



Australian Government
Department of Health



An Australian Government Initiative

Activity Work Plan 2019-2021: After Hours Funding

This After Hours Activity Work Plan template has the following parts:

1. The After Hours Activity Work Plan for the financial years 2019-20 and 2020-2021. Please complete the table of planned activities funded under the following:
 - a) Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – After Hours Primary Health Care Program Funding
2. The Indicative Budget for the financial years 2019-20 and 2020-21. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
 - a) Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – After Hours Primary Health Care Program Funding

North Western Melbourne PHN

When submitting this Activity Work Plan to the Department of Health, the PHN must ensure that all internal clearances have been obtained and the Activity Work Plan has been endorsed by the CEO.

1. (a) Planned PHN activities for 2019-20 and 2020-21 – After Hours Primary Health Care Program Funding

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
ACTIVITY TITLE	AH 1.1: Managing an unwell child in the after hours period
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity</p> <p>If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.</p> <p>2018-19: AH1.1. Managing an unwell child the after hours period</p>
Program Key Priority Area	<p>Choose from the following: Population Health</p> <p>If Other (please provide details):</p>
Needs Assessment Priority	NWMPHN Health Needs Assessment November 2018: Appendix C After Hours Gap Analysis and Recommendations
Aim of Activity	The aim of this activity is to improve the confidence of parents/caregivers in managing an unwell child in the after hours period.
Description of Activity	<p>NWMPHN will commission a provider to deliver a program that will improve the ability of parents/caregivers to manage an unwell child in the after hours period. This activity will focus on parents and caregivers of children aged 0 – 4 years of age.</p> <p>The educational/training program delivered by the provider should consider the following elements;</p> <ul style="list-style-type: none"> identifying common, low complexity conditions that a child may experience; describing what interventions can be provided to a child for these conditions (where appropriate); and/or deciding on appropriate after hours care options (if appropriate); and contacting/accessing after hours care options. <p>A provider will be expected to design and deliver a program which;</p> <ul style="list-style-type: none"> Is evidence based Is outcome focussed Is culturally safe and appropriate and meets the needs of Aboriginal Torres Strait Islander peoples Can be imbedded/implemented through existing community based groups and/or organisations Includes appropriately targeted language/training materials Includes a strong evaluation/monitoring framework
Target population cohort	<ul style="list-style-type: none"> Parents and caregivers of children aged 0-4 years Culturally and linguistically diverse (CALD) communities

Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	<p>Existing: Wyndham, Melton, Hume</p> <p>New: Hobsons Bay, Maribyrnong, Brimbank</p>
Consultation	<p>NWMPHN utilises a range of mechanisms to facilitate consultation, including through the Community Advisory and Clinical Councils, and expert advisory groups.</p> <p>Consumers and people with lived experience are core to the work we do. The commissioned gap analysis and recommendations work and the after hours community awareness campaign included a significant amount of community engagement and consultation. Interviews, focus groups and online surveys with community members (parents/caregivers of children aged 0-4 years) and key sectors informants (paediatric clinicians) guided development of this activity.</p> <p>This activity will also include meaningful key stakeholder input in the procurement process. Additionally, the commissioned provider(s) will be expected to consult with community members when designing and implementing their activity.</p>
Collaboration	<p>Collaboration with appropriate stakeholders will occur throughout the commissioning process. Stakeholders may include general practice, community health services, local hospital networks, pharmacy, allied health, community-based service providers, Ambulance Victoria, medical deputising services, community members/carers, telephone-based support services, Department of Health and Human Services and other identified providers.</p>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/06/2020 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: September 2020 Service delivery end date: June 2022</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input checked="" type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed?</p> <p>No</p>

	<p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	AH 1.2: Improving the wellbeing of older adults living in the community and in residential aged care facilities
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity, or a new activity. Modified Activity</p> <p>2018-19 AWP: AH 1.2: Improving the mental health and wellbeing of older adults living in the community</p>
Program Key Priority Area	<p>Choose from the following: Aged Care</p> <p>If Other (please provide details): Population Health</p>
Needs Assessment Priority	<p>NWMPHN Health Needs Assessment November 2018: Appendix C After Hours Gap Analysis and Recommendations</p> <p>NWMPHN Health Needs Assessment November 2018: Appendix E7 Older Adults Profile 2018</p>
Aim of Activity	The aim of this activity is to support improved wellbeing of older adults living in the community and residential aged care facilities.
Description of Activity	<p>Providers (or consortia) will be commissioned to implement proactive interventions to support the improved wellbeing of older adults. This activity will seek to improve integration of services and support access to after hours services for older adults.</p> <p>Approaches may include:</p> <ul style="list-style-type: none"> Improving access to after hours palliative care and support for people living in RACFs. Workforce development and capacity building for workers and carers of older adults. Commissioning of psychological services targeting the mental health needs of people living in residential aged care facilities (RACFs). Targeted activities aimed at reducing the progression of frailty. <p>Older adults may be referred to services via an in home/aged care provider (e.g. district nurse, allied health, aged care assessment service, volunteers),</p>

