Activity Work Plan 2019-2022:
Core Funding
GP Support Funding

This Core Activity Work Plan template has the following parts:

1. The Core Activity Work Plan for the financial years 2019-20, 2020-2021 and 2021-2022. Please complete the table of planned activities funded under the following:
   a) Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – Operational and Flexible
   b) Primary Health Networks General Practice Support, Item B.3 – General Practice Support.

2. The Indicative Budget for the financial years 2019-20, 2020-21 and 2021-22. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
   c) Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – Operational and Flexible
   d) Primary Health Networks General Practice Support, Item B.3 – General Practice Support.

North Western Melbourne PHN

When submitting this 2019-2022 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, 2020-21 and 2021-22
   – Core Flexible Funding Stream

<table>
<thead>
<tr>
<th>Proposed Activities - copy and complete the table as many times as necessary to report on each activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTIVITY TITLE</strong></td>
</tr>
<tr>
<td><strong>Existing, Modified, or New Activity</strong></td>
</tr>
<tr>
<td><strong>Activity Work Plan 2018-19: Core Funding reference CF 2 (pp. 6-9)</strong></td>
</tr>
<tr>
<td><strong>Program Key Priority Area</strong></td>
</tr>
<tr>
<td><strong>Needs Assessment Priority</strong></td>
</tr>
<tr>
<td><strong>NWMPHN Health Needs Assessment Reporting November 2018: Section 4, pp. 90-91</strong></td>
</tr>
<tr>
<td><strong>Section 2.1</strong></td>
</tr>
<tr>
<td><strong>Aim of Activity</strong></td>
</tr>
<tr>
<td><strong>Description of Activity</strong></td>
</tr>
<tr>
<td><strong>NWMPHN will commission outcome-based services that:</strong></td>
</tr>
<tr>
<td><strong>• 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.</strong></td>
</tr>
<tr>
<td><strong>• Improve self-management of patients with chronic conditions. This includes commissioning activities that improve the physical health of people experiencing mental ill-health.</strong></td>
</tr>
<tr>
<td><strong>• Improve medication adherence for people living with chronic conditions. This includes commissioning of activities that integrate non-dispensing pharmacists into general practice.</strong></td>
</tr>
<tr>
<td><strong>• Improve integration of care to reduce unplanned hospital presentations or admissions of people living with chronic conditions. This includes commissioning of activities that support the collaborative development of care pathways in areas such as chronic pain.</strong></td>
</tr>
<tr>
<td>The approaches or mechanisms, i.e. enablers, that may be used to support implementation of this activity include: care navigation to improve access, quality improvement, health literacy, workforce development, care pathways, and digital health. After hours initiatives will also be considered, as appropriate.</td>
</tr>
</tbody>
</table>
| Target population cohort | • People with chronic conditions  
|                         | • Whole of population  
|                         | • Identified priority populations |
| Indigenous specific     | No |
| Coverage                | NWMPHN region |

**Consultation**

NWMPHN utilises a range of mechanisms to facilitate consultation, including through the Community Advisory and Clinical Councils. Specific consultation and advice will be sought from a range of relevant strategic and local organisations and stakeholders, such as peak and professional bodies, State Government and emergency and acute services. Existing NWMPHN Expert Advisory Groups may also contribute to this work e.g. Mental Health.

Consumers and people with lived experience are core to the work we do. Co-design and patient journey mapping approaches undertaken between in 2018-19 have informed prioritisation of this activity for the target population cohort, social isolation and chronic pain.

This ensures that a full range of relevant stakeholders including community members, primary care providers, health services, local government and community health have genuine input in the design and development of interventions that may be generated.

**Collaboration**

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

- 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
- Peak and professional bodies
- Victorian Department of Health and Human Services
- Local government
- Other identified providers

**Activity milestone details/ Duration**

Provide the anticipated activity start and completion dates (**including** the planning and procurement cycle):

- Activity start date: 1/07/2019
- 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: September 2019
- Service delivery end date: June 2022

Other relevant milestones will be determined through the commissioning and procurement process.
Commissioning method and approach to market

All of NWMPHN’s activity aligns with the NWMPHN Commissioning Framework, following the three-stage cycle of: developing insight; plan and deliver, and; evaluate and improve. The iteration that occurs within each stage ensures engagement, responsiveness to local need and continual improvement. Within this activity, the different components that form the activity, are at various stages in the cycle.

