

North Western Melbourne - Primary Mental Health Care

2019/20 - 2022/23

Activity Summary View



[NSPT - 1 - NATIONAL SUICIDE PREVENTION TRIAL]



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

NSPT

Activity Number *

1

Activity Title *

NATIONAL SUICIDE PREVENTION TRIAL

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health

Description of Activity *

Please refer to the separate Activity Work Plan prepared for the National Suicide Prevention Trials of North Western Melbourne PHN.



[MH - 7.1 - 7.1 Enhancing the NWMPHN System of Care]



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

7.1

Activity Title *

7.1 Enhancing the NWMPHN System of Care

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

Aim of Activity *

The aim of this activity is to support the continued development, enhancement and monitoring of person centred care targeted at the needs of consumers and enabling matching of services and supports to meet individuals' needs leading to improved experience and outcomes.

Description of Activity *

The activity will focus on enabling stepped care including through:

- Building awareness and acceptability of stepped care services across the spectrum of intensity
- Development and enhancement of referral and assessment support tools, including through the referdirect™ system, to enable navigation to appropriate care and supports
- Strengthen integration and coordination approaches to support consumer centred service delivery approaches
- Enhancement of the PREMS and PROMS (You Said...™) system to enable consumer informed quality improvements
- Develop and implement standards for commissioned services including for culturally suitable practices for priority populations
- Workforce support and enablement for stepped care through training and understanding of tools and resources including HealthPathways
- Monitoring, reporting and evaluation of commissioned activities including those that interact with referdirect and CAREinMIND

Approaches will be integrated within a broader system based regional approach. The approaches or mechanisms, i.e. enablers, that may be used to implement this activity include: Digitally Enhanced Care Pathways, workforce development and quality improvement, health literacy, consumer participation and organisational governance and accountability.

Needs Assessment Priorities *

NWMPHN Needs Assessment 2019/20-2021/22_updated

Priorities

Needs Assessment Priority	Page Reference
Mental Health	83



Activity Demographics

Target Population Cohort *

People experiencing, or at risk of, mental health issues and their natural supports.

Improving and supporting Aboriginal and Torres Strait Islander health is a priority. NWMPHN has developed a Reconciliation Action Plan to support the engagement with and focus on our Aboriginal and Torres Strait Islander communities. NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

Indigenous Specific *

No

Indigenous Specific Comments *

N/A

Coverage *

Whole Region

Yes

SA3 Name	SA3 Code
Brunswick - Coburg	20601
Darebin - South	20602
Essendon	20603
Melbourne City	20604
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Darebin - North	20902
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Maribyrnong	21303
Melton - Bacchus Marsh	21304
Wyndham	21305



Activity Consultation and Collaboration

Consultation *

NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; and Carers and Consumers, and other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity.

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of commissioning including co-design to support genuine input in the design and development of services through to assessing the experience of consumers using the commissioned services.

NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of issues and commissioned services.

Collaboration *

Collaboration with stakeholders will occur throughout the commissioning process, NWMPHN recognises that working in this way adds value and strengthens our impact. The following stakeholders may be involved in prioritisation, planning, implementation, monitoring and evaluation of activities:

- NWMPHN regional and strategic partnerships and collaboratives
- Aboriginal Community Controlled Organisations
- Local Hospital Networks
- General Practice
- 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

Activity Start Date *

30 Mar 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 2022

Other Relevant Milestones

N/A



Activity Commissioning

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

Not yet known: Yes

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: 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? *

N/A

Co-design or co-commissioning details *

N/A



[MH - 8.1 - 8.1 MH: NWMPHN regional mental health, suicide prevention and AOD plan]



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

8.1

Activity Title *

8.1 MH: NWMPHN regional mental health, suicide prevention and AOD plan

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

Aim of Activity *

The aim of the regional plan is to work collaboratively with Local Hospital Networks to jointly:

- Embed integration of mental health and suicide prevention (and AOD) pathways and services for people with or at risk of mental illness or suicide through a whole of system approach. (shorter term), and
- Build a platform to drive evidence-based service development to address identified gaps and deliver on regional priorities which have been developed in partnership with local communities. (longer term)

With the ultimate aim of influencing a service system that better meets the needs of people with, or at risk of, mental illness and their families/ supports of choice.

Description of Activity *

NWMPHN will continue to provide leadership in development of a plan for the region that engages key stakeholders including consumers, carers and Local Hospital Networks for joint regional planning through a design methodology to produce a mental health, suicide prevention and AOD plan.

A deliberative engagement methodology will be utilised to ensure data and evidence informs and supports participation of experts (including people as experts through experience) to develop a plan that identifies regional priorities and opportunities for improved integration and collaborative service development.

