

# North Western Melbourne - Primary Mental Health Care

## 2022/23 - 2026/27

### Activity Summary View



## MH - 1100 - Low Intensity Mental Health Services AWP 23/24



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

1100

#### Activity Title \*

Low Intensity Mental Health Services AWP 23/24

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

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Mental Health Priority Area 1: Low intensity mental health services

#### Other Program Key Priority Area Description

#### Aim of Activity \*

The aim of this activity, as part of a staged 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 staged 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 (including promoting the Head to Health digital gateway)
- facilitate navigation and pathways to access mental health information, support and care, especially for those from Culturally And Linguistically Diverse and refugee communities
- programs that deliver Peer Support and care coordination
- group based low intensity interventions.
- Programs that support older adults living at home experiencing loneliness and at risk of developing mental illness

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. The new Head to Health digital gateway will be promoted as an enabler to support consumers, GPs and other health professionals including through a blended care approach utilising trusted digital services.

## 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

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.

### In Scope AOD Treatment Type \*

**Indigenous Specific \***

No

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

Yes

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

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

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

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

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

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

Expert Advisory Groups (EAGs) and People Bank members.

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

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

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

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

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

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

### **Collaboration**

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**

29/06/2019

**Activity End Date**

29/06/2025

**Service Delivery Start Date**

1 July 2019

**Service Delivery End Date**

30 June 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:** 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 comments**

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

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

NWMPHN's parent body, Melbourne Primary Care Network, has a Stakeholder Engagement Framework and a Community

Participation Plan that outlines the role of consumers at all levels of the organisation's work.

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.

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

Yes



## MH - 2100 - Headspace Centres\_AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

2100

**Activity Title \***

Headspace Centres\_AWP 23/24

**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

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

The aim of this activity is to maintain the headspace service network across NWMPHN, in line with the headspace service model, as defined by the headspace model integrity framework.

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 \*

### 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 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.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



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



## Activity Consultation and Collaboration

### Consultation

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

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

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

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

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

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

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

evaluation panels.

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

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

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

### **Collaboration**

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**

29/06/2019

#### **Activity End Date**

29/06/2025

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

1 July 2019

#### **Service Delivery End Date**

30 June 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?

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 comments**

N/A

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



## MH - 2200 - Child and Youth Mental Health (Youth Enhanced) \_AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

2200

**Activity Title \***

Child and Youth Mental Health (Youth Enhanced) \_AWP 23/24

**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

**Other Program Key Priority Area Description****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 programs 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:
  - o 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

Opportunities for improved integration of activities with Victorian mental health reforms 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 \*

### 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 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.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

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



## Activity Consultation and Collaboration

### Consultation

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

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

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

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

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

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

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

evaluation panels.

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

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

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

### Collaboration

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

29/06/2019

#### Activity End Date

29/06/2025

#### Service Delivery Start Date

1 July 2019

#### Service Delivery End Date

30 June 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:** 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 comments**

N/A

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes





## CHHP - 2300 - Child & Youth Mental Health (headspace Demand Management and Enhancement Program)\_AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

CHHP

**Activity Number \***

2300

**Activity Title \***

Child & Youth Mental Health (headspace Demand Management and Enhancement Program)\_AWP 23/24

**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

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

This aim of this activity is to improve demand management and enhancement at headspace Werribee, headspace Collingwood, headspace Sunshine and headspace Glenroy. The aim of the Enhancement funding at headspace Werribee is to relocate headspace Werribee to a new location with the objective of enhancing the quality of experience for young people aged 12 to 25 years accessing mental health services provided through headspace Werribee.

The aim of the Demand Management funding at headspace Collingwood, headspace Sunshine and headspace Glenroy is to improve current wait time performance at these centres, through provision of Brief Intervention Clinics (BIC) and Single Session Family Therapy (SSFI).

**Description of Activity \***

The headspace Demand Management and Enhancement Program aims are to:

- enhance and modernise headspace premises through capital works activity including increasing building size, enhancing layout, upgrading or replacing equipment and furnishings and/or relocating services.
- Testing a range of demand management strategies at centres to understand impact over time

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 \*

### 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 to 25

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.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Darebin - South	20602
Brunswick - Coburg	20601
Darebin - North	20902
Essendon	20603
Keilor	21001
Yarra	20607
Tullamarine - Broadmeadows	21005
Moreland - North	21003
Wyndham	21305

Melbourne City	20604
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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 (wording to be confirmed)
- Support implementation
- Monitor performance and drive continuous quality improvement

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

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

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

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

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

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

### Collaboration

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

29/07/2020

### Activity End Date

30/12/2024

### Service Delivery Start Date

30 July 2020

### Service Delivery End Date

30 June 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?**

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 comments**

N/A



## MH-CV19 - 2400 - Tertiary surge teams to assist critical demand for youth mental health services\_AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-CV19

**Activity Number \***

2400

**Activity Title \***

Tertiary surge teams to assist critical demand for youth mental health services\_AWP 23/24

**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

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

This activity matches funding and compliments Victorian Government investment in tertiary surge teams to assist with demand for youth mental health services across Victorian Child and Youth Mental Health Services (CYMHS) regions. This is to be enabled by CYMHS eligible clinicians being seconded or employed into headspace centres in their region.

**Description of Activity \***

The objectives of this activity are:

- Ensure that more young people in Victoria can access treatment, care and support through both headspace centres and area mental health and wellbeing services for young people, including a reduction in waiting times for assessment and therapy through headspace.
- Boost capacity within headspace through the provision of primary and secondary consultations via dedicated increased mental health workforce for six months.
- Enhance mutual understanding by Child and Youth Mental Health Service (CYMHS) clinicians and headspace clinicians to boost capacity and improve integrated clinical pathways.
- Clarify roles and responsibilities of headspace services, and CYMHS, including eligibility criteria for each service; and
- Improve integration and collaborative working arrangements between headspace services, CYMHS and other relevant services, including agreed referral pathways (step-up and step-down).

NWMPHN has engaged the Child and Adolescent Mental Health Services (CAMHS) providers in the region to deliver this initiative into headspace centres.

headspace Collingwood is in the catchment of Austin mental health and we are collaborating with Eastern Melbourne PHN, who have a number of headspace centres in the catchment area for Austin health, to enable a single contract to Austin health for provision of tertiary surge workforce to headspace.

For the remaining five headspace centres in NWMPHN (Melton, Craigieburn, Werribee, Glenroy and Sunshine), we have contracted Orygen who deliver the CAMHS services (under governance from Melbourne Health) for tertiary surge workforce. Orygen are also contracted by NWMPHN as lead agency for the same headspace centres.

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 \*

### 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 to 25

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.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

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

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

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

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

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

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

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

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

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

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

### Collaboration

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

29/07/2021

### Activity End Date

30/07/2023

### Service Delivery Start Date

31/07/2021

### Service Delivery End Date

31/07/2023

### 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?

Yes

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

Yes

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

No

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

No

**Decommissioning**

No

**Decommissioning details?**

N/A

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

N/A



## MH - 3100 - Targeted Psychological Supports for under-serviced and/or hard to reach groups\_AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

3100

**Activity Title \***

Targeted Psychological Supports for under-serviced and/or hard to reach groups\_AWP 23/24

**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

**Other Program Key Priority Area Description****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:

- support an integrated, holistic response based on assessed need;
- are targeted at mild to moderate intensity mental health needs of underserved groups, or otherwise higher risk population groups );
- strengthen integration with AOD services for co-occurring needs;
- 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) LGBTIQ+; 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 \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

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



## 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 LGBTIQ+, 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.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

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



## Activity Consultation and Collaboration

### Consultation

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

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

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

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

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

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

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

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

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

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

### **Collaboration**

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**

29/06/2019

#### **Activity End Date**

29/06/2025

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

1 July 2019

#### **Service Delivery End Date**

30 June 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:** 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?

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 and their families and clinicians at all key phases of the commissioning and project lifecycles (needs assessment, planning and design, service procurement, implementation and monitoring and evaluation).

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

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

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.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



## MH - 3200 - Psychological treat. services for people w mental illness living in res. aged care\_AWP 23/24



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

3200

#### Activity Title \*

Psychological treat. services for people w mental illness living in res. aged care\_AWP 23/24

#### 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

#### Other Program Key Priority Area Description

#### 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, RACFs, 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 \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

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



## 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.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

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



## Activity Consultation and Collaboration

### Consultation

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

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

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

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

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

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

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

evaluation panels.

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

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

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

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**

26/02/2019

#### **Activity End Date**

29/06/2024

**Service Delivery Start Date**

1 July 2020

**Service Delivery End Date**

30 June 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:** Yes

**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 comments**

N/A

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

Yes



## MH-H2H - 3400 - Head to Health Initial Assessment and Referral Phone Service\_AWP 22/23



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-H2H

**Activity Number \***

3400

**Activity Title \***

Head to Health Initial Assessment and Referral Phone Service\_AWP 22/23

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

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 7: Stepped care approach

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

The aim of this activity is to provide an initial assessment and referral phone service as an entry point for accessing mental health services in the NWMPHN region

**Description of Activity \***

NWMPHN will provide an initial assessment and referral phone service that will:

- operate under the 1800 5945 212 number and be delivered to the specifications outlined in the Department's guidance documents.
- be staffed by credentialed mental health clinicians using a validated Initial Assessment and Referral Decision Support Tool (IAR-DST) to support assessment;
- support an integrated, holistic response based on assessed need, including the use of translation services to support people who speak a language other than English
- navigate and where possible offer warm referral of people to services that are most suitable for them, including PHN commissioned staged care services; Head to Health centres; local adult and older adult mental health and wellbeing services, or emergency
- operate under the principles or a "no wrong door" approach for people calling seeking mental health support

NWMPHN will continue to review and evolve this activity through consumer feedback and evaluation.

## 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 in NWMPHN seeking to access mental health services and support, including underserved groups, those impacted by COVID-19, 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, moderate or severe 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.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

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

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

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

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

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

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

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

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

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

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

## **Collaboration**

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

29/06/2023

### Service Delivery Start Date

01/07/2022

### Service Delivery End Date

30/06/2023

### Other Relevant Milestones

NA

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## 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): Yes

### 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?



na

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

na

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## MH-H2H - 3500 - Head to Health National Telephony and Data Management System\_AWP 22/23



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-H2H

**Activity Number \***

3500

**Activity Title \***

Head to Health National Telephony and Data Management System\_AWP 22/23

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

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 7: Stepped care approach

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

NWMPHN will manage the Head to Health 1800 telephony administration and continue to develop the Head to Health intake and assessment data management system.

**Description of Activity \***

Head to Health 1800 telephony administration

- Hold and maintain the contract with the telephony provider.
- Provide support (including for business hours and out-of-hours) for the 1800 number.
- Forward consumer calls to the relevant PHN based on a database of postcodes maintained by NWMPHN. The postcodes will be drawn from the ABS Primary Health Networks (PHN) – concordance files – Postal Areas database.
- Create Head to Health entry point/welcome messages and make these available to PHNs to load onto their local telephony system.
- Provide regular reports to PHNs and the Department of Health. It is expected this will include (but will not be limited too) calls volume data summarised by PHN and/or intake service and jurisdiction.

Head to Health intake and assessment data management system

- Continue to develop the intake and assessment data management system, making it available for all PHNs to access on an opt in

basis.

- Provide timely analytics and reporting to PHNs who opt-in and the Department. This will including: monthly national analysis report (of phone and intake outputs outputs) for any PHNs that opt in, quarterly jurisdictional deep dive analysis reporting.
- Lead a Community of Practice Data Working Group (in collaboration with the PHN cooperative), meetings to be held approximately every 6 weeks.

NWMPHN will provide project reports every 6 months (August and February) detailing PHN engagement insights and number onboarded to the system.

## 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

This activity relies on setting up and administering the telephony system for all PHNs nationally and providing the Head to Health intake and assessment data management system for all PHNs who choose to opt in.

The target population cohort for these services are people in all Australian PHN regions and other stakeholders seeking mental health services and support. This includes consumers themselves and their carers or significant supports.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions. For this national project, we will undertake the following ongoing consultation with PHNs and other relevant stakeholders.

- Participate in the Phone Service Community of Practice meetings (June 2022 and then every two months thereafter).
- Establish and operate (ongoing) a Community of Practice Data Working Group (every 6 weeks).
- Support PHNs in setting up their local phone lines.
- Support those PHNs that opt-in to the intake and assessment data management system ensuring they are onboarded with the appropriate training.
- Seek feedback and input from PHNs (who have opted in) on their use of the system and ongoing development plans, engaging them in the System User Group (monthly)
- Seek feedback from PHNs on the reporting that is developed (calls, intake and quarterly deep-dive analysis).
- Meaningfully engage with other relevant areas, providing advice and expertise as required, for example the Department IAR Project Team, the Head to Health National website development team, and PHN system vendors.

#### Collaboration

Building on our consultation activities we will engage with PHNs on a regular basis to seek their feedback and understand their needs. We will also regularly engage with the PHN Cooperative to share learnings in support of the ongoing evolution of the phone service.

We will also work to enhance compatibility and integration with the PMHC-MDS where possible and will engage with PHNs and PHI to efficiently and collaboratively building mechanism to support PHNs to support their intake and service data to the PMHC-MDS and building tools to help PHNs to draw insights from their data in a meaningful way.



#### Activity Milestone Details/Duration

##### Activity Start Date

30/05/2022

##### Activity End Date

29/06/2023

##### Service Delivery Start Date

01/07/2022

##### Service Delivery End Date

30/06/2023

##### Other Relevant Milestones

NA



#### Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No  
Expression Of Interest (EOI): No  
Other Approach (please provide details): Yes

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?

na

Co-design or co-commissioning comments

na



## MH - 3600 - Head to Health Initial Assessment and Referral (IAR-DST)\_AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

3600

**Activity Title \***

Head to Health Initial Assessment and Referral (IAR-DST)\_AWP 23/24

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

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 7: Stepped care approach

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

To support General Practitioners (GPs) and clinicians in primary care settings to use the Initial Assessment and Referral Decision Support Tool (IAR-DST) tool to promote consistent assessment and match people to the least intensive level of care required for a person presenting with mental health concerns.

**Description of Activity \***

This activity will contribute to achieving nationally consistent levels of care for persons presenting for mental health assistance. This includes engaging an IAR Training and Support Officer to support GPs and clinicians to understand and implement the IAR into clinical practice. Expansion of work in 23/24 will include:

- 1) Building understanding and embedding the use of the IAR-DST with service providers in the NWMPHN region. This is split into four distinct projects targeting different stakeholder cohorts and approaches.
  - a. Supporting IAR-DST integration and meaningful use in Victorian local adult and older adult mental health and wellbeing services
  - b. General Practitioners: Training
    - i. Continued promotion of IAR-DST training opportunities to general practice and other appropriate settings
    - ii. Continued delivery of training in multiple formats to meet the needs of stakeholders – online, face to face and in practice
  - c. General Practitioners: Mental Health IAR-DST referrals
    - i. Reviewing IAR-DST as part of PHN Commissioned mental health services and supporting GPs to refer into these services using

#### IAR-DST

- ii. Ongoing engagement with general practice to support meaningful use of IAR-DST in practice
- d. Commissioned service providers – IAR-DST usage
- i. Engaging with and training NWMPHN commissioned service providers on use of IAR-DST as part of GP referral and for use in referring on when appropriate

2) Communicating about the IAR-DST to support project implementation and sector understanding

3) Local engagement

- a. Building relationships with stakeholders and other Training Support Officers at Victorian and National level to share learnings and support integrated approach

4) Collection of data and reporting as detailed in program guidance

An implementation plan has been developed for the GP (and other health professional) training, this includes activities to support meeting GP training targets and reimbursement of GPs completing the training.

### 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

General Practitioners and Mental Health clinicians

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

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

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

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

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

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

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

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

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

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

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

### Collaboration

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

28/06/2022

### Activity End Date

29/06/2025

### Service Delivery Start Date

01/07/2022

### Service Delivery End Date

30/06/2025

### Other Relevant Milestones

NA



## Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

### 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?**

na

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

na

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

No

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## MH - 4100 - Intensive Support Services\_AWP 23/24.



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

4100

**Activity Title \***

Intensive Support Services\_AWP 23/24.

**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

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

The aim of this activity is to commission primary mental health services (clinical care, mental health nursing and clinical 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 (level 3 and 4 of the IAR-DST);
- are delivered within a stepped care approach;
- provide clinical 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

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 \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

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



## 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.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

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



## Activity Consultation and Collaboration

### Consultation

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

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

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

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

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

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

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

evaluation panels.

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

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

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

### **Collaboration**

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**

28/06/2019

#### **Activity End Date**

29/06/2025

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

1 July 2019

#### **Service Delivery End Date**

30 June 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:** 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?**

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 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.

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

Yes



## MH - 5100 - Suicide Prevention Support Services\_AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

5100

**Activity Title \***

Suicide Prevention Support Services\_AWP 23/24

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

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 5: Community based suicide prevention activities

**Other Program Key Priority Area Description****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 to individuals at heightened risk of suicide or following a suicide attempt
- Postvention support and resources for people including those bereaved by suicide
- Training and capability building to support earlier access and contemporary evidence based responses
- Targeted programs and initiatives to enable support and earlier access for people at risk of suicide or self harm

Examples of some services that will be commissioned include:

- Extended hours referral and access service to support timely connection of GP and health professional suicide referrals to appropriate service provider(s)
- Support after Suicide service for people bereaved by suicide
- 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 \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

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



## 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.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

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



## Activity Consultation and Collaboration

### Consultation

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

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

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

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

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

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

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

evaluation panels.

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

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

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

### **Collaboration**

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**

29/03/2019

#### **Activity End Date**

29/06/2025

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

1 July 2019

#### **Service Delivery End Date**

30 June 2024

## Other Relevant Milestones

N/A

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## Activity Commissioning

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

**Not Yet Known:** No

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

**Direct Engagement:** 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 comments**

N/A

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes

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## MH - 5200 - Place Based Suicide Prevention Trials\_AWP 22/23



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

5200

**Activity Title \***

Place Based Suicide Prevention Trials\_AWP 22/23

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

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 5: Community based suicide prevention activities

**Other Program Key Priority Area Description****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

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 \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

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



## 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.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

No

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



## 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
- Local government
- Other identified providers



## Activity Milestone Details/Duration

### Activity Start Date

29/03/2019

### Activity End Date

29/06/2023

### Service Delivery Start Date

1 July 2019

### Service Delivery End Date

30 June 2023

### 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?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes

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## MH - 5300 - Targeted Regional Initiatives for Suicide Prevention\_AWP 22/23



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

5300

**Activity Title \***

Targeted Regional Initiatives for Suicide Prevention\_AWP 22/23

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

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 5: Community based suicide prevention activities

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

The aim of this activity is to utilise learnings from the National and Placed-Based Suicide Prevention trials to implement a systems-based approach to suicide prevention targeting populations identified as being at greater risk.

**Description of Activity \***

The Regional Suicide Prevention Response Coordinator will support a systems-based approach to suicide prevention including:

- Undertake suicide prevention needs analysis and:
  - Data analysis (including from the Suicide and Self harm monitoring system)
  - Identify challenges to inform improvement of integration between mental health and suicide prevention services and systems
  - Improve understanding of barriers to culturally safe responses for suicide and suicidality
  - Commissioning of accessible and effective services targeting identified priority populations
  - Inform workforce planning
- Strengthen engagement on suicide prevention
- Encourage region wide responses to a systems-based approach to suicide prevention
- Engage people with lived experience, Local Hospital Networks, Emergency Departments and First Responders (i.e. Ambulance Victoria and Victoria Police) to further insight and collaboration on system challenges and how these can be addressed

- Access to the Black-Dog Institute' Suicide Prevention Capacity Building Program
- Establish governance structure(s) to support the work which is inclusive of Lived Experience and other expertise to inform priorities, decision making and implementation.
- Invest in community and workforce capacity and capability building
- Commissioning services with a focus on responding to identified service / system gaps for suicide prevention
- Delivery of training packages for at-risk cohorts in the community to identify and respond early to distress
- Workforce development initiatives that build capability of mental health and primary care services to identify and respond appropriately to suicidality

The above activities will include the engagement of communities of interest to inform regional priorities and strategies for investment, including community and service system-based approaches to reduce the rates of suicide across the North Western Melbourne Region.

## 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 who have attempted, or are at risk of, suicide and self-harm

Families and community members who have been impacted by suicide and suicidality

Mental health, suicide prevention and health and community workforces

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

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

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

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

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

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

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

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

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

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

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

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

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### Activity Milestone Details/Duration

#### Activity Start Date

30/11/2022

#### Activity End Date

29/06/2025

#### Service Delivery Start Date

01/01/2023

#### Service Delivery End Date

30/06/2024

#### Other Relevant Milestones

NA

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### 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: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

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

Yes

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

Yes

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

No

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

No

**Decommissioning**

No

**Decommissioning details?**

na

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

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

Yes

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## MH - 6100 - Enhancing Aboriginal and Torres Strait Islander access to Mental Health\_AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

6100

**Activity Title \***

Enhancing Aboriginal and Torres Strait Islander access to Mental Health\_AWP 23/24

**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

**Other Program Key Priority Area Description****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 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
- Capacity building initiatives to support mainstream mental health services to deliver culturally safe care for young people and adults

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 \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

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



## Activity Demographics

### Target Population Cohort

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

### In Scope AOD Treatment Type \*

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



## Activity Consultation and Collaboration

### Consultation

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

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

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

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

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

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

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



evaluation panels.

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

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

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

NWMPHNs Reconciliation Action Plan (RAP) identifies clear strategies for consultation to enhance commissioning and capacity building approaches to improve the health and wellbeing of Aboriginal people across the catchment. There are a range of mechanisms in place across the commissioning cycle to facilitate consultation, including through the Clinical and Community Advisory Councils, expert advisory groups, Aboriginal Health Expert Advisory Group and consumer and community forums. Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers to be involved at all stages of Commissioning including co-design to support positive consumer experience. This is particularly important with our work with the Aboriginal community and is reinforced through our commitments in our endorsed RAP.

### **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

Stakeholder engagement and co-design approaches will underpin collaborative efforts to ensure mental health programs are structured to best meet the needs of local Aboriginal communities. These activities will promote integrated service responses and be focussed on ensuring a transparent and robust process of engagement is undertaken.

Key stakeholders include, but are not limited to, Aboriginal community members, Aboriginal Community Controlled Organisations, mainstream community health services, general practice, local hospital networks, pharmacy, allied health providers, NGOs, local governments and Victorian Government Departments.



## Activity Milestone Details/Duration

### Activity Start Date

29/03/2019

### Activity End Date

29/06/2024

### Service Delivery Start Date

1 July 2019

### Service Delivery End Date

30 June 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?

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 comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



## MH - 7100 - Enhancing the NWMPHN System of Care\_AWP 23/24



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

7100

#### Activity Title \*

Enhancing the NWMPHN System of Care\_AWP 23/24

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

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Mental Health Priority Area 7: Stepped care approach

#### Other Program Key Priority Area Description

#### 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 the matching of services and supports to meet individuals' needs to produce improved experience and outcomes.

A specific aim is to support General Practitioners (GPs) and other professionals in primary care settings, to refer to appropriate services (proportionate to their needs) supported through use of the Initial Assessment and Referral (IAR) tool when seeing people presenting with mental health needs. This will contribute to ensuring consistent and suitable levels of care for persons presenting with similar conditions.

#### 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
- Improving integration and coordination of stepped care services within the broader health system

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 \*

### Needs Assessment

NWMPHN Needs Assessment 2022-2025

#### Priorities

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



## 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.

The primary focus of the IAR Training is to train and support GPs in the use of the IAR, Staff working in Head to Health Centres, Aboriginal Medical Services, and commissioned providers and other staff in the NWM PHN region will also receive training and support

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

## Coverage

### Whole Region

Yes

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



## 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 stages of our commissioning approach and lifecycles:

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

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

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

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

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

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

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

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

### Collaboration

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

29/03/2019

#### Activity End Date

29/06/2025

**Service Delivery Start Date**

1 July 2019

**Service Delivery End Date**

30 June 2024

**Other Relevant Milestones**

N/A



## Activity Commissioning

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

**Not Yet Known:** Yes

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

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

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

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 comments**

N/A

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

No



## MH - 8100 - Regional mental health, suicide prevention and AOD planning\_AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

8100

**Activity Title \***

Regional mental health, suicide prevention and AOD planning\_AWP 23/24

**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 \***

The aim of this activity is to strengthen collaboration with Local Hospital Networks and regional stakeholders to:

- Strengthen 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.
- Drive continuous improvement of existing services, informed by data insights and service user input
- Co-design of services and responses with people who bring lived experience expertise and other stakeholders and clinical experts
- Build a platform and commissioned provider capability to drive evidence-based commissioned service delivery which addresses identified gaps and delivers on regional priorities identified in collaboration with local communities.

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



## Description of Activity \*

NWMPHN will continue to provide leadership in regional planning and commissioning activities for the region that engages stakeholders including consumers, carers, Local Hospital Networks and other key service providers (e.g. providers of new Victorian services) to strengthen integration and care pathways. Engagement will also be undertaken with the new Victorian interim regional bodies.

The approach will build on the Blueprint for health, foundation regional plan (delivered in December 2020) and be cognizant of the changing service system and landscape resulting from the Royal Commission into Victoria's Mental Health System recommendations, including disaggregation of area mental health services in the region (north west mental health).

The focus of the activity will include mitigating disruption to existing system improvements (e.g., referral pathways and information sharing between Area Triage services and PHN intake and navigation) and build momentum for joint activities and commissioning that reduces fragmentation, avoids service gaps and duplication, and leverages clinical capacity and expertise in the region to enable improved access to the right service, in the right place for consumers in the region.

This will include undertaking focussed needs analysis and community/ sector engagement to inform service planning and design, market engagement and readiness activities, integration and quality assurance activities.

## 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

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.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

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



## Activity Consultation and Collaboration

### Consultation

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

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

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

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

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

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

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

evaluation panels.

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

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

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

### Collaboration

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

29/03/2019

#### Activity End Date

29/06/2025

#### Service Delivery Start Date

1 July 2020

#### Service Delivery End Date

30 June 2024

## Other Relevant Milestones

An initial (foundation) plan was delivered in December 2020.

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## Activity Commissioning

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

**Not Yet Known:** Yes

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

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

Is this activity being co-designed?

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 comments**

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No

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## MH - 9100 - Lead Site Low Intensity Mental Health AWP 22/23



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

9100

**Activity Title \***

Lead Site Low Intensity Mental Health AWP 22/23

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

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 1: Low intensity mental health services

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

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

**Description of Activity \***

This activity will include the commissioning of consumer led activities to improve access to, and outcomes for, people with or at risk of mental health issues in NWMPHN region.

- Consumer awareness campaigns
- Referral pathways
- Group work
- Peer workforce

**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

Individuals with, or at risk of mild mental illness across the North Western Melbourne region who may be impacted by suicide. 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.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

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

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

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

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

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

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

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

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

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

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



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

#### **Activity Start Date**

28/06/2019

**Activity End Date**

30/01/2023

**Service Delivery Start Date**

01/07/2019

**Service Delivery End Date**

31/01/2023

**Other Relevant Milestones**

NA



## Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: 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?

na

Co-design or co-commissioning comments

na





## MH - 9500 - Mental health support for Australians affected by floods\_AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

9500

**Activity Title \***

Mental health support for Australians affected by floods\_AWP 23/24

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

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Other (please provide details)

**Other Program Key Priority Area Description**

Wellbeing and Resilience Grants from the October 2022 Flood Package

**Aim of Activity \***

The aim of this activity is to support delivery of wellbeing and resilience activities or enhanced services to support local communities impacted by flood events of October 2022.

**Description of Activity \***

NWMPHN will invest in a coordinator to work with impacted communities and other stakeholders in the Maribyrnong area to understand needs and gaps in services and supports aimed at wellbeing and resilience.

Activities may include:

- Grants process enabling communities to choose their own responses to the loss, anxiety and distress they have experienced
- Support for community campaigns and gatekeeper training to improve mental health literacy and capacity to access required wellbeing supports
- Training for frontline support workers to improve mental health literacy and mental health first-aid
- Development of culturally safe and appropriate resources to improve mental health literacy and wellbeing
- Enhance mental health services and supports to enable timely access for impacted communities
- Awareness raising activities regarding available services and how to access them.

The coordinator may also undertake activities to support a more integrated response for those needing assistance following an emergency event

## 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

Community members of all ages living in or impacted by October 2022 floods

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Maribyrnong	21303



## Activity Consultation and Collaboration

### Consultation

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

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

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

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

Expert Advisory Groups (EAGs) and People Bank members.

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

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

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

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

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

### **Collaboration**

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**

31/03/2023

**Activity End Date**

29/06/2024

**Service Delivery Start Date**

1 June 2023

**Service Delivery End Date**

30 June 2024

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

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

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No

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## NSPT - 1 - National Suicide Prevention Trial\_AWP 22/23



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

NSPT

**Activity Number \***

1

**Activity Title \***

National Suicide Prevention Trial\_AWP 22/23

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

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Other (please provide details)

**Other Program Key Priority Area Description**

Mental Health - National Suicide Prevention Trial

**Aim of Activity \***

The aim of this activity is to utilise learnings gained through the NWMPHN LGBTIQ+ Taskforce to continue priority service delivery and community-based activity.

**Description of Activity \***

- LGBTIQ+ Aftercare- follow up of a person presenting to health care services following either a suicide attempt or with suicidal ideation. Supporting the transition of the program to other funding sources, including the continued development of referral pathways between PHN commissioned bereavement support, and suicide prevention services.
- Postvention support for the LGBTIQ+ community and community organisations, including linkages with PHN commissioned mental health services.
- Community awareness activities to improve the mental health and wellbeing of LGBTIQ+ people

**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

LGBTIQ+ community

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

## Coverage

### Whole Region

Yes

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



## Activity Consultation and Collaboration

### Consultation

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

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

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

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

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

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

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

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

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

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

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 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

The LGBTIQ+ Suicide Prevention Taskforce, which consists of representatives from LGBTIQ+ organisations and advocacy bodies, mainstream health bodies, and people with lived experience of suicide and mental ill health, have played a pivotal role in guiding the planning and design of the trial, providing valuable knowledge and insight about the unique needs and experiences of both consumers and service providers. It has also helped implement and monitor new services, ensuring they are appropriate and responsive to the LGBTIQ community.



## Activity Milestone Details/Duration

### Activity Start Date

29/06/2020

### Activity End Date

30/10/2023

### Service Delivery Start Date

01/07/2020

### Service Delivery End Date

31/08/2023

### 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?**

Yes

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

Yes

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

No

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

No

**Decommissioning**

No

**Decommissioning details?**

N/A

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

The LGBTIQ+ Suicide Prevention Taskforce, which consists of representatives from LGBTIQ organisations and advocacy bodies, mainstream health bodies, and people with lived experience of suicide and mental ill health, have worked with NWMPHN to co-design the framework which is utilised to implement commissioning decisions.



## MH-Op - 1000 - Mental Health Operational\_AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-Op

**Activity Number \***

1000

**Activity Title \***

Mental Health Operational\_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



## MH-Op - 1001 - Right Care Right Place Program - Eating Disorders Coordination



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-Op

**Activity Number \***

1001

**Activity Title \***

Right Care Right Place Program - Eating Disorders Coordination

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

New Activity



### 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





## MH-CV19 - 1 - Additional Mental Health Support for Victorians – Mental Health Clinics\_AWP 22/23



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-CV19

**Activity Number \***

1

**Activity Title \***

Additional Mental Health Support for Victorians – Mental Health Clinics\_AWP 22/23

**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

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

The aim of this activity, as part of a stepped care approach, is enable Victorians to urgently access mental health care in response to a surge in demand for mental health services because of the Covid-19 pandemic. Service access will be targeted towards people directly impacted by Covid-19, community members experiencing mental distress and people experiencing an escalation of existing mental health issues due to the pandemic.

**Description of Activity \***

NWMPHN will commission three mental health clinics (HeadtoHelp hubs) that:

- are targeted at moderate to severe intensity mental health needs of people in Victoria impacted by the Covid-19 pandemic, or otherwise higher risk population groups;
- employ a multidisciplinary team of up to 7FTE mental health clinicians per clinic;
- are integrated with other Victorian clinics and are supported by a centralised intake function;
- supports an integrated, holistic response based on assessed need;
- are delivered within a stepped care approach and are accessible;
- provide evidence based psychological interventions to people across the lifespan;
- provide culturally safe mental health services for vulnerable populations including culturally and linguistically diverse

communities;

- 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:

- 3 mental health clinics(HeadtoHelp hubs)
- a central intake service to refer people to appropriate stepped care services including the HeadtoHelp hubs

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, system integration, health literacy, consumer participation and organisational governance and accountability.

## 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

Underserved groups, those impacted by COVID-19, 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, moderate or severe 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

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

## Coverage

### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

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

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

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

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

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

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

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

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

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

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



### Activity Milestone Details/Duration

#### Activity Start Date

12/09/2020

#### Activity End Date

27/02/2023

#### Service Delivery Start Date

14 September 2020

#### Service Delivery End Date

28 February 2023

#### 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:** 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 comments**

N/A



## MH-CV19 Op - 1 - MH COVID19 Operational\_AWP22/23



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-CV19 Op

**Activity Number \***

1

**Activity Title \***

MH COVID19 Operational\_AWP22/23

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

Existing



### Activity Priorities and Description

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



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments





## MH-AMHCT - 3300 - Head to Health Mental Health Services\_AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-AMHCT

**Activity Number \***

3300

**Activity Title \***

Head to Health Mental Health Services\_AWP 23/24

**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

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

The aim of this activity is to continue operation of Head to Health (formerly HeadtoHelp) mental health services which provide additional mental health support in the region. In line with guidance in the bilateral agreement with Victoria, these clinic services will be transitioned to the nearest Adult and Older Adult Local Mental Health and Wellbeing Centres being established by the Victorian Government.

**Description of Activity \***

- NWMPHN will commission three Head to Health mental health centres that: are targeted at moderate to severe intensity mental health needs of people in the region, and otherwise higher risk population groups;
- employ a multidisciplinary team of qualified mental health professionals and peer workers operating within their scope of practice;
- support an integrated, holistic response based on assessed need, including referral into emergency care or other more appropriate services as needed;
- provide evidence based primary mental health care services in line with a stepped care approach to people across the lifespan;
- provide culturally safe mental health services for vulnerable populations including culturally and linguistically diverse communities;

- 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 staged 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;
- drive continuous improvement through the utilisation of qualitative and quantitative consumer data (including consumer self-reported experience and outcome measures).

NWMPHN will continue to review and evolve the activities to ensure they 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, system integration, health literacy, consumer participation and organisational governance and accountability.

## 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

Underserved groups, those impacted by COVID-19, 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, moderate or severe 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.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

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

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

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

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

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

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

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

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

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

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

### Collaboration

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

27/02/2023

### Service Delivery Start Date

01/07/2022

### Service Delivery End Date

28/02/2023

### Other Relevant Milestones



## Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: 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 comments**

N/A



## CHHP-Op - 2301 - OPS - Child and Youth Mental Health (headspace Demand Management and Enhancement Program)\_AWP 23/24



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

CHHP-Op

**Activity Number \***

2301

**Activity Title \***

OPS - Child and Youth Mental Health (headspace Demand Management and Enhancement Program)\_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