NWMPHN’s approach to market will be tailored to align with the local procurement context. An approach to market may include expression of interest (EOI), request for tender (RFT) or direct negotiation.

1. Please identify your intended procurement approach for commissioning services under this activity:
   - ☒ Not yet known
   - ☐ Continuing service provider / contract extension
   - ☐ 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.
   - ☐ Open tender
   - ☐ Expression of Interest (EOI)
   - ☐ 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?
   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 No

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

<table>
<thead>
<tr>
<th>ACTIVITY TITLE</th>
<th>CF 2: Improve the physical, mental and emotional health and wellbeing of children and families, with early intervention primary care approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing, Modified, or New Activity</td>
<td>Existing Activity Activity Work Plan 2018-19: Core Funding reference CF 1 (pp. 3-6)</td>
</tr>
<tr>
<td>Program Key Priority Area</td>
<td>Population Health</td>
</tr>
<tr>
<td>Needs Assessment Priority</td>
<td>Priority Area: 7 NWMPHN Health Needs Assessment Reporting November 2018: Section 4, pp. 91-92 Section 2.1</td>
</tr>
</tbody>
</table>
## 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 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 community 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 promoting protective environments. For example, commissioning services to support positive emotional attachment between parents/family and children through play, reading, talking and learning, and the development of relevant pathways to health and community services.
- Improving population health through early childhood development initiatives, including activities that address factors associated with poorer outcomes in the first 1000 days and early identification of developmental delays and/or behavioural concerns. This will involve coordination of services that target early childhood development with primary health care and other relevant services and may include screening and treatment for adverse childhood experiences.
- Increase the ability of children to thrive by improving primary care capacity 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, such as 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, health pathways and e-health. After hours initiatives will also be considered, as appropriate.

## 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

## Indigenous specific

No

## Coverage

NWMPHN region, and with a targeted focus on growth areas

## Consultation

NWMPHN utilises a range of mechanisms to facilitate consultation, including through the Community Advisory and Clinical Councils. Initial scoping of the children and families sector calls for specific consultation and advice to be sought from a range of relevant strategic and local organisations and stakeholders, such as peak and professional bodies, State Government and
emergency and acute services. Existing NWMPHN Expert Advisory Groups may also contribute to this work, e.g., Mental Health. In addition, initial scoping with new and existing networks revealed that ongoing consultation will be required to support a coordinated approach to planning for priority populations and targeted regions of vulnerability.

Consumers and people with lived experience are core to the work we do. Therefore, significant consultation activities will be undertaken to ensure that a full range of relevant and representative stakeholders including community members, community-based organisations, primary care providers, health services, local government and community health have genuine input in the design and development of interventions that may be generated.

**Collaboration**

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

- 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
- Peak and professional bodies
- Victorian Department of Health and Human Services
- Local government
- Other identified providers

**Activity milestone details/Duration**

Provide the anticipated activity start and completion dates (including the planning and procurement cycle):

- Activity start date: 1/07/2019
- Activity end date: 30/06/2022

**Commissioning method and approach to market**

All of NWMPHN’s activity aligns with the NWMPHN Commissioning Framework, following the three-stage cycle of: developing insight; plan and deliver, and; evaluate and improve. The iteration that occurs within each stage ensures engagement, responsiveness to local need and continual improvement. Within this activity, the different components that form the activity, are at various stages in the cycle.

NWMPHN’s approach to market will be tailored to align with the local procurement context. An approach to market may include expression of interest (EOI), request for tender (RFT) or direct negotiation.