Needs Assessment Priorities *

NWMPHN Needs Assessment 2019/20-2021/22_updated

Priorities

Needs Assessment Priority	Page Reference
Alcohol and Other Drugs	82
Mental Health	83



Activity Demographics

Target Population Cohort *

Whole of NWMPHN community. There is a particular focus on people, and their carers, who have mental illness; are at risk of mental illness, at risk of suicide, are bereaved by suicide.

Improving and supporting Aboriginal and Torres Strait Islander health is a priority. NWMPHN has developed a Reconciliation Action Plan to support the engagement with and focus on our Aboriginal and Torres Strait Islander communities. NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

Indigenous Specific *

No

Indigenous Specific Comments *

N/A

Coverage *

Whole Region

Yes

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Hobsons Bay	21302
Maribyrnong	21303
Melton - Bacchus Marsh	21304
Wyndham	21305



Activity Consultation and Collaboration

Consultation *

NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; and Carers and Consumers, and other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity.

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of commissioning including co-design to support genuine input in the design and development of services through to assessing the experience of consumers using the commissioned services.

The voice of consumers has been prioritised in the development of this plan for the region. A reference group comprising peak bodies (consumer, carer, mental health and AOD sectors) has been formed along with a reference group of Local Hospital Networks who have a significant mental health role in the region to guide the plan development. Consultation has included over 500 community members informing the current state analysis. It is anticipated an additional 100+ consumers will engage in envisioning potential improvement to mental health service provision via design workshops.

Collaboration *

Collaboration with stakeholders will occur throughout the commissioning process, NWMPHN recognises that working in this way adds value and strengthens our impact. The following stakeholders may be involved in prioritisation, planning, implementation, monitoring and evaluation of activities:

- Regional plan reference groups
- NWMPHN regional and strategic partnerships and collaboratives
- Local Hospital Networks
- Consumers and carers representatives
- Aboriginal Community Controlled Organisations
- General Practice
- 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

Activity Start Date *

30 Mar 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

1 July 2020

Service Delivery End Date

30 June 2022

Other Relevant Milestones

Completion of an initial (foundation) plan by mid 2020.



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. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender : No

Expression of interest (EOI): Yes

Other approach (please provide details) : No

Is this activity being co-designed? *

Yes

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

No

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

No

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

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of commissioning including co-design to support genuine input in the design and development of services through to assessing the experience of consumers using the commissioned services.



[MH - 1.1 - 1.1 MH: Low intensity mental health services]



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1.1

Activity Title *

1.1 MH: Low intensity mental health services

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 1: Low intensity mental health services

Aim of Activity *

The aim of this activity, as part of a stepped care approach, is to improve access to a range of low intensity service options for consumers who are at risk of mental illness, or have mild to moderate mental illness, but do not require more intensive psychological interventions.

The activity will also seek to promote low intensity services, and build their acceptability, as an effective choice to both health professionals and consumers.

Description of Activity *

NWMPHN will commission outcome based strategies that:

- are targeted at lower intensity mental health needs, within a stepped care approach
- provide an efficient and less costly alternative to higher cost and more intensive psychological services
- provide evidence based psychological interventions to people with, or at risk of, mild mental illness
- provide a high quality service that people can access easily and directly (without the need for a formal referral)
- offer the intervention in a variety of delivery formats including individual, group, telephone and web-based services, face-to-face, and combinations of modalities

Examples of activities that will be commissioned include:

- the CAREinMIND Wellbeing Support Service (online and phone based counselling available 24/7)
- programs to educate consumers, referrers and service providers on available low intensity services and how to access these
- continue to build awareness of the pathways to access mental health information, support and care, especially for those from Culturally And Linguistically Diverse and refugee communities
- group based low intensity interventions.

The approaches or mechanisms, i.e. enablers, that may be used to implement this activity include: Digitally Enhanced Care Pathways, workforce development and quality improvement, health literacy, consumer participation and organisational governance and accountability.

Needs Assessment Priorities *

NWMPHN Needs Assessment 2019/20-2021/22_updated

Priorities

Needs Assessment Priority	Page Reference
Mental Health – Low Intensity	85



Activity Demographics

Target Population Cohort *

Individuals with, or at risk of mild mental illness across the North Western Melbourne region. This will include consumers themselves and their carers or significant supports.

Improving and supporting Aboriginal and Torres Strait Islander health is a priority. NWMPHN has developed a Reconciliation Action Plan to support the engagement with and focus on our Aboriginal and Torres Strait Islander communities. NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

Indigenous Specific *

No

Indigenous Specific Comments *

N/A

Coverage *

Whole Region

Yes

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Brunswick - Coburg	20601
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Maribyrnong	21303
Melton - Bacchus Marsh	21304
Wyndham	21305



Activity Consultation and Collaboration

Consultation *

NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; and Carers and Consumers. Other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity.

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of commissioning including co-design to support genuine input in the design and development of services through to assessing the experience of consumers using the commissioned services.

NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services.

Collaboration *

Collaboration with stakeholders will occur throughout the commissioning process, NWMPHN recognises that working in this way adds value and strengthens our impact. 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
- Allied Health
- Private 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

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 2022

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. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender : Yes

Expression of interest (EOI): Yes

Other approach (please provide details) : No

Is this activity being co-designed? *

Yes

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

No

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

No

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

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of commissioning including co-design to support genuine input in the design and development of services through to assessing the experience of consumers using the commissioned services.



[MH - 2.1 - 2.1 MH: headspace centres]



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2.1

Activity Title *

2.1 MH: headspace centres

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 2: Child and youth mental health services

Aim of Activity *

The aim of this activity is to maintain the headspace service network across NWMPHN, in line with the headspace service delivery model.

NWMPHN will work with headspace services (including their lead agencies and consortium partners) to improve the integration of headspace services within the broader primary mental health system and support a quality and outcomes focus relevant to the local setting and context.

Description of Activity *

NWMPHN will continue to commission lead agencies, with consortia partners, to maintain the network of headspace services in the region:

- Collingwood
- Craigieburn
- Glenroy
- Melton
- Sunshine
- Werribee

Opportunities for improved integration of activities informed by the local context, including school-based primary health and mental health initiatives will continue to be explored.

Needs Assessment Priorities *

NWMPHN Needs Assessment 2019/20-2021/22_updated

Priorities

Needs Assessment Priority	Page Reference
Mental Health – Youth Services	87



Activity Demographics

Target Population Cohort *

Young people aged 12 to 25 years with, or at risk of, mild to moderate mental illness.

Improving and supporting Aboriginal and Torres Strait Islander health is a priority. NWMPHN has developed a Reconciliation Action Plan to support the engagement with and focus on our Aboriginal and Torres Strait Islander communities. NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

Indigenous Specific *

No

Indigenous Specific Comments *

N/A

Coverage *

Whole Region

Yes

SA3 Name	SA3 Code
Brunswick - Coburg	20601
Darebin - South	20602
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Tullamarine - Broadmeadows	21005
Brimbank	21301
Hobsons Bay	21302
Maribyrnong	21303
Melton - Bacchus Marsh	21304
Wyndham	21305



Activity Consultation and Collaboration

Consultation *

NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; and Carers and Consumers. Other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity.

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of commissioning including co-design to support genuine input in the design and development of services through to assessing the experience of consumers using the commissioned services.

NWMPHN also consults with existing headspace operators and the broader sector to understand the effectiveness and impact of headspace centres in the region.

Collaboration *

Collaboration with stakeholders relevant to headspace and youth health will occur throughout the commissioning process. NWMPHN recognises that working in this way adds value and strengthens our impact. The following stakeholders may be involved in prioritisation, planning, implementation, monitoring and evaluation of activities:

- Headspace lead agencies
- Headspace consortia
- Youth Advisory groups
- NWMPHN regional and strategic partnerships and collaboratives
- Local Hospital Networks
- Community Health Services
- General Practice
- Allied Health
- Community based organisations
- Research institutes
- Private health
- Peak and professional bodies
- Victorian Department of Health and Human Services
- Victorian Department of Education and Training
- Local government
- Other identified providers



Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 2022

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. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: 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? *

N/A

Co-design or co-commissioning details *

N/A



[MH - 2.2 - 2.2 MH: Child and youth mental health (youth severe)]



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2.2

Activity Title *

2.2 MH: Child and youth mental health (youth severe)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 2: Child and youth mental health services

Aim of Activity *

This aim of this activity is to improve early access to support, particularly for children and young people with, or at risk of, severe mental illness.

Description of Activity *

NWMPHN will commission outcome-based services that:

- Provide early access for young people with, or at risk of, experiencing severe mental illness
- Establish and strengthen linkages between local services, supports and stakeholders (may include formal collaborations)
- Recognise that young people may also have co-existing issues (e.g. problematic Alcohol or Other Drug use, homelessness) that may require linkages with appropriate services or supports
- Are flexible and responsive to access, particularly for young people likely to miss out on services
- Are evidence based

Examples of activities that will be commissioned include:

- Responsive services with the capacity and capability to meet the needs of young people with more complex mental illness, including through enhancing the services available through the headspace platform
- Targeted services for young people with, or at risk of, severe mental illness and other risk factors such as the 'check in' service for homeless youth and the 'Enrich' service.

Opportunities for improved integration of activities with school-based initiatives for primary health and mental health will also be explored.

The approaches or mechanisms, i.e. enablers, that may be used to implement this activity include: Digitally Enhanced Care Pathways, workforce development and quality improvement, health literacy, consumer participation and organisational governance and accountability.

