

# North Western Melbourne - Core Funding

## 2019/20 - 2023/24

### Activity Summary View



## CF-COVID-VVP - 6000 - COVID-19 Vaccination of Vulnerable Populations AWP 23-24



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

CF-COVID-VVP

#### Activity Number \*

6000

#### Activity Title \*

COVID-19 Vaccination of Vulnerable Populations AWP 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

- Ensure continued access to COVID-19 vaccinations for a number of populations that have been identified as having difficulty accessing vaccines or identified as an under vaccinated group.

#### Description of Activity \*

- Commission primary care vaccination providers to support and coordinate activities in their regions that enable the delivery of vaccinations to vulnerable populations.
- Short- term local solutions that will have a focus on those who are homebound, non-Medicare eligible, Culturally and Linguistically Diverse (CALD) groups, homeless or housing insecure, under vaccinated 5-11 year olds in specific geographic

locations, people with disabilities and those living or working in RACFs.

- Regular review of data to identify changes in vaccination rates and any emerging vulnerable cohorts.

## 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

Whole of population. Population health and service data will inform this activity to enable targeted support to address the needs of identified priority populations most at risk of poor health outcomes.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

Stakeholder engagement occurs throughout all five stages of commissioning and project lifecycles:

- Assessing health needs
- Planning and design
- Procurement
- Implementation
- Monitoring and evaluation

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils

and Expert Advisory Groups (EAGs).

The Clinical and Community Councils provide advice to the Board about the unique needs of the region, and principles and mechanisms for engaging local stakeholders.

The Expert Advisory Groups provide subject matter expertise, insights and advice to support operational model and service design, focusing on safety, quality, and integration. NWMPHN has EAGs for:

- General Practice
- Alcohol and Other Drugs
- Mental Health
- Aboriginal Health
- Older Adults

We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local hospital networks and public health units.

This activity will also include meaningful key stakeholder input in the procurement and program development process.

Commissioned provider(s) will also be expected to consult with community members when designing and implementing their activities.

### **Collaboration**

#### **Collaboration**

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:

- Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local hospital networks and public health units
- Community health services
- General practice
- Residential aged care facilities
- Pharmacy
- Allied health
- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies
- Victorian Department of Health
- Local government
- Media
- Other identified providers



### **Activity Milestone Details/Duration**

**Activity Start Date**

29/06/2022

**Activity End Date**

30/12/2023

**Service Delivery Start Date**

01/07/2022

**Service Delivery End Date**

31/12/2023

**Other Relevant Milestones**

NA

**Activity Commissioning**

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

**Not Yet Known:** Yes**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?**

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?**

Most services commissioned with end dates aligned to the previous end date within the Schedule have concluded.

**Co-design or co-commissioning comments**

Please refer to the Consultation and Collaboration sections of this Activity for the co-design details. Co-design has taken place with the Community and Clinical Councils, local public health units, service providers, local and state governments and informed by local community engagement, including with local bilingual workers.





## CF-COVID-LWC - 4400 - Living with COVID AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF-COVID-LWC

**Activity Number \***

4400

**Activity Title \***

Living with COVID AWP 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 the Living with COVID-19 activity is to support and strengthen the health system to manage the anticipated increase in COVID-19 cases as Australia progresses into phases B and C of the National Plan to transition Australia's National COVID Response. With high levels of vaccination coverage, the vast majority of these cases will have mild symptoms and not require hospitalisation. This Activity will support effective and efficient community care management of COVID-19 patients and provide confidence and assurance to the community and health professionals in the region.

**Description of Activity \***

Three projects sit under the Living with COVID 19 activity:

1. COVID-19 Positive care pathways

Development, implementation, communication and support of COVID-positive community care pathways for the NWM region. Through close collaboration work with key stakeholders, including the Victorian Department of Health, Local Health Service Partnerships and Public Health Units, GPs and other stakeholders (e.g. Victorian Aboriginal Health Service), local COVID-19 community care pathways will provide:

- o clear treatment and escalation pathways through the local health system

o responsiveness to the needs of at risk populations, including people in residential aged care facilities, older Australians, Aboriginal and Torres Strait Islander Australians, people with disability, culturally and linguistically diverse groups, and people in socioeconomically disadvantaged circumstances.

## 2. Support for Primary Care from the National Medical Stockpile

Provision to PPE/pulse oximeters to eligible health practitioners with demonstrated need, including where:

- o there is no local supply available commercially
- o practices are located in areas of high community transmission of COVID-19
- o practices have an disproportionate number of patients presenting with respiratory symptoms.

This activity includes ongoing communications about eligibility and ordering processes for local service providers; management of orders and submission of suitable requests to the national stockpile where local stores are diminished.

## 3. Commissioned Home Visits

Commissioning and contract management of local services to undertake home visits to provide care to COVID-19 affected patients where their GP does not have capacity or where a person does not have a managing GP. Referrals will be made to commissioned services by GPRCs or the person's managing GP, with the commissioned service providers providing a treatment summary and reconnecting the person back to their managing GP after the required visit.

Monthly reports on commissioned home visit service provider activities will be submitted to the Department of Health on:

- o Number of: referrals received, visits completed and visits cancelled/outstanding, patients requiring escalation, general practices accessing services and volume per general practice;
- o Average time taken to acknowledge a GP request, contact patient, between initial contact with patient and home visit; and
- o Primary purpose of visit.

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

Priority	Page reference
COVID-19 - high rates of mental health distress	185



## Activity Demographics

### Target Population Cohort

Whole of population.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

Stakeholder engagement occurs throughout all five stages of commissioning and project lifecycles:

- Assessing health needs
- Planning and design
- Procurement
- Implementation
- Monitoring and evaluation

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils and Expert Advisory Groups (EAGs).

The Clinical and Community Councils provide advice to the Board about the unique needs of the region, and principles and mechanisms for engaging local stakeholders.

The Expert Advisory Groups provide subject matter expertise, insights and advice to support operational model and service design, focusing on safety, quality, and integration. NWMPHN has EAGs for:

- General Practice
- Alcohol and Other Drugs
- Mental Health
- Aboriginal Health
- Older Adults

We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local hospital networks and public health units.

This activity will also include meaningful key stakeholder input in the procurement and program development process.

Commissioned provider(s) will also be expected to consult with community members when designing and implementing their activities.

### Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

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Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:

- Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local hospital networks and public health units



- Community health services
- General practice
- Residential aged care facilities
- Pharmacy
- Allied health
- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies
- Victorian Department of Health
- Local government
- Media
- Other identified providers



## Activity Milestone Details/Duration

### Activity Start Date

29/06/2021

### Activity End Date

29/06/2023

### Service Delivery Start Date

01/07/2022

### Service Delivery End Date

30/06/2023

### 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?

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**

Please refer to the Consultation and Collaboration sections of this Activity for the co-design details.

Specific consultation was undertaken with:

- NWMPHN GP expert advisory group
- Bolton Clark
- Victorian Aboriginal Health Services
- Residential in reach services at The Royal Melbourne Hospital, St. Vincent's Hospital Melbourne, Northern Hospital, Western Health and Werribee Mercy and
- RACF's and GPs via an online survey.

Surveys were also undertaken with RACFs and GP practices to understand the need and in the NWMPHN region.

Codesign of the model has been undertaken with service providers currently providing care to COVID-19 affected patients in GP Respiratory Clinics in the NWM region.



## CF - 1000 - Improve physical and mental health and wellbeing of people w chronic conditions AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF

**Activity Number \***

1000

**Activity Title \***

Improve physical and mental health and wellbeing of people w chronic conditions AWP 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 \***

This activity aims to improve the physical and mental health and wellbeing of people with chronic conditions in the NWMPHN community, particularly priority populations most at risk of poor health outcomes.

The focus is on commissioning services that are responsive to identified local needs and supporting people to navigate service systems and enhance self-management capabilities.

The activity also aims to promote community primary health care options to reduce potentially preventable hospitalisations, in line with NWMPHN's strategic objective to transform primary healthcare.

**Description of Activity \***

NWMPHN will commission outcome-based services that support healthy ageing and ongoing management of chronic conditions in general practice. Strategically this activity aligns with AC-EI - 5 - NWMPHN Early intervention initiatives to support healthy ageing and chronic conditions.

NWMPHN has:

- Reviewed the Health Needs Assessment and supplementary health needs assessment (SHNA) developed for the Care Finder Program to identify the specific local needs of senior Australians in our region, including chronic disease data.
- Used findings and outcomes to develop a funding allocation model that apportions funding by LGA based upon i) the number of people in the LGA that meet the target population and ii) consideration of a range of equity factors and geographical size of the

LGA.

- Conducted a literature review to find the evidence-based practices to address the identified needs and developed case studies to support engagement of the market in the commissioning processes.
- Received feedback on its approach from GPs, practice managers and nurses.

NWMPHN will:

- Run a procurement process to commission general practices to deliver early intervention initiatives to people aged 50 years and older to promote healthy ageing and the ongoing management of chronic conditions.
- Increase awareness in the local primary health care workforce of the needs of the local senior Australian population, and the availability of these initiatives.
- Implement monitoring and evaluation standards and capabilities to ensure that commissioned services are effective and efficient and meet the needs of the community.

NWMPHN will also:

- Improve timely detection and intervention of the physical and mental health needs of people at risk of or living with chronic conditions. This includes commissioning of innovative approaches to improve social connectedness among patients at risk of poor health outcomes.
- Improve integration of care to reduce unplanned hospital presentations or admissions of people living with chronic conditions. This includes commissioning of services that support the collaborative development of care pathways in areas such as chronic pain, improving medication adherence for people living with chronic conditions and providing allied health services to residents of aged care homes.