1. Please identify your intended procurement approach for commissioning services under this activity:
   - ☒ Not yet known
   - ☐ Continuing service provider / contract extension
   - ☐ 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.
   - ☐ Open tender
<table>
<thead>
<tr>
<th>Expression of Interest (EOI)</th>
<th>☐</th>
<th>Other approach (please provide details)</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a. Is this activity being co-designed?</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b. Is this activity this result of a previous co-design process?</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b. Has this activity previously been co-commissioned or joint-commissioned?</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decommissioning</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Proposed Activities</strong></th>
<th>Copy and complete the table as many times as necessary to report on each activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTIVITY TITLE</strong></td>
<td><strong>CF 3: HealthPathways</strong></td>
</tr>
<tr>
<td><strong>Existing, Modified, or New Activity</strong></td>
<td>Existing Activity</td>
</tr>
<tr>
<td><strong>Activity Work Plan 2018-19: Core Funding reference CF 3 (pp. 9-11)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Program Key Priority Area</strong></td>
<td>Workforce</td>
</tr>
<tr>
<td><strong>Needs Assessment Priority</strong></td>
<td>NWMPHN Health Needs Assessment Reporting November 2018: Section 2, pp. 19-61 and Section 4, all priorities pp. 74-92.</td>
</tr>
<tr>
<td><strong>Aim of Activity</strong></td>
<td>This activity aims to ensure readily available access to up-to-date care pathways guidance on the HealthPathways Melbourne platform, which allows us to achieve health outcomes for our community by connecting our consumers and clinicians through seamless pathways of care.</td>
</tr>
<tr>
<td></td>
<td>HealthPathways are localised, developed and reviewed in response to:</td>
</tr>
<tr>
<td></td>
<td>• population need;</td>
</tr>
<tr>
<td></td>
<td>• new or innovative models of care.; and</td>
</tr>
<tr>
<td></td>
<td>• broader service redesign undertaken by the PHN in collaboration with health service/system stakeholders.</td>
</tr>
<tr>
<td></td>
<td>HealthPathways form a core component of workforce development and capacity building aiming to reduce potentially preventable hospitalisations for people living in north western Melbourne. HealthPathways is a platform operated by many PHNs across Australia and is a digital health system.</td>
</tr>
<tr>
<td><strong>Description of Activity</strong></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>NWMPHN will continue to commission services to facilitate primary care access to HealthPathways Melbourne. This relates specifically to the procurement of the HealthPathways licensing through Streamliners NZ Limited.</td>
</tr>
</tbody>
</table>
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 allows us to strengthen clinical decision making and simplify transitions of care. This activity ensures that learnings 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 the primary care setting, 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 North Western 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.

<table>
<thead>
<tr>
<th>Target population cohort</th>
<th>Whole of population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous specific</td>
<td>No</td>
</tr>
<tr>
<td>Coverage</td>
<td>NWMPHN region</td>
</tr>
</tbody>
</table>

Consultation

NWMPHN utilises a range of mechanisms to facilitate consultation, including through the Community Advisory and Clinical Councils. 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 emergency and acute services. Existing NWMPHN Expert Advisory Groups may also contribute to this work e.g. Mental Health and AOD.

Consumers and people with lived experience are core to the work we do. Pathway development to support the needs of priority populations in our community will be underpinned and informed by perspectives from people with lived experience. Consumers and people with lived experience will be invited to contribute to working groups and this engagement will ensure that HealthPathways can enable GPs to support the needs of our community. Other relevant stakeholders such as primary care providers, health services, local government and community health have genuine input in the design and development of pathways.

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 will 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. Consumers and people with lived experience are core to the work we do.

Therefore, consumer consultation and 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.

<table>
<thead>
<tr>
<th>Activity milestone details/ Duration</th>
<th>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Activity start date: 1/07/2019&lt;br&gt;Activity end date: 30/06/2022</td>
</tr>
<tr>
<td>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Service delivery start date: July 2019&lt;br&gt;Service delivery end date: June 2022</td>
</tr>
</tbody>
</table>

1. Please identify your intended procurement approach for commissioning services under this activity: 
- ☐ Not yet known
- ☒ Continuing service provider / contract extension
- ☐ 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. All NWMPHN’s activity aligns with the NWMPHN Commissioning Framework. This activity will therefore follow the NWMPHN commissioning cycle, including the develop insight, plan and deliver and evaluate and improve phases. The iteration that occurs within each stage ensures engagement, responsiveness to local need and continual improvement.
- ☐ Open tender
- ☐ Expression of Interest (EOI)
- ☐ Other approach (please provide details)

2a. Is this activity being co-designed? 
No
The service is not being co-designed, but the content within HealthPathways is.

