

# North Western Melbourne - NMHSPA Bilateral PHN Program

## 2022/23 - 2026/27

### Activity Summary View



## NAB-H2H - 1 - Adult Mental Health Centre and Satellite Network (Head to Health)\_AWP 23/24



### Activity Metadata

**Applicable Schedule \***

NMHSPA Bilateral PHN Program

**Activity Prefix \***

NAB-H2H

**Activity Number \***

1

**Activity Title \***

Adult Mental Health Centre and Satellite Network (Head to Health)\_AWP 23/24

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

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Other (please provide details)

**Other Program Key Priority Area Description**

Head to Health Mental Health Clinics

**Aim of Activity \***

Continued operation of existing Head to Health clinics in NWMPHN region

**Description of Activity \***

Head to Health hubs in NWMPHN are located at:

- Brunswick East
- Broadmeadows
- Wyndham Vale (with an outreach service to Melton)

These clinics provide evidence based mental health supports (psychological therapies) across the lifespan and arrange referrals to other supports as needed. The clinics increase availability of services and meet the needs of people presenting with more complex needs (typically Initial Assessment and Referral level 3 and 4 referrals).

The clinics comprise multidisciplinary teams of mental health workers (including peer workers) and support GPs, other referrers, and consumers themselves with easy to access primary mental health services.

Consistent with the bilateral agreement between the Commonwealth and Victoria, these clinics will transition to new Victorian Local adult and older adult mental health and wellbeing services (Local Services) as they are progressively established by the Victorian government.

As advice is received on establishment of a Local Service in locality of an existing Head to Health clinic, NWMPHN will work with the clinic operator, Local Services operator, Victorian Department of Health and other stakeholders to support transition of care and services to the new arrangements in line with bilateral transition principles and guidance.

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

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



## Activity Demographics

### Target Population Cohort

People seeking mental health support (typically identified as level 3 or 4 on the Initial Assessment and Referral Decision Support Tool).

Services are targeted at people who may be unable to afford services elsewhere and/ or from vulnerable communities.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

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## 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
- 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.

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, supported, 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.

### 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 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

11/09/2020

#### Activity End Date

29/06/2024

#### Service Delivery Start Date

14/09/2020

#### Service Delivery End Date

30/06/2024

#### 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?**

No

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

No

**Decommissioning**

No

**Decommissioning details?**

N/A

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

NWMPHN is committed to engagement and partnership with community, consumers, their networks 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.

NWMPHN has access to data and insight on community need, existing service provision and service evaluations. This information is included in the design of projects, programs and services to ensure that they address the prioritised needs of the community, and that appropriate level of funding is available to deliver these services. We do this by:

- Exploring and identifying problems and their root causes
- Co-designing and testing better solutions with the right people.
- Working with our partners to implement programs and to achieve agreed outcomes.
- Reviewing each program to assess what it achieved and what we can learn to build even better services in the future.



## NAB-H2H-Op - 3 - OPS - Adult Mental Health Centre and Satellite Network (Head to Health)\_AWP 23/24



### Activity Metadata

**Applicable Schedule \***

NMHSPA Bilateral PHN Program

**Activity Prefix \***

NAB-H2H-Op

**Activity Number \***

3

**Activity Title \***

OPS - Adult Mental Health Centre and Satellite Network (Head to Health)\_AWP 23/24

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

Existing



### Activity Priorities and Description

**Program Key Priority Area \*****Other Program Key Priority Area Description****Aim of Activity \*****Description of Activity \*****Needs Assessment Priorities \*****Needs Assessment****Priorities**



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## Activity Commissioning

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

Not Yet Known: No  
Continuing Service Provider / Contract Extension: No  
Direct Engagement: No  
Open Tender: No  
Expression Of Interest (EOI): No  
Other Approach (please provide details): No

Is this activity being co-designed?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments





## NAB-PRCG - 2 - Regional Planning, Commissioning and Governance\_AWP 24/25



### Activity Metadata

**Applicable Schedule \***

NMHSPA Bilateral PHN Program

**Activity Prefix \***

NAB-PRCG

**Activity Number \***

2

**Activity Title \***

Regional Planning, Commissioning and Governance\_AWP 24/25

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

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 8: Regional mental health and suicide prevention plan

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

Collaboration to improve integration between Commonwealth, PHN and Victorian Department of Health commissioning of mental health, suicide prevention and AOD services.

**Description of Activity \***

This activity is underpinned by the objectives and initiatives of the Victorian Bilateral Agreement on Mental Health and Suicide Prevention.

A key objective of this activity is to work towards an integrated and aligned approach to planning and commissioning with the Victorian Department of Health, Victorian funded mental health services in the region and other stakeholders, including Interim Regional Bodies.

This will be achieved through initially supporting the Victorian Department in development, implementation and monitoring of a mental health and wellbeing and capital plan for North Western Melbourne PHN region. Collaboration to strengthen integration will include activities such as:

- sharing of data and insights for the region
- participating in consultations and other activities to support system design responses to integration between Commonwealth

and state funded services

- joint capability building activities (e.g., workforce development, secondary consultation, communities of practice)
- development of agreed referral pathways and shared care protocols
- Co-commissioning/ joint commissioning approaches where relevant.

We will work with the Victorian and Commonwealth Departments through the Bilateral governance group to support oversight and monitoring of progress against objectives ensuring approaches are reflective of the identified mental health and suicide prevention needs in the region. This will include participation in and contribution to governance groups, communities of practice and working groups.

We will also work with the Victorian Interim Regional Bodies to support joint planning and trial approaches to improve integration between state and Commonwealth funded services in the region, this may include joint service design and co-commissioning approaches.

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

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



## Activity Demographics

### Target Population Cohort

People living with, or at risk of, mental ill health and their carers/supporters this includes people at risk of suicide and those bereaved by suicide.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

## Consultation

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- Mental Health
- Aboriginal and Torres Strait Islander Health
- Older Adults

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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.

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, supported, 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.

## Collaboration

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- 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

23/11/2022

### Activity End Date

28/06/2026

### Service Delivery Start Date

N/A

### Service Delivery End Date

N/A

### 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: 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?**

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?**

N/A

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

Elements of the activity will be designed in collaboration with Victorian Department of Health, Victorian mental health services and other stakeholders.

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

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## NAB-HE - 4 - Headspace Enhancement – headspace Collingwood 24/25



### Activity Metadata

**Applicable Schedule \***

NMHSPA Bilateral PHN Program

**Activity Prefix \***

NAB-HE

**Activity Number \***

4

**Activity Title \***

Headspace Enhancement – headspace Collingwood 24/25

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

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Priority area 2: Child and Youth Mental Health Services

**Other Program Key Priority Area Description**

National Agreement and Bilateral Program

**Aim of Activity \***

Improve capacity of headspace services to respond to local need and increase access to integrated multi-disciplinary care for young people.

**Description of Activity \***

NWMPHN will work with headspace services within the enhancement funding guidelines to determine local priorities for use of funds up to the funding floor. Beyond the funding floor for individual centres, NWMPHN will work with headspace services and lead agencies to determine the best approach to distribution of funding, across headspace services in NWMPHN region, based on need and equity considerations.

The following activities (not exhaustive) will be considered within scope of the enhancement initiative:

- Recruitment of additional clinical and non-clinical staff
- Recruitment of identified positions reflective of community demographics
- Enhancing GP remuneration under the Subsection 19(2) exemption (for eligible headspace locations)
- Undertaking professional development and upskilling, including upskilling in culturally appropriate care
- Improving the implementation of appropriate and evidenced based approaches
- Supplementing salaries for the existing multi-disciplinary workforce
- Improving care coordination, referral pathways and service integration with state-funded and other PHN-commissioned services

- Increasing community engagement and awareness activities, particularly with priority populations

Headspace national is recognised as an important stakeholder and will be consulted, as needed, on proposed approaches for example to ensure alignment to headspace model integrity.

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

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



## Activity Demographics

### Target Population Cohort

Young people aged 12-25 years

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Yarra	20607



## Activity Consultation and Collaboration

### Consultation

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- Support implementation
- Monitor performance and drive continuous quality improvement

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- Mental Health
- Aboriginal and Torres Strait Islander Health
- Older Adults

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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.

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### **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

29/06/2022

### Activity End Date

28/06/2026

### Service Delivery Start Date

01/07/2022

### Service Delivery End Date

30/06/2026

### Other Relevant Milestones



## Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

### Is this activity being co-designed?

No

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

No

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

No

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

No

**Decommissioning**

No

**Decommissioning details?**

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

NWMPHN is committed to engagement and partnership with community, consumers, their networks 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.

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## NAB-HE - 5 - Headspace Enhancement – headspace Craigieburn 24/25



### Activity Metadata

**Applicable Schedule \***

NMHSPA Bilateral PHN Program

**Activity Prefix \***

NAB-HE

**Activity Number \***

5

**Activity Title \***

Headspace Enhancement – headspace Craigieburn 24/25

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

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Priority area 2: Child and Youth Mental Health Services

**Other Program Key Priority Area Description**

National Agreement and Bilateral Program

**Aim of Activity \***

Improve capacity of headspace services to respond to local need and increase access to integrated multi-disciplinary care for young people.

**Description of Activity \***

NWMPHN will work with headspace services within the enhancement funding guidelines to determine local priorities for use of funds up to the funding floor. Beyond the funding floor for individual centres, NWMPHN will work with headspace services and lead agencies to determine the best approach to distribution of funding, across headspace services in the NWMHN region, based on need and equity considerations.

The following list of activities (not exhaustive) will be considered within scope of the enhancement initiative:

- Recruitment of additional clinical and non-clinical staff
- Recruitment of identified positions reflective of community demographics
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- Supplementing salaries for the existing multi-disciplinary workforce
- Improving care coordination, referral pathways and service integration with state-funded and other PHN-commissioned services

- Increasing community engagement and awareness activities, particularly with priority populations

Headspace national is recognised as an important stakeholder and will be consulted, as needed, on proposed approaches for example to ensure alignment to headspace model integrity.

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

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



## Activity Demographics

### Target Population Cohort

Young people aged 12-25 years

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Tullamarine - Broadmeadows	21005



## Activity Consultation and Collaboration

### Consultation

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- Pharmacy
- Allied health
- Community-based organisations
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- Peak and professional bodies
- Victorian Department of Health
- Local government
- Other PHNs
- Media
- Other identified providers



### Activity Milestone Details/Duration

#### Activity Start Date

29/06/2022

#### Activity End Date

28/06/2026

#### Service Delivery Start Date

01/07/2022

#### Service Delivery End Date

30/06/2026

#### Other Relevant Milestones



### Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

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

No

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

No

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

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

No

**Decommissioning**

No

**Decommissioning details?**

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

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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.

NWMPHN has access to data and insight on community need, existing service provision and service evaluations. This information is included in the design of projects, programs and services to ensure that they address the prioritised needs of the community, and that appropriate level of funding is available to deliver these services. We do this by:

- Exploring and identifying problems and their root causes
- Co-designing and testing better solutions with the right people.
- Working with our partners to implement programs and to achieve agreed outcomes.
- Reviewing each program to assess what it achieved and what we can learn to build even better services in the future.



## NAB-HE - 6 - Headspace Enhancement – headspace Glenroy 24/25



### Activity Metadata

**Applicable Schedule \***

NMHSPA Bilateral PHN Program

**Activity Prefix \***

NAB-HE

**Activity Number \***

6

**Activity Title \***

Headspace Enhancement – headspace Glenroy 24/25

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

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Priority area 2: Child and Youth Mental Health Services

**Other Program Key Priority Area Description**

National Agreement and Bilateral Program

**Aim of Activity \***

Improve capacity of headspace services to respond to local need and increase access to integrated multi-disciplinary care for young people.

**Description of Activity \***

NWMPHN will work with headspace services within the enhancement funding guidelines to determine local priorities for use of funds up to the funding floor. Beyond the funding floor for individual centres, NWMPHN will work with headspace services and lead agencies to determine the best approach to distribution of funding, across headspace services in the NWMPHN region, based on need and equity considerations.

The following activities (not exhaustive) will be considered within scope of the enhancement initiative:

- Recruitment of additional clinical and non-clinical staff
- Recruitment of identified positions reflective of community demographics
- Enhancing GP remuneration under the Subsection 19(2) exemption (for eligible headspace locations)
- Undertaking professional development and upskilling, including upskilling in culturally appropriate care
- Improving the implementation of appropriate and evidenced based approaches
- Supplementing salaries for the existing multi-disciplinary workforce
- Improving care coordination, referral pathways and service integration with state-funded and other PHN-commissioned services



- Increasing community engagement and awareness activities, particularly with priority populations

Headspace national is recognised as an important stakeholder and will be consulted, as needed, on proposed approaches for example to ensure alignment to headspace model integrity.

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

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



## Activity Demographics

### Target Population Cohort

Young people aged 12-25 years

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Moreland - North	21003



## 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
- 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.

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, supported, 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.

### **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 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

29/06/2022

### Activity End Date

28/06/2026

### Service Delivery Start Date

01/07/2022

### Service Delivery End Date

30/06/2026

### Other Relevant Milestones



## Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

### Is this activity being co-designed?

No

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

No

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

No

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

No

**Decommissioning**

No

**Decommissioning details?**

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

NWMPHN is committed to engagement and partnership with community, consumers, their networks 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.

NWMPHN has access to data and insight on community need, existing service provision and service evaluations. This information is included in the design of projects, programs and services to ensure that they address the prioritised needs of the community, and that appropriate level of funding is available to deliver these services. We do this by:

- Exploring and identifying problems and their root causes
- Co-designing and testing better solutions with the right people.
- Working with our partners to implement programs and to achieve agreed outcomes.
- Reviewing each program to assess what it achieved and what we can learn to build even better services in the future.



## NAB-HE - 7 - Headspace Enhancement – headspace Sunshine 24/25



### Activity Metadata

**Applicable Schedule \***

NMHSPA Bilateral PHN Program

**Activity Prefix \***

NAB-HE

**Activity Number \***

7

**Activity Title \***

Headspace Enhancement – headspace Sunshine 24/25

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

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Priority area 2: Child and Youth Mental Health Services

**Other Program Key Priority Area Description**

National Agreement and Bilateral Program

**Aim of Activity \***

Improve capacity of headspace services to respond to local need and increase access to integrated multi-disciplinary care for young people.

**Description of Activity \***

NWMPHN will work with headspace services within the enhancement funding guidelines to determine local priorities for use of funds up to the funding floor. Beyond the funding floor for individual centres, NWMPHN will work with headspace services and lead agencies to determine the best approach to distribution of funding, across headspace services in the NWMPHN region, based on need and equity considerations.

The following activities (not exhaustive) will be considered within scope of the enhancement initiative:

- Recruitment of additional clinical and non-clinical staff
- Recruitment of identified positions reflective of community demographics
- Enhancing GP remuneration under the Subsection 19(2) exemption (for eligible headspace locations)
- Undertaking professional development and upskilling, including upskilling in culturally appropriate care
- Improving the implementation of appropriate and evidenced based approaches
- Supplementing salaries for the existing multi-disciplinary workforce
- Improving care coordination, referral pathways and service integration with state-funded and other PHN-commissioned services

- Increasing community engagement and awareness activities, particularly with priority populations

Headspace national is recognised as an important stakeholder and will be consulted, as needed, on proposed approaches for example to ensure alignment to headspace model integrity.

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

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



## Activity Demographics

### Target Population Cohort

Young people aged 12-25 years

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
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
- 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.

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, supported, 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.

### **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 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

29/06/2022

#### Activity End Date

28/06/2026

#### Service Delivery Start Date

01/07/2022

#### Service Delivery End Date

30/06/2026

#### Other Relevant Milestones



### Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

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

No

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

No

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



No

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

No

**Decommissioning**

No

**Decommissioning details?**

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

NWMPHN is committed to engagement and partnership with community, consumers, their networks 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.

NWMPHN has access to data and insight on community need, existing service provision and service evaluations. This information is included in the design of projects, programs and services to ensure that they address the prioritised needs of the community, and that appropriate level of funding is available to deliver these services. We do this by:

- Exploring and identifying problems and their root causes
- Co-designing and testing better solutions with the right people.
- Working with our partners to implement programs and to achieve agreed outcomes.
- Reviewing each program to assess what it achieved and what we can learn to build even better services in the future.



## NAB-HE - 8 - Headspace Enhancement – headspace Werribee 24/25



### Activity Metadata

**Applicable Schedule \***

NMHSPA Bilateral PHN Program

**Activity Prefix \***

NAB-HE

**Activity Number \***

8

**Activity Title \***

Headspace Enhancement – headspace Werribee 24/25

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

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Priority area 2: Child and Youth Mental Health Services

**Other Program Key Priority Area Description**

National Agreement and Bilateral Program

**Aim of Activity \***

Improve capacity of headspace services to respond to local need and increase access to integrated multi-disciplinary care for young people.

**Description of Activity \***

NWMPHN will work with headspace services within the enhancement funding guidelines to determine local priorities for use of funds up to the funding floor. Beyond the funding floor for individual centres, NWMPHN will work with headspace services and lead agencies to determine the best approach to distribution of funding, across headspace services in the NWMPHN region, based on need and equity considerations.

The following activities (not exhaustive) will be considered within scope of the enhancement initiative:

- Recruitment of additional clinical and non-clinical staff
- Recruitment of identified positions reflective of community demographics
- Enhancing GP remuneration under the Subsection 19(2) exemption (for eligible headspace locations)
- Undertaking professional development and upskilling, including upskilling in culturally appropriate care
- Improving the implementation of appropriate and evidenced based approaches
- Supplementing salaries for the existing multi-disciplinary workforce
- Improving care coordination, referral pathways and service integration with state-funded and other PHN-commissioned services

- Increasing community engagement and awareness activities, particularly with priority populations

Headspace national is recognised as an important stakeholder and will be consulted, as needed, on proposed approaches for example to ensure alignment to headspace model integrity.

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

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



## Activity Demographics

### Target Population Cohort

Young people aged 12-25 years

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Wyndham	21305



## 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
- 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.

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, supported, 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.

### **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 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

29/06/2022

### Activity End Date

28/06/2026

### Service Delivery Start Date

01/07/2022

### Service Delivery End Date

30/06/2026

### Other Relevant Milestones



## Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

### Is this activity being co-designed?

No

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

No

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

No

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

No

**Decommissioning**

No

**Decommissioning details?**

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

NWMPHN is committed to engagement and partnership with community, consumers, their networks 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.

NWMPHN has access to data and insight on community need, existing service provision and service evaluations. This information is included in the design of projects, programs and services to ensure that they address the prioritised needs of the community, and that appropriate level of funding is available to deliver these services. We do this by:

- Exploring and identifying problems and their root causes
- Co-designing and testing better solutions with the right people.
- Working with our partners to implement programs and to achieve agreed outcomes.
- Reviewing each program to assess what it achieved and what we can learn to build even better services in the future.



## NAB-HE - 9 - Headspace Enhancement – headspace Melton 24/25



### Activity Metadata

**Applicable Schedule \***

NMHSPA Bilateral PHN Program

**Activity Prefix \***

NAB-HE

**Activity Number \***

9

**Activity Title \***

Headspace Enhancement – headspace Melton 24/25

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

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Priority area 2: Child and Youth Mental Health Services

**Other Program Key Priority Area Description**

National Agreement and Bilateral Program

**Aim of Activity \***

Improve capacity of headspace services to respond to local need and increase access to integrated multi-disciplinary care for young people.

**Description of Activity \***

NWMPHN will work with headspace services within the enhancement funding guidelines to determine local priorities for use of funds up to the funding floor. Beyond the funding floor for individual centres, NWMPHN will work with headspace services and lead agencies to determine the best approach to distribution of funding, across headspace services in the NWMPHN region, based on need and equity considerations. It is on this basis headspace Melton will receive enhancement funding in future years due to significant population growth in the region and increased demand on the service from young people in surrounding LGAs and localities.

The following list of activities (not exhaustive) will be considered within scope of the enhancement initiative:

- Recruitment of additional clinical and non-clinical staff
- Recruitment of identified positions reflective of community demographics
- Enhancing GP remuneration under the Subsection 19(2) exemption (for eligible headspace locations)
- Undertaking professional development and upskilling, including upskilling in culturally appropriate care
- Improving the implementation of appropriate and evidenced based approaches

- Supplementing salaries for the existing multi-disciplinary workforce
- Improving care coordination, referral pathways and service integration with state-funded and other PHN-commissioned services
- Increasing community engagement and awareness activities, particularly with priority populations

Headspace national is recognised as an important stakeholder and will be consulted, as needed, on proposed approaches for example to ensure alignment to headspace model integrity.

## Needs Assessment Priorities \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

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



## Activity Demographics

### Target Population Cohort

Young people aged 12-25 years

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Melton - Bacchus Marsh	21304



## 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
- 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.

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, supported, 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.

### **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 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

29/06/2022

#### Activity End Date

28/06/2026

#### Service Delivery Start Date

01/07/2022

#### Service Delivery End Date

30/06/2026

#### Other Relevant Milestones



### Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

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

No

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

No

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

No

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

No

**Decommissioning**

No

**Decommissioning details?**

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

NWMPHN is committed to engagement and partnership with community, consumers, their networks 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.

NWMPHN has access to data and insight on community need, existing service provision and service evaluations. This information is included in the design of projects, programs and services to ensure that they address the prioritised needs of the community, and that appropriate level of funding is available to deliver these services. We do this by:

- Exploring and identifying problems and their root causes
- Co-designing and testing better solutions with the right people.
- Working with our partners to implement programs and to achieve agreed outcomes.
- Reviewing each program to assess what it achieved and what we can learn to build even better services in the future.



## NAB-HE-Ops - 10 - Headspace Enhancement – operational 24/25



### Activity Metadata

**Applicable Schedule \***

NMHSPA Bilateral PHN Program

**Activity Prefix \***

NAB-HE-Ops

**Activity Number \***

10

**Activity Title \***

Headspace Enhancement – operational 24/25

**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