engagements: Engagement activities focused on creating awareness of the PCEP and collaborative planning with multisector groups, government and mainstream services. Capture data in engagement tracker (explore interest in having a live document possibly in collaboration with other lead PHN). Initial analysis (Stage 1 WB) of 'what is missing' for people with complex needs and integrated approaches to health care for people with Intellectual Disability. Explore design and linkage of a cumulative profile digitally My Health Record? flagging alerts for emergency room presentations to include NDIS participants and supports. Investigate digital health solutions to improve access to Intellectual Disability information after hours. Build on community and health care service communication and technology strategies to increase awareness, uptake and meaningful use of My Health Record for consumers and health providers. Utilise existing relationships with service providers to map the current data landscape and identify opportunities for further development. Create effective communication strategies (for identified community target groups) to promote the right care pathways to reduce unnecessary hospitalisations.

e. Supporting consumers, their families and providers, including activities such as:

- Being a consultancy resource to people with intellectual disability and their families.
- Supporting people with intellectual disability and their families, and primary care providers, in relation to accessing primary health care services and health promotion; and
- Being a consultancy resource to local mainstream health services, to support them in providing better health care to people with intellectual disability and in linking consumers to appropriate specialist services.

Facilitate stakeholder engagement activities, sought to understand common themes and challenges experienced by primary care providers, mainstream services, people with Intellectual Disability and their families in supporting people with complex needs and identify good practice for replication and further promotion.

Subject Matter Expertise - consultancy and peer support – Accessed via Website Tile – PCEP?

Referral/enquiry tiered response – referral on website and Intellectual Disability resource bank.

Once triage - consultancy sessions could be recorded virtually (with permission from referrer) for data collection (indicators) and internal training/workshops for case base learnings/ for further consultation if required.

Community of Practice, Peer support groups and Community reference groups, providers.

e.1 We will deliver PCEP activities as the Healthy Together Project. The Healthy Together Website, an Inclusive Health Hub for People with Intellectual Disability their families and Primary Health Care workforce. We have a soft launch planned to go live in

June the Health Hub will be a repository for Intellectual Disability content linking pathways, resources, education events, Health advocacy, and a consultancy resource for people and health professionals. We have spent the last 12mths mapping intellectual disability services across all domains, as a consultancy resource to local mainstream health services linking consumers and professionals to appropriate specialist services, this regionally coordinated directory can be found here too. The Inclusive Health Hub will sit on our PHN website and will support accessible functions for people with intellectual disability.

We have coordinated an internal Project Advisory group as we ensure that range of programs provided and funded by PHNs are inclusive of people with intellectual disability and map the 'how' of the project data matrix.

Our first advisory group was held in March 2022 and recurrent bimonthly, we encourage and welcome your membership.

This membership will soon (July 2022) invite external stakeholders as we coordinate special interest groups and a consultative approach from the intellectual disability community. We will seek expression of interest from Health Professionals with a specialist interest to inform the measures of this important pilot.

In March CQWBSC PHN PCEP team delivered the program activity to all three clinical councils in our PHN region, we provide the councils bimonthly updates.

f. Working with the Council for Intellectual Disability to support the development of national resources for PHN staff, people with intellectual disability and their families, GPs and other primary health care professionals.

Network at CID working group with other PHN – PCEP Project Coordinators.

Address Principles for Inclusive Health: Equitable Access and Full Participation.

Raise awareness across health systems for action in improving access for people with Intellectual Disability via community forums, digital platforms, App (Julian's Key capacity and communication tool) health professional workshops and drive discussion for local Community of Practice (Domain Intellectual Disability). Address communication: Ensure communications are inclusive, including written and spoken language, materials, and interactions with the community are accessible to people with ID.

f.1 Round two of resources are developed and will be socialised on the Healthy Together Website page due for a soft launch in May/June 2022, still with developers.

g. Supporting consumer, community and provider input, including activities such as:

- Promoting inclusion of people with intellectual disability in PHN needs assessments and consultative mechanisms; and
- PHNs may also, as part of the PCEP, coordinate an intellectual disability health special interest group in the PHN; and /or coordinate a local reference group from the intellectual disability community, including people with intellectual disability, family members, advocates and disability providers

Share data/information with interagency steering committees and identify other sources of data that will ensure continuous improvement of services.

Maintain membership at Local Level Alliance – working in collaboration on priorities in line with mission to improve the safety and well-being of vulnerable children.

Conduct online survey's (targeted)

g.1 Activity has commenced with partners Parent to Parent and Self Advocacy group Loud & Clear re peer support groups across our region. ABT External Evaluators are designing their approach in coordinating local reference groups and Project Advisory Group.

h. Participating in the evaluation of the PCEP, and working with the Department and evaluators through this process

Monthly - PCEP Governance Group (host Department of Health).

Monitoring of program activity for reporting purposes.

Consider what data needs to be collected for evaluation.

What do the program findings mean for policy and practice, especially in relation to addressing inequities and vulnerabilities.

Develop service-mapping tool/s to capture service information, which can be mapped by LGA and back to the PHN health needs assessment.

h.1 CQWBSC participated in Co-design workshop with External Evaluator ABT 23.05.2022, post workshop collaboration to continue. We have provided ABT with supporting documentation in evidence our activity to date.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Aboriginal and Torres Strait Islander Health	79



Activity Demographics

Target Population Cohort

- People with Intellectual Disability – Intellectual Disability refers to Developmental, Intellectual and Cognitive Disability.
- Inclusive of people who are suspected to have ID but with no formal assessment having additional negative implications for their health.
- PCEP will include a focus on Aboriginal and Torres Strait Islander People and other vulnerable and marginalised populations.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

- Central Queensland, Wide Bay, Sunshine Coast (CQWBSC) PHN has well established links into the local community, health and disability provider networks. In each area of (CQWBSC) the PCEP project team and Primary Health Care interface will prioritise informed practice support activities, in our commitment to Intentional Inclusion Health.
- Prioritising education and inclusion to primary healthcare practitioners, health specialists, special interest groups, local reference groups from the Intellectual Disability community, family members and advocate networks (to include a cultural and cohort consideration).
- Improve access to health care for people with Intellectual Disability by mapping local community assets, resources and identify

primary and secondary health care expertise for Intellectual disability and the service gaps.

- In developing the PCEP, engagement of a reflective strategic planning in how to best meet the needs of PWID and families, Health Professionals because of consultive activities.

Collaboration

- Work with the Council of Intellectual Disability to support the co design and development of the PCEP to deliver resources for development of PHN staff and GP's

- Collaborate with Lead Primary Health Networks delivering the PCEP (NSW, Vic, Tas).

- Central Queensland, Wide Bay, Sunshine Coast (CQWBSC) PHN has well established links into the local community, health, and disability provider networks. In each area of (CQWBSC) the PCEP project team and Primary Health Care interface will collaborate and prioritise informed practice support activities, in our commitment to integrate intentional Inclusion health at a local level.

- Collaborative with Hospital and Health Services (HHS) and non-government primary and secondary health

- Inclusion Australia QLD - work with Parent to Parent and Loud & Clear in designing and delivering PCEP outcomes for PWID.

- Work with Disability peak bodies, NDIA (National Disability Insurance Agency) (i.e., NDIS tool linkage - awareness of portal/modules of GP pointed training, raise awareness of capacity building grants).

- Work with community, Disability service providers

- Participate in the evaluation of PCEP

- Coordinate interest in a Community of Practice with a domain of Intellectual Disability.



Activity Milestone Details/Duration

Activity Start Date

29/08/2020

Activity End Date

28/06/2024

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

17th February 2021 - Activity Work Plan.

30th September 2021 - 12-month performance report for activity period

1st July 2020 – 30th June 2021.

30th September 2021 - Audit Income and Expenditure Statement 1st July 2020 – 30th June 2021. 15th November 2021 - Confirm Needs Assessment is current.

17th February 2022 - Review multi-year Activity Work Plan and submit any amendments and update budget. 30th September 2022 - 12-month performance report for activity period 1st July 2021 – 30th June 2022. 30th September 2022 - Audit Income and Expenditure Statement 1st July 2021 – 30th June 2022.

15th November 2022 - Confirm Needs Assessment is current.

17th February 2023 - Review multi-year Activity Work Plan and submit any amendments and update budget.

30th September 2023 - 12-month performance report for activity period 1st July 2022 – 30th June 2023. 30th September 2023 - Audit Income and Expenditure Statement 1st July 2022 – 30th June 2023. 15th November 2023 - Confirm Needs Assessment is current.

17th February 2024 - Review multi-year Activity Work Plan and submit any amendments and update budget.

30th September 2024 - Final 12-month performance report for activity period 1st July 2023 – 30th June 2024. 30th September 2024 - Final Audit Income and Expenditure Statement 1st July 2023 – 30th June 2024.



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

CID, Parent to Parent, Loud & Clear, Disability peak bodies, Provision of Primary Health Education.



PP&TP-AHPGPE - 1 - COVID Allied Health Package GP Education



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-AHPGPE

Activity Number *

1

Activity Title *

COVID Allied Health Package GP Education

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

COVID Allied Health Package GP Education

Aim of Activity *

Provide education to GPs and other primary care providers.

Description of Activity *

GP education package to GPs and other primary care providers, including practice nurses covering:

1. the importance of providing allied health services to people with dementia and other residents with complex medical needs in Residential Aged Care Facilities (RACF);
2. the new temporary MBS allied health and mental health items for residents of aged care facilities, and how they can be used to support the residents.

At least 3 education sessions, one for each area of our PHN- Sunshine Coast, Wide Bay, Central Q. Face to face and/ or online learning via a case-based format, using local subject matter experts to develop content.

Timing: Two whole of region webinars held in Oct and in Nov 2021. The next phase of COVID 19 Pandemic and the role of GP's in CQ – Rockhampton 20/10/2021 and Emerald 28/10/2021 – Face 2 Face events.

This project is now complete 30/04/2022.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Older People's Health	145



Activity Demographics

Target Population Cohort

General Practice and other primary care providers.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Consultation with GP Liaison officers and RACF stakeholders.

Collaboration

General practice staff and allied health professionals, role: Subject matter experts.



Activity Milestone Details/Duration

Activity Start Date

21/02/2021

Activity End Date

29/06/2022

Service Delivery Start Date

22/02/2021

Service Delivery End Date

30/06/2022

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A