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? 
Yes
<table>
<thead>
<tr>
<th></th>
<th>3b. Has this activity previously been co-commissioned or joint-commissioned?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decommissioning</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>
### 1. (b) Planned PHN activities for 2019-20 to 2021-22

– Core Health Systems Improvement Funding Stream

– General Practice Support funding

<table>
<thead>
<tr>
<th>Proposed Activities - copy and complete the table as many times as necessary to report on each activity</th>
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<tbody>
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<td><strong>ACTIVITY TITLE</strong></td>
</tr>
<tr>
<td><strong>Existing, Modified, or New Activity</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Needs Assessment Priority</strong></td>
</tr>
</tbody>
</table>

**Aim of Activity**

This activity aims to support and deliver integrated population health planning across the commissioning cycle.

This will include consolidating NWMPHN’s capacity to undertake the cyclical process of identifying needs, working with others to co-create solutions, directing resources towards these solutions, monitoring and reviewing this activity and then re-commencing the cycle.

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 development, data translation, research and evaluation
3. Continue to ensure NWMPHN is the leader and key data custodian for population health information about our region
4. Continue to build and maintain our data infrastructure (storage, analytics, governance and systems) to support population health data quality, integrity, security, reporting and use.

Ultimately, we aim to ensure all activity and approaches are based on the identified needs of our region.

**Description of Activity**

Examples of organisational activity include:

- Ensure robust data governance at all times
- Continue to build on our comprehensive health needs assessment making it as applicable/ usable for our community and stakeholders as possible through detailed summaries, infographics, maps and other collateral to support evidence informed commissioning
- Continue to ensure our data software and 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 collaborations with research institutions and universities, such as our Monash University partnership
- Support the Mental Health and Suicide Prevention Regional Plan (and including AOD in our region)
• Continue to work with state and local governments, as well as Local Hospital Networks and other partners such as community health services and Primary Care Partnerships, to increase the alignment of population health data and planning in the North Western Melbourne region
• Continue to work with the Department of Health and Human Services (DHHS) Regional Offices to undertake shared data and evaluation activity across both organisations, such as the evaluation of the Children in Out of Home Care project in the north
• Continue to use data to drive quality improvements in primary care using PATCAT General Practice data to support the Quality Improvement Practice Incentive Payment (QIP/IP) and other initiatives.
• Continue to work with other PHNs in the development of the PHN Exchange – a population health planning portal.

<table>
<thead>
<tr>
<th>Activity milestone details/ Duration</th>
<th>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Associated Flexible Activity/ies:</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target population cohort</td>
<td>N/A</td>
</tr>
<tr>
<td>Indigenous specific</td>
<td>No</td>
</tr>
<tr>
<td>Coverage</td>
<td>Whole region</td>
</tr>
</tbody>
</table>

**Consultation**
NWMPHN utilises a range of mechanisms to facilitate consultation, including through the Community Advisory and Clinical Councils. 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 emergency and acute services. Existing NWMPHN Expert Advisory Groups may also contribute to this work e.g. Mental Health and AOD. Consumers and people with lived experience are also integral/core to the work we do.

**Collaboration**
NWMPHN will develop and build on relationships with key stakeholders from across the region to provide a platform to improve collaboration across the commissioning cycle. As well as ongoing engagement activities, this will include one on one consultations with major health service providers, and running group engagement activities, with a strong voice for consumers and carers. Collaboration will be undertaken with the following key stakeholder to participate in data sharing, prioritisation and planning:

- Local hospital networks
- Community health organisations
- Local Government Authorities
- Primary Care Partnerships
- Aboriginal community controlled health agencies
- Consumer and carer representative agencies
- General Practice

NWMPHN will establish a regional Data, Research and Evaluation Expert Advisory Group during this period.
Activity start date: 1/07/2019
Activity end date: 30/06/2022

Please note: the majority of this activity is undertaken by NWMPHN staff. Commissioned activity includes partnership approaches with Universities and commissioned evaluation partners.

1. Please identify your intended procurement approach for commissioning services under this activity:
   - ☒ Not yet known
   - ☐ Continuing service provider / contract extension
   - ☐ 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.
   - ☐ Open tender
   - ☐ Expression of Interest (EOI)
   - ☐ 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?
   Yes

3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?
   No however some of the activity is co funded by the State

3b. Has this activity previously been co-commissioned or joint-commissioned?
   No

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

<table>
<thead>
<tr>
<th>ACTIVITY TITLE</th>
<th>HSI 2 Stakeholder engagement and collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing, Modified, or New Activity</td>
<td>Existing Activity Activity Work Plan 2018-19: Core Funding reference HSI 2 (pp. 14-18)</td>
</tr>
<tr>
<td>Aim of Activity</td>
<td>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 mission to strengthen primary health care and connect services across the 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.</td>
</tr>
</tbody>
</table>
The aim of this activity is to:

- Enhance our stakeholder engagement capacity and continue to evolve good engagement practice in our commissioning approach and core business, for example through partnerships.
- Evolve our community participation model to ensure that community needs are understood and addressed, acknowledging that communities have the right to influence decisions that impact their health.
- Develop and maintain successful collaborative relationships 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 North Western 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 Aboriginal and Torres Strait Islander People, Culturally and Linguistically Diverse communities, including refugees and asylum seekers, and LGBTIQ communities.

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.

Prioritised activity in 2019-20 will 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 Advisory Councils and Expert Advisory Groups, to ensure meaningful input in our commissioning strategy and decision making.
- Targeted stakeholder engagement and co-design with community.
- Consultation with stakeholders on the health needs assessment, mental health regional plan and associated commissioning intentions.
- Evolution of NWMPHN’s community participation approach, 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:**

- Continued auspice of strategic sub-regional collaborations, including:
  - *The Collaborative*, a partnership between The Royal Melbourne Hospital, two community health services and NWMPHN, working to improve health outcomes for people with chronic illness in inner north west Melbourne. The priority for 2019-20 is to reduce avoidable hospital utilisation through improved...
integration, consumer and community capacity to self-manage and community-based models of care.

- *The Better Health Plan for the West*, which utilises a collective impact approach to build a strong health system in Melbourne’s west to deliver better health and improved wellbeing for local people. The priority area for 2019-20 remains children and families, with a focus on the first 1000 days and low birth weight as the apex measure. Subsequent priority areas include mental health and chronic conditions, which will be scoped in 2019-20.

- Ongoing participation in formal networks and collaborations, including The Victorian Community Care Advisory Committee, the Melbourne Ageing Research Centre, Better Health North East and Shared Vision for the North.

Ongoing participation in local government health and wellbeing plan consultations and local hospital network Primary Care and Population Health Advisory Committees.

**Associated Flexible Activity/ies:**

CF 1, CF 2 and CF 3

**Target population cohort:**

Whole of population

**Indigenous specific:**

No

Importantly though a range of activities will be undertaken on an ongoing basis with Aboriginal Community Controlled Organisations, Integrated Team Care providers and Aboriginal community members. The NWMPHN Reconciliation Action Plan supports these activities, including engagement of local Elders through advisory group structures.

**Coverage:**

NWMPHN region. While there is a significant focus on sub-regional collaborations to drive a population health approach to achieving our objectives, it should also be noted that national engagement is also a core feature of this work with key relationships with national peak and professional agencies and sector leaders.

**Consultation**

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

**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.

Consumers and people with lived experience are core to the work we do. Therefore, consumer consultation and co-design methodologies will be employed to ensure service users have genuine input in the design and development of interventions that may be generated.

NWMPHN approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is now 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. These are each identified below.
<table>
<thead>
<tr>
<th>Healthcare Professionals</th>
<th>General Practice Staff, Allied Health Providers, Specialists, Other healthcare providers [Inform, Consult, Involve, Collaborate and Empower]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government and Funding Bodies</td>
<td>Ministers/Politicians, Commonwealth Government Departments, State Government Departments, Local Councils, Philanthropic Organisations, Corporate Entities [Inform, Consult, Involve and Collaborate]</td>
</tr>
<tr>
<td>Research, Evaluation and Policy</td>
<td>Academic Institutions Research Organisations, Consultancy Firms, Think Tanks [Inform, Consult and Collaborate]</td>
</tr>
<tr>
<td>Governance</td>
<td>Clinical Council, Community Advisory Council, Expert Advisory Groups [Collaborate and Empower]</td>
</tr>
<tr>
<td>Community Participants</td>
<td>Consumers, Patients, Carers, People with lived experience, Priority Populations, Community Leaders [Inform, Consult, Involve, Collaborate and Empower]</td>
</tr>
<tr>
<td>Community Organisations and Networks</td>
<td>Non-Government Organisations, Peak Bodies, Primary Care Partnerships, Regional Collaborations, Corporate Providers, Advocacy Groups [Inform, Consult, Involve, Collaborate and Empower]</td>
</tr>
<tr>
<td>Corporate Stakeholders</td>
<td>Regulatory bodies, Auditors, Accreditation Providers, External Support Providers, Contractors and suppliers [Inform and Consult]</td>
</tr>
<tr>
<td>Health and Residential Services</td>
<td>Public Health Services/Local Hospital Networks, Private Hospitals, Community Health Services, ACCHOs, Residential Aged Care Facilities, Rehabilitation Facilities [Inform, Consult, Involve, Collaborate and Empower]</td>
</tr>
<tr>
<td>Media</td>
<td>Print, Online, Radio [Inform].</td>
</tr>
</tbody>
</table>

**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: 30/06/2022

**Commissioning method and approach to market**

1. Please identify your intended procurement approach for commissioning services under this activity:
   - ☒ Not yet known
   - ☐ Continuing service provider / contract extension
   - ☐ 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.
   - ☐ Open tender
   - ☐ Expression of Interest (EOI)
   - ☐ 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?
   - Yes

3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?
<table>
<thead>
<tr>
<th>ACTIVITY TITLE</th>
<th>Existing, Modified, or New Activity</th>
<th>Needs Assessment Priority</th>
<th>Aim of Activity</th>
<th>Description of Activity</th>
</tr>
</thead>
</table>
| HSI 3: Primary Health Care Support and Improvement: supporting a team-based and integrated approach to delivering person-centred primary health care | Existing Activity | NWMPHN Health Needs Assessment Reporting November 2018: Section 3 – Outcomes of the Service Needs Analysis, pp. 62-73 and Section 4, all priorities pp. 74-92 and listed as an organisational enabler ‘Quality Improvement and Workforce Development’ p. 75. | The aim of this activity is to enable primary health care providers to participate in reform and deliver integrated person-centred care by:  
• leading the adoption of health reform in partnership with primary health care  
• supporting person-centred models of care through integrated primary health care teams | A new Primary Health Care Improvement Strategy has been developed following a review of NWMPHN’s primary care engagement and support activities in 2018, which included extensive sector consultation. The Strategy informs this activity.  
**Lead the adoption of health reform in partnership with primary health care**  
• Inform primary health care of reforms and the impact on their businesses and practice, including the introduction of the Quality Improvement Practice Incentive Payment.  
• Actively support change management and implementation of reform in business and care processes, including implementing intensive quality improvement initiatives in practice.  
• Support providers to communicate changes to patients.  
• Develop primary health care leaders and champions and showcase innovation  
• Engage primary health care providers to inform planning, implementation and evaluation; and advocate on behalf of primary health care providers and patients. |
Support person-centred models of care through integrated primary health care teams

- Enhance evidence-based coordinated care through pathways, networks and communication.
- Enhance access to interdisciplinary workforce development through technology, an online resource library and regional networks.

Associated Flexible Activity/ies:
CF 1, CF 2, CF 3

Target population cohort
Whole of population. Population health and service data will inform this activity to enable targeted to 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.

Indigenous specific
No

Coverage
NWMPHN region

Consultation
NWMPHN utilises a range of mechanisms to facilitate consultation, including through the Community Advisory and Clinical Councils, and expert advisory groups.

In 2018, more than 370 external primary health care providers were consulted as part of the primary care engagement and support review and were integral to the development of the strategy.

The following advisory groups relevant to this activity will be established to guide the implementation of the strategy and ensure ongoing consultation and engagement with the sector:

- Regional Interdisciplinary Networks – these networking/continuing professional development (CPD) sessions will be jointly chaired by a GP and local allied health provider or pharmacist. They will provide an opportunity for CPD and networking among all primary health care providers and will be an avenue for consultation for the PHN.

The advisory structure will also be supported by additional groups outlined in the GPS activity.

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. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

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 therefore work with identified stakeholders relevant to the activities outlined, which may include but not limited to: peak and professional bodies, academic and training institutions, local hospital networks and community health organisations.

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: 30/06/2022

1. Please identify your intended procurement approach for commissioning services under this activity:
   ☒ Not yet known
   ☐ Continuing service provider / contract extension
   ☐ 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.
   ☐ Open tender
   ☐ Expression of Interest (EOI)
   ☐ 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?
   Yes

3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?
   Yes

3b. Has this activity previously been co-commissioned or joint-commissioned?
   Yes

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

<table>
<thead>
<tr>
<th>ACTIVITY TITLE</th>
<th>GPS: General Practice Support</th>
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<tbody>
<tr>
<td>Existing, Modified, or New</td>
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<tr>
<td>Activity</td>
<td>Activity Work Plan 2018-19: Core Funding reference GPS (pp. 22-25)</td>
</tr>
<tr>
<td>Program Key Priority Area</td>
<td>Workforce</td>
</tr>
<tr>
<td>Aim of Activity</td>
<td>The aim of this activity is to support general practices to deliver high quality, safe, evidence-based care to their communities.</td>
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<tr>
<td>Description of Activity</td>
<td>A new Primary Health Care Improvement Strategy has been developed following a review of NWMPHN primary care engagement and support activities in 2018, which included extensive sector consultation. The Strategy informs this activity.</td>
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  - Use evidence to inform and drive improvements:
    - Drive quality through the use of practice data
    - Engage the whole practice team
    - Embed patient experience in care planning, performance improvement and outcomes measurement
  - Advance Continuous Quality Improvement in practice |
- Support adoption of health system tools and funding mechanisms associated with quality care:
  - Increase practice accreditation
  - Effective use of Medicare and PIP (including QI PIP)
  - Effective use of electronic medical records
  - Secure communication of patient information including increase use of e-referral and secure messaging delivery solutions and meaningful use of My Health Record
  - Meaningful use of HealthPathways
  - Develop practice workforce through utilisation of online resource library

Associated Flexible Activity/ies: CF 1, CF 2, CF 3

Target population cohort
Whole of population. Population health and service data will inform this activity to enable targeted to 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.

Indigenous specific
No

Coverage NWMPHN region

Consultation
NWMPHN utilises a range of mechanisms to facilitate consultation, including through the Community Advisory and Clinical Councils, and expert advisory groups.

In 2018, more than 370 external primary health care providers were consulted as part of the primary care engagement and support review and were integral to the development of the Strategy.

The following advisory groups will be established to guide the implementation of the Strategy and ensure ongoing consultation and engagement with the sector:

- Practice Manager Networks
- Practice Nurse Networks
- General Practice Advisory Group (GPAG) (consisting of general practitioners, practice managers and practice nurses)
- Primary Health Care Advisory Group (consisting of GPAG members and Regional Interdisciplinary Chairs).

The advisory structure will also be supported by additional groups included in the Primary Health Care Support and Improvement activity.

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. This is critical to driving a team-based and integrated approach to delivering person-centred primary care. 
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 therefore work with identified
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| 2a. Is this activity being co-designed? | Yes |
| 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 | No |