	General Practitioner, or by family and carers. Service provision may occur either in the home, at a community venue or at RACF, both in hours and in the after hours period.
Target population cohort	Older Adults
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	NWMPHN Region
Consultation	<p>NWMPHN utilises a range of mechanisms to facilitate consultation, including through the Community Advisory and Clinical Councils, and expert advisory groups. Key stakeholders, including GPs, will be consulted in designing and implementing the model of care.</p> <p>Consumers and people with lived experience are core to the work we do. The commissioned gap analysis and recommendations included a significant amount of community engagement and consultation, particularly with community members from NWMPHN's priority populations. Interviews and focus groups with community members (older adults) and key sector informants e.g. Council of The Aging (COTA) have been undertaken.</p> <p>This activity will also include genuine key stakeholder input in the procurement process. Additionally, commissioned providers will be expected to consult with community members when designing and implementing their model of care.</p>
Collaboration	<p>Collaboration with appropriate stakeholders will occur throughout the commissioning process. Stakeholders will be determined based on the planned commissioned activity, however, will include relevant peak body organisations, community health services, general practice, local hospital networks, Bolton Clarke, residential in-reach providers, allied health, community-based organisations, community members/carers, telephone-based support services, Department of Health and Human Services and other identified providers.</p>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2021</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: January 2020</p> <p>Service delivery end date: June 2021</p> <p>Any other relevant milestones?</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input checked="" type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p>

	<input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	AH 1.3: Improving access to, and integration of, after hours primary health care for people experiencing homelessness
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Modified Activity 2018-19 AWP: AH 1.3: Improving access to and integration of after hours primary health care for people experiencing homelessness
Program Key Priority Area	Choose from the following: Population Health
Needs Assessment Priority	NWMPHN Health Needs Assessment November 2018: Appendix C After Hours Gap Analysis and Recommendations
Aim of Activity	The aim of this activity is to increase access to and improve integration of primary care services in the after hours period for people experiencing homelessness.
Description of Activity	A provider (or consortia) will be commissioned to develop and implement a service underpinned by human-centred co-design which: <ul style="list-style-type: none"> • delivers primary health care that may involve assertive outreach approaches • may involve approaches such as hospital in-reach, care coordination in discharge planning and case management • is designed in collaboration with consumers or relevant representatives and clinicians • is underpinned and monitored by a co-designed outcomes framework

	<ul style="list-style-type: none"> • has formalised linkages between internal programs and external services (cross sectorial) • has a strong focus on clinical governance and support for staff
Target population cohort	People experiencing homelessness
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>
Coverage	The activity will occur in the NWMPHN region with a likely focus on Melbourne (LGA). A place-based approach may be considered in a suburban or growth area with a high proportion of population experiencing homelessness.
Consultation	<p>NWMPHN utilises a range of mechanisms to facilitate consultation, including through the Community Advisory and Clinical Councils, and expert advisory groups.</p> <p>Consumers and people with lived experience are core to the work we do. The commissioned gap analysis and recommendations and the existing service evaluation have included a significant amount of community engagement and consultation. Interviews and focus groups have been conducted with people experiencing homelessness and key sector informants.</p> <p>This work will be informed by a human-centred co-design process that will be undertaken in the first quarter of 2019-20 period. Key stakeholders, including consumers, peak body and GPs, will be involved in an in-depth consultation and co-design process to better understand need and develop solutions. These solutions will inform the design of this activity.</p> <p>This activity will also include key stakeholder input in the procurement process. Additionally, commissioned providers will be expected to consult with community members when designing and implementing their activity.</p>
Collaboration	Collaboration with appropriate stakeholders will occur throughout the commissioning process. Stakeholders may include community health services, general practice, local hospital networks, pharmacy, allied health, community-based service providers, Ambulance Victoria, medical deputising services, community members/carers, Department of Health and Human Services and other identified providers.
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 1/12/2021</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: January 2020</p> <p>Service delivery end date: December 2021</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input checked="" type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p>