Needs Assessment Priorities *

NWMPHN Needs Assessment 2019/20-2021/22_updated

Priorities

Needs Assessment Priority	Page Reference
Mental Health – Youth Services	87



Activity Demographics

Target Population Cohort *

Young people aged 12 to 25 with, or at risk of, severe mental illness.

Improving and supporting Aboriginal and Torres Strait Islander health is a priority. NWMPHN has developed a Reconciliation Action Plan to support the engagement with and focus on our Aboriginal and Torres Strait Islander communities. NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

Indigenous Specific *

No

Indigenous Specific Comments *

N/A

Coverage *

Whole Region

Yes

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Activity Consultation and Collaboration

Consultation *

NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; and Carers and Consumers. Other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity.

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of commissioning including co-design to support genuine input in the design and development of services through to assessing the experience of consumers using the commissioned services.

NWMPHN also consults with existing child and youth services and the broader sector to understand the effectiveness and impact of services in the region.

Collaboration *

Collaboration with stakeholders relevant to child and youth health will occur throughout the commissioning process. NWMPHN recognises that working in this way adds value and strengthens our impact. The following stakeholders may be involved in prioritisation, planning, implementation, monitoring and evaluation of activities:

- Orygen, the National centre of excellence in youth mental health
- headspace lead agencies and consortia
- Youth Advisory groups
- NWMPHN regional and strategic partnerships and collaboratives
- Local Hospital Networks
- Community Health Services
- General Practice
- Allied Health
- Community based organisations
- Research institutes
- Private health
- Peak and professional bodies
- Victorian Department of Health and Human Services
- Victorian Department of Education and Training
- Local government
- Other identified providers



Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 July 2020

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. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender : Yes

Expression of interest (EOI): Yes

Other approach (please provide details) : No

Is this activity being co-designed? *

No

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

No

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

No

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

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

N/A



[MH - 3.1 - 3.1 MH: Targeted Psychological Supports for under-serviced and/ or hard to reach groups]



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3.1

Activity Title *

3.1 MH: Targeted Psychological Supports for under-serviced and/ or hard to reach groups

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups

Aim of Activity *

The aim of this activity, as part of a stepped care approach, is to improve access to evidence based psychological therapies for people who have mild to moderate mental illness. Service access will be targeted at underserved groups and other priority populations who may be at risk of missing out on access.

Description of Activity *

NWMPHN will commission outcome based strategies that:

- are targeted at mild to moderate intensity mental health needs of underserved groups, or otherwise higher risk population groups;
- are delivered within a stepped care approach and are accessible;
- provide evidence based, shorter term (time limited) psychological interventions;
- are delivered by appropriately trained and qualified mental health professionals within their scope of practice;
- promote partnerships with GPs, consumers, and other health professionals or stakeholders to support coordinated care to meet the needs of underserved groups;
- support continuity of care through linkage with GPs and ensuring care is transitioned, as indicated, within a stepped care context;
- use a range of modalities for delivery of care including face to face, group based or telephone and internet based services to enable access;
- promote continuous improvement through the utilisation of qualitative and quantitative consumer data (including consumer self-reported experience and outcome measures).

Examples of activities that will be commissioned include:

- services targeted at identified vulnerable populations and settings including (but not limited to) LGBTI+; women escaping family violence; children and families; older Australians; perinatal and postnatal mental health; older adults in community settings

- CAREinMIND Targeted Psychological Support Services

NWMPHN will continue to review and evolve the activities to ensure they continue to meet the needs of the community in a sustainable way. The approaches or mechanisms, i.e. enablers, that may be used to implement this activity include: Digitally Enhanced Care Pathways, workforce development and quality improvement, health literacy, consumer participation and organisational governance and accountability.

Needs Assessment Priorities *

NWMPHN Needs Assessment 2019/20-2021/22_updated

Priorities

Needs Assessment Priority	Page Reference
Mental Health	83



Activity Demographics

Target Population Cohort *

Underserved groups, those unable to afford services elsewhere and from vulnerable communities of need - children, youth, Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse, refugee and asylum seekers, family violence, homeless and LGBTI+, older adults and new parents who are experiencing mild to moderate mental illness across the North Western Melbourne region.

Improving and supporting Aboriginal and Torres Strait Islander health is a priority. NWMPHN has developed a Reconciliation Action Plan to support the engagement with and focus on our Aboriginal and Torres Strait Islander communities. NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

Indigenous Specific *

No

Indigenous Specific Comments *

N/A

Coverage *

Whole Region

Yes

SA3 Name	SA3 Code
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Yarra	20607
Darebin - North	20902
Keilor	21001
Macedon Ranges	21002
Moreland - North	21003
Sunbury	21004
Tullamarine - Broadmeadows	21005
Brimbank	21301
Hobsons Bay	21302

Maribyrnong	21303
Melton - Bacchus Marsh	21304
Wyndham	21305



Activity Consultation and Collaboration

Consultation *

NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; and Carers and Consumers, and other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity.

