

Northern Territory PHN – PHN Pilots and Targeted Programs

ACTIVITY WORK PLAN

phn NORTHERN TERRITORY
An Australian Government Initiative

RURAL Workforce AGENCY NT

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Primary Health Network (PHN) Strengthening Medicare – General Practice Grants Program

1. Aim of Activity

The aim of this activity is to support general practices to build capability and improve practices in 3 core areas of focus (outlined in the section below).

2. Description of Activity

Since the inception of the General Practice (GP) Grants Program, Northern Territory Primary Health Network (Northern Territory PHN) administered and managed the Strengthening Medicare GP Grants Program including making grant payments to eligible GPs across the 3 investment streams.

1. Enhance digital health capability
2. Upgrade infection prevention and control arrangements
3. Maintain and/or achieve accreditation.

Northern Territory PHN supported participant GPs to take part in the activity through to completion. In 2025, Northern Territory PHN will continue to support any further efforts for the national evaluation of the program and will coordinate with the Australian Government's Department of Health, Disability and Ageing (DoHDA) on the management of underspends, as required.

3. Needs Assessment Priorities

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support primary care roles and responsibilities in NT emergency, climate and pandemic responses.	26
Digital Health - Support digital health initiatives.	60
Population Health - Support private primary healthcare to be accessible to all population groups.	52

4. Demographics

Eligible GPs in the NT

5. Consultation and Collaboration

Consultation

Northern Territory PHN was consulted by DHDA to determine eligible services and grant allocations based on the Medicare GP Full-Time Equivalent (FTE) 2021-22 financial year data. Consultation also took place throughout 2023 to obtain endorsement of a bulk agreement for NT Health eligible practices to reduce administrative burden.

Ongoing consultation and education regarding the reporting requirements will continue with eligible mainstream general practices and NT Health practices participating in the program.

Collaboration

- The National Aboriginal Community Controlled Health Organisation (NACCHO) for the administration of grants to the Aboriginal Community Controlled Health Service (ACCHS) sector, where required
- Mainstream GPs participating in the program
- NT Health's Executive Director Remote Health and Primary Care, with remote health centres participating in the program via bulk grant agreement as endorsed by DHDA
- DHDA's GP grants team to source implementation resources and troubleshooting
- Nous group for the national evaluation of the program.

6. Milestones

Grants executed for mainstream GP and NT Health clinics by Q3 23/24.

7. Commissioning

DHDA pre-allocated funds to each individual GP based on GP FTE size of practice. GPs who opened post program release and met the Royal Australian College of General Practitioners (RACGP) definition of a GP, were considered for program (approved by DHDA). Northern Territory PHN also undertook significant consultation with DHDA to ensure appropriate grant allocations for NT Health eligible practices.

Endometriosis and Pelvic Pain GP Clinics

1. Aim of Activity

The aim of this activity is to improve provision of diagnosis, treatment and management of endometriosis and pelvic pain.

2. Description of Activity

This activity will support the establishment of one Endometriosis and Pelvic Pain GP Clinic in the NT, in line with DHDA guidelines. Northern Territory PHN will administer and manage the Program on behalf of the DHDA, this includes administering grant payments and supporting the DHDA in the evaluation of the program.

Northern Territory PHN will support the successful endometriosis clinic for the NT, Northside Health, in the implementation of the program and encourage consultation with relevant sector stakeholders for service design. The clinic, in partnership with Northern Territory PHN, will execute their grant across areas that may include innovation, training, equipment and minor capital works to achieve the following objectives:

- Improved access for patients to diagnostic, treatment and referral services for endometriosis and pelvic pain; including:
    - Directly benefiting patients from rural and regional areas
    - Providing enhanced support to priority populations
    - Increased access to support services, either through a nurse navigator or referral pathway
    - Provision of access to new information, support resources, care pathways and networks
    - Provision of an appropriately trained workforce with expertise in endometriosis and pelvic pain.

Workforce access, capacity and capability are critical areas of need to support the delivery of commissioned programs by Northern Territory PHN. Where required, this activity could include workforce development initiatives to improve access, quality and sustainability of services to the communities in the NT.

NT PHN will support Northside Health to collect quantitative and qualitative data collection and outcome measurements, including baseline data, and contribute and provide data and information for the national evaluation commencing in 2024-25.

3. Needs Assessment Priorities

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support private primary healthcare to be accessible to all population groups.	52

4. Demographics

Women, girls and those assigned female at birth in the Darwin City and Darwin Suburbs.

5. Consultation and Collaboration

Consultation

On request from DHDA, Northern Territory PHN approached the sector requesting expression of interest to participate in this activity. Expressions of Interest (EOIs)were targeted to mainstream GP Practices and other relevant local stakeholders. DHDA made the selection of the successful clinic(s) in March 2023.

Northside Health is the only successful clinic in the NT.

Collaboration

Northside Health will be encouraged to collaborate with other primary healthcare services to develop a care pathway and promote professional development activities in endo/pelvic pain.

Northside Health leads the Community of Practice across the other endo/pelvic pain clinics throughout Australia.

6. Commissioning

Northside Health consulted with the Emergency Department at Royal Darwin Hospital on the best way referrals could come through and what services they could offer.

Family and Domestic Violence Response

1. Aim of Activity

This program aims to support the primary care sector response to family and domestic violence by improving capacity of primary care to recognise, respond and refer impacted individuals with family and domestic violence and other services and supports.

2. Description of Activity

Northern Territory PHN has commissioned a provider in Alice Springs to deliver the Local Link pilot which delivers a hub and spoke service model to primary care providers across Central Australia by:

- Undertaking a training needs analysis to inform delivery of suitable training sessions
- Supporting the development of clinical and organisational resources and guides
- Developing recommendations for new or strengthened policies to support patient safety and wellbeing
- Providing secondary consultation service to connect clinical staff to specialist Family, Domestic and Sexual Violence (FDSV) expertise and support.

The Local Link aims to:

1. Improve primary healthcare system capacity and capability to recognise, respond and refer individuals impacted by family and domestic violence.
2. Support system integration and health system navigation for primary care providers supporting victim-survivors of family and domestic violence through the provision of secondary consults.
3. Embed co-design and continuous improvement and evaluation into the program of work.

Northern Territory PHN is also planning activities that sit adjacent to the Local Link pilot, that include:

- Capacity building activities across the NT including education and grants rounds

- Local link activities in the top end to enhance primary care responses to family and domestic violence.

Local link activities in the Top End will include:

- On the ground capacity building with the primary care sector to understand key gaps in their service responses to FDSV
- Audit of practices processes and development of tailored training plans for the workforce
- Support development and enhancement of referral pathways
- Lead and coordinate small grants rounds.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support a trauma-informed primary care sector response to FDSV.	13
Mental Health - Support the recovery and healing of people and communities affected by FDSV.	13
Population Health - Contribute to and support opportunities to increase transparency, cross-sector networking and partnership opportunities for FDSV.	28

4. Demographics

All Territorians who may be affected by FDSV.

5. Consultation and Collaboration

Consultation

Northern Territory PHN has undertaken an extensive consultation process to understand needs, gaps and opportunities for supporting the primary care sector response to family and domestic violence. Key stakeholders involved and impacted by family and domestic violence were mapped and identified, to enable a comprehensive view of the issue in the NT.

As a starting point, Northern Territory PHN consulted their Community and Clinical Councils seeking strategic guidance and locally relevant advice. Both Council's include members with deep knowledge of the health priorities in their communities from their personal and professional experiences. Following this consultation, Northern Territory PHN has also consulted the following organisations and people to better understand the policy and service landscape regarding family and domestic violence:

- Aboriginal Medical Services Alliance NT (AMSANT)
- Northern Territory Government including staff from Territory Families, NT Health and Multi Agency Community Child Safety Team
- Northern Territory Council of Social Services – NT's peak body for specialist FDSV services and implementation agency for the NT Framework on FDSV
- Women's Safety Services of Central Australia
- Various Aboriginal Community Controlled Health Organisations (ACCHOs) from across different regions of the NT
- Key allied health working in FDSV (social workers) based in both primary and tertiary settings
- Primary care practitioners including GPs, Remote Area Nurses, and Social and Emotional Wellbeing (SEWB) workers
- A Senior Registrar at Royal Darwin Hospital
- Sexual Assault Referral Centre (SARC) based GP
- Head2Health – Community and social perspective including mental health services, justice and housing
- Dawn House – a Top End women's Shelter and counselling service; lead of the Top End Regional Network.

In addition, Northern Territory PHN has met with other PHNs nationally and the National Centre for Action on Child Sexual Abuse to discuss collaboration opportunities and the requirement to develop nationally consistent resources. Leveraging off the learnings from the existing 6 x PHN FDSV pilots and the work of the DoHDA on the development of nationally consistent resources for family and domestic violence.

Collaboration

Northern Territory PHN continues to collaborate with key stakeholders across multiple sectors in the NT to best develop this program, with activities including:

- A Strategic Forum – This forum comprised key subject matter experts and lived experience advocates to support a successful dialogue on the ideas and opportunities shared through Northern Territory PHNs recently opened non-selective EOI regarding supporting the primary care sector response. The goal of the Strategic Forum was to read, reflect, provide analysis and insights regarding the EOI submissions, that enabled a comprehensive set of insights regarding key opportunities in the NT. Northern Territory PHN is utilising these insights to embed key criteria into all formal tender processes relating to this funding.

- Through its consultation process outlined above, Northern Territory PHN has now established key contacts across the FDSV sector in the NT and participate in the Top End regional network and an NT Health Advisory Group to ensure aligned, value-add collaboration, across implementation activities in the NT, rather than a siloed and potentially duplicative approach to activities. This is an important approach being taken by Northern Territory PHN as there are a number of initiatives underway across sectors to implement the NT Framework for FDSV Reduction and will ensure Northern Territory PHN is aligned and contributing in a locally relevant way
- Northern Territory PHN leverages off the shared knowledge from the various departments, including Primary Health Care, Workforce, Regional Health Partnerships and the Strategy, Planning and Performance Teams. These teams allow us to learn about the workforce needs and share any relevant capacity building opportunities. Northern Territory PHN's Clinical Council will provide guidance from a health care practitioner perspective
- Northern Territory PHN's Community Advisory Council will provide guidance from a community perspective
- Additionally, Northern Territory PHN will work internally with the Primary Heath Care Team to include relevant capacity building initiatives, such as locally relevant HealthPathways updates
- Resourcing procured providers to conduct co-design activities with the target community as part of the design and implementation approach
- NT Health will also be consulted to support the design of this program.

Northern Territory PHN has membership on the National Centre for Action on Child Sexual Abuse Project Advisory Group which convenes quarterly.

6. Commissioning

Procured service providers will be supported to co-design the service with their target population. Northern Territory PHN will allocate resources to support this work by providers.

Sexual Violence Response

1. Aim of Activity

This program aims to support the primary care sector response to sexual violence by improving capacity of primary care to recognise, respond and refer impacted individuals to services and supports.

2. Description of Activity

Northern Territory PHN has commissioned a provider in Alice Springs to establish the Local Link pilot which delivers a hub and spoke service model to primary care providers across Central Australia by:

- Undertaking a training needs analysis to inform delivery of suitable training sessions that focus on sexual violence responses
- Supporting the development of clinical and organisational resources and guides
- Developing recommendations for new, or strengthened policies to support patient safety and wellbeing
- Providing secondary consultation service to connect clinical staff to specialist sexual violence expertise and support.

The Local Link aims to:

1. Improve primary healthcare system capacity and capability to recognise, respond and refer individuals impacted by sexual violence.
2. Support system integration and health system navigation for primary care providers supporting victim-survivors of sexual violence through the provision of secondary consults.
3. Embed co-design and continuous improvement and evaluation into the program of work.
4. Co-deliver education sessions with Sexual Assault Referral Centres (SARCs) to upskill clinical staff around prevalence and patterns of sexual assault and associated health risks, management of sexual assault and use of preliminary forensic samples and chain of evidence requirements.

Northern Territory PHN is also planning a range of discreet training activities that will provide an evidence-based overview of the prevalence of sexual violence and the impacts on the NT community. Also in planning, is the Top End Local link role which will be responsible for leading

the integration of primary care into the broader sexual violence response through a learning-based approach.

The aim of the activities is to improve primary care sectors confidence in responding to sexual violence, to increase referrals to specialist services and increase continued care coordination loops between primary care and specialist support services

All activities undertaken by the commissioned Local Link provider and those coordinated by Northern Territory PHN are underpinned by a commitment to co-design and continuous improvement. We are actively engaged with the national pilot evaluator to inform future policy and program planning that supports victim-survivors impacted by sexual violence.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support a trauma-informed primary care sector response to FDSV.	13
Mental Health - Support the recovery and healing of people and communities affected by FDSV.	13
Population Health - Contribute to and support opportunities to increase transparency, cross-sector networking and partnership opportunities for FDSV.	28

4. Demographics

All Territorians who may be affected by sexual violence.