	<input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? Yes 1b. If yes, provide a description of the proposed decommissioning process and any potential implications. <ul style="list-style-type: none"> • Existing after hours services provided by Youth Projects LTD and Whitelion Youth Agency LTD will be decommissioned. • Youth Projects LTD were formally notified of the decommissioning of services on 07/03/2019. • Whitelion Youth Agency LTD were formally notified of the decommissioning of services on 27/03/2019. • These services will continue to be provided until January 2020. • NWMPHN is working with both providers on a transition plan to ensure continuity of service.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	AH 1.4: Improved access to culturally safe primary health care services during the after hours period for culturally and linguistically diverse (CALD) communities
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Modified Activity If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible. 2018-19 AWP: AH 1.4: Improved access to culturally safe primary health care services during the after hours period for culturally and linguistically diverse (CALD) communities
Program Key Priority Area	Choose from the following: Population Health

	If Other (please provide details):
Needs Assessment Priority	NWMPHN Health Needs Assessment November 2018: Appendix C After Hours Gap Analysis and Recommendations
Aim of Activity	The aim of this activity is to increase access to culturally safe primary care services in the after hours period, for culturally and linguistically diverse (CALD) communities.
Description of Activity	<p>NWMPHN will commission one or more providers (e.g. via consortia) to develop and implement a service/s that will respond to the individual needs of identified CALD group/s in accessing primary health care in the after hours period. The provider will be an organisation/s with preestablished relationships/ community connections with CALD communities.</p> <p>The service will;</p> <ul style="list-style-type: none"> • be evidenced based • be sustainable/have sustainable elements (post funding) • be outcome focussed • be designed in collaboration with consumers and clinicians • be centred around a cultural responsiveness framework • address some or all of the main barriers CALD communities identify to accessing primary health care, including; language, cultural differences at reception, difficulties with transport to the service, long wait times, the cost of care • include a strong evaluation/monitoring framework
Target population cohort	Culturally and Linguistically Diverse (CALD) communities
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>
Coverage	The activity will be a place-based trial in a region of need as identified by the provider.
Consultation	<p>NWMPHN utilises a range of mechanisms to facilitate consultation, including through the Community Advisory and Clinical Councils, and expert advisory groups.</p> <p>Consumers and people with lived experience are core to the work we do. The commissioned gap analysis and recommendation work has included a significant amount of community engagement and consultation. Interviews and focus groups with community and key sector informants from CALD backgrounds have been undertaken.</p> <p>Multicultural organisations, primary care including general practice and mainstream community health organisations will be further consulted to inform the commissioning approach adopted to deliver this activity. This will enable learnings from the market failure experience in 2018-19 to inform the approach and enhance the chance of commissioning and partnership success.</p> <p>This activity will also include key stakeholder input in the procurement process. Additionally, commissioned providers will be expected to consult with community members when designing and implementing their model of care.</p>

Collaboration	Collaboration with appropriate stakeholders will occur throughout the commissioning process. Stakeholders may include multicultural organisations, general practice, community health services, community-based service providers, Department of Health and Human Services and other identified providers.
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/02/2020 Activity end date: 30/06/2022 If applicable , provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2020 Service delivery end date: June 2022
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <input checked="" type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	AH 1.5: Mental health support for young people in the after hours period
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Modified Activity

	<p>If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.</p> <p>2018-19 AWP: AH 1.5: Mental health support for young people in the after hours period</p>
Program Key Priority Area	Choose from the following: Mental Health
Needs Assessment Priority	NWMPHN Health Needs Assessment November 2018: Mental Health Area Profile
Aim of Activity	The aim of this activity is to improve access to evidence based mental health support services for young people in the after hours period.
Description of Activity	<p>NWMPHN will continue to commission headspace centres to deliver mental health services for young people with, or at risk of, mental illness.</p> <p>Headspace services provide holistic support to young people aged 12-25 years for issues relating to mild to moderate mental health difficulties, physical health, sexual health, AOD, and work or study issues.</p> <p>After Hours funding will enable access to services after 6pm on weekdays and on Saturday afternoons, for a population who may be attending school or university during traditional business hours.</p> <p>The headspace centres who will receive After Hours funding are;</p> <ul style="list-style-type: none"> • headspace Collingwood (YSAS as lead agency) • headspace Werribee (Orygen as lead agency) • headspace Sunshine (Orygen as lead agency) • headspace Glenroy (Orygen as lead agency) • headspace Craigieburn (Orygen as lead agency) • headspace Melton (Odyssey House as lead agency)
Target population cohort	Young people
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>
Coverage	Hume, Yarra, Moreland, Melton, Brimbank, Wyndham, and Yarra (headspace services)
Consultation	<p>NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; Emergency Services; and Carers and Consumers. Other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity.</p> <p>Consumers and people with lived experience are core to the work we do. The commissioned gap analysis and recommendations work has included a significant amount of community engagement and consultation. Interviews and focus groups with community members with diverse backgrounds, and key sector informants from the mental health sector have been undertaken.</p> <p>NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services.</p>

