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|  | |  | | --- | | **Brisbane South - Aged Care**  **2019/20 - 2023/24**  **Activity Summary View** | |  |  |
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|  | |  | | --- | |  | | |  |  |  |  | | --- | --- | --- | --- | |  | |  | | --- | | **AC-EI - 24 - AC-EI 2.4 Early intervention initiatives to support healthy ageing in the community** | |  | | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Metadata** | |  | | |  | | **Applicable Schedule \*** | | Aged Care | | **Activity Prefix \*** | | AC-EI | | **Activity Number \*** | | 24 | | **Activity Title \*** | | AC-EI 2.4 Early intervention initiatives to support healthy ageing in the community | | **Existing, Modified or New Activity \*** | | New Activity | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Priorities and Description** | |  | | |  | | **Program Key Priority Area \*** | | Aged Care | | **Other Program Key Priority Area Description** | |  | | **Aim of Activity \*** | | The aim of this activity is to support older people to be able to live in the community longer through commissioning initiatives that promote healthy ageing, slow decline and support the ongoing management of chronic conditions. | | **Description of Activity \*** | | Some older Australians are entering aged care earlier than they may otherwise need to due to a lack of support for healthy ageing or ability to manage their chronic conditions in the community.   This activity will co-design, implement and evaluate targeted interventions that prevent, identify and reduce chronic disease and health issues, avoid inappropriate hospital admissions and improve health outcomes for the elderly. It will also work with system partners (including the primary health care workforce) to increase awareness of the needs of older people and promote local healthy ageing initiatives and referral pathways.   Interventions will be designed or expanded to cover a wide range of approaches that may focus on: falls, loneliness and isolation, activities of daily living, pain, mood and emotional health, autonomy and control, carer burden, participating and decision making, frailty, polypharmacy.   Expected outcomes  Short term:  - Number of consumers who have participated in commissioned intervention activities  - Number of health professionals who have participated in education/engagement initiatives   Medium term:  - Number of participants who sustained or improved their quality of life based on the ICHOM older person standard assessment  - Increased awareness and utilisation of appropriate programs/services/referral pathways    Long term:  - Increase in older people living at home for longer  - Improved patient health outcomes  - Improved patient experience of care | | **Needs Assessment Priorities \*** | | **Needs Assessment** | | Brisbane South PHN Health Needs Assessment 2021/22 to 2023/24 | | **Priorities** | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **Priority** | **Page reference** | | Developing and supporting a skilled and capable workforce as an important enabler of the aged and health care service systems. | 172 | | Continued need for empathetic and high-quality end-of-life planning and palliative care to support the ageing population in Brisbane south to age with dignity. | 172 | | Maintaining the health and wellbeing of older people to protect against poor health outcomes and improve quality of life. | 172 | |  | | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Demographics** | |  | | |  | | **Target Population Cohort** | | Older people living in the community (65 years+/ 50 years+ for First Nations Elders) | | **In Scope AOD Treatment Type \*** | |  | | **Indigenous Specific \*** | | No | | **Indigenous Specific Comments** | |  | | **Coverage** | | **Whole Region** | | Yes | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Consultation and Collaboration** | |  | | |  | | **Consultation** | | Consultation will be conducted with the following stakeholders: - Metro South Health  - Mater Health  - General practice  - Allied health  - NGOs  - Local councils  - Aged care service providers (home-care)  - Organisations that regularly engage older people e.g. community centres  - Consumer representatives with lived experience | | **Collaboration** | | Brisbane South PHN will work with key stakeholders to participate in targeted co-design activities (including those listed in the consultation field) and will also work collaboratively with other Qld PHNs. Partnership approaches will be utilised where appropriate. | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Milestone Details/Duration** | |  | | |  | | **Activity Start Date** | | 28/02/2022 | | **Activity End Date** | | 29/06/2024 | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Commissioning** | |  | | |  | | **Please identify your intended procurement approach for commissioning services under this activity:** | | **Not Yet Known:** Yes  **Continuing Service Provider / Contract Extension:** No  **Direct Engagement:** No  **Open Tender:** No  **Expression Of Interest (EOI):** No  **Other Approach (please provide details):** No | |  | | **Is this activity being co-designed?** | | Yes | | **Is this activity the result of a previous co-design process?** | | No | | **Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?** | |  | | **Has this activity previously been co-commissioned or joint-commissioned?** | | No | | **Decommissioning** | |  | | **Decommissioning details?** | |  | | **Co-design or co-commissioning comments** | | This activity will be co-designed with Metro South Health and other regional stakeholders, including consumers with lived experience. | |  | |  | | |  |

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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | |  | |  | | --- | | **AC-VARACF - 21 - AC-VARACF 2.1 Support RACFs to increase availability and use of telehealth care** | |  | | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Metadata** | |  | | |  | | **Applicable Schedule \*** | | Aged Care | | **Activity Prefix \*** | | AC-VARACF | | **Activity Number \*** | | 21 | | **Activity Title \*** | | AC-VARACF 2.1 Support RACFs to increase availability and use of telehealth care | | **Existing, Modified or New Activity \*** | | New Activity | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Priorities and Description** | |  | | |  | | **Program Key Priority Area \*** | | Aged Care | | **Other Program Key Priority Area Description** | |  | | **Aim of Activity \*** | | The aim of this activity is to support RACFs to provide adequate telehealth facilities and increase access to virtual consultations for residents, to improve timely access to primary health care professionals and avoid potentially preventable hospitalisations. | | **Description of Activity \*** | | Timely access to primary health care professionals, whether through face-to-face consultation or telehealth, is recognised as an issue for many RACFs, that in some cases can lead to potentially preventable hospitalisations. RACFs require adequate telehealth facilities to support access to virtual consultations for their residents.   This activity will include:  - partnerships with RACF providers  - assessment of telehealth facilities, equipment and staff capabilities  - implementation of new facilities and equipment (based on need)  - tailored training and support  - strategies to encourage the increased use of My Health Record in RACF  - facilitation of multidisciplinary collaboration (primarily between RACF and their visiting GPs).   Working in partnership with system partners will be critical to the success and sustainability of this initiative.   Expected outcomes  Short term:  - Number of participating RACF  - Number of RACF with virtual access capability assessment completed  - Number of RACF that have appropriate facilities and equipment to access services virtually  - Number of staff that participate in education and training   Medium term:  - Increased utilisation of virtual health appointments  - Increased adoption of My Health Record in RACF  - Increased knowledge and confidence of RACF staff  - Increased number of RACF with appropriate virtual access facilities and equipment   Long term:  - Increased access to primary health care for RACF residents  - Reduction in potentially preventable hospitalisations | | **Needs Assessment Priorities \*** | | **Needs Assessment** | | Brisbane South PHN Health Needs Assessment 2021/22 to 2023/24 | | **Priorities** | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **Priority** | **Page reference** | | Developing and supporting a skilled and capable workforce as an important enabler of the aged and health care service systems. | 172 | | Maintaining the health and wellbeing of older people to protect against poor health outcomes and improve quality of life. | 172 | |  | | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Demographics** | |  | | |  | | **Target Population Cohort** | | RACF providers  RACF staff and other health professionals (GPs, allied health)  Residents of RACF | | **In Scope AOD Treatment Type \*** | |  | | **Indigenous Specific \*** | | No | | **Indigenous Specific Comments** | |  | | **Coverage** | | **Whole Region** | | Yes | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Consultation and Collaboration** | |  | | |  | | **Consultation** | | Consultation will be conducted with the following stakeholders: - Metro South Health  - RACFs  - GPs that provide RACF services  - Other health professionals and specialists  - QH/HHS Digital health teams  Digital health agencies | | **Collaboration** | | Metro South Health - CAREPACT | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Milestone Details/Duration** | |  | | |  | | **Activity Start Date** | | 31/01/2022 | | **Activity End Date** | | 29/06/2024 | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Commissioning** | |  | | |  | | **Please identify your intended procurement approach for commissioning services under this activity:** | | **Not Yet Known:** Yes  **Continuing Service Provider / Contract Extension:** No  **Direct Engagement:** No  **Open Tender:** No  **Expression Of Interest (EOI):** No  **Other Approach (please provide details):** No | |  | | **Is this activity being co-designed?** | | Yes | | **Is this activity the result of a previous co-design process?** | | No | | **Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?** | |  | | **Has this activity previously been co-commissioned or joint-commissioned?** | | No | | **Decommissioning** | | No | | **Decommissioning details?** | |  | | **Co-design or co-commissioning comments** | | This activity will be co-designed with Metro South Health, RACF, GP and other key stakeholders. | |  | |  | |  |

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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | |  | |  | | --- | | **AC-AHARACF - 23 - AC-AHARACF 2.3 Enhanced out of hours support for RACF** | |  | | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Metadata** | |  | | |  | | **Applicable Schedule \*** | | Aged Care | | **Activity Prefix \*** | | AC-AHARACF | | **Activity Number \*** | | 23 | | **Activity Title \*** | | AC-AHARACF 2.3 Enhanced out of hours support for RACF | | **Existing, Modified or New Activity \*** | | New Activity | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Priorities and Description** | |  | | |  | | **Program Key Priority Area \*** | | Aged Care | | **Other Program Key Priority Area Description** | |  | | **Aim of Activity \*** | | The aim of this activity is to support residential aged care facilities to have appropriate after hours plans in place to reduce unnecessary hospital presentations. | | **Description of Activity \*** | | RACF residents can experience deterioration in their health during the after-hours period, but immediate hospital transfer is not always clinically necessary. Lack of awareness and utilisation of out of hours services provided by GPs and other health professionals leads residents to unnecessary hospital presentations.   RACFs (and other professionals such as General Practitioners) will be engaged in a number of different strategies including:  - Education on after-hours health care options and processes for residents and utilisation of digital medical records  - Support to develop appropriate after-hours plans  - Facilitation of engagement between RACF and their residents GPs (and other health professionals) as part of after-hours action plan development   This activity will be delivered in partnership with Metro South Health Hospital and Health Service and other system partners. All RACFs in the Brisbane South PHN region will be eligible to participate.   Expected outcomes   Short term:  - Number of RACFs participating in the activity  - Number of RACFs that are assessed and have an action plan  - Number of training and support activities delivered    Medium term:  - Increase in RACF and other health professionals knowledge  - Increase in RACF that have appropriate after hours action plans in place  - Increase in RACF that have made improvements to their after-hours processes  - Enhanced multidisciplinary input into RACF after-hours action plans  - Increased uptake of digital medical records   Long term:  - Reduction in unnecessary after-hours hospital presentations from RACF residents  - Improved patient experience of care | | **Needs Assessment Priorities \*** | | **Needs Assessment** | | Brisbane South PHN Health Needs Assessment 2021/22 to 2023/24 | | **Priorities** | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **Priority** | **Page reference** | | Developing and supporting a skilled and capable workforce as an important enabler of the aged and health care service systems. | 172 | | Continued need for empathetic and high-quality end-of-life planning and palliative care to support the ageing population in Brisbane south to age with dignity. | 172 | | Maintaining the health and wellbeing of older people to protect against poor health outcomes and improve quality of life. | 172 | |  | | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Demographics** | |  | | |  | | **Target Population Cohort** | | RACF staff and other health professionals (GPs, allied health) | | **In Scope AOD Treatment Type \*** | |  | | **Indigenous Specific \*** | | No | | **Indigenous Specific Comments** | |  | | **Coverage** | | **Whole Region** | | Yes | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Consultation and Collaboration** | |  | | |  | | **Consultation** | | Consultation will be conducted with: - Metro South Health  - RACFs  - GPs that provide RACF services  - Medical deputising services that provide after hours care  - Other health professionals and specialists (including palliative care) | | **Collaboration** | | This activity will be delivered in collaboration with Metro South Health – CAREPACT | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Milestone Details/Duration** | |  | | |  | | **Activity Start Date** | | 31/03/2022 | | **Activity End Date** | | 29/06/2024 | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **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:** Yes  **Open Tender:** No  **Expression Of Interest (EOI):** No  **Other Approach (please provide details):** No | |  | | **Is this activity being co-designed?** | | Yes | | **Is this activity the result of a previous co-design process?** | | No | | **Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?** | | No | | **Has this activity previously been co-commissioned or joint-commissioned?** | | No | | **Decommissioning** | | No | | **Decommissioning details?** | |  | | **Co-design or co-commissioning comments** | | This activity will be co-designed with Metro South Health and RACF representatives. Data and stakeholder insights collected in the first phase of this new activity will inform the ongoing approach. | |  | |  | |  |

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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | |  | |  | | --- | | **AC-CF - 26 - AC-CF 2.6 Care Finders Program** | |  | | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Metadata** | |  | | |  | | **Applicable Schedule \*** | | Aged Care | | **Activity Prefix \*** | | AC-CF | | **Activity Number \*** | | 26 | | **Activity Title \*** | | AC-CF 2.6 Care Finders Program | | **Existing, Modified or New Activity \*** | | New Activity | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Priorities and Description** | |  | | |  | | **Program Key Priority Area \*** | | Aged Care | | **Other Program Key Priority Area Description** | |  | | **Aim of Activity \*** | | The aim of this activity is to establish and maintain a network of care finders to provide specialist and intensive assistance to help people within the care finder target population to understand and access aged care and connect with other relevant supports in the community. | | **Description of Activity \*** | | The aged care system is complex and some people find it more difficult than others to navigate and access the services they need.   The Care Finders Program will be delivered through the commissioning of new care finder services based on local needs, and supporting the transition of the Assistance with Care and Housing (ACH) program to PHNs. This activity will also focus on opportunities to enhance integration between the local health, aged care and other systems.   The care finder target population is people who are eligible for aged care services and have one or more reasons for requiring intensive support to:  - interact with My Aged Care (either through the website, contact centre or face-to-face in Services Australia service centres) and access aged care services and/or access to other relevant supports in the community.   The objectives of the care finder program are to establish and maintain a national care finder network that:  - provides specialist and intensive assistance to help people in the care finder target population to understand and access aged care and connect with other relevant supports in the community  - addresses the specific local needs of their region in relation to care finder support  - includes a transition of the ACH program (with the exception of hoarding and squalor services) to the care finder program  - is supported to build their knowledge and skills  - is an integrated part of the local aged care system  - collects data and information to support an evaluation of the care finder program  - support and promote continuous improvement of the care finder program  - support improved integration between the health, aged care and other systems at the local level within the context of the care finder program.   The intended outcomes of the care finder program are to improve or increase:  - outcomes for people in the care finder target population, including:  - coordination of support when seeking to access aged care  - understanding of aged care services and how to access them  - openness to engage with the aged care system  - care finder workforce capability to meet client needs  - rates of access to aged care services and connections with other relevant supports  - rates of staying connected to the services they need post service commencement  - integration between the health, aged care and other systems at the local level within the context of the care finder program. | | **Needs Assessment Priorities \*** | | **Needs Assessment** | | Brisbane South PHN Health Needs Assessment 2021/22 to 2023/24 | | **Priorities** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **Priority** | **Page reference** | | PH priority groups – First Nations peoples; peoples from multicultural backgrounds; people identifying as LGBTQIA+, experiencing homelessness or transitioning from corrections facilities to community. | 104 | | A focus on the social determinants of health associated with health behaviours and health outcomes. | 103 | | Geographic areas experiencing greater health needs – Beaudesert SA3, Southern Moreton Bay Islands, North Stradbroke Island and Logan LGA (particularly Jimboomba SA3). | 103 | | Developing and supporting a skilled and capable workforce as an important enabler of the aged and health care service systems. | 172 | | Maintaining the health and wellbeing of older people to protect against poor health outcomes and improve quality of life. | 172 | | Improving systems and services to increase access and ease of navigation for people from multicultural backgrounds. | 222 | | Working to address the disproportionate health and social outcomes Multicultural communities experience compared with the wider Brisbane south population. | 223 | | The numerous barriers for people experiencing mental health concerns to find and access the right support. | 252 | |  | | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Demographics** | |  | | |  | | **Target Population Cohort** | | The care finder target population is people who are eligible for aged care services and have one or more reasons for requiring intensive support to:  - interact with My Aged Care (either through the website, contact centre or face-to-face in Services Australia service centres) and access aged care services and/or  - access other relevant supports in the community. | | **In Scope AOD Treatment Type \*** | |  | | **Indigenous Specific \*** | | No | | **Indigenous Specific Comments** | |  | | **Coverage** | | **Whole Region** | | Yes | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Consultation and Collaboration** | |  | | |  | | **Consultation** | | Formal consultations were held with two (2) Assistance with Care and Housing Providers (ACH) and nine (9) Organisational Providers, three (3) Community Groups and responses were collected from members of both the (9) Clinical and Community Advisory Councils.  Provider feedback (ACH and Organisational) was gathered in a two-part process including the initial distribution of a custom subset of questions in online survey format and a follow up interview to clarify context, nuance and gather anecdotal feedback more informally.   Community consultations were conducted with existing community groups in a face-to-face format in various locations in our region, varied in contact length (30min-1 hour) with ~30 attendees, adequate sex and age distribution and some target population self-identification across the sessions.    Lastly, a custom subset of questions in an online survey format were distributed to members of the clinical and community councils with appropriate branching in each.   In total ~18 hours of consultation feedback were collected, coded and analysed for this report using the Qualitative Analysis Software ‘NVIVO’.    Other Stakeholders Engaged during the process include:  - Assistance with Care and Housing providers  - Service providers working with the care finder target audiences  - Aged care providers  - Organisations delivering COTA aged care navigator trials  - Organisations with an interest in supporting and engaging older people  - Primary care providers  - Brisbane South PHN Clinical and Community Advisory Councils  - Community groups  - Other PHNs in the Cooperative | | **Collaboration** | | Key partners will be identified through the supplementary needs assessment due by 31 Aug 22 – with a key focus on identifying opportunities to enhance integration between health, aged care and other systems.  It is anticipated that collaboration will be critical throughout the program design, commissioning and delivery of services, including key stakeholders and other PHNs. | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Milestone Details/Duration** | |  | | |  | | **Activity Start Date** | | 30/06/2022 | | **Activity End Date** | | 29/09/2025 | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Commissioning** | |  | | |  | | **Please identify your intended procurement approach for commissioning services under this activity:** | | **Not Yet Known:** No  **Continuing Service Provider / Contract Extension:** No  **Direct Engagement:** Yes  **Open Tender:** Yes  **Expression Of Interest (EOI):** No  **Other Approach (please provide details):** No | |  | | **Is this activity being co-designed?** | | Yes | | **Is this activity the result of a previous co-design process?** | | No | | **Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?** | | No | | **Has this activity previously been co-commissioned or joint-commissioned?** | | No | | **Decommissioning** | | No | | **Decommissioning details?** | | N/A | | **Co-design or co-commissioning comments** | | This program will involve local regional co-design with relevant stakeholders and appointed providers. | |  | | |  |  |  | | --- | --- | --- | |  |  |  | |  | |  | | --- | |  | |  | | |  |

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