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of commissioning including co-design to support genuine input in the design and development of services through to assessing the experience of consumers using the commissioned services.

NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services.

Collaboration *

Collaboration with stakeholders will occur throughout the commissioning process, NWMPHN recognises that working in this way adds value and strengthens our impact. 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
- Allied Health
- Community based organisations
- Research institutes
- Peak and professional bodies
- Victorian Department of Health and Human Services
- Victorian Department of Education and Training
- Child and youth specific mental health services
- Local government
- Other identified providers



Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 2022

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. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender : Yes

Expression of interest (EOI): Yes

Other approach (please provide details) : No

Is this activity being co-designed? *

No

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

Yes

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

No

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

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

N/A



[MH - 3.2 - 3.2 MH: Psychological treatment services for people with mental illness living in residential aged c]



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3.2

Activity Title *

3.2 MH: Psychological treatment services for people with mental illness living in residential aged c

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups

Aim of Activity *

The aim of this activity, as part of a stepped care approach, is to improve access to psychological therapies for residents of Residential Aged Care Facilities who have mild to moderate mental illness.

Description of Activity *

NWMPHN will commission outcome based strategies that:

- are targeted at RACF residents with, or at risk of, mild to moderate intensity mental illness;
- are delivered within a stepped care approach from lower intensity to therapies suitable for mild to moderate mental illness;
- are accessible and implemented in collaboration with RACFs recognising the roles, responsibilities and operational issues;
- are delivered by appropriately trained and qualified health professionals within their scope of practice;
- promote partnerships with GPs, RACF, consumers, and other health professionals or stakeholders;
- support continuity of care through linkage with GPs and ensuring care is transitioned, as indicated, within a stepped care context;
- May use multiple modalities including face to face, group based or telephone and internet based interventions.

Examples of activities that will be commissioned include:

- Intake and assessment support to enable stepped services to be targeted to residents with mental illness
- services targeted at identified vulnerable populations including (but not limited to) LGBTI+; CALD; Aboriginal and Torres Strait Islander people
- Low intensity models including group work;
- In reach based psychological therapy services;
- Innovative models of service suitable for the age cohort and RACF setting.

The approaches or mechanisms, i.e. enablers, that may be used to implement this activity include: Digitally Enhanced Care Pathways, workforce development and quality improvement, health literacy, consumer participation and organisational governance and accountability.

Needs Assessment Priorities *

NWMPHN Needs Assessment 2019/20-2021/22_updated

Priorities

Needs Assessment Priority	Page Reference
Older Adults	91



Activity Demographics

Target Population Cohort *

Residents of RACFs in the NWMPHN region who have, or are at risk of, mild to moderate mental illness. Note: this does not include people who have dementia and delirium.

Men aged over 85 are recognised as a higher risk group due to the higher rates of suicide for this group.

Improving and supporting Aboriginal and Torres Strait Islander health is a priority. NWMPHN has developed a Reconciliation Action Plan to support the engagement with and focus on our Aboriginal and Torres Strait Islander communities. NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

Indigenous Specific *

No

Indigenous Specific Comments *

N/A

Coverage *

Whole Region

Yes

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



Activity Consultation and Collaboration

Consultation *

NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; and Carers and Consumers, and other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of commissioning including co-design to support genuine input in the design and development of services through to assessing the experience of consumers using the commissioned services.

NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services. This has included a co-design workshop held at NWMPHN with aged care stakeholders.

Collaboration *

Collaboration with stakeholders will occur throughout the commissioning process, NWMPHN recognises that working in this way adds value and strengthens our impact. 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
- Residential Aged Care Facilities
- General Practice
- Allied Health
- Research institutes
- Peak and professional bodies
- Victorian Department of Health and Human Services
- Local government
- Other identified providers

Consultation activities will continue to be utilised.



Activity Milestone Details/Duration

Activity Start Date *

27 Feb 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

1 July 2020

Service Delivery End Date

30 June 2022

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. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender : Yes

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 details *

N/A



[MH - 4.1 - 4.1 MH: Intensive Support Services]



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

4.1

Activity Title *

4.1 MH: Intensive Support Services

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 4: Mental health services for people with severe and complex mental illness including care packages

Aim of Activity *

The aim of this activity is to commission primary mental health services (clinical nursing and care coordination) for people with severe mental illness who are being supported in primary care. Through improving coordination and integration of the commissioned services with other services and supports, promote improved assessment and treatment of physical health and other needs (including disability and psychosocial supports).

Description of Activity *

NWMPHN will commission outcome based strategies that:

- are targeted at people with severe mental illness who can appropriately be supported in a primary care setting
- are delivered within a stepped care approach;
- provide clinical nursing and care coordination including linkage with other necessary services (e.g. for physical health needs or disability and psychosocial supports)
- are delivered by appropriately trained and qualified mental health professionals including credentialed mental health nurses within their scope of practice;
- promote partnerships with GPs, Psychiatrists, consumers, and other health professionals or stakeholders to support coordinated care to meet the needs of underserved groups including through the use of a suitable care plan
- support continuity of care through linkage with GPs and ensuring care is transitioned, as clinically indicated, within a stepped care context
- promote continuous improvement through the utilisation of qualitative and quantitative consumer data (including consumer self-reported experience and outcome measures).

Examples of services that will be commissioned include:

- CAREinMIND Intensive Support Services
- Integrated Chronic Care program that address comorbid complex mental illness and chronic disease

NWMPHN will continue to review and evolve the activities to ensure they continue to meet the needs of the community in a sustainable way. The approaches or mechanisms, i.e. enablers, that may be used to implement this activity include: Digitally Enhanced Care Pathways, workforce development and quality improvement, health literacy, consumer participation and organisational governance and accountability.

Needs Assessment Priorities *

NWMPHN Needs Assessment 2019/20-2021/22_updated

Priorities

Needs Assessment Priority	Page Reference
Mental Health	83



Activity Demographics

Target Population Cohort *

People with severe and complex mental illness being managed in primary care.

Improving and supporting Aboriginal and Torres Strait Islander health is a priority. NWMPHN has developed a Reconciliation Action Plan to support the engagement with and focus on our Aboriginal and Torres Strait Islander communities. NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

Indigenous Specific *

No

Indigenous Specific Comments *

N/A

Coverage *

Whole Region

Yes

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



Activity Consultation and Collaboration

Consultation *

NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; and Carers and Consumers, and other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity.

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of commissioning including co-design to support genuine input in the design and development of services through to assessing the experience of consumers using the commissioned services.

NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services.

Collaboration *

Collaboration with stakeholders will occur throughout the commissioning process, NWMPHN recognises that working in this way adds value and strengthens our impact. 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
- Private psychiatrists
- General Practice
- 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

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 2022

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. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender : Yes

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? *

N/A

Co-design or co-commissioning details *

N/A



[MH - 5.1 - 5.1 MH: Suicide Prevention Support Services]



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

5.1

Activity Title *

5.1 MH: Suicide Prevention Support Services

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

Aim of Activity *

The aim of this activity is to ensure services are available, in primary care settings, to respond to individuals at risk of suicide and to provide follow up care and support following a suicide attempt.

Description of Activity *

Commissioning of evidence based services for people who have attempted, or are at risk of, suicide. This will include:

- Evidence based psychological therapies to provide timely support individuals at heightened risk of suicide or following a suicide attempt
- Postvention support and resources for people bereaved by suicide

Examples of services that will be commissioned include:

- Support after Suicide service
- CAREinMIND suicide prevention support service

Services will be integrated within a broader system based regional approach. NWMPHN will continue to review and evolve the activities to ensure they meet the needs of the community in a sustainable way. The approaches or mechanisms, i.e. enablers, that may be used to implement this activity include: Digitally Enhanced Care Pathways, workforce development and quality improvement, health literacy, consumer participation and organisational governance and accountability.

Needs Assessment Priorities *

NWMPHN Needs Assessment 2019/20-2021/22_updated

Priorities

Needs Assessment Priority	Page Reference
Mental Health	83
Suicide Prevention	88



Activity Demographics

Target Population Cohort *

People who have attempted, or are at risk of, suicide and self harm. This includes people who may have been recently bereaved by suicide.

Improving and supporting Aboriginal and Torres Strait Islander health is a priority. NWMPHN has developed a Reconciliation Action Plan to support the engagement with and focus on our Aboriginal and Torres Strait Islander communities. NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

Indigenous Specific *

No

Indigenous Specific Comments *

N/A

Coverage *

Whole Region

Yes

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



Activity Consultation and Collaboration

Consultation *

NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; and Carers and Consumers, and other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity.

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of commissioning including co-design to support genuine input in the design and development of services through to assessing the experience of consumers using the commissioned services.

NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services. Engagement with LHNs and hospital Emergency Departments will be a key focus.

Collaboration *

Collaboration with stakeholders will occur throughout the commissioning process, NWMPHN recognises that working in this way adds value and strengthens our impact. 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
- Hospital Emergency Departments
- General Practice
- 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

Activity Start Date *

30 Mar 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 2022

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. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender : Yes

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? *

N/A

Co-design or co-commissioning details *

N/A



[MH - 5.2 - 5.2 MH: Place Based Suicide Prevention Trials]



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

5.2

Activity Title *

5.2 MH: Place Based Suicide Prevention Trials

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

Aim of Activity *

The aim of this activity is to build on and transition strategies, consisting of community based suicide prevention activities informed by the Black Dog Institute's Lifespan model, which seek to improve services and supports and improve regional integration to reduce suicide in the NWMPHN region.

Description of Activity *

Place based and targeted population focused trials that apply an evidence based approach to suicide prevention. Existing community based reference groups will be mobilised and supported with strategic oversight to focus on consolidating learnings from the trials to inform transition of activities to embed them in a sustainable way including how the lived experience of consumers informs these. Activities will include:

- Strengthening aftercare and linkages between hospitals and primary care to support care following suicide attempt and for those at risk
- Accessibility and appropriateness of services including for groups that find it difficult to access mainstream services
- Accessible and responsive postvention and bereavement support
- Community awareness and capacity to recognise and respond to suicidality
- Training and engagement that enable contemporary evidence based responses and services in primary health settings
- Embedding a model of suicide prevention and intervention that supports an earlier response which is holistic and inclusive of families and significant others
- Understanding unique community contexts that enable local services to provide a better service response
- Utilise learnings to enable broader dialogue and action for suicide awareness and prevention

This will include the engagement of communities of interest to inform regional priorities and strategies for investment, including community and service system based approaches to capacity and capability building.

Needs Assessment Priorities *

NWMPHN Needs Assessment 2019/20-2021/22_updated

Priorities

Needs Assessment Priority	Page Reference
Suicide Prevention	88



Activity Demographics

Target Population Cohort *

Whole of population with a particular focus on people who have attempted, or are at risk of, suicide and self harm. This includes people who may have been recently bereaved by suicide.

Improving and supporting Aboriginal and Torres Strait Islander health is a priority. NWMPHN has developed a Reconciliation Action Plan to support the engagement with and focus on our Aboriginal and Torres Strait Islander communities. NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

Indigenous Specific *

No

Indigenous Specific Comments *

N/A

Coverage *

Whole Region

No

SA3 Name	SA3 Code
Macedon Ranges	21002
Brimbank	21301
Melton - Bacchus Marsh	21304



Activity Consultation and Collaboration

Consultation *

NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; and Carers and Consumers, and other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity.

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of commissioning including co-design to support genuine input in the design and development of services through to assessing the experience of consumers using the commissioned services.

NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of issues and commissioned services. Existing regional suicide prevention reference groups will play a key role.

Collaboration *

Collaboration with stakeholders will occur throughout the commissioning process, NWMPHN recognises that working in this way adds value and strengthens our impact. The following stakeholders may be involved in prioritisation, planning, implementation, monitoring and evaluation of activities:

- Regional suicide prevention reference groups
- NWMPHN regional and strategic partnerships and collaboratives
- Local Hospital Networks
- Hospital Emergency Departments
- Roses in the Ocean and people with Lived Experience of Suicide
- General Practice
- 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

Activity Start Date *

30 Mar 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 2022

Other Relevant Milestones

N/A



Activity Commissioning

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

Not yet known: Yes

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender : No

Expression of interest (EOI): No

Other approach (please provide details) : No

Is this activity being co-designed? *

Yes

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

Yes

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

No

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

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of commissioning including co-design to support genuine input in the design and development of services through to assessing the experience of consumers using the commissioned services.

Place Based Suicide Prevention trials are co-commissioned with Victorian State Department of Health and Human Services.



[MH - 6.1 - 6.1 MH: Enhancing Aboriginal and Torres Strait Islander access to Mental Health]



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

6.1

Activity Title *

6.1 MH: Enhancing Aboriginal and Torres Strait Islander access to Mental Health

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 6: Aboriginal and Torres Strait Islander mental health services

Aim of Activity *

The aim of this activity is to target the mental health needs of Aboriginal and Torres Strait Islander peoples.

Description of Activity *

This activity will commission a range of culturally appropriate initiatives to improve access and targeting of the mental health needs of Aboriginal and Torres Strait Islander peoples including:

- Commissioning of mental health services for Aboriginal people
- Workforce support of practitioners delivering services for Aboriginal people to ensure culturally safe practice
- Appropriate linkages with other services and supports including GPs, AOD services and Community Controlled Services

Examples of activities that will be commissioned will include:

- Supporting community controlled organisations to deliver culturally specific psychological therapies within a social emotional wellbeing framework
- Culturally appropriate services for Aboriginal and Torres Strait Islander youth with, or at risk of, severe mental illness

Services will be integrated within a broader system based regional approach. NWMPHN will continue to review and evolve the activities to ensure they meet the needs of the community in a sustainable way. The approaches or mechanisms, i.e. enablers, that may be used to implement this activity include: Digitally Enhanced Care Pathways, workforce development and quality improvement, health literacy, consumer participation and organisational governance and accountability.

Needs Assessment Priorities *

NWMPHN Needs Assessment 2019/20-2021/22_updated

Priorities

Needs Assessment Priority	Page Reference
Aboriginal Health	89
Chronic Conditions	90



Activity Demographics

Target Population Cohort *

Aboriginal and Torres Strait Islander people with mental health and wellbeing needs in the NWMPHN region.

Indigenous Specific *

Yes

Indigenous Specific Comments *

Improving and supporting Aboriginal and Torres Strait Islander health is a priority. NWMPHN has developed a Reconciliation Action Plan to support the engagement with and focus on our Aboriginal and Torres Strait Islander communities.

This activity will interface with the Aboriginal Health sector through the commissioning cycle and inform referral pathways and navigation between services. NWMPHN has a strong established relationship, including contracting activity, with the Victorian Aboriginal Health Service, the main Aboriginal Community Controlled Health Organisation in the region.

Coverage *

Whole Region

Yes

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



Activity Consultation and Collaboration

Consultation *

NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; and Carers and Consumers, and other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity.

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of commissioning including co-design to support genuine input in the design and development of services through to assessing the experience of consumers using the commissioned services.

NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of issues and commissioned services.

Collaboration *

Collaboration with stakeholders will occur throughout the commissioning process, NWMPHN recognises that working in this way adds value and strengthens our impact. The following stakeholders may be involved in prioritisation, planning, implementation, monitoring and evaluation of activities:

- NWMPHN regional and strategic partnerships and collaboratives
- Aboriginal Community Controlled Organisations
- Local Hospital Networks
- General Practice
- 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

Activity Start Date *

30 Mar 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 2022

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. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender : Yes

Expression of interest (EOI): No

Other approach (please provide details) : No

Is this activity being co-designed? *

Yes

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

No

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

No

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

No

Decommissioning *

No

Decommissioning Details? *

N/a

Co-design or co-commissioning details *

NWMPHN utilises a range of strategies to engage Aboriginal led organisations and Aboriginal communities to inform the development of mental health and other services. This includes engagement to inform insights for commissioning across Mental Health, Suicide Prevention and AOD across the region.



[MH - 1.0 - MH – Lead Site Low Intensity [this is an existing activity that has been extended]]



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1.0

Activity Title *

MH – Lead Site Low Intensity [this is an existing activity that has been extended]

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other (please see Other Program Key Priority Area Description)

Other Program Key Priority Area Description

Development of Low Intensity Mental Health initiatives

Aim of Activity *

The aim of this activity is to develop and trial innovative low intensity mental health initiatives.

Description of Activity *

This activity will include the commissioning of a range of Low Intensity Mental Health activities to improve access to, and outcomes for, people with or at risk of mental health issues in NWMPHN.

- Data initiatives
- Consumer awareness campaigns
- Referral pathways
- Early career workforce
- Peer workforce
- Low Intensity innovators (strengthening community acceptability)

Needs Assessment Priorities *

NWMPHN Needs Assessment 2019/20-2021/22_updated

Priorities

Needs Assessment Priority	Page Reference
Mental Health	83



Activity Demographics

Target Population Cohort *

People experiencing, or at risk of, mental health issues and their natural supports.

Improving and supporting Aboriginal and Torres Strait Islander health is a priority. NWMPHN has developed a Reconciliation Action Plan to support the engagement with and focus on our Aboriginal and Torres Strait Islander communities. NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

Indigenous Specific *

No

Indigenous Specific Comments *

Coverage *

Whole Region

Yes



Activity Consultation and Collaboration

Consultation *

NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; and Carers and Consumers, and other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity

Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of commissioning including co-design to support genuine input in the design and development of services through to assessing the experience of consumers using the commissioned services.

NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services. This has included a co-design workshop held at NWMPHN with aged care stakeholders.

Collaboration *

Collaboration with stakeholders will occur throughout the commissioning process, NWMPHN recognises that working in this way adds value and strengthens our impact. The following stakeholders may be involved in prioritisation, planning, implementation, monitoring and evaluation of activities:

- NWMPHN regional and strategic partnerships and collaboratives
- Aboriginal Community Controlled Organisations
- Local Hospital Networks
- General Practice
- 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

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2021

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2021

Other Relevant Milestones

N/A



Activity Commissioning

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

Not yet known: Yes

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender : No

Expression of interest (EOI): No

Other approach (please provide details) : No

Is this activity being co-designed? *

Yes

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

Yes

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

No

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

No

Decommissioning *

No

Decommissioning Details? *

N/A

Co-design or co-commissioning details *

NWMPHN seeks opportunities for consultation and input to design of initiatives, especially consumers and people with Lived Experience, at all stages of commissioning including co-design to support genuine input in the design and development of services through to assessing the experience of consumers using the commissioned services. Some aspects of this initiative will include co-design, others will draw upon consultation and insight gained from dialogue with consumers and service providers through a range of activities.