Collaboration	NWMPHN will continue to collaborate with partners and stakeholders to support the planning, procurement and evaluation of Mental Health services for Young People. The existing performance and planning meetings with <i>headspace</i> lead agencies will continue to inform understanding of the needs of young people and strategies to continue to better meet these.
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle) : Activity start date: 1/07/2019 Activity end date: 30/06/2021 If applicable , provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle) : Service delivery start date: June 2019 Service delivery end date: June 2021 Any other relevant milestones?
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	AH 1.6: Improved access to culturally safe primary health care services during the after hours period for the Aboriginal and Torres Strait Islander community.
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Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. New Activity
Program Key Priority Area	Choose from the following: Aboriginal and Torres Strait Islander Health
Needs Assessment Priority	NWMPHN Health Needs Assessment November 2018: Appendix C After Hours Gap Analysis and Recommendations
Aim of Activity	The aim of this activity is to increase access to culturally safe primary care services in the after hours period, for Aboriginal and Torres Strait Islander communities.
Description of Activity	<p>NWMPHN will commission one or more providers (e.g. via consortia) to develop and implement a service/s that will respond to the individual needs of the Aboriginal and Torres Strait Islander community in accessing primary health care in the after hours period. The provider will be an organisation/s with preestablished relationships/ community connections with the Aboriginal and Torres Strait Islander community.</p> <p>The service will;</p> <ul style="list-style-type: none"> • be evidenced based • be sustainable/have sustainable elements (post funding) • be outcome focussed • be designed in collaboration with consumers and clinicians • be centred around a cultural responsiveness framework • facilitate access to support programs such as the Close the Gap Pharmaceutical Benefits Scheme • address barriers to accessing primary health care experienced by the Aboriginal and Torres Strait Islander community • include a strong evaluation/monitoring framework
Target population cohort	Aboriginal and Torres Strait Islander people
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>Yes</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p> <p>Working in collaboration with NWMPHNs Coordinator, Aboriginal Health, the activity will ensure meaningful engagement with key stakeholders in the Indigenous sector including Aboriginal community members, Aboriginal Community Controlled Organisations and providers of Integrated Team Care services.</p>
Coverage	Melton, Wyndham
Consultation	<p>NWMPHN utilises a range of mechanisms to facilitate consultation, including through the Community Advisory and Clinical Councils, and expert advisory groups.</p> <p>NWMPHNs Reconciliation Action Plan (RAP) identifies clear strategies for consultation to enhance commissioning and capacity building approaches to improve the health and wellbeing of Aboriginal people across the catchment.</p>

	<p>There are a range of mechanisms in place across the commissioning cycle to facilitate consultation, including through the Clinical and Community Advisory Councils, expert advisory groups, Aboriginal Health Advisory Group and consumer and community forums.</p> <p>Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers to be involved at all stages of Commissioning including co-design to support positive consumer experience. This is particularly important with our work with the Aboriginal community and is reinforced through our commitments in our endorsed RAP.</p> <p>This activity will also include genuine key stakeholder input in the procurement process. Additionally, commissioned providers will be expected to consult with community members when designing and implementing their model of care.</p>
Collaboration	<p>Collaboration with appropriate stakeholders will occur throughout the commissioning process. Key stakeholders include, but are not limited to, Aboriginal community members, Aboriginal Community Controlled Organisations, NWMPHN commissioned providers including providers of Integrated Team Care services, mainstream community health services, general practice, local hospital networks, pharmacy, allied health providers, NGOs, local governments and Victorian Department of Health and Human Services.</p>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/11/2021</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: January 2020 Service delivery end date: November 2021</p> <p>Any other relevant milestones?</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input checked="" type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p>

	3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications.