

North Western Melbourne - After Hours Primary Health Care 2019/20 - 2023/24 Activity Summary View



AH - 1200 - Improving the wellbeing of older adults living in residential aged care AWP 23/24



Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH

Activity Number *

1200

Activity Title *

Improving the wellbeing of older adults living in residential aged care AWP 23/24

Existing, Modified or New Activity *

Modified



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 improved wellbeing of older adults living in residential aged care facilities.

Description of Activity *

The aim of this activity is to support improved wellbeing of older adults living in residential aged care facilities.

Providers will be commissioned to implement proactive interventions to improve the wellbeing of older adults, with a particular focus on addressing impacts on physical and emotional wellbeing resulting from the COVID-19 pandemic. This activity will seek to improve integration of services and support access to after-hours services for older adults.

Approaches may include:

- Targeted activities aimed at reducing the progression of frailty.
- Delivery of allied health services into residential aged care facilities (RACFs) to address physical deconditioning.
- Robust approach to evaluation of the process and impact of all associated commissioned activity.
- Older adults may be referred to services via an aged care provider (e.g. nurse, allied health, aged care assessment service, volunteers), general practitioner, or by family and carers. Service provision may occur, at RACF, both in-hours and in the after-hours period.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Mental Health - demand, prevalence, complexity	183



Activity Demographics

Target Population Cohort

Older Adults

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Moreland - North	21003
Macedon Ranges	21002
Keilor	21001
Darebin - North	20902
Essendon	20603
Darebin - South	20602
Brunswick - Coburg	20601
Hobsons Bay	21302
Maribyrnong	21303
Melbourne City	20604
Tullamarine - Broadmeadows	21005
Melton - Bacchus Marsh	21304
Yarra	20607
Wyndham	21305
Brimbank	21301
Sunbury	21004



Activity Consultation and Collaboration

Consultation

NWMPHN uses a range of mechanisms to facilitate consultation, including through the Community and Clinical Councils and existing Expert Advisory Groups for older adults, Aboriginal and Torres Strait Islanders, general practice, mental health and alcohol and other drugs. Specific consultation and advice will continue to be sought from a range of relevant strategic and local organisations and stakeholders, such as peak and professional bodies, state government and local hospital networks. Consumers and people with lived experience are integral to the work we do and their participation in all aspects of the commissioning cycle will continue to be enabled and evolved.

The commissioned gap analysis and recommendations included a significant amount of community engagement and consultation, particularly with community members from NWMPHN's priority populations. Interviews and focus groups with community members (older adults) and key sector informants e.g. Council of The Aging (COTA) have been undertaken. Additional consultation has been undertaken as part of the Needs Assessment for the care finder program.

This activity will also include genuine key stakeholder input in the procurement process. Additionally, commissioned providers will be expected to consult with community members when designing and implementing their model of care.

Collaboration

Collaboration with appropriate stakeholders will occur throughout the commissioning process. Stakeholders will be determined based on the planned commissioned activity, however, may include relevant peak body organisations, community health services, general practice, local hospital networks, Bolton Clarke, residential in-reach providers, allied health, community-based organisations, community members/carers, telephone-based support services, Department of Health and Human Services and other identified providers.



Activity Milestone Details/Duration

Activity Start Date

28/06/2019

Activity End Date

29/12/2023

Service Delivery Start Date

February 2022

Service Delivery End Date

December 2023

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: No

Open Tender: No

Expression Of Interest (EOI): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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?

na

Co-design or co-commissioning comments

n/a



AH - 1300 - Improving access to integrated afterhours primary healthcare for people exp homelessness 23/24



Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH

Activity Number *

1300

Activity Title *

Improving access to integrated afterhours primary healthcare for people exp homelessness 23/24

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description**Aim of Activity ***

The aim of this activity is to increase access to and improve integration of primary care services in the after-hours period for people experiencing homelessness.

Description of Activity *

Services will be commissioned to:

- Deliver primary health care that may involve assertive outreach.
- Is designed in collaboration with consumers or relevant representatives and clinicians.
- Has formalised linkages between internal programs and external services (cross sectorial).
- Has a strong focus on clinical governance and support for staff.
- Supports service providers to respond to seasonal flu and other pan/epidemics.

Needs Assessment Priorities ***Needs Assessment**

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Alcohol and Other Drug Services - demand, prevalence and complexity	184
Chronic conditions - range, higher rates, lower uptake of management plans	186



Activity Demographics

Target Population Cohort

People experiencing homelessness.

The activity will occur in NWMPHN's region with a likely focus on Melbourne (LGA).

A place-based approach may be considered in a suburban or growth area with a high proportion of population experiencing homelessness.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Melbourne City	20604



Activity Consultation and Collaboration

Consultation

NWMPHN utilises a range of mechanisms to facilitate consultation, including through the Community and Clinical Councils and existing Expert Advisory Groups for older adults, Aboriginal and Torres Strait Islander health, general practice, mental health and alcohol and other drugs. Specific consultation and advice will continue to be sought from a range of relevant strategic and local organisations and stakeholders, such as peak and professional bodies, state government and local hospital networks. Consumers and people with lived experience are integral to the work we do and their participation in all aspects of the commissioning cycle will continue to be enabled and evolved.

Collaboration

Collaboration with appropriate stakeholders will occur throughout the commissioning process. Stakeholders may include community health services, general practice, local hospital networks, pharmacy, allied health, community-based service providers,

Ambulance Victoria, medical deputising services, community members/carers, Department of Health and Human Services and other identified providers.



Activity Milestone Details/Duration

Activity Start Date

17/09/2022

Activity End Date

29/12/2023

Service Delivery Start Date

January 2023

Service Delivery End Date

December 2023

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: Yes

Direct Engagement: No

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?

na

Co-design or co-commissioning comments

n/a



AH - 1400 - Improved access to culturally safe primary healthcare services during after hours _AWP22/23



Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH

Activity Number *

1400

Activity Title *

Improved access to culturally safe primary healthcare services during after hours _AWP22/23

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description**Aim of Activity ***

The aim of this activity is to increase access to culturally safe primary care services in the after hours period, for culturally and linguistically diverse (CALD) communities.

Description of Activity *

NWMPHN will commission one or more providers to develop, implement or improve their service/s to respond to the individual needs of identified CALD group/s in accessing primary health care in the after hours period. Using the toolkit developed in previous iterations of this AWP, providers will ensure services are:

- evidenced based
- sustainable/have sustainable elements (post funding)
- outcome focused
- designed in collaboration with consumers and clinicians
- centred around a cultural responsiveness framework
- address some or all of the main barriers CALD communities identify to accessing primary health care, including; language, cultural differences at reception, difficulties with transport to the service, long wait times, the cost of care
- include a strong evaluation/monitoring framework

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Mental Health - demand, prevalence, complexity	183



Activity Demographics

Target Population Cohort

Culturally and linguistically diverse (CALD) communities

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NWMPHN utilises a range of mechanisms to facilitate consultation, including through the Community and Clinical Councils and existing Expert Advisory Groups for general practice, older adults, Aboriginal Health, mental health and alcohol and other drugs. Specific consultation and advice will continue to be sought from a range of relevant strategic and local organisations and stakeholders, such as peak and professional bodies, state government and local hospital networks. Consumers and people with lived experience are integral to the work we do and their participation in all aspects of the commissioning cycle will continue to be enabled and evolved.

The commissioned gap analysis and recommendation work has included a significant amount of community engagement and consultation. Interviews and focus groups with community and key sector informants from CALD backgrounds have been undertaken. Multicultural organisations, primary care including general practice and mainstream community health organisations will be further consulted to inform the commissioning approach adopted to deliver this activity. This will enable learnings from the market failure experience in 2018-19 to inform the approach and enhance the chance of commissioning and partnership success.

This activity will also include key stakeholder input in the procurement process. Additionally, commissioned providers will be expected to consult with community members when designing and implementing their model of care.

Collaboration

Collaboration with appropriate stakeholders will occur throughout the commissioning process. Stakeholders may include multicultural organisations, general practice, community health services, community-based service providers, Department of Health and Human Services and other identified providers.



Activity Milestone Details/Duration

Activity Start Date

30/01/2020

Activity End Date

29/06/2023

Service Delivery Start Date

June 2020

Service Delivery End Date

June 2023

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: No

Open Tender: No

Expression Of Interest (EOI): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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



AH - 1600 - Improved access to culturally safe primary healthcare services during after hrs perio_AWP23/24



Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH

Activity Number *

1600

Activity Title *

Improved access to culturally safe primary healthcare services during after hrs perio_AWP23/24

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Aboriginal and Torres Strait Islander Health

Other Program Key Priority Area Description**Aim of Activity ***

The aim of this activity is to increase access to timely, appropriate and culturally safe primary care services in the after hours period, for Aboriginal and Torres Strait Islander communities.

Description of Activity *

NWMPHN will commission one or more providers (e.g. via consortia) to develop and implement a service/s that will respond to the individual needs of the Aboriginal and Torres Strait Islander community in accessing timely and appropriate primary health care in the after hours period. The provider will be an organisation/s with preestablished relationships/ community connections with the Aboriginal and Torres Strait Islander community.

The service will;

- be evidenced based
- be sustainable/have sustainable elements (post funding)
- be outcome focussed
- be designed in collaboration with consumers and clinicians
- be centred around a cultural responsiveness framework
- facilitate access to support programs such as the Close the Gap Pharmaceutical Benefits Scheme

- address barriers to accessing primary health care experienced by the Aboriginal and Torres Strait Islander community
- include a strong evaluation/monitoring framework

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Mental Health - demand, prevalence, complexity	183



Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander people

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

Working in collaboration with NWMPHNs Coordinator, Aboriginal Health, the activity will ensure meaningful engagement with key stakeholders in the Indigenous sector including Aboriginal community members, Aboriginal Community Controlled Organisations and providers of Integrated Team Care services.