5. Consultation and Collaboration

Consultation

Northern Territory PHN has undertaken an extensive consultation process to understand needs, gaps and opportunities for supporting the primary care sector response to family and domestic violence. Key stakeholders involved and impacted by family and domestic violence were mapped and identified, to enable a comprehensive view of the issue in the NT.

As a starting point, Northern Territory PHN consulted their Community and Clinical Councils seeking strategic guidance and locally relevant advice. Both Council's include members with

deep knowledge of the health priorities in their communities from their personal and professional experiences. Following this consultation, Northern Territory PHN has also consulted the following organisations and people to better understand the policy and service landscape regarding sexual violence:

- AMSANT
- Northern Territory Government including staff from Territory Families, NT Health and Multi Agency Community Child Safety Team
- Northern Territory Council of Social Services – NT's peak body for specialist FDSV services and implementation agency for the NT Framework on FDSV
- Women's Safety Services of Central Australia
- Various ACCHOs from across different regions of the NT
- Key allied health working in FDSV (social workers) based in both primary and tertiary settings
- Primary care practitioners including GPs, Remote Area Nurses and SEWB workers
- A Senior Registrar at Royal Darwin Hospital
- SARC based GP
- Head2Health – Community and social perspective including mental health services, justice and housing
- Dawn House – a Top End women's Shelter and counselling service; lead of the Top End Regional Network.

In addition, Northern Territory PHN has met with other PHNs nationally to discuss collaboration opportunities and the requirement to develop nationally consistent resources. Leveraging off the learnings from the existing 6 x PHN FDSV pilots and the work of the DoHDA on the development of nationally consistent resources for sexual violence.

Collaboration

Northern Territory PHN continues to collaborate with key stakeholders across multiple sectors in the NT to best develop this program, with activities including:

- A Strategic Forum – This forum comprised key subject matter experts and lived experience advocates to support a successful dialogue on the ideas and opportunities shared through Northern Territory PHNs recently opened non-selective EOI regarding supporting the primary care sector response. The goal of the Strategic Forum was to read, reflect, provide analysis and insights regarding the EOI submissions, that enabled a comprehensive set of insights regarding key opportunities in the NT. Northern Territory PHN is utilising these insights to embed key criteria into all formal tender processes relating to this funding.
- Through its consultation process outlined above, Northern Territory PHN has now established key contacts across the FDSV sector in the NT and participate in the Top End regional network and an NT Health Advisory Group to ensure aligned, value-add collaboration, across implementation activities in the NT,

rather than a siloed and potentially duplicative approach to activities. This is an important approach being taken by Northern Territory PHN as there are a number of initiatives underway across sectors to implement the NT Framework for FDSV Reduction and will ensure Northern Territory PHN is aligned and contributing in a locally relevant way

- Northern Territory PHN leverages off the shared knowledge from the various departments, including Primary Health Care, Workforce, Regional Health Partnerships and the Strategy, Planning and Performance Teams. These teams allow us to learn about the workforce needs and share any relevant capacity building opportunities. Northern Territory PHN's Clinical Council will provide guidance from a health care practitioner perspective
- Northern Territory PHN's Community Advisory Council will provide guidance from a community perspective
- Additionally, Northern Territory PHN will work internally with the Primary Heath Care Team to include relevant capacity building initiatives, such as locally relevant HealthPathways updates
- Resourcing procured providers to conduct co-design activities with the target community as part of the design and implementation approach
- NT Health will also be consulted to support the design of this program.

6. Milestones

Delivery of SARC information sessions for practitioners to commence from March 2025.

Development of capacity building opportunities in partnership with key stakeholders to provide appropriate training that is relevant to the NT context – June 2025.

Child Sexual Abuse Response

1. Aim of Activity

The program aims to support the primary care sector response to child sexual abuse by improving capacity of primary care to recognise, respond and refer impacted individuals to other services and supports.

2. Description of Activity

Northern Territory PHN has commissioned a provider in Alice Springs to establish the Local Link pilot which delivers a hub and spoke service model to primary care providers across Central Australia by:

- Undertaking a training needs analysis to inform delivery of suitable training sessions that focus on responses to child sexual abuse disclosures
- Supporting the development of clinical and organisational resources and guides
- Developing recommendations for new, or strengthened policies to support patient safety and wellbeing
- Providing secondary consultation service to connect clinical staff to specialist expertise and support

The Local Link aims to:

- Improve primary healthcare system capacity and capability to recognise, respond and refer individuals impacted by child sexual abuse
- Embed co-design and continuous improvement and evaluation into the program of work
- Deliver appropriate education sessions and support roll out of the National Centre for Action on Child Sexual Abuse practice tools through HealthPathways.

The funding will include both Territory-wide initiatives driven by Northern Territory PHN (for example, providing access to training for primary care providers) and procured services related to capacity building, delivery of 'local link' roles, co-design, evaluation and local level system integration.

Northern Territory PHN is also planning a range of discreet training activities to provide education on the foundations of child sexual abuse and understanding and responding to disclosures of child sexual abuse. Implementation of a Top End Local Link role will provide

further supports to system integration activities that support the broader primary care response to child sexual abuse.

Northern Territory PHN has membership on the National Centre for Action on Child Sexual Abuse Project Advisory Group and continues to provide advice and insights into initiatives discussed in this forum.

All activities undertaken by the commissioned Local Link provider and those coordinated by Northern Territory PHN are underpinned by a commitment to co-design and continuous improvement. We are actively engaged with the national pilot evaluator to inform future policy and program planning that supports victim-survivors impacted by sexual violence.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support a trauma-informed primary care sector response to FDSV.	13
Mental Health - Support the recovery and healing of people and communities affected by FDSV.	13
Population Health - Contribute to and support opportunities to increase transparency, cross-sector networking and partnership opportunities for FDSV.	28

4. Demographics

All Territorians who may be affected by child sexual abuse.

5. Consultation and Collaboration

Consultation

Northern Territory PHN has undertaken an extensive consultation process to understand needs, gaps and opportunities for supporting the primary care sector response to child sexual abuse. Key stakeholders involved and child sexual abuse were mapped and identified, to enable a comprehensive view of the issue in the NT.

As a starting point, Northern Territory PHN consulted their Community and Clinical Councils seeking strategic guidance and locally relevant advice. Both Council's include members with

deep knowledge of the health priorities in their communities from their personal and professional experiences. Following this consultation, Northern Territory PHN has also consulted the following organisations and people to better understand the policy and service landscape regarding child sexual abuse:

- AMSANT
- Northern Territory Government including staff from Territory Families, NT Health and Multi Agency Community Child Safety Team
- Northern Territory Council of Social Services – NT's peak body for specialist FDSV services and implementation agency for the NT Framework on FDSV
- Women's Safety Services of Central Australia
- Various ACCHOs from across different regions of the NT
- Key allied health working in FDSV (social workers) based in both primary and tertiary settings
- Primary care practitioners including GPs, Remote Area Nurses and SEWB workers
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- SARC based GP
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In addition, Northern Territory PHN has met with other PHNs nationally to discuss collaboration opportunities and the requirement to develop nationally consistent resources. Leveraging off the learnings from the existing 6 x PHN FDSV pilots and the work of the DoHDA on the development of nationally consistent resources for child sexual abuse.

Collaboration

Northern Territory PHN continues to collaborate with key stakeholders across multiple sectors in the NT to best develop this program, with activities including:

- A Strategic Forum – This forum comprised key subject matter experts and lived experience advocates to support a successful dialogue on the ideas and opportunities shared through Northern Territory PHNs recently opened non-selective EOI regarding supporting the primary care sector response. The goal of the Strategic Forum was to read, reflect, provide analysis and insights regarding the EOI submissions, that enabled a comprehensive set of insights regarding key opportunities in the NT. Northern Territory PHN is utilising these insights to embed key criteria into all formal tender processes relating to this funding.
- Through its consultation process outlined above, Northern Territory PHN has now established key contacts across the FDSV sector in the NT and participate in the Top End regional network and an NT Health Advisory Group to ensure aligned, value-add collaboration, across implementation activities in the NT,

rather than a siloed and potentially duplicative approach to activities. This is an important approach being taken by Northern Territory PHN as there are a number of initiatives underway across sectors to implement the NT Framework for FDSV Reduction and will ensure Northern Territory PHN is aligned and contributing in a locally relevant way

- Northern Territory PHN leverages off the shared knowledge from the various departments, including Primary Health Care, Workforce, Regional Health Partnerships and the Strategy, Planning and Performance Teams. These teams allow us to learn about the workforce needs and share any relevant capacity building opportunities. Northern Territory PHN's Clinical Council will provide guidance from a health care practitioner perspective
- Northern Territory PHN's Community Advisory Council will provide guidance from a community perspective
- Additionally, Northern Territory PHN will work internally with the Primary Heath Care Team to include relevant capacity building initiatives, such as locally relevant HealthPathways updates
- Resourcing procured providers to conduct co-design activities with the target community as part of the design and implementation approach

NT Health will also be consulted to support the design of this program.

6. Milestones

Roll out of online training to support understanding and responses to child sexual abuse will occur in May 2025.

Greater Choice for At Home Palliative Care Program

1. Aim of Activity

The aim of this activity is to improve awareness, capacity and responsiveness, coordination, integration and access to quality palliative care at home.

2. Description of Activity

This activity will also support capacity building within the NT to deliver outcomes under the Greater Choice for At home Palliative Care (GCfAHPC), namely:

- Improved capacity and responsiveness of services
- Improved patient access to quality palliative care at home
- Improved coordination and integration of palliative care services.

For Northern Territory PHN, this activity has two main streams of work:

Stream 1: Capacity building and integration
Through embedding the palliative care portfolio across many areas of work such as capacity building, integration and education, Northern Territory PHN has been able to create a footprint and strengthened connections to forums relevant to the sector and contribute to sector integration.

Northern Territory PHN continues to also build internal capacity by taking part in the GCfAHPC Communities of Practice meetings and forums related to the national evaluation of the program undertaken by Scyne.

Northern Territory PHN will continue to support the evolving needs and demands of the sector, particularly in addressing healthcare professionals' gaps in understanding Advanced Personal Plans (APPs) and palliative care services in the region. This support will be delivered through targeted educational events/opportunities and continuous updates to HealthPathways.

Stream 2: Partnering with commissioned providers
Northern Territory PHN will also continue to partner with providers for the design and implementation of the following commissioned activities:

- **Activity 1:** Advance Care Planning Facilitator role for the Top End, Big Rivers and East Arnhem regions. This project will fund the recruitment of an Advance Care Planning Facilitator, a pilot role based within Territory Palliative Care to focus on education and promotion of advance care planning
- **Activity 2:** Bereavement Network and Community of Practice, Central Australia. This Community of Practice aims to provide bereavement support across ACCHOs, government providers, Non-Government Organisations and private provider
- **Activity 3:** Seniors' Advocate. An Advance Personal Planning Project for mainstream and CALD communities. Through targeted information sessions and workshops, the project aims to normalise the conversation around end-of-life planning, ensuring that it becomes a standard part of health and wellness discussions.

Consultation will take place with the provider of Activity 1 to explore avenues to shape this activity to continue in upcoming years in accordance with the extension of the funding schedule. Northern Territory PHN will explore the potential for this activity to expand to cover the whole of the NT. Commissioned Activities 2 and 3 will be closed as scheduled at the end of June 2025.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support private primary healthcare to be accessible to all population groups.	52
Health Workforce - Develop locally responsive, sustainable models of care, including more community-based models, with a particular focus on remote settings.	71
Population Health - Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations.	51

4. Demographics

All Aboriginal and Torres Strait Islander people, health professionals, primary care staff, mainstream and CALD community members in the NT.

5. Consultation and Collaboration

Consultation

- NT Health, Territory Palliative Care, Program of Experience in the Palliative Approach (PEPA), Alice Springs Hospital Palliative Care Facility (Apmere amantye-akeme – The Comfort House)
- Purple House
- AMSANT
- Australian Regional and Remote Community Services (ARRCS) End of Life Directions for Aged Care (ELDAC) Partners Advisory Group
- Australian Government, DoHDA - Palliative Care Section
- QLD Government - Metro South Health - caring@home
- Anglicare
- **Ngaanyatjarra Pitjantjatjara Yankunytjatjara (**NPY) women's council
- Council of the Ageing NT
- Office of the Public Guardian Trustee
- ELDAC.

Collaboration

- Territory Palliative Care for the Advance Care Planning Facilitator across the Top End, Big Rivers and East Arnhem regions
- Anglicare, NPY women's council and Alice Springs Hospital Palliative Care Facility (Apmere amantye-akeme – The Comfort House) for the Bereavement Network and Community of Practice in Central Australia
- Council of the Ageing NT for the Seniors' Advocate - Advance Personal Planning for mainstream and CALD communities
- Scyne, for the national evaluation of the program
- Australian Digital Health Agency for ongoing conversations of APP integration into My Health Record
- GCfAHPC Community of Practice for ongoing information sharing and learnings.

6. Milestones

A national evaluation will be undertaken by 30 June 2025. Ongoing participation meetings will end on 30 June 2025.

7. Commissioning

Co-design with the sector is an ongoing activity for this project.