The approaches or mechanisms, i.e. enablers, that may be used to support implementation of this activity include: care navigation to improve access and equity, quality improvement, health literacy, workforce development, clinical and referral pathways, and digital health. After hours initiatives will also be considered, as appropriate.

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

Priority	Page reference
Chronic conditions - range, higher rates, lower uptake of management plans	186



## Activity Demographics

### Target Population Cohort

- People with chronic conditions
- Whole of population
- Identified priority populations

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

## Coverage

### Whole Region

Yes

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



## Activity Consultation and Collaboration

### Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

Stakeholder engagement occurs throughout all five stages of commissioning and project lifecycles:

- Assessing health needs
- Planning and design
- Procurement
- Implementation
- Monitoring and evaluation

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils and Expert

Advisory Groups (EAGs).

The Clinical and Community Councils provide advice to the Board about the unique needs of the region, and principles and mechanisms for engaging local stakeholders.

The Expert Advisory Groups provide subject matter expertise, insights and advice to support operational model and service design, focusing on safety, quality, and integration. NWMPHN has EAGs for:

General Practice  
Alcohol and Other Drugs  
Mental Health  
Aboriginal Health  
Older Adults

We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local hospital networks.

This activity will also include meaningful key stakeholder input in the procurement and program development process. Commissioned provider(s) will also be expected to consult with community members when designing and implementing their activities.

### **Collaboration**

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by The Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:

Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders

Health care professionals

NWMPHN regional and strategic partnerships and collaboratives

Local hospital networks

Community health services

General practice

Residential aged care facilities

Pharmacy

Allied health

Community-based organisations

Research institutes

Academic and training institutions

Peak and professional bodies

Victorian Department of Health

Local government

Media

Other identified providers



### Activity Milestone Details/Duration

#### Activity Start Date

28/06/2019

#### Activity End Date

29/06/2025

#### Service Delivery Start Date

September 2019

#### Service Delivery End Date

30 June 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): Yes

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

Yes

**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**

Priorities under this activity have been informed by a previous co-design activity that engaged consumers with co-morbid chronic conditions and providers to understand their experiences and to identify potential solutions to issues and system gaps.

Consumer and provider input into the specifications of activities is sought through a range of methods as appropriate using co-design.





## CF - 2000 - Improve physical, mental and emotional health & wellbeing of children & families AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF

**Activity Number \***

2000

**Activity Title \***

Improve physical, mental and emotional health & wellbeing of children & families AWP 23/24

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Population Health

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

This activity aims to improve outcomes for children and families who are at risk of poor health due to physical, psychological, emotional, social or environmental factors. The focus is on commissioning services or activities that are responsive to identified local needs and supporting families to navigate service systems and enhance self-management capabilities.

The activity also aims to promote integrated primary health care options to reduce potential preventable hospitalisations.

**Description of Activity \***

NWMPHN will commission outcome-based services that support children and families to receive safe, high quality, coordinated and person-centred care in their community. This includes:

- Improving the physical and mental health and wellbeing of children and families by fostering supportive environments and promoting mental health literacy and the development of relevant pathways to health and community services.
- Improving population health through early identification of developmental delays and/or behavioural concerns. This will involve coordination of services or initiatives that target childhood development with primary health care and other relevant services.
- Increase the ability of children to thrive by improving primary care capability and service delivery to care for children, young people and their families/carers. This includes a focus on risk factors and vulnerabilities for child safety, and development of new care pathways, including integrated specialist models of care and targeted mental health/AOD initiatives.

In addition, the approaches or mechanisms, i.e. enablers, that may be used to implement this activity include care navigation and

access, quality improvement, health literacy, workforce development, clinical and referral pathways and digital health. After hours initiatives will also be considered, as appropriate.

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

Priority	Page reference
Alcohol and Other Drug Services - demand, prevalence and complexity	184
Mental Health - demand, prevalence, complexity	183



## Activity Demographics

### Target Population Cohort

- Children and families
- Priority populations most at risk of poor health outcomes eg children who are developmentally vulnerable across multiple key domains
- Identified geographical locations of disadvantage or regional growth areas

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

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



## Activity Consultation and Collaboration

### Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

Stakeholder engagement occurs throughout all six stages of our commissioning approach and project lifecycles:

- Assess and prioritise need
- Review evidence to inform planning
- Design services to address need
- Align system readiness and capability for delivery (wording to be confirmed)
- Support implementation
- Monitor performance and drive continuous quality improvement

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils, Expert Advisory Groups (EAGs) and People Bank members.

The Clinical and Community Councils provide advice to the Board about the unique needs of the region, and principles and mechanisms for engaging local stakeholders. The Expert Advisory Groups provide subject matter expertise, insights and advice to support operational model and service design, focusing on safety, quality, and integration. NWMPHN has EAGs for:

- General Practice
- Alcohol and Other Drugs
- Mental Health
- Aboriginal and Torres Strait Islander Health
- Older Adults

People Bank is a register of people who would like to participate in activities that help to improve the health of people in the region. Members participate in a range of different activities including workshops, governance groups, surveys, and tender evaluation panels.

We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local health services and hospital networks.

This activity will also include meaningful key stakeholder input in the procurement and program development process. Commissioned provider(s) will also be expected to consult with community members when designing and implementing their activities.

### **Collaboration**

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Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:

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- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local health services and hospital networks
- Community health services
- General practice
- Residential aged care facilities
- Pharmacy
- Allied health
- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies
- Victorian Department of Health
- Local government
- Other PHNs
- Media
- Other identified providers



### **Activity Milestone Details/Duration**

#### **Activity Start Date**

28/06/2019

#### **Activity End Date**

29/06/2025

#### **Service Delivery Start Date**

30/06/2019

#### **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?

Yes

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

Yes

### Decommissioning details?

NWMPHN has undertaken a review of current service provider agreements against this activity and NWMPHN priorities. One program that has been in operation for last few years is being decommissioned early 2023 as it no longer aligns with current strategic directions. Significant planning was established to ensure that existing clients are appropriately transitioned to new services where appropriate.

Transition Plans were required by the provider to demonstrate how they will support clients throughout the process and allow NWMPHN to monitor their approach.

### Co-design or co-commissioning comments

NWMPHN is committed to engagement and partnership with community, consumers and their families and clinicians at all key phases of the commissioning and project lifecycles (needs assessment, planning and design, service procurement, implementation and monitoring and evaluation).

Co-design methodologies will be employed to ensure service users and clinicians have genuine input in the design and development of interventions that may be generated.

NWMPHN's parent body, Melbourne Primary Care Network, has a Stakeholder Engagement Framework and a Community Participation Plan that outlines the role of consumers at all levels of the organisation's work.



## CF - 3000 – HealthPathways AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF

**Activity Number \***

3000

**Activity Title \***

HealthPathways AWP 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 \***

This activity aims to ensure readily accessible and up-to-date care pathways guidance on the HealthPathways Melbourne platform, to enable improved health outcomes for our community by connecting our consumers and clinicians through seamless pathways of care.

HealthPathways are localised, developed and reviewed in response to:

- population need;
- new or innovative models of care; and
- broader service redesign undertaken by the PHN in collaboration with health service/system stakeholders.

HealthPathways form a core component of workforce development and capability building activities aiming to reduce potentially preventable hospitalisations for people living in northwestern Melbourne. HealthPathways is a platform operated by many PHNs across Australia and is a digital health system.

**Description of Activity \***

HealthPathways is an on-line evidence-based guidelines and referral pathways platform, to ensure the right care for the patient, in the right place, at the right time.

NWMPHN will continue to commission services to facilitate primary care access to HealthPathways Melbourne. This relates

specifically to the procurement of the HealthPathways license through Streamliners NZ Limited. HealthPathways Melbourne is jointly operated by NWMPHN and Eastern Melbourne PHN.

Continued development of content for and promotion of the HealthPathways platform to a primary care audience supports strengthened clinical decision making and simplifies transitions of care. This activity ensures that lessons arising from the development of care pathways, in collaboration with sector partners, can be captured and translated for a primary care audience. It also ensures that the HealthPathways platform is further developed as a credible source of content, thereby facilitating initiatives that underpin transformation of primary care, such as MyHealthRecord and MyAgedCare.

Key content topics of development and review align with and further support broader training and education of practitioners to better meet the needs of priority populations and to address identified priority areas. This includes Children and Families, Chronic Conditions, Mental Health, Alcohol and Other Drugs, Suicide Prevention and Aged Care.

Promotion of the HealthPathways platform thereby offers a single channel to support many messages directed to the primary care audience, which ultimately aim to improve health outcomes in northwestern Melbourne.

As a complement to broader care pathways work, this activity also continues to support the development of statewide pathways that align with clinical practice guidelines and broader sectoral reforms in partnership with the state government and its departments and agencies.

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

Priority	Page reference
Chronic conditions - range, higher rates, lower uptake of management plans	186
Alcohol and Other Drug Services - demand, prevalence and complexity	184
Blood borne viruses and STI's - demand, increasing among young people and women	186
Comorbid conditions - complexity and demand	184
COVID-19 - high rates of mental health distress	185
Immunisation - lower rates of immunisation	184
Preventative health checks - lower rates of screening	185
Smoking Cessation - higher rates	184
Mental Health - demand, prevalence, complexity	183



### Activity Demographics

#### Target Population Cohort

Whole of population

#### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

### Whole Region

Yes

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



## 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. Outcomes from this evolving engagement approach will be used to inform ongoing development and review of HealthPathways Melbourne.

### Collaboration

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches.

NWMPHN will work with identified stakeholders relevant to the activities outlined, which include general practice and other primary care providers (including but not limited to allied health), local hospital networks, community health organisations, local government, peak and professional bodies. Consumer co-design methodologies will be employed to ensure service users have genuine input in the design and development of interventions that may be generated.

State government departments and agencies partner with us to fund state-wide pathway development and implement reforms at the primary care interface using the HealthPathways platform as a key enabler. We are working with other Victorian and Tasmanian PHNs implementing HealthPathways to develop shared approaches that increase the development efficiency and reach of HealthPathways content.



### Activity Milestone Details/Duration

#### Activity Start Date

28/06/2019

#### Activity End Date

29/06/2025

#### Service Delivery Start Date

July 2019

#### 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): 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?**

Yes

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

Yes

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

Please refer to the Collaboration section of this Activity for the co-commissioning details.



## HSI - 1 - Health Systems Improvement AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

HSI

**Activity Number \***

1

**Activity Title \***

Health Systems Improvement AWP 23/24

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Workforce

**Other Program Key Priority Area Description****Aim of Activity \*****GENERAL PRACTICE SUPPORT:**

The aim of this activity is to enable general practices to deliver safe, high quality, coordinated, accessible person-centred care to their communities.

NWMPHNs support will enable primary care to:

- Undertake data-driven improvement (including focus on PIP QI measures)
- Provide people with equitable access to COVID-19 care and vaccination in the community
- Deliver evidence-based care supporting people to stay well and out of hospital
- Adopt digital health initiatives
- Collaborate with other primary health care providers and hospital colleagues to ensure an integrated and seamless care journey

**STAKEHOLDER ENGAGEMENT & COLLABORATION:**

NWMPHN is committed to ensuring collaborative stakeholder engagement is embedded in the culture and core functions of the organisation. We recognise that strong and meaningful engagement and collaboration with our stakeholders is critical to achieving our commissioning objectives and our vision for a healthy community and healthy system. We also believe that effective engagement delivers benefits for all participants. We will capitalise and build upon the collective efforts of stakeholders across the health system to improve health outcomes for our communities.

The aim of this activity is to:

- Enhance our stakeholder engagement by evolving our approach in line with contemporary best-practice and continually developing associated organisational capability.
- Evolve our community participation model to ensure that community needs are understood and addressed, and opportunities are provided for community participation in the commissioning cycle. This acknowledges that communities have the right to influence decisions that impact their health.
- Develop and maintain successful collaborative relationships and partnerships across the health and care sector, including with service providers, peak and professional bodies, local and state government, and with consumers and local communities.
- Build and maintain robust sub-regional health system collaborations to leverage resources across the primary and acute care interface and local, state and commonwealth governments to achieve improvements against the quadruple aim and greater impact for the communities of northwestern Melbourne.

NWMPHN has a strong commitment to ensuring the involvement and engagement of diverse and priority populations. This includes ensuring the voices of those who may be seldom heard are included in our processes. Priority populations include, but are not limited to, Aboriginal and Torres Strait Islander People, Culturally and Linguistically Diverse communities, including refugees and asylum seekers, and LGBTQ+ communities.

#### POPULATION HEALTH PLANNING:

This activity aims to support and deliver integrated population health planning across the commissioning cycle. This includes consolidating NWMPHN's capacity to undertake the process of identifying population health needs, working with key stakeholders (including community) to co-design and build solutions, directing resources towards these solutions, and monitoring and reviewing delivery.

More specifically our key objectives are to:

1. Support NWMPHN's organisational strategic and commissioning goals through the provision of accurate, timely and relevant population health data, analysis and information.
2. Build organisational capacity and capability regarding population health, evidence informed decisions and development, data analysis and insight building, research and evaluation.
3. Ensure NWMPHN is the leader and regional data custodian and integrator for population health information.
4. Continue to build and maintain digital services, data governance and supporting technical infrastructure (storage, analytics, and information systems) to support population health data quality, integrity, security, reporting and use.

Ultimately, we aim to align all commissioning activity and approaches to the identified needs of our region.

#### **Description of Activity \***

##### GENERAL PRACTICE SUPPORT:

Building on the NWMPHN Primary Health Care Improvement Strategy, and the NWMPHN Vision for Primary Care developed in partnership with consumers and the General Practice Expert Advisory Group the following activities will be undertaken in partnership with general practice to achieve the above aim:

##### Activity: Capability building

- Providing general practice with access to the best education, tools and resources
- Provision of education and training to enable practices to be able to deliver high quality primary care and respond to emerging issues and population health needs
- Facilitate the establishment of Communities of Practice, enabling joint learning and cross sector collaboration and networking
- Actively support quality improvement in general practice
- Implementing intensive quality improvement initiatives in practice
- Supporting continuous QI through self-directed QI activities accessible via on QI library
- Supporting data driven quality improvement through tailored support for practices to analyse practice data reports and implement improvement activities using QI methodology
- Provide support to practice to understand and implement policy reforms e.g. MyHR, Practice Incentive Program, MBS, accreditation etc.

##### Activity: Communication

- Delivering timely and relevant localised information to health care providers.

- Inform primary health care of reforms and the impact on their businesses and practice
- Continue to utilise existing, recognised communication mechanisms with general practice including website, social media and direct to sector communications (eblasts/newsletters)

#### Activity: Champion

- Advocating for primary care as the foundation for a high-performing and sustainable health system
- Develop primary health care leaders and champions through General Practice Expert Advisory Group, and Think tank
- Showcase innovation through communication channels and via peer-to-peer learning
- Involvement of local primary care providers in education and training
- Engage primary health care providers to inform planning, implementation and evaluation of PHN activities; and advocate on behalf of primary health care providers and patients.
- Promotion of general practice as a rewarding career path
- Advocate for and undertake initiatives that support increasing the general practice workforce in the region

#### Activity: Coordinator

- Fostering strong partnerships and collaborations across local, state and federal governments – between primary health, acute and specialist services
- Enhance evidence-based coordinated care through pathways, networks and communication.
- Support the development, implementation and uptake of HealthPathways

#### Activity: Commissioner

- Commissioning co-designed local and regional solution – to address service gaps, better integrate health care and ensure equitable access
- Commission practices to undertake focused projects/QI initiatives to address service gaps and ensure equitable access, with a particular focus on deferred care

#### STAKEHOLDER ENGAGEMENT & COLLABORATION:

NWMPHN will build on a strong history of multi-faceted stakeholder engagement, established trusted relationships and robust partnerships to support the delivery of outcomes-based commissioning and health system improvement activities.

#### Activities include:

##### Stakeholder engagement and relationship development:

- Ongoing broad mapping and analysis of stakeholders, utilising insight gained to support stakeholder management approaches.
- Ongoing enhancement of our Clinical and Community Councils and Expert Advisory Groups, to ensure meaningful input in our commissioning strategy and decision making.
- Targeted stakeholder engagement, social listening and co-design with community.
- Consultation with stakeholders on the health needs assessment, regional plans and associated commissioning intentions.
- Evolution of NWMPHN's stakeholder engagement framework and community participation plan and development of a clinical participation plan informed by latest evidence and best-practice.
- Regular and timely communication of NWMPHN's commissioning intentions and progress of commissioning processes to the community and provider market.

#### Regional Collaborations:

- Participation as a founding member of newly established Health Service Partnerships and Public Health Units in the northeast and west of Melbourne, established to support enduring collaboration in the Victorian health system beyond the pandemic.
- Continued auspice of: The Collaborative, a strategic place-based partnership between The Royal Melbourne Hospital, two community health services and NWMPHN, focused on improving health outcomes for people with chronic illness in inner north west Melbourne; and Better Health Plan for the West, which utilises a collective impact approach across the PHN, LHNs, community health and local government to build a strong health system in Melbourne's west to deliver better health and improved wellbeing for local people. The focus for 2022-23 is on a proactive and collaborative response to state and federal reforms in a way that meets the needs of people and communities in Melbourne's west, some of whom were most adversely affected by COVID-19 outbreaks.
- Ongoing participation in formal networks and collaborations such as, the Melbourne Ageing Research Centre
- Ongoing participation in local government health and wellbeing plan consultations and local hospital network Primary Care and Population Health Advisory Committees.

## POPULATION HEALTH PLANNING:

Examples of organisational activity include:

- Ensure robust data governance and data security at all times
- Continue to refine the NWMPHN approach to undertaking Health Needs Assessments which was recently redeveloped to include a method for quantify need.
- Continue to build on the methods by which we make the findings and insights generated through the HNA process relevant and usable for our community and stakeholders. This will be done through the development of detailed summaries, infographics, maps and other collateral to support evidence informed commissioning and system improvement.
- Continue to ensure our information systems are fit for purpose and effectively utilised and managed to support commissioning activity.
- Continue to build the research and evaluation capacity of the organisation through arrangements with expert organisations, research institutions and universities
- Lead the development of a targeted HNA for Mental Health, Suicide Prevention and Alcohol and Drugs.
- Continue to work with state and local governments, health services and other partners such as community health services, to increase the alignment of population health data and planning in the northwestern Melbourne region
- Continue to work with the Victorian Department of Health (through the Victorian Agency for Health Information (VAHI)) to undertake shared research and evaluation activities. This includes leading the development of a state-wide umbrella information sharing agreement which will be used support more data sharing and project collaboration.
- Continue to use General Practice data to drive quality improvement in primary care and to support the Practice Incentive Program Quality Improvement (PIPQI) program and other initiatives
- Continue to work with other PHNs in developing shared services that support more efficient and effective population health planning and reporting
- Work towards and achieve ISO27001 accreditation to ensure we have the appropriate governance and data management policies, procedures and processes in place for managing the data we receive, store and work with for population health planning

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

Priority	Page reference
COVID-19 - high rates of mental health distress	185
Comorbid conditions - complexity and demand	184
Chronic conditions - range, higher rates, lower uptake of management plans	186
Alcohol and Other Drug Services - demand, prevalence and complexity	184
Preventative health checks - lower rates of screening	185
Blood borne viruses and STI's - demand, increasing among young people and women	186
Immunisation - lower rates of immunisation	184
Smoking Cessation - higher rates	184
Mental Health - demand, prevalence, complexity	183



### Target Population Cohort

Whole of population.

Population health and service data will inform this activity to enable targeted support to address the needs of identified priority populations most at risk of poor health outcomes. These include, but are not limited to, mental health, drug and alcohol, suicide prevention, Aboriginal Health, chronic conditions, older adults, children and families.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions. This includes our approach to population health planning and undertaking health needs assessment.

We use a range of mechanisms and approaches to engage with our communities and stakeholders. This includes working with our Community and Clinical Councils, Expert Advisory Groups (EAGs) and People Bank members.

We have EAGs for; General Practice, Alcohol and Other Drugs, Mental Health, Aboriginal and Torres Strait Islander Health, Older Adults.

People Bank is a register of people who would like to participate in activities that help to improve the health of people in the region. Members participate in a range of different activities including workshops, governance groups, surveys, and tender evaluation panels.

Also, as a part of our process we consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local health services and health service partnerships.

### Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way

across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:

#### STAKEHOLDER ENGAGEMENT & COLLABORATION:

These are identified below for key stakeholder segments:

- Healthcare Professionals - General Practice Staff, Allied Health Providers, Specialists, Other healthcare providers [Inform, Consult, Involve, Collaborate and Empower]
- Government and Funding Bodies - Ministers/Politicians, Commonwealth Government Departments, State Government Departments, Local Councils, Philanthropic Organisations, Corporate Entities [Inform, Consult, Involve and Collaborate]
- Research, Evaluation and Policy - Academic Institutions Research Organisations, Consultancy Firms, Think Tanks [Inform, Consult and Collaborate]
- Governance - Clinical Council, Community Council, Expert Advisory Groups [Collaborate and Empower]
- Community Participants - Consumers, Patients, Carers, People with lived experience, Priority Populations, Community Leaders [Inform, Consult, Involve, Collaborate and Empower]
- Community Organisations and Networks - Non-Government Organisations, Peak Bodies, Primary Care Partnerships, Regional Collaborations, Corporate Providers, Advocacy Groups [Inform, Consult, Involve, Collaborate and Empower]
- Corporate Stakeholders - Regulatory bodies, Auditors, Accreditation Providers, External Support Providers, Contractors and suppliers [Inform and Consult]
- Health and Residential Services - Public Health Services/Local Hospital Networks, Private Hospitals, Community Health Services, ACCHOs, Residential Aged Care Facilities, Rehabilitation Facilities [Inform, Consult, Involve, Collaborate and Empower]
- Media - Print, Online, Radio [Inform].

#### GENERAL PRACTICE SUPPORT:

Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:

- Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local hospital networks
- Community health services
- General practice
- Residential aged care facilities
- Pharmacy
- Allied health
- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies
- Victorian Department of Health
- Local government
- Media
- Other identified providers

#### POPULATION HEALTH PLANNING:

NWMPHN will continue to develop and build on relationships with key stakeholders from across the region providing a platform for collaboration across the commissioning cycle. As well as ongoing engagement activities, this will include consultations with local hospital services and other major health service providers, with a strong voice for consumers and carers.

Collaboration will be undertaken with the following key stakeholders to participate in data sharing, prioritisation and planning:

- Local health services and Health Service Partnerships
- Community health organisations



- Local Government Authorities
- Aboriginal community-controlled health agencies
- Consumer and carer representative agencies
- General Practice
- Local communities
- Victorian Primary Health Networks

During the FY24 period, NWMPHN is developing a local research strategy, and its development will be informed by engagement with community and stakeholders on the principles of our approach and future opportunities. We are also engaging with the Victorian/Tasmanian PHN alliance on the development of a state-wide research strategy which will help us (as a group) to take a more targeted and purposeful approach to joint project development.



### Activity Milestone Details/Duration

#### Activity Start Date

28/06/2019

#### Activity End Date

29/06/2025

#### Service Delivery Start Date

#### Service Delivery End Date

#### Other Relevant Milestones

NA



### 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?

Yes

#### 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**

Please refer to the Consultation and Collaboration sections in this Activity for the co-design details.



## HSI - 1000 - Population Health Planning AWP 22/23



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

HSI

**Activity Number \***

1000

**Activity Title \***

Population Health Planning AWP 22/23

**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 \***

This activity aims to support and deliver integrated population health planning across the commissioning cycle. This includes consolidating NWMPHN's capacity to undertake the process of identifying population health needs, working with key stakeholders (including community) to co-design and build solutions, directing resources towards these solutions, and monitoring and reviewing delivery.

More specifically our key objectives are to:

1. Support NWMPHN's organisational strategic and commissioning goals through the provision of accurate, timely and relevant population health data, analysis and information.
2. Build organisational capacity and capability regarding population health, evidence informed decisions and development, data analysis and insight building, research and evaluation.
3. Ensure NWMPHN is the leader and regional data custodian and integrator for population health information.
4. Continue to build and maintain digital services, data governance and supporting technical infrastructure (storage, analytics, and information systems) to support population health data quality, integrity, security, reporting and use.

Ultimately, we aim to align all commissioning activity and approaches to the identified needs of our region.

**Description of Activity \***

Examples of organisational activity include:

- Ensure robust data governance and data security at all times
- Continue to refine the NWMPHN approach to undertaking Health Needs Assessments which was recently redeveloped to include a method for quantify need.
- Continue to build on the methods by which we make the findings and insights generated through the HNA process relevant and usable for our community and stakeholders. This will be done through the development of detailed summaries, infographics, maps and other collateral to support evidence informed commissioning and system improvement.
- Continue to ensure our information systems are fit for purpose and effectively utilised and managed to support commissioning activity.
- Continue to build the research and evaluation capacity of the organisation through arrangements with expert organisations, research institutions and universities
- Lead the development of a targeted HNA for Mental Health, Suicide Prevention and Alcohol and Drugs.
- Continue to work with state and local governments, health services and other partners such as community health services, to increase the alignment of population health data and planning in the northwestern Melbourne region
- Continue to work with the Victorian Department of Health (through the Victorian Agency for Health Information (VAHI)) to undertake shared research and evaluation activities. This includes leading the development of a state-wide umbrella information sharing agreement which will be used support more data sharing and project collaboration.
- Continue to use General Practice data to drive quality improvement in primary care and to support the Practice Incentive Program Quality Improvement (PIPQI) program and other initiatives
- Continue to work with other PHNs in developing shared services that support more efficient and effective population health planning and reporting
- Work towards and achieve ISO27001 accreditation to ensure we have the appropriate governance and data management policies, procedures and processes in place for managing the data we receive, store and work with for population health planning.

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2021/22-2023/24

#### Priorities

Priority	Page reference
Section 10.2 - Prioritised Needs	193
Section 10.3 -Actions and Expected Outcomes	194
Section 10.1 Identified Needs	183



## Activity Demographics

### Target Population Cohort

N/A

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

## Coverage

## Whole Region

Yes

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



## Activity Consultation and Collaboration

### Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions. This includes our approach to population health planning and undertaking health needs assessment.

We use a range of mechanisms and approaches to engage with our communities and stakeholders. This includes working with our Community and Clinical Councils, Expert Advisory Groups (EAGs) and People Bank members.

We have EAGs for; General Practice, Alcohol and Other Drugs, Mental Health, Aboriginal and Torres Strait Islander Health, Older Adults.

People Bank is a register of people who would like to participate in activities that help to improve the health of people in the region. Members participate in a range of different activities including workshops, governance groups, surveys, and tender evaluation panels.

Also, as a part of our process we consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local health services and health service partnerships.

### Collaboration

NWMPHN will continue to develop and build on relationships with key stakeholders from across the region providing a platform for collaboration across the commissioning cycle. As well as ongoing engagement activities, this will include consultations with local hospital services and other major health service providers, with a strong voice for consumers and carers.

Collaboration will be undertaken with the following key stakeholders to participate in data sharing, prioritisation and planning:

- Local health services and Health Service Partnerships
- Community health organisations
- Local Government Authorities
- Aboriginal community-controlled health agencies
- Consumer and carer representative agencies
- General Practice
- Local communities
- Victorian Primary Health Networks

During the FY24 period, NWMPHN is developing a local research strategy, and its development will be informed by engagement with community and stakeholders on the principles of our approach and future opportunities. We are also engaging with the Victorian/Tasmanian PHN alliance on the development of a state-wide research strategy which will help us (as a group) to take a more targeted and purposeful approach to joint project development.



### Activity Milestone Details/Duration

#### Activity Start Date

29/06/2019

#### Activity End Date

29/06/2023

#### Service Delivery Start Date

#### Service Delivery End Date

#### 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): No

**Is this activity being co-designed?**

Yes

**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**

Please refer to the Consultation and Collaboration sections in this Activity for the co-design details.



## HSI - 2000 - Stakeholder engagement and collaboration AWP 22/23



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

HSI

**Activity Number \***

2000

**Activity Title \***

Stakeholder engagement and collaboration AWP 22/23

**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 \***

NWMPHN is committed to ensuring collaborative stakeholder engagement is embedded in the culture and core functions of the organisation. We recognise that strong and meaningful engagement and collaboration with our stakeholders is critical to achieving our commissioning objectives and our vision for a healthy community and healthy system. We also believe that effective engagement delivers benefits for all participants. We will capitalise and build upon the collective efforts of stakeholders across the health system to improve health outcomes for our communities.

The aim of this activity is to:

- Enhance our stakeholder engagement by evolving our approach in line with contemporary best-practice and continually developing associated organisational capability.
- Evolve our community participation model to ensure that community needs are understood and addressed, and opportunities are provided for community participation in the commissioning cycle. This acknowledges that communities have the right to influence decisions that impact their health.
- Develop and maintain successful collaborative relationships and partnerships across the health and care sector, including with service providers, peak and professional bodies, local and state government, and with consumers and local communities.
- Build and maintain robust sub-regional health system collaborations to leverage resources across the primary and acute care interface and local, state and commonwealth governments to achieve improvements against the quadruple aim and greater impact for the communities of northwestern Melbourne.



NWMPHN has a strong commitment to ensuring the involvement and engagement of diverse and priority populations. This includes ensuring the voices of those who may be seldom heard are included in our processes. Priority populations include, but are not limited to, Aboriginal and Torres Strait Islander People, Culturally and Linguistically Diverse communities, including refugees and asylum seekers, and LGBTIQ+ communities

#### **Description of Activity \***

NWMPHN will build on a strong history of multi-faceted stakeholder engagement, established trusted relationships and robust partnerships to support the delivery of outcomes-based commissioning and health system improvement activities.

Activities include:

Stakeholder engagement and relationship development:

- Ongoing broad mapping and analysis of stakeholders, utilising insight gained to support stakeholder management approaches.
- Ongoing enhancement of our Clinical and Community Councils and Expert Advisory Groups, to ensure meaningful input in our commissioning strategy and decision making.
- Targeted stakeholder engagement, social listening and co-design with community.
- Consultation with stakeholders on the health needs assessment, regional plans and associated commissioning intentions.
- Evolution of NWMPHN's stakeholder engagement framework and community participation plan and development of a clinical participation plan informed by latest evidence and best-practice.
- Regular and timely communication of NWMPHN's commissioning intentions and progress of commissioning processes to the community and provider market.

Regional Collaborations:

- Participation as a founding member of newly established Health Service Partnerships and Public Health Units in the northeast and west of Melbourne, established to support enduring collaboration in the Victorian health system beyond the pandemic.
- Continued auspice of: The Collaborative, a strategic place-based partnership between The Royal Melbourne Hospital, two community health services and NWMPHN, focused on improving health outcomes for people with chronic illness in inner north west Melbourne; and Better Health Plan for the West, which utilises a collective impact approach across the PHN, LHNs, community health and local government to build a strong health system in Melbourne's west to deliver better health and improved wellbeing for local people. The focus for 2022-23 is on a proactive and collaborative response to state and federal reforms in a way that meets the needs of people and communities in Melbourne's west, some of whom were most adversely affected by COVID-19 outbreaks.
- Ongoing participation in formal networks and collaborations such as, the Melbourne Ageing Research Centre.
- Ongoing participation in local government health and wellbeing plan consultations and local hospital network Primary Care and Population Health Advisory Committees.

#### **Needs Assessment Priorities \***

##### **Needs Assessment**

NWMPHN Needs Assessment 2021/22-2023/24

##### **Priorities**

Priority	Page reference
Section 10.2 - Prioritised Needs	193
Section 10.3 -Actions and Expected Outcomes	194
Section 10.1 Identified Needs	183



#### **Activity Demographics**

**Target Population Cohort**

Whole of population

**In Scope AOD Treatment Type \*****Indigenous Specific \***

No

**Indigenous Specific Comments****Coverage****Whole Region**

Yes

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

**Activity Consultation and Collaboration****Consultation**

This activity describes NWMPHN's stakeholder engagement, consultation and collaboration approach – see aim and activity description for detail

**Collaboration**

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:

These are identified below for key stakeholder segments:

- Healthcare Professionals - General Practice Staff, Allied Health Providers, Specialists, Other healthcare providers [Inform, Consult, Involve, Collaborate and Empower]
- Government and Funding Bodies - Ministers/Politicians, Commonwealth Government Departments, State Government Departments, Local Councils, Philanthropic Organisations, Corporate Entities [Inform, Consult, Involve and Collaborate]
- Research, Evaluation and Policy - Academic Institutions Research Organisations, Consultancy Firms, Think Tanks [Inform, Consult and Collaborate]
- Governance - Clinical Council, Community Council, Expert Advisory Groups [Collaborate and Empower]
- Community Participants - Consumers, Patients, Carers, People with lived experience, Priority Populations, Community Leaders [Inform, Consult, Involve, Collaborate and Empower]
- Community Organisations and Networks - Non-Government Organisations, Peak Bodies, Primary Care Partnerships, Regional Collaborations, Corporate Providers, Advocacy Groups [Inform, Consult, Involve, Collaborate and Empower]
- Corporate Stakeholders - Regulatory bodies, Auditors, Accreditation Providers, External Support Providers, Contractors and suppliers [Inform and Consult]
- Health and Residential Services - Public Health Services/Local Hospital Networks, Private Hospitals, Community Health Services, ACCHOs, Residential Aged Care Facilities, Rehabilitation Facilities [Inform, Consult, Involve, Collaborate and Empower]
- Media - Print, Online, Radio [Inform].



## Activity Milestone Details/Duration

### Activity Start Date

28/06/2019

### Activity End Date

29/06/2023

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones

N/A

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## 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?

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

Please refer to the Collaboration section of this Activity for co-design details.



## HSI - 3100 - Primary Health Networks - HealthPathways AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

HSI

**Activity Number \***

3100

**Activity Title \***

Primary Health Networks - HealthPathways AWP 23/24

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Workforce

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

This activity aims to:

- support access to the HealthPathways platform by primary care practitioners in the NWMPHN region
- promote best-practice care and enhance local clinician's awareness of referral options and services
- improve collaboration and integration across the health care and other systems to enable improved health outcomes for the community by connecting consumers and clinicians through seamless pathways of care.

This funding will be utilised to enhance clinical and referral content on HealthPathways, create better linkages between primary health care services, local hospital services and other relevant providers, improve the patient journey, and increase practitioner capabilities and their quality of care.

HealthPathways are localised, developed and reviewed in response to:

- federal priorities, with the exception of Aged Care and Dementia which are standalone AWP Activities
- population need;
- new or innovative models of care.; and
- broader service redesign undertaken by the PHN in collaboration with health service/system stakeholders.

HealthPathways form a core component of workforce development and capability building aiming to reduce potentially preventable hospitalisations for people living in northwestern Melbourne.

## Description of Activity \*

HealthPathways is a collaborative platform that provides health practitioners with access to localised assessment, management and referral information on a large number of health conditions. It helps them to make informed decisions with their patients about the care that is right for them. HealthPathways Melbourne is jointly operated by NWMPHN and Eastern Melbourne PHN.

NWMPHN is committed to ensuring general practice teams and other primary care clinicians in our region continue to receive free access to HealthPathways Melbourne and have easy access to seamless and local referral pathways that support accurate, timely and safe transitions of care.

NWMPHN will achieve this by continuing to commission services to facilitate primary care access to HealthPathways Melbourne including the procurement of the HealthPathways license through Streamliners NZ Limited and the contracting of clinical editors to support the development or review of clinical and referral content across the platform.

To maximise effectiveness and general practice engagement with the platform, NWMPHN will continue to maintain the existing suites of pathways, ensuring the pathways are clinically relevant, accurate and functional to support general practice capability. Key content topics of development and review, align with and further support broader training and education of practitioners to better meet the needs of priority populations and to address identified priority areas. This includes Palliative Care, Chronic Conditions, Mental Health, Alcohol and Other Drugs and Suicide Prevention.

In addition, the HealthPathways platform offers a single channel of communications to primary care on important clinical and referral information. NWMPHN will continue to implement communication and engagement strategies across the region to raise awareness, engagement and utilisation of the pathways by both the end users, but also our health sector partners. Ongoing monitoring of the platform will also be undertaken to ensure we can continuously improve the platform offering and user experience.

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

Priority	Page reference
COVID-19 - high rates of mental health distress	185
Comorbid conditions - complexity and demand	184
Chronic conditions - range, higher rates, lower uptake of management plans	186
Alcohol and Other Drug Services - demand, prevalence and complexity	184
Preventative health checks - lower rates of screening	185
Blood borne viruses and STI's - demand, increasing among young people and women	186
Immunisation - lower rates of immunisation	184
Smoking Cessation - higher rates	184
Mental Health - demand, prevalence, complexity	183



### Activity Demographics

### Target Population Cohort

Whole of population

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

Stakeholder engagement occurs throughout all five stages of commissioning and project lifecycles:

- Assessing health needs
- Planning and design
- Procurement
- Implementation
- Monitoring and evaluation

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils and Expert Advisory Groups (EAGs).

The Clinical and Community Councils provide advice to the Board about the unique needs of the region, and principles and mechanisms for engaging local stakeholders.

The Expert Advisory Groups provide subject matter expertise, insights and advice to support operational model and service design, focusing on safety, quality, and integration. NWMPHN has EAGs for:

- General Practice
- Alcohol and Other Drugs
- Mental Health
- Aboriginal Health
- Older Adults

We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local hospital networks.

This activity will also include meaningful key stakeholder input in the procurement and program development process including engagement with clinical subject matter experts, service providers, health service partners and people with a lived experience and their networks.

## Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:

- Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local hospital networks
- Community health services
- General practice
- Residential aged care facilities
- Pharmacy
- Allied health
- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies including Dementia Australia, Palliative Care Consortia Partners.
- Other PHNs
- Local government
- Media
- Other identified providers

State government departments and agencies partner with us to fund state-wide pathway development and implement reforms at the primary care interface using the HealthPathways platform as a key enabler. We are working with other Victorian and Tasmanian PHNs implementing HealthPathways to develop shared approaches that increase the development efficiency and reach of HealthPathways content.

As specified in the Core Funding deed under activity B.8 Primary Health Networks – HealthPathways, NWMPHN is committed with collaborating and sharing HealthPathways capabilities and achievement across PHN regions. NWMPHN and EMPHN as HealthPathways Melbourne, will also be working closely with their Victorian and Tasmanian HealthPathways partners to support the ongoing maintenance of clinical pathways due for review



### Activity Milestone Details/Duration

#### Activity Start Date

29/03/2022

#### Activity End Date

29/06/2025

#### Service Delivery Start Date



**Service Delivery End Date**

30/06/2025

**Other Relevant Milestones****Activity Commissioning**

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

**Not Yet Known:** Yes

**Continuing Service Provider / Contract Extension:** Yes

**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?**

Yes

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

Yes

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

HealthPathways Melbourne is jointly operated by NWMPHN and Eastern Melbourne PHN who will jointly commission Streamliners New Zealand Ltd to support platform maintenance and ongoing pathway development.



## HSI - 3200 - Aged Care HealthPathways AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

HSI

**Activity Number \***

3200

**Activity Title \***

Aged Care HealthPathways AWP 23/24

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Workforce

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

This activity aims to:

- support access to the HealthPathways platform by primary care practitioners in the NWMPHN region
- promote best-practice care and enhance local clinician's awareness of referral options and services in Aged Care
- improve collaboration and integration across the health care and other systems to enable improved health outcomes for the community by connecting consumers and clinicians through seamless pathways of care.

This funding will be utilised to enhance aged care clinical and referral content on the HealthPathways platform, create better linkages between primary health care services, local hospital services and other relevant providers, improve the patient journey, and increase practitioner capabilities and their quality of care.

HealthPathways form a core component of workforce development and capability building aiming to reduce potentially preventable hospitalisations for people living in North Western Melbourne

**Description of Activity \***

HealthPathways is a collaborative platform that provides health practitioners with access to localised assessment, management and referral information on a large number of health conditions. It helps them to make informed decisions with their patients about the care that is right for them. HealthPathways Melbourne is jointly operated by NWMPHN and Eastern Melbourne PHN.

NWMPHN is committed to ensuring general practice teams and other primary care clinicians in our region continue to receive free access to HealthPathways Melbourne and have easy access to seamless and local referral pathways that support accurate, timely and safe transitions of care.

NWMPHN will achieve this by continuing to commission services to facilitate primary care access to HealthPathways Melbourne including the procurement of the HealthPathways license through Streamliners NZ Limited and the contracting of clinical editors to support the development or review of clinical and referral content across the platform.

A key priority for HealthPathways Melbourne will be the review and improvement of our suite of Aged care HealthPathways.

NWMPHN will:

- Provide GPs with access to up-to-date Aged Care pathways that:
  - o Provide evidence-based guidance on how to support their older adult patients to live safely and independently in the community e.g. falls prevention and chronic conditions and comorbidity management.
  - o Have been developed in consultation with local health practitioners.
  - o Include clinical and referral pathways that support health professionals to provide advice, referrals, and connections for senior Australians into local health, support and aged care services.
  - o Assist GPs to manage their patients when entering or residing in residential aged care facilities.
  - o Are closely developed/updated alongside a suite of Dementia pathways and will also complement other existing suites such as Palliative Care.
- Use various communication channels (e.g. newsletter, social media, workforce development events) to promote the suite of aged care and dementia pathways to increase the awareness, engagement, and utilisation of these pathways by local health care practitioners (including GPs, allied health and practice staff) and engage local clinical practitioners, consumers and aged care stakeholders and experts in their development

HealthPathways Melbourne will work collectively with our Victorian PHN colleagues to undertake this work and will engage closely with local primary care practitioners, consumers, and other relevant stakeholders, to ensure best practice and evidence-based models of care are translated into consistent, practical guidance for primary care. Further details regarding collaboration and consultation are outlined below.

In addition, the HealthPathways platform offers a single channel of communications to primary care on important clinical and referral information. NWMPHN will continue to implement communication and engagement strategies across the region to raise awareness, engagement and utilisation of the pathways by both the end users, but also our health sector partners. Ongoing monitoring of the platform will also be undertaken to ensure we can continuously improve the platform offering and user experience.

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

Priority	Page reference
Alcohol and Other Drug Services - demand, prevalence and complexity	184
Blood borne viruses and STI's - demand, increasing among young people and women	186
Chronic conditions - range, higher rates, lower uptake of management plans	186
Comorbid conditions - complexity and demand	184
COVID-19 - high rates of mental health distress	185
Immunisation - lower rates of immunisation	184

Preventative health checks - lower rates of screening	185
Smoking Cessation - higher rates	184
Mental Health - demand, prevalence, complexity	183



## Activity Demographics

### Target Population Cohort

Whole of population

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

Stakeholder engagement occurs throughout all five stages of commissioning and project lifecycles:

- Assessing health needs
- Planning and design
- Procurement
- Implementation
- Monitoring and evaluation

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils and Expert Advisory Groups (EAGs).

The Clinical and Community Councils provide advice to the Board about the unique needs of the region, and principles and mechanisms for engaging local stakeholders.

The Expert Advisory Groups provide subject matter expertise, insights and advice to support operational model and service design, focusing on safety, quality, and integration. The NWMPHN EAGs HealthPathways will engage for the purpose of this work include:

- General Practice
- Older Adults

We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector, local hospital networks and Aged Care providers.

This activity will also include meaningful key stakeholder input in the procurement and program development process including engagement with clinical subject matter experts, service providers, health service partners and people with a lived experience and their networks.

### **Collaboration**

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:

- Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local hospital networks
- Community health services
- General practice
- Residential aged care facilities
- Pharmacy
- Allied health
- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies including Dementia Australia, Palliative Care Consortia Partners.
- Other PHNs
- Local government
- Media
- Other identified providers

State government departments and agencies partner with us to fund state-wide pathway development and implement reforms at the primary care interface using the HealthPathways platform as a key enabler. We are working with other Victorian and Tasmanian PHNs implementing HealthPathways to develop shared approaches that increase the development efficiency and reach of HealthPathways content.

As specified in the Core Funding deed under activity B.7 Primary Health Networks – HealthPathways, NWMPHN is committed with collaborating and sharing HealthPathways capabilities and achievement across PHN regions, especially with specific reference to the Aged Care and Dementia HealthPathways. NWMPHN and EMPHN as HealthPathways Melbourne, will also be working closely

with their Victorian and Tasmanian HealthPathways partners to support the ongoing maintenance of clinical pathways due for review.



## Activity Milestone Details/Duration

### Activity Start Date

19/03/2022

### Activity End Date

29/06/2025

### Service Delivery Start Date

### Service Delivery End Date

30/06/2025

### 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): 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?

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

Yes

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

Yes

### Decommissioning

No

### Decommissioning details?

**Co-design or co-commissioning comments**

HealthPathways Melbourne is jointly operated by NWMPHN and Eastern Melbourne PHN who will jointly commission Streamliners New Zealand Ltd to support platform maintenance and ongoing pathway development.

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## HSI - 3300 - Dementia - HealthPathways AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

HSI

**Activity Number \***

3300

**Activity Title \***

Dementia - HealthPathways AWP 23/24

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Workforce

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

This activity aims to:

- support access to the HealthPathways platform by primary care practitioners in the NWMPHN region
- promote best-practice care and enhance local clinician's awareness of referral options and services in aged care
- improve collaboration and integration across the health care and other systems

to enable improved health outcomes for the community by connecting consumers and clinicians through seamless pathways of care.

This funding will be utilised to enhance clinical and referral content for dementia on HealthPathways, create better linkages between primary health care services, local hospital services and other relevant providers, improve the patient journey, and increase practitioner capabilities and their quality of care for people with dementia and their carers.

HealthPathways form a core component of workforce development and capability building aiming to reduce potentially preventable hospitalisations for people living in northwestern Melbourne.

**Description of Activity \***

HealthPathways is a collaborative platform that provides health practitioners with access to localised assessment, management and referral information on a large number of health conditions. It helps them to make informed decisions with their patients



about the care that is right for them. HealthPathways Melbourne is jointly operated by NWMPHN and Eastern Melbourne PHN.

NWMPHN is committed to ensuring general practice teams and other primary care clinicians in our region continue to receive free access to HealthPathways Melbourne and have easy access to seamless and local referral pathways that support accurate, timely and safe transitions of care.

HealthPathways Melbourne has worked collectively with our Victorian PHN colleagues to undertake this work and has engaged closely with key stakeholders such as Dementia Australia, to ensure best practice and evidence-based models of care are translated into consistent, practical guidance for primary care.

HealthPathways Melbourne has developed and published a Dementia HealthPathways suite that provides GPs and local health professionals with advice on:

- risk reduction and early intervention activities that aim to prevent or delay the onset or progression of Dementia
- evidence based strategies to address changes in mood, behavioural changes, medication management, driving and carer services
- MBS items to support the delivery of Dementia care in the community;
- Referral pathways to diagnostic services, memory services, carer services and other supporting therapies such as Allied Health or peak body service offerings.
- How to prepare and update chronic disease management plans specific for people experiencing Dementia

The Dementia HealthPathways suite has been closely developed alongside a suite of Aged Care pathways and complements other existing suites such as Palliative Care.

HealthPathways Melbourne worked collectively with our Victorian PHN colleagues to undertake this work, engage with key stakeholders such as Dementia Australia, to ensure best practice and evidence-based models of care are translated into consistent, practical guidance for primary care. Further details regarding collaboration and consultation are outlined below.

HealthPathways Melbourne will:

- Review and improve dementia clinical pathways to better support prevention, mild cognitive impairment, and younger onset dementia
- Update clinical pathways to address additional feedback received post the initial go-live date
- Improve clinical pathways to support end-stage dementia

In addition, the HealthPathways platform offers a single channel of communications to primary care on important clinical and referral information. NWMPHN will continue to implement communication and engagement strategies across the region to raise awareness, engagement, and utilisation of the pathways by both the end users, but also our health sector partners. Ongoing monitoring of the platform will also be undertaken to ensure we can continuously improve the platform offering and user experience.

## **Needs Assessment Priorities \***

### **Needs Assessment**

NWMPHN Needs Assessment 2022-2025

### **Priorities**

Priority	Page reference
COVID-19 - high rates of mental health distress	185
Comorbid conditions - complexity and demand	184
Chronic conditions - range, higher rates, lower uptake of management plans	186
Alcohol and Other Drug Services - demand, prevalence and complexity	184
Preventative health checks - lower rates of screening	185
Blood borne viruses and STI's - demand, increasing among young people and women	186
Immunisation - lower rates of immunisation	184
Smoking Cessation - higher rates	184
Mental Health - demand, prevalence, complexity	183



## Activity Demographics

### Target Population Cohort

Whole of population

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

Stakeholder engagement occurs throughout all five stages of commissioning and project lifecycles:

- Assessing health needs

- Planning and design
- Procurement
- Implementation
- Monitoring and evaluation

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils and Expert Advisory Groups (EAGs).

The Clinical and Community Councils provide advice to the Board about the unique needs of the region, and principles and mechanisms for engaging local stakeholders.

The Expert Advisory Groups provide subject matter expertise, insights and advice to support operational model and service design, focusing on safety, quality, and integration. NWMPHN has EAGs for:

- General Practice
- Older Adults

We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local hospital networks. Specifically, NWMPHN will work closely with Dementia Australia to ensure nationally consistent best practice dementia care is reflected within our suite of Dementia HealthPathways.

This activity will also include meaningful key stakeholder input in the procurement and program development process including engagement with clinical subject matter experts, service providers, health service partners and people with a lived experience and their networks.

### **Collaboration**

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:

- Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local hospital networks
- Community health services
- General practice
- Residential aged care facilities
- Pharmacy
- Allied health
- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies including Dementia Australia, Palliative Care Consortia Partners.
- Other PHNs
- Local government
- Media
- Other identified providers

State government departments and agencies partner with us to fund state-wide pathway development and implement reforms at

the primary care interface using the HealthPathways platform as a key enabler. We are working with other Victorian and Tasmanian PHNs implementing HealthPathways to develop shared approaches that increase the development efficiency and reach of HealthPathways content.

As specified in the Core Funding deed under activity B.7 Primary Health Networks – HealthPathways, NWMPHN is committed with collaborating and sharing HealthPathways capabilities and achievement across PHN regions, especially with specific reference to the Aged Care and Dementia HealthPathways. NWMPHN and EMPHN as HealthPathways Melbourne, will also be working closely with their Victorian and Tasmanian HealthPathways partners to support the ongoing maintenance of clinical pathways due for review



## Activity Milestone Details/Duration

### Activity Start Date

19/03/2022

### Activity End Date

29/06/2025

### Service Delivery Start Date

### Service Delivery End Date

30/06/2025

### Other Relevant Milestones

Dementia HealthPathways were published by 1 January 2023.

Awareness raising and promotional initiatives, education and training events and evaluation activities to commence from 1 January 2023 following publication of the Dementia pathway suite.



## Activity Commissioning

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

**Not Yet Known:** Yes

**Continuing Service Provider / Contract Extension:** Yes

**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?**

Yes

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

Yes

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

HealthPathways Melbourne is jointly operated by NWMPHN and Eastern Melbourne PHN who will jointly commission Streamliners New Zealand Ltd to support platform maintenance and ongoing pathway development.



## HSI - 3400 - Primary Health Networks - Dementia consumer pathways resource AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

HSI

**Activity Number \***

3400

**Activity Title \***

Primary Health Networks - Dementia consumer pathways resource AWP 23/24

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Workforce

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

This activity aims to:

- Develop and maintain dementia support pathway resources for people with lived experience of dementia and their support network to support them to make more informed choices regarding their care, and to provide them with greater visibility of relevant services within their local region and how to access them.

**Description of Activity \***

NWMPHN in partnership with EMPHN has developed a suite of dementia specific consumer resources for people with a lived experience of cognitive impairment or Dementia, and their carer networks.

To ensure effective and meaningful resources are developed and utilised by consumers, the resources were developed in consultation with carers and providers and informed by resources already developed by Dementia Australia.

The resources aim to address the following information at a minimum:

- Diagnostic process for Dementia
- Evidence based management options to support independence and quality of life in people newly diagnosed with dementia or

memory issues.

- Contact details of relevant support services for both consumers and carers in the NWMPHN region, including services funded by local, state and federal government the private sector or community driven organisations. This includes but is not limited to Dementia Australia, Carers Gateway and My Aged Care.

The suite of resources take into consideration health literacy principles and will include specific resources designed to meet the needs of people from culturally and linguistically diverse backgrounds, including the translation of resources into multiple languages specific to our region. Local dementia supports and services are published on an online dementia directory. The online directory will be accessible via a link and QR code on the consumer resource.

NWMPHN in partnership with EMPHN will:

- Make the suite of resources and the online dementia directory available to easily download, share or print from the HealthPathways platform, to enable GPs to easily distribute the resource to consumers and their carer networks during a consultation.
- Make the resources available through PHN websites and other relevant partner websites where possible (including Dementia Australian Helpline staff).
- Promote and increase awareness, engagement, and utilisation of the dementia consumer resources by general practitioners with their patients, by leveraging our existing and established communication channels, and ensuring the resources are consistently promoted within other workforce development activities.
- Monitor, evaluate and improve the resources following implementation to ensure ongoing effectiveness and impact.

Where feasible, HealthPathways Melbourne will collaborate with our Victorian PHN partners on this activity to enhance efficiency and promote consistency across the state.

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

Priority	Page reference
Chronic conditions - range, higher rates, lower uptake of management plans	186
Preventative health checks - lower rates of screening	185
Mental Health - demand, prevalence, complexity	183



## Activity Demographics

### Target Population Cohort

Whole of population

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

## Coverage

### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

Stakeholder engagement occurs throughout all five stages of commissioning and project lifecycles:

- Assessing health needs
- Planning and design
- Procurement
- Implementation
- Monitoring and evaluation

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils and Expert Advisory Groups (EAGs).

The Clinical and Community Councils provide advice to the Board about the unique needs of the region, and principles and mechanisms for engaging local stakeholders.

The Expert Advisory Groups provide subject matter expertise, insights and advice to support operational model and service design, focusing on safety, quality, and integration. NWMPHN has EAGs for:

- General Practice
- Alcohol and Other Drugs
- Mental Health
- Aboriginal Health
- Older Adults

We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local hospital networks. Specifically, NWMPHN will work closely with Dementia Australia to ensure national consistent best practice dementia care is reflected within our suite of Dementia Healthpathways.

This activity will also include meaningful key stakeholder input in the procurement and program development process including engagement with clinical subject matter experts, service providers, health service partners and people with a lived experience and their networks.

### Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.



Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:

- Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local hospital networks
- Community health services
- General practice
- Residential aged care facilities
- Pharmacy
- Allied health
- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies including Dementia Australia, Palliative Care Consortia Partners.
- Other PHNs
- Local government
- Media
- Other identified providers

As specified in the Core Funding deed under activity B.8 Primary Health Networks –Dementia Consumer pathway resource, NWMPHN is committed to collaborating and sharing HealthPathways capabilities and achievement across PHN regions and working closely with Dementia Australia to enable effective consultation and development of resources for people with lived experience and their carers and support networks.



## Activity Milestone Details/Duration

### Activity Start Date

19/03/2022

### Activity End Date

29/06/2025

### Service Delivery Start Date

01/01/2023

### Service Delivery End Date

### Other Relevant Milestones

It is expected that an initial suite of Dementia consumer and carer resources be available by January 2023



## 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?**

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?**

Yes

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

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

HealthPathways Melbourne is jointly operated by NWMPHN and Eastern Melbourne. HealthPathways Melbourne is exploring with their Victorian HealthPathways partners how we may collaborate and potentially co-commission components of this work to ensure consistency across the state and more streamlined consultation with Dementia Australia, without compromising the local relevance and benefit of the resource for the consumer.



## GPS - 7000 - General Practice Support AWP 22/23



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

GPS

**Activity Number \***

7000

**Activity Title \***

General Practice Support AWP 22/23

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Workforce

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

The aim of this activity is to enable general practices to deliver safe, high quality, coordinated, accessible person-centred care to their communities.

NWMPHN enable primary care to:

Undertake data-driven improvement (including focus on PIP QI measures)

Provide people with equitable access to COVID-19 care and vaccination in the community

Deliver evidence-based care supporting people to stay well and out of hospital

Adopt digital health initiatives

Collaborate with other primary health care providers and hospital colleagues to ensure an integrated and seamless care journey

**Description of Activity \***

Building on the NWMPHN Primary Health Care Improvement Strategy, and the NWMPHN Vision for Primary Care developed in partnership with consumers and the General Practice Expert Advisory Group the following activities will be undertaken in

partnership with general practice to achieve the above aim:

Activity: Capability building

Providing general practice with access to the best education, tools and resources

Provision of education and training to enable practices to be able to deliver high quality primary care and respond to emerging issues and population health needs

Facilitate the establishment of Communities of Practice, enabling joint learning and cross sector collaboration and networking

Actively support quality improvement in general practice

Working in partnership with practices to develop practice improvement plans to highlight priorities for improvement and how the PHN can assist

implementing intensive quality improvement initiatives in practice

Supporting continuous QI through self-directed QI activities accessible via on QI library

Supporting data driven quality improvement through tailored support for practices to analyse practice data reports and implement improvement activities using QI methodology

Provide support to practice to understand and implement policy reforms e.g MyHR, Practice Incentive Program, MBS, accreditation etc.

Activity: Communication

Delivering timely and relevant localised information to health care providers.

Inform primary health care of reforms and the impact on their businesses and practice

Continue to utilise existing, recognised communication mechanisms with general practice including website, social media and direct to sector communications (eblasts/newsletters)

Activity: Champion

Advocating for primary care as the foundation for a high-performing and sustainable health system

Develop primary health care leaders and champions through General Practice Expert Advisory Group, General Practice Leadership series and Think tank

Showcase innovation through communication channels and via peer-to-peer learning

Involvement of local primary care providers in education and training

Engage primary health care providers to inform planning, implementation and evaluation of PHN activities; and advocate on behalf of primary health care providers and patients.

Promotion of general practice as a rewarding career path

Advocate for and undertake initiatives that support increasing the general practice workforce in the region

Activity: Coordinator

Fostering strong partnerships and collaborations across local, state and federal governments – between primary health, acute and specialist services

Enhance evidence-based coordinated care through pathways, networks and communication.

Support the development, implementation and uptake of HealthPathways

Activity: Commissioner

Commissioning co-designed local and regional solution – to address service gaps, better integrate health care and ensure equitable access

Commission practices to undertake focused projects/QI initiatives to address service gaps and ensure equitable access, with a particular focus on deferred care

### Needs Assessment Priorities \*

#### Needs Assessment

NWMPHN Needs Assessment 2021/22-2023/24

#### Priorities

Priority	Page reference
Section 10.2 - Prioritised Needs	193
Section 10.3 -Actions and Expected Outcomes	194
Section 10.1 Identified Needs	183



### Activity Demographics

#### Target Population Cohort

Whole of population. Population health and service data will inform this activity to enable targeted support to address the needs of identified priority populations most at risk of poor health outcomes. These include, but are not limited to, mental health, drug and alcohol, suicide prevention, Aboriginal Health, chronic conditions, older adults, children and families.

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

#### Whole Region

Yes

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



## Activity Consultation and Collaboration

### Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

Stakeholder engagement occurs throughout all five stages of commissioning and project lifecycles:

Assessing health needs

Planning and design

Procurement

Implementation

Monitoring and evaluation

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils and Expert Advisory Groups (EAGs).

The Clinical and Community Councils provide advice to the Board about the unique needs of the region, and principles and

mechanisms for engaging local stakeholders.

The Expert Advisory Groups provide subject matter expertise, insights and advice to support operational model and service design, focusing on safety, quality, and integration. NWMPHN has EAGs for:

General Practice

Alcohol and Other Drugs

Mental Health

Aboriginal Health

Older Adults

We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local hospital networks.

This activity will also include meaningful key stakeholder input in the procurement and program development process. Commissioned provider(s) will also be expected to consult with community members when designing and implementing their activities.

### **Collaboration**

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:

Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders

Health care professionals

NWMPHN regional and strategic partnerships and collaboratives

Local hospital networks

Community health services

General practice

Residential aged care facilities

Pharmacy

Allied health

Community-based organisations

Research institutes

Academic and training institutions

Peak and professional bodies

Victorian Department of Health

Local government

Media

Other identified providers



### Activity Milestone Details/Duration

#### Activity Start Date

28/06/2019

#### Activity End Date

29/06/2023

#### Service Delivery Start Date

#### Service Delivery End Date

#### 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): No

#### Is this activity being co-designed?

Yes



**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**

Please refer to the Consultation and Collaboration sections of this Activity for the co-design details.



## CG - 1 - Corporate Governance AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CG

**Activity Number \***

1

**Activity Title \***

Corporate Governance AWP 23/24

**Existing, Modified or New Activity \***

Modified



### 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



## CG - 1000 – People AWP 22/23



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CG

**Activity Number \***

1000

**Activity Title \***

People AWP 22/23

**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



## CG - 2000 – Office AWP 22/23



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CG

**Activity Number \***

2000

**Activity Title \***

Office AWP 22/23

**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



## CG - 3000 – Board AWP 22/23



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CG

**Activity Number \***

3000

**Activity Title \***

Board AWP 22/23

**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



## CG - 4000 - Clinical Councils AWP 22/23



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CG

**Activity Number \***

4000

**Activity Title \***

Clinical Councils\_AWP 22/23

**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





## CG - 5000 - Community Advisory Committees AWP 22/23



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CG

**Activity Number \***

5000

**Activity Title \***

Community Advisory Committees AWP 22/23

**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



## CF-COVID-PCS - 4000 - COVID-19 Primary Care Support AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF-COVID-PCS

**Activity Number \***

4000

**Activity Title \***

COVID-19 Primary Care Support AWP 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 \***

This Activity will provide support for:

- Australia's COVID-19 Vaccine and Treatment Strategy (Strategy) to the primary care, aged care and disability sectors
- general practice to provide care to COVID positive patients, including the provision of antiviral treatment

**Description of Activity \***

NWMPHN will provide support for:

Australia's COVID-19 Vaccine and Treatment Strategy (Strategy) to the primary care, aged care and disability sectors general practice to provide care to COVID positive patients, including the provision of antiviral treatment by undertaking the following activities:

- Provide guidance, advice and support to general practices, Aboriginal Community Controlled Health Services, RACFs and disability accommodation facilities through direct engagement and communication channels such as websites, newsletters and direct emails, including sharing of Department of Health Updates
- Where required, coordinate vaccine rollout with RACFs and disability accommodation facilities, including local service integration and communication, identification of risks and issues and working with sector and government to overcome these, liaising with usual care providers (including general practice) and vaccine providers
- Provide support for vaccine delivery sites practices providing vaccination for COVID-19 including support with CVAS, ordering, troubleshooting, adding details on the Service Finder etc
- Support the Department of Health Vaccination team to follow up any local issues regarding vaccine providers

- Deliver messaging to NWMPHN communities encouraging vaccination uptake
- Provide education and updates to general practices regarding antiviral updates and changes

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

Priority	Page reference
COVID-19 - high rates of mental health distress	185
Immunisation - lower rates of immunisation	184



## Activity Demographics

### Target Population Cohort

Whole of population.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

Stakeholder engagement occurs throughout all five stages of commissioning and project lifecycles:

- Assessing health needs
- Planning and design
- Procurement
- Implementation
- Monitoring and evaluation

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils

and Expert  
Advisory Groups (EAGs).

The Clinical and Community Councils provide advice to the Board about the unique needs of the region, and principles and mechanisms for engaging local stakeholders.

The Expert Advisory Groups provide subject matter expertise, insights and advice to support operational model and service design, focusing on safety, quality, and integration. NWMPHN has EAGs for:

- General Practice
- Alcohol and Other Drugs
- Mental Health
- Aboriginal Health
- Older Adults

We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local hospital networks and public health units.

This activity will also include meaningful key stakeholder input in the procurement and program development process.

Commissioned provider(s)

will also be expected to consult with community members when designing and implementing their activities.

### **Collaboration**

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced

By the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds

value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation,

which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach

to delivering person-centred primary care.

Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved

in prioritisation, planning and design, implementation, monitoring and evaluation of activities:

- Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local hospital networks and public health units
- Community health services
- General practice
- Residential aged care facilities
- Pharmacy
- Allied health
- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies
- Victorian Department of Health

- Local government
- Media
- Other identified providers



## Activity Milestone Details/Duration

### Activity Start Date

29/06/2021

### Activity End Date

30/12/2023

### Service Delivery Start Date

01/07/2021

### Service Delivery End Date

31/12/2023

### 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): No

### Is this activity being co-designed?

Yes

### 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**

Please refer to the Consultation and Collaboration sections of this Activity for the co-design details.

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