Coverage

Whole Region

No

SA3 Name	SA3 Code
Melton - Bacchus Marsh	21304
Wyndham	21305



Activity Consultation and Collaboration

Consultation

NWMPHN utilises a range of mechanisms to facilitate consultation, including through the Community and Clinical Councils and existing Expert Advisory Groups for general practice, mental health and alcohol and other drugs. Specific consultation and advice will continue to be sought from a range of relevant strategic and local organisations and stakeholders, such as peak and professional bodies, state government and local hospital networks.

Consumers and people with lived experience are integral to the work we do and their participation in all aspects of the commissioning cycle will continue to be enabled and evolved. This is demonstrated through human-centred design in the regional plan for mental health, alcohol and other drugs and suicide prevention, where consumer perspectives and experiences are prioritised.

This is particularly important with our work with the Aboriginal community and is reinforced through our commitments in our endorsed RAP. NWMPHNs Reconciliation Action Plan (RAP) identifies clear strategies for consultation to enhance commissioning and capacity building approaches to improve the health and wellbeing of Aboriginal people across the catchment.

This activity will also include genuine key stakeholder input in the procurement process. Additionally, commissioned providers will be expected to consult with community members when designing and implementing their model of care.

Collaboration

Collaboration with appropriate stakeholders will occur throughout the commissioning process. Key stakeholders include, but are not limited to, Aboriginal community members, Aboriginal Community Controlled Organisations, NWMPHN commissioned providers including providers of Integrated Team Care services, mainstream community health services, general practice, local hospital networks, pharmacy, allied health providers, NGOs, local governments and Victorian Department of Health and Human Services.



Activity Milestone Details/Duration

Activity Start Date

28/06/2019

Activity End Date

29/09/2022

Service Delivery Start Date

January 2020

Service Delivery End Date

September 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?

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 activity will also include genuine key stakeholder input in the procurement process. Additionally, commissioned providers will be expected to consult with community members when designing and implementing their model of care.



AH - 1700 - Improving outcomes after hours for vulnerable people most at risk of seasonal illness 23/24



Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH

Activity Number *

1700

Activity Title *

Improving outcomes after hours for vulnerable people most at risk of seasonal illness 23/24

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 aim of this activity is to improve outcomes in the after hours period for vulnerable people most at risk of seasonal illness.

Description of Activity *

- The activity supports service providers to prepare for and proactively respond to seasonal flu, respiratory conditions and epidemics.
- Provider(s) will be commissioned to develop and implement services which boost:
 - o Vaccination numbers in communities where vaccination rates are low and there are significant risks associated with respiratory conditions including COVID-19 and influenza.
 - o Winter plans for at risk populations to ensure timely access to care and appropriate medications, such as COVID-19 antivirals, to reduce avoidable hospital utilisation.
- Providers with formalised links between internal programs and external services (cross-sectorial) will be prioritised.
- The activity will have a strong focus on clinical governance and support for staff.
- The activity will facilitate information sharing and improving health literacy targeting people from vulnerable population groups.

Needs Assessment Priorities ***Needs Assessment**

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Immunisation - lower rates of immunisation	184



Activity Demographics

Target Population Cohort

This activity will target vulnerable population groups including Aboriginal and Torres Strait Islander Peoples, Children, Young People and Families, Culturally and Linguistically Diverse People, Older People, People with a disability and People Experiencing unstable housing/homelessness.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NWMPHN utilises a range of mechanisms to facilitate consultation, including through the Community and Clinical Councils and existing Expert Advisory Groups for older adults, Aboriginal and Torres Strait Islander health, general practice, mental health and alcohol and other drugs. Specific consultation and advice will continue to be sought from a range of relevant strategic and local organisations and stakeholders, such as peak and professional bodies, state government and local hospital networks. Consumers and people with lived experience are integral to the work we do and their participation in all aspects of the commissioning cycle will continue to be enabled and evolved.

Collaboration

Collaboration with appropriate stakeholders will occur throughout the commissioning process. Stakeholders may include community health services, general practice, local hospital networks, pharmacy, allied health, community-based service providers, Ambulance Victoria, medical deputising services, community members/carers, Department of Health and Human Services and other identified providers.



Activity Milestone Details/Duration

Activity Start Date

17/09/2022

Activity End Date

29/12/2023

Service Delivery Start Date

March 2023

Service Delivery End Date

December 2023

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: No

Open Tender: No

Expression Of Interest (EOI): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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?

na

Co-design or co-commissioning comments

na



AH-Op - 1000 - After Hours Operational AWP 23/24



Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH-Op

Activity Number *

1000

Activity Title *

After Hours Operational AWP 23/24

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

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: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments