

North Western Melbourne - Core Funding 2023/24 - 2027/28 Activity Summary View



CMDT-Admin - 1 - Commissioning Multidisciplinary Teams (Administration costs and practice support) 25/26



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CMDT-Admin

Activity Number *

1

Activity Title *

Commissioning Multidisciplinary Teams (Administration costs and practice support) 25/26

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



CF-COVID-VVP - 6000 - COVID-19 Vaccination of Vulnerable Populations AWP 24-25



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-VVP

Activity Number *

6000

Activity Title *

COVID-19 Vaccination of Vulnerable Populations AWP 24-25

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity is to ensure continued access to COVID-19 vaccinations for specific vulnerable populations that have been identified as having persistent difficulty accessing vaccines.

Description of Activity *

Commissioning of primary care vaccination providers to provide COVID-19 vaccinations to vulnerable populations specifically those that are homebound, people with disabilities and supporting timely vaccination in RACHs.

Commissioning of highly targeted local solutions that provide outreach and support the uptake of COVID-19 vaccinations to the following vulnerable cohorts; individuals living in supported accommodation, temporary accommodation women's shelters, individuals who are homeless or in insecure housing, those living with mental health and AOD issues, non-Medicare eligible groups and individuals from diverse communities including Culturally and Linguistically Diverse (CALD) groups.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

| Priority | Page reference |
|--|----------------|
| Immunisation - lower rates of immunisation | 184 |



Activity Demographics

Target Population Cohort

Whole of population. Population health and service data will inform this activity to enable targeted support to address the needs of identified priority populations most at risk of poor health outcomes.

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 seven activities that comprise our commissioning approach:

- Assess and prioritise needs
- Review evidence to inform planning and design
- Design services to address need
- Prepare the system for delivery
- Support implementation
- Manage performance and drive continuous improvement
- Evaluate the impact

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 EAGs 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, and 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

27/06/2022

Activity End Date

29/12/2024

Service Delivery Start Date

01/07/2022

Service Delivery End Date

31/12/2024

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: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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

No

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

No

Decommissioning

Yes

Decommissioning details?

All contracts have been completed following cessation of the program in December 2024. The program achieved great outcomes. Through their experience with the vulnerable population program, one pharmacy is continuing to provide immunisations to RACHs without additional funding from the PHN. Three other organisations are using the lessons from the program to incorporate COVID-19 conversations into their other usual business and facilitate access to vaccination when they can.

Co-design or co-commissioning comments

Please refer to the Consultation and Collaboration sections of this Activity for the co-design details. Co-design has taken place with the Community and Clinical Councils, local public health units, service providers, and informed by local community engagement, including with local bilingual workers.



WIP-PS - 1 - Workforce Incentive Program – Practice Stream



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

WIP-PS

Activity Number *

1

Activity Title *

Workforce Incentive Program – Practice Stream

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

The aim of the Workforce Incentive Program Practice Stream (WIP-PS) is

- build capability of general practices in the region to support best practice multi-disciplinary team care and full utilisation of the WIP-PS in the NWMPHN region
- identify, document and share different models of multidisciplinary care supported by the WIP-PS, and document the factors that influence uptake of general practice in the WIP-PS
- build knowledge and understanding of best practice use of the WIP-PS that drive best practice MDT care
- identify and support general practices who are currently not engaged with the WIP-PS and encourage uptake

Description of Activity *

NWMPHN will incorporate the WIP-PS into our existing general practice capability building strategy. This WIP-PS component will focus on:

- understanding how WIP-PS is currently being used in practices and relevant data collection (knowledge building)
- promote the uptake of the incentive with those practices eligible but not yet enrolled in the incentive (promotion) and will utilise the following approaches

Knowledge building

For a targeted group of practices understand implementation in practice including:

- the barriers and enablers to WIP-PS implementation,
- which practitioners are being engaged through the incentive and what activities are being undertaken
- collecting best practice models of multidisciplinary care being supporting by the WIP-PS and understand the impact of the care on patient outcomes

Promotion

Identify the reasons that clinics are not utilising the WIP. These barriers will then be addressed through activities that will promote the value and benefits of WIP-PS to encourage uptake. This will occur via regular communications, education and training, capability building activities and direct practice engagement.

To support the WIP-PS stream of activity, NWMPHN PHN will undertake activities to support best practice multidisciplinary care including capability building activities to assist practices to be able to access, communicate, coordinate and connect with allied health providers in the region to drive best practice multi-disciplinary care.

This activity links to the allied health support being provided as part of the MDT activity.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2024-2028

Priorities

| Priority | Page reference |
|--|----------------|
| Health conditions-Increase access and coordinated care with culturally aware/diverse providers for people from diverse backgrounds with chronic conditions, while building GP capability and MDC (4.2.9) | 186 |
| Aged care - Change model of service delivery in light of primary care reforms to meet demand of older adults requiring health care (2.1.1) | 184 |
| Aged care - Enhance the competency of the workforce including nurses and case workers, to effectively manage complex aged care, including individuals with co-morbidities (2.1.3) | 184 |



Activity Demographics

Target Population Cohort

Whole of population

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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- Support implementation
- Manage performance and drive continuous improvement
- Evaluate the impact

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

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

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

Collaboration

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



Activity Milestone Details/Duration

Activity Start Date

30/05/2024

Activity End Date

28/06/2025

Service Delivery Start Date

01/06/2024

Service Delivery End Date

30/06/2025

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?

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



GPACI-GPM - 1 - GP in Aged Care: GP Matching (Capability Building) 24/25



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

GPACI-GPM

Activity Number *

1

Activity Title *

GP in Aged Care: GP Matching (Capability Building) 24/25

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Aged Care

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

The aim of this program is to ensure all residential aged care homes residents have access to primary health care by incentivising GPs and practices to provide regular visits and care planning to older people living in residential aged care.

Description of Activity *

NWMPHN will promote awareness and uptake of GPACI by RACHs and general practices/ACCHS and facilitate the matching of residents in RACHs with GPs and/or ACCHS that currently do not have a relationship. The activities are aligned to the outcomes, 1) coordinated care and 2) capability building:

Coordinated care

- o Analyzing the needs of our region to inform program design, implementation, and monitoring.
- o Engaging with stakeholders including residential aged care homes, general practices, GPs, ACCHOs, AMSs, and First Nations and Culturally and Linguistically Diverse (CALD) communities to understand the barriers and opportunities to inform program design and uptake.
- o Facilitating relationship development and networking with practices, GPs, ACCHS and RACHs.

Capability building

- o Communicating and promoting GPACI including understanding the benefits and requirements of the program, including the

incentive payments.

- o Supporting general practice and ACCHS to register with MyMedicare/GPACI and communicating best practice guidelines and toolkits to practitioners and RACHS
- o Supporting GPs and RACH to formalise relationships with their practice and care team.
- o Supporting stakeholders to assist older people living in aged care homes register with MyMedicare.
- o Ongoing engagement with the Department of Health and Aged Care and the National PHN MyMedicare Program.

NWMPHN will continue to collect data in a number of areas to inform the local implementation and development of processes to facilitate coordination of care between GPs and RACH residents. Where feasible, we will collaborate with our Victorian PHN partners on this activity to enhance efficiency and promote consistency across the state.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2024-2028

Priorities

| Priority | Page reference |
|--|----------------|
| Health conditions-Increase access and coordinated care with culturally aware/diverse providers for people from diverse backgrounds with chronic conditions, while building GP capability and MDC (4.2.9) | 186 |
| Aged care - Change model of service delivery in light of primary care reforms to meet demand of older adults requiring health care (2.1.1) | 184 |
| Aged care - Improve integration of aged care services tailored to support physical emotional and social need (2.2.6) | 184 |



Activity Demographics

Target Population Cohort

Older adults living in residential aged care

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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

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- Community health services
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- 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

30/05/2024

Activity End Date

28/06/2027

Service Delivery Start Date

01/06/2024

Service Delivery End Date

30/06/2027

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?

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



CMDT - 1 - Commissioning Multidisciplinary Teams 25/26



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CMDT

Activity Number *

1

Activity Title *

Commissioning Multidisciplinary Teams 25/26

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

The purpose of the PHN Commissioning of Multidisciplinary Teams (MDT) program is to improve the management of chronic conditions and reduce potentially preventable hospitalisations through better integration of multidisciplinary teams (MDT) in primary care. The aim is to build MDT in general practices who may not have existing access to multidisciplinary practitioners.

Description of Activity *

This activity will establish a medical neighbourhood model of care through the Healthcare Neighbourhood Project. NWMPHN has selected the Hume LGA for this project because it has many residents who are experiencing disadvantage, high rates of chronic disease and high acute service use. By designing and making available a multidisciplinary team to Hume residents and equipping health care providers with the knowledge and skills necessary for effective collaboration, this project aims to reduce the burden on the health care system by ensuring that care is patient-centred, effectively structured and well-resourced to enable access to those in need. By operationalising a multidisciplinary model of care in general practice and enhancing provider knowledge and communication skills, it is expected that providers will collaborate to reach mutual agreement on comprehensive care requirements, and resourcing will enable the required care to be delivered in a timely manner.

The model of care will be delivered by a range of health professionals. Four general practices will be commissioned by NWMPHN to implement enhanced multidisciplinary care within their practices. NWMPHN will work with each commissioned general practice to co-design a model that best suits their ways of working and patient cohort. The model of care will be supported by a

‘neighbourhood care team’. This team, made up of a clinical care coordinator and a social worker, will be commissioned by NWMPHN to work at each of the four general practices. NWMPHN will encourage the utilisation of the practices’ existing allied health referral networks where possible and when capacity allows. Depending on demand and service needs, additional allied health providers may be engaged.

Program design will be underpinned by NWMPHN’s Access and Equity framework. Providers will be expected to meet the needs of priority populations and provide services that are culturally safe and appropriate.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2024-2028

Priorities

| Priority | Page reference |
|---|----------------|
| Aged care - Change model of service delivery in light of primary care reforms to meet demand of older adults requiring health care (2.1.1) | 184 |
| Aged care - Enhance the competency of the workforce including nurses and case workers, to effectively manage complex aged care, including individuals with co-morbidities (2.1.3) | 184 |



Activity Demographics

Target Population Cohort

People with chronic conditions
Whole of population

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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- Support implementation
- Manage performance and drive continuous improvement
- Evaluate the impact

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- 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

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

- Community participants – consumers, patients, carers, and 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
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- 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

30/05/2024

Activity End Date

28/06/2027

Service Delivery Start Date

01/06/2024

Service Delivery End Date

30/06/2027

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: 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?

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. 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. We have also developed a Clinical and Sector Participation Guide and an Aboriginal Engagement Guide.

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.



MyM - 1 - My Medicare



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

MyM

Activity Number *

1

Activity Title *

My Medicare

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

The aim of this program is to

- identify and assist unaccredited practices in the region to work towards accreditation.
- develop capability building activities to support general practices maintain their accreditation activities across the accreditation cycle
- develop communications and capability building activities to drive general practice engagement and awareness of the MyMedicare activity

Description of Activity *

NWMPHN will engage with 85 unaccredited general practices in the region, to understand their intention regarding accreditation and current barriers to achieving accreditation.

Insights gathered through this process will inform the development of a strategy to support capability building activities for these practices utilising the current general practice engagement framework of NWMPHN that will include:

- Communication about the benefits of accreditation particularly in relation to MyMedicare and current reforms including case studies
- Practical tools and resources to support practices to enrol in NGPA scheme and undertake accreditation
- Education and training to support accreditation readiness

- Communities of Practice to support sharing amongst practice in the region (particularly for those that are focused on achieving accreditation)

In addition NWMPHN will work individually with unaccredited practices who wish to become accredited. These practices will be directly engaged and supported by NWMPHN and

- Receive a support plan based on the individual needs, capacity and capability of the practice
- Intensive support, resources, coaching and resources to support general practice achieve accreditation/work towards accreditation
- Access to communities of practice for access to continuous education, support and mentorship

Concurrently, NWMPHN will develop and facilitate access to accreditation resources and capability building activities to ensure all general practices have access to the resources and information they need to support their accreditation activities.

NWMPHN will also be implementing a MyMedicare engagement strategy across the region to ensure all general practices receive education, support and capability building activities to support engagement in MyMedicare, GPACI and other health reform activities.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2024-2028

Priorities

| Priority | Page reference |
|---|----------------|
| Primary health care - Improve health sector capability to implement data driven quality improvement to measure patient experience and health outcomes (6.3.9) | 190 |
| Aged care - Change model of service delivery in light of primary care reforms to meet demand of older adults requiring health care (2.1.1) | 184 |



Activity Demographics

Target Population Cohort

Whole of population

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 seven activities that comprise our commissioning approach:

- Assess and prioritise needs
- Review evidence to inform planning and design
- Design services to address need
- Prepare the system for delivery
- Support implementation
- Manage performance and drive continuous improvement
- Evaluate the impact

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 EAGs 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.

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- Community participants – consumers, patients, carers, and 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

30/05/2024

Activity End Date

28/06/2027

Service Delivery Start Date

01/06/2024

Service Delivery End Date

30/06/2027

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?

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?

Co-design or co-commissioning comments

Please refer to the Consultation and Collaboration sections of this Activity for the co-design details.



CF - 1000 - Improve physical and mental health and wellbeing of people w chronic conditions AWP 25/26



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

1000

Activity Title *

Improve physical and mental health and wellbeing of people w chronic conditions AWP 25/26

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to improve the physical and mental health and wellbeing of people with chronic conditions in the NWMPHN community, particularly priority populations most at risk of poor health outcomes.

The focus is on commissioning services that are responsive to identified local needs and supporting people to navigate service systems and enhance self-management capabilities.

The activity also aims to promote community primary health care options to reduce potentially preventable hospitalisations, in line with NWMPHN's strategic objective to transform primary healthcare.

Description of Activity *

NWMPHN will commission primary care providers to deliver outcome-based services that support ongoing management of chronic conditions in general practice.

NWMPHN will support primary care providers in targeted areas of need (based on stratification) to develop and deliver local models of care that aim to prevent and manage chronic conditions that consider the social determinants of health.

NWMPHN will

- commission primary care providers to develop and deliver these models of care.
- deliver education, training, tools, and communities of practice to support shared learnings, system integration opportunities with allied health, and drive quality improvement activities.
- complete an evaluation of the program, the findings of which will be used to support general practice to implement comprehensive chronic illness models of care that complement existing funding streams.

NWMPHN will also commission services and delivery programs that support the collaborative development of care pathways in areas such as chronic pain, and services that support mental health and wellbeing of older adults.

The approaches or mechanisms, i.e. enablers, that may be used to support implementation of this activity include quality improvement, health literacy, workforce development and clinical leadership, clinical and referral pathways for chronic disease management and older adults, and digital health.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2024-2028

Priorities

| Priority | Page reference |
|--|----------------|
| Primary health care - Enhance primary care workforce capability to increase access to affordable primary care and allied health services to provide effective, person-centred care (6.2.1) | 190 |
| Primary health care - Increase access to flexible models of care to improve reach to at-risk cohorts (6.1.4) | 190 |
| Health conditions-Increase access and coordinated care with culturally aware/diverse providers for people from diverse backgrounds with chronic conditions, while building GP capability and MDC (4.2.9) | 186 |
| Aged care - Change model of service delivery in light of primary care reforms to meet demand of older adults requiring health care (2.1.1) | 184 |
| Aged care - Enhance the competency of the workforce including nurses and case workers, to effectively manage complex aged care, including individuals with co-morbidities (2.1.3) | 184 |



Activity Demographics

Target Population Cohort

- People with chronic conditions
- Whole of population

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

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



Activity Consultation and Collaboration

Consultation

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Stakeholder engagement occurs throughout all seven activities that comprise our commissioning approach:

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- Review evidence to inform planning and design
- Design services to address need
- Prepare the system for delivery
- Support implementation
- Manage performance and drive continuous improvement

- Evaluate the impact

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.

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.

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

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- 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

30/05/2015

Activity End Date

28/06/2026

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

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?

NWMPHN will undertake a review of current service provider agreements against this activity and NWMPHN priorities to align with the funding schedule from 1 July 2025. A strategy for the portfolio's activities from 1 July 2025 will be developed. Should current programs be decommissioned, significant planning will be established to ensure that existing clients are appropriately transitioned to new services where appropriate. NWMPHN will support these providers throughout this period and monitor approach and progress.

Co-design or co-commissioning comments



CF - 2000 - Improve physical, mental and emotional health & wellbeing of children & families AWP 25/26



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

2000

Activity Title *

Improve physical, mental and emotional health & wellbeing of children & families AWP 25/26

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to improve outcomes for children and families who are at risk of poor health due to physical, psychological, emotional, social or environmental factors. The focus is on commissioning services or activities that are responsive to identified local needs, including prevention and early intervention activities, and supporting families to navigate service systems and enhance self-management capabilities.

The activity also aims to promote integrated primary health care options to reduce potential preventable hospitalisations.

Description of Activity *

NWMPHN will commission outcome-based services that support children and families to receive safe, high quality, coordinated and person-centred care in their community. This includes:

- Improving the physical and mental health and wellbeing of children and families by fostering supportive environments and promoting mental health literacy and the development of relevant pathways to health and community services.
- Improving population health through early identification of developmental delays and/or behavioural concerns. This will involve coordination of services or initiatives that target childhood development with primary health care and other relevant services.

- Increase the ability of children to thrive by improving primary care capability and service delivery to care for children, young people and their families/carers. This includes a focus on risk factors and vulnerabilities for child safety, and development of new care pathways, including integrated specialist models of care and targeted mental health/AOD initiatives.

In addition, the approaches or mechanisms, i.e. enablers, that may be used to implement this activity include care navigation and access, quality improvement, health literacy, workforce development, clinical and referral pathways and digital health. After hours initiatives will also be considered, as appropriate.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2024-2028

Priorities

| Priority | Page reference |
|--|----------------|
| Mental health and suicide prevention - Build primary care workforce capability and confidence to provide care for high intensity, severe and complex mental health conditions (5.3.13) | 189 |
| Mental health and suicide prevention - Increase access to community-based primary care and management of behavioural challenges in children under 10 years (5.3.2) | 189 |
| Mental health and suicide prevention - Increase GP and multidisciplinary primary care workforces' capability and confidence to provide care for children with complex mental health challenges (5.3.3) | 189 |
| Primary health care - Enhance primary care workforce capability to increase access to affordable primary care and allied health services to provide effective, person-centred care (6.2.1) | 190 |
| Mental health and suicide prevention - Improve awareness and access to community-based mental health and social support services to prevent ill-mental health and manage early symptoms (5.1.1) | 188 |



Activity Demographics

Target Population Cohort

Children and families

Priority populations most at risk of poor health outcomes eg children who are developmentally vulnerable across multiple key domains

Identified geographical locations of disadvantage or regional growth areas

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

| SA3 Name | SA3 Code |
|----------------------------|----------|
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| Moreland - North | 21003 |
| Melton - Bacchus Marsh | 21304 |
| Melbourne City | 20604 |
| Wyndham | 21305 |
| Brimbank | 21301 |



Activity Consultation and Collaboration

Consultation

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

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

- Other PHNs
- Media
- Other identified providers



Activity Milestone Details/Duration

Activity Start Date

26/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

30/06/2019

Service Delivery End Date

30/06/2027

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: 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?

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. 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. We have also developed a Clinical and Sector Participation Guide and an Aboriginal Engagement Guide.

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.



CF - 3000 - HealthPathways AWP 25/26



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

3000

Activity Title *

HealthPathways AWP 25/26

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to ensure readily accessible and up-to-date care pathways guidance on the HealthPathways Melbourne platform, to enable improved health outcomes for our community by connecting our consumers and clinicians through seamless pathways of care.

HealthPathways are localised, developed and reviewed in response to:

- population need;
- new or innovative models of care; and
- broader service redesign undertaken by the PHN in collaboration with health service/system stakeholders.

HealthPathways form a core component of workforce development and capability building activities aiming to reduce potentially preventable hospitalisations for people living in northwestern Melbourne. HealthPathways is a platform operated by many PHNs across Australia and is a digital health system.

Description of Activity *

HealthPathways is an on-line evidence-based guidelines and referral pathways platform, to ensure the right care for the patient, in the right place, at the right time.

NWMPHN will continue to commission services to facilitate primary care access to HealthPathways Melbourne. This relates specifically to the procurement of the HealthPathways license through Streamliners NZ Limited. HealthPathways Melbourne is jointly operated by NWMPHN and Eastern Melbourne PHN.

Continued development of content for and promotion of the HealthPathways platform to a primary care audience supports strengthened clinical decision making and simplifies transitions of care. This activity ensures that lessons arising from the development of care pathways, in collaboration with sector partners, can be captured and translated for a primary care audience. It also ensures that the HealthPathways platform is further developed as a credible source of content, thereby facilitating initiatives that underpin transformation of primary care, such as MyHealthRecord and MyAgedCare.

Key content topics of development and review align with and further support broader training and education of practitioners to better meet the needs of priority populations and to address identified priority areas. This includes Children and Families, Chronic Conditions, Mental Health, Alcohol and Other Drugs, Suicide Prevention and Aged Care.

Promotion of the HealthPathways platform thereby offers a single channel to support many messages directed to the primary care audience, which ultimately aim to improve health outcomes in northwestern Melbourne.

As a complement to broader care pathways work, this activity also continues to support the development of statewide pathways that align with clinical practice guidelines and broader sectoral reforms in partnership with the state government and its departments and agencies.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2024-2028

Priorities

| Priority | Page reference |
|--|----------------|
| Health conditions - Increase access and awareness of after-hours and UCC for timely management of acute injuries and infections and maternal-care and sexual health concerns for females (4.3.4) | 187 |
| Mental health and suicide prevention - Increase GP and multidisciplinary primary care workforces' capability and confidence to provide care for children with complex mental health challenges (5.3.3) | 189 |
| Primary health care - Enhance collaboration & partnerships among public & private service providers, community services, & primary care to develop coordinated shared models of care (6.3.2) | 190 |
| Health conditions - Increase access to early intervention health programs to reduce the burden of chronic diseases and preventable deaths (4.2.1) | 186 |
| Aged care - Enhance the competency of the workforce including nurses and case workers, to effectively manage complex aged care, including individuals with co-morbidities (2.1.3) | 184 |



Activity Demographics

Target Population Cohort

Whole of population

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

| SA3 Name | SA3 Code |
|----------------------------|----------|
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| Tullamarine - Broadmeadows | 21005 |
| Moreland - North | 21003 |
| Melton - Bacchus Marsh | 21304 |
| Melbourne City | 20604 |
| Wyndham | 21305 |
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Activity Consultation and Collaboration

Consultation

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- Support implementation
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- Evaluate the impact

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

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

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

Collaboration

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- 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

26/06/2019

Activity End Date

27/06/2027

Service Delivery Start Date

July 2019

Service Delivery End Date

30/06/2027

Other Relevant Milestones

N/A



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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

Yes

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

Yes

Decommissioning

No

Decommissioning details?

n/a

Co-design or co-commissioning comments

Please refer to the Collaboration section of this Activity for the co-commissioning details.



HSI - 1 - Health Systems Improvement AWP 25/26



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

1

Activity Title *

Health Systems Improvement AWP 25/26

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Workforce

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

GENERAL PRACTICE SUPPORT:

Capability building is the focus of our general practice support to enable general practice to deliver safe, high quality, coordinated, accessible person-centred care to their communities. This includes providing support, guidance, and resources to support the implementation of primary care reform and associated initiatives.

The aim of this activity is to:

- support general practice to collaborate with other primary health care providers and hospital colleagues to ensure an integrated and seamless care journey through multidisciplinary team care
- adopt health reform activities including but not limited to MyMedicare, General Practice Aged Care Incentive Program (GPACI) Multi-disciplinary Team Models of Care
- Undertake data-driven improvement (including focus on PIP QI measures)
- Deliver evidence-based care supporting people to stay well and out of hospital
- Adopt digital health initiatives
- Build practice capability through stratification

STAKEHOLDER ENGAGEMENT & COLLABORATION:

NWMPHN is committed to ensuring collaborative stakeholder engagement is embedded in the culture and core functions of the organisation. We recognise that strong and meaningful engagement and collaboration with our stakeholders is critical to achieving our commissioning objectives and our vision for a healthy community and healthy system, and that effective engagement delivers benefits for all participants. We will capitalise and build upon the collective efforts of stakeholders across the health system to improve health outcomes for our communities.

The aim of this activity is to:

- Enhance our stakeholder engagement by evolving our approach in line with contemporary best-practice and continually developing associated organisational capability.
- Evolve our community participation model to ensure that community needs are understood and addressed, and opportunities are provided for community participation in the commissioning cycle. This acknowledges that communities have the right to influence decisions that impact their health.
- Develop and maintain successful collaborative relationships and partnerships across the health and care sector, including with service providers, peak and professional bodies, local and state government, and with consumers and local communities.
- Build and maintain robust sub-regional health system collaborations to leverage resources across the primary and acute care interface and local, state and commonwealth governments to achieve improvements against the quadruple aim and greater impact for the communities of northwestern Melbourne.

POPULATION HEALTH

This activity aims to support and deliver integrated population health planning across the commissioning cycle. This includes building on NWMPHN's capacity to undertake the process of identifying population health needs, working with key stakeholders (including community members) to co-design and build solutions, directing resources towards these solutions, and monitoring and reviewing delivery.

The aim of the activity is to:

- Support NWMPHN's organisational strategic and commissioning goals through the provision of accurate, timely and relevant population health data, analysis and information.
- Build organisational capacity and capability regarding population health, evidence informed decisions and development, data analysis and insight building, research and evaluation.
- Ensure NWMPHN is the leader and regional data custodian and integrator for population health information.
- Continue to build and maintain digital services, data governance and supporting technical infrastructure (storage, analytics, and information systems) to support population health data quality, integrity, security, reporting and use.

Ultimately, we aim to align all commissioning activity and approaches to the identified needs of our region.

Description of Activity *

GENERAL PRACTICE SUPPORT:

Based on the NWMPHN Vision for Primary Care developed in partnership with consumers and the General Practice Expert Advisory Group the following activities will be undertaken in partnership with general practice to achieve the above aims:

Activity: Capability building

- Providing general practice with access to evidence based continuing professional development, tools and resources
- Actively support data drive quality improvement in general practice
- Provide support to practice to understand and implement policy and health reform activities
- Engage primary health care providers to inform planning, implementation and evaluation of PHN activities
- Delivering timely and relevant localised information to health care providers
- Inform primary health care of reforms and the impact on their businesses and practice

Activity: Coordinator

- Fostering strong partnerships and collaborations across local, state and federal governments – between primary health, acute and specialist services
- Enhance evidence-based coordinated care through multidisciplinary care and models of care
- Support the development, implementation and uptake of HealthPathways

Activity: Commissioner

- Commissioning co-designed local and regional solution – to address service gaps, reduce the burden on emergency departments, better integrate health care and ensure equitable access
- support practices to undertake focused projects/QI initiatives to address service gaps and ensure equitable access, with a particular focus on deferred care

STAKEHOLDER ENGAGEMENT & COLLABORATION:

NWMPHN will build on a strong history of multi-faceted stakeholder engagement, established trusted relationships and robust partnerships to support the delivery of outcomes-based commissioning and health system improvement activities.

Activities include:

Stakeholder engagement and relationship development:

- Ongoing broad mapping and analysis of stakeholders, utilising insight gained to support stakeholder management approaches.
- Ongoing enhancement of our Clinical and Community Councils and Expert Advisory Groups, to ensure meaningful input in our commissioning strategy and decision making.
- Targeted stakeholder engagement, social listening and co-design with community.
- Consultation with stakeholders on the health needs assessment, regional plans and associated commissioning intentions.
- Execution of NWMPHN's stakeholder engagement framework, community participation plan and clinical and sector participation guide.
- Regular and timely communication of NWMPHN's commissioning intentions and progress of commissioning processes to the community and provider market.

Regional Collaborations:

- Engage with Local Health Service Networks (LHNs) and Public Health Units in the northeast and west of Melbourne.
- Ongoing participation in formal networks and collaborations such as, the Melbourne Ageing Research Centre.
- Ongoing participation in local government health and wellbeing plan consultations and local hospital network Primary Care and Population Health Advisory Committees.
- Participation in the Victorian and Tasmanian PHN Alliance.

POPULATION HEALTH PLANNING:

Activities include:

- Ensuring robust data governance and data security at all times, this includes maintaining ISO27001 accreditation.
- Continuing to refine the NWMPHN approach to undertaking Health Needs Assessments.
- Continue to build on the methods by which we make the findings and insights generated through the HNA process relevant and usable for our community and stakeholders. This will be done through the development of detailed summaries, infographics, maps and other collateral to support evidence informed commissioning and system improvement.
- Continue to ensure our information systems are fit for purpose and effectively utilised and managed to support commissioning activity.
- Continue to execute our Research and Evaluation Strategic Action Plan and continue to build the research and evaluation capacity of the organisation through arrangements with expert organisations, research institutions and universities.
- Continue to execute our Monitoring, Evaluation, Research and Learning Framework (MERL) framework which includes continuing to refresh guidance and tools to ensure MERL is undertaken at all stages of the commissioning cycle.
- Continue to work with state and local governments, health services and other partners such as community health services, to increase the alignment of population health data and planning in the northwestern Melbourne region
- Continue to work with the Victorian Department of Health to undertake shared research and evaluation activities. This includes leading engagement in data sharing, data linkage and related project collaboration.
- Continue to use General Practice data to drive quality improvement in primary care and to support the Practice Incentive Program Quality Improvement (PIPQI) program and other initiatives
- Continue to work with other PHNs in developing shared services that support more efficient and effective population health planning and reporting

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2024-2028

Priorities

| Priority | Page reference |
|--|----------------|
| Mental health and suicide prevention - Increase GP and multidisciplinary primary care workforces' capability and confidence to provide care for children with complex mental health challenges (5.3.3) | 189 |
| Primary health care - Enhance collaboration & partnerships among public & private service providers, community services, & primary care to develop coordinated shared models of care (6.3.2) | 190 |
| Primary health care - Enhance primary care workforce capability to increase access to affordable primary care and allied health services to provide effective, person-centred care (6.2.1) | 190 |
| Mental health & suicide prevention - Need for lived experience workforces & leadership and voice to be embedded in all aspects of service design and delivery (5.1.19) | 188 |
| Health conditions-Increase access and coordinated care with culturally aware/diverse providers for people from diverse backgrounds with chronic conditions, while building GP capability and MDC (4.2.9) | 186 |
| Aged care - Change model of service delivery in light of primary care reforms to meet demand of older adults requiring health care (2.1.1) | 184 |
| Aboriginal and Torres Strait Islander Health - Increase engagement with youth to link to initiatives that strengthen connection with community, culture and identity (1.1.17) | 183 |



Activity Demographics

Target Population Cohort

Whole of population.

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 seven activities that comprise our commissioning approach:

- Assess and prioritise needs
- Review evidence to inform planning and design
- Design services to address need
- Prepare the system for delivery
- Support implementation
- Manage performance and drive continuous improvement
- Evaluate the impact

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 EAGs 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, and 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

26/06/2019

Activity End Date

28/06/2027

Service Delivery Start Date

Service Delivery End Date

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): 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?

na

Co-design or co-commissioning comments

Please refer to the Consultation and Collaboration sections in this Activity for the co-design details.



HSI - 3100 - Primary Health Networks - HealthPathways AWP 25/26



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

3100

Activity Title *

Primary Health Networks - HealthPathways AWP 25/26

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to:

- support access to the HealthPathways platform by primary care practitioners in the NWMPHN region
- promote best-practice care and enhance local clinician's awareness of referral options and services
- improve collaboration and integration across the health care and other systems to enable improved health outcomes for the community by connecting consumers and clinicians through seamless pathways of care.

This funding will be utilised to enhance clinical and referral content on HealthPathways, create better linkages between primary health care services, local hospital services and other relevant providers, improve the patient journey, and increase practitioner capabilities and their quality of care.

Pathway content are localised, developed and reviewed in response to:

- federal priorities, with the exception of Aged Care and Dementia which are standalone AWP Activities
- population need;
- new or innovative models of care.; and
- broader service redesign undertaken by the PHN in collaboration with health service/system stakeholders.

HealthPathways form a core component of workforce development and capability building aiming to reduce potentially preventable hospitalisations for people living in northwestern Melbourne.

Description of Activity *

Funding for this activity will be used for the review, maintenance of clinical and referral pathway content, and promotion of clinical and referral pathways to health practitioners:

- license a clinical referral pathway platform
- Technical writing
- Clinical editing
- Engaging relevant health practitioners
- Staffing costs

Clinical and referral pathway content to support older adults and people living with Dementia are available on the HealthPathways platform. These pathways include Older Adults and Dementia specific pathway content, as well as pathway content across other conditions relevant to the older adult population (e.g. including but not limited to Cardiology, Diabetes, Gastroenterology, etc). Pathway content will be maintained in FY26.

- partial updates to action feedback received from external users and quality improvement from feedback received via the program quality audit and other channels and stakeholders.
- For pathways due for a full review, subject matter experts (SMEs) other clinical working group members and GP reviewers are engaged to inform the review.
- New pathways may be developed and existing pathways are discontinued to address the needs of end-users
- Active promotion of pathways through PHN communication channels, program newsletter, PHN GP events.

HealthPathways is a collaborative platform that provides health practitioners with access to localised assessment, management and referral information on a large number of health conditions. It helps them to make informed decisions with their patients about the care that is right for them. HealthPathways Melbourne is jointly operated by NWMPHN and Eastern Melbourne PHN.

NWMPHN is committed to ensuring general practice teams and other primary care clinicians in our region continue to receive free access to HealthPathways Melbourne and have easy access to seamless and local referral pathways that support accurate, timely and safe transitions of care.

NWMPHN will achieve this by continuing to commission services to facilitate primary care access to HealthPathways Melbourne including the procurement of the HealthPathways license through Streamliners NZ Limited and the contracting of clinical editors to support the development or review of clinical and referral content across the platform.

To maximise effectiveness and general practice engagement with the platform, NWMPHN will continue to maintain the existing suites of pathways, ensuring the pathways are clinically relevant, accurate and functional to support general practice capability. Key content topics of development and review, align with and further support broader training and education of practitioners to better meet the needs of priority populations and to address identified priority areas. This includes Palliative Care, Chronic Conditions, Mental Health, Alcohol and Other Drugs and Suicide Prevention.

In addition, the HealthPathways platform offers a single channel of communications to primary care on important clinical and referral information. NWMPHN will continue to implement communication and engagement strategies across the region to raise awareness, engagement and utilisation of the pathways by both the end users, but also our health sector partners. Ongoing monitoring of the platform will also be undertaken to ensure we can continuously improve the platform offering and user experience.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2024-2028

Priorities

| Priority | Page reference |
|--|----------------|
| Health conditions - Increase access and awareness of after-hours and UCC for timely management of acute injuries and infections and maternal-care and sexual health concerns for females (4.3.4) | 187 |
| Mental health and suicide prevention - Increase GP and multidisciplinary primary care workforces' capability and confidence to provide care for children with complex mental health challenges (5.3.3) | 189 |
| Primary health care - Enhance collaboration & partnerships among public & private service providers, community services, & primary care to develop coordinated shared models of care (6.3.2) | 190 |
| Health conditions - Increase access to early intervention health programs to reduce the burden of chronic diseases and preventable deaths (4.2.1) | 186 |
| Aged care - Enhance the competency of the workforce including nurses and case workers, to effectively manage complex aged care, including individuals with co-morbidities (2.1.3) | 184 |



Activity Demographics

Target Population Cohort

Whole of population

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 seven activities that comprise our commissioning approach:

- Assess and prioritise needs
- Review evidence to inform planning and design
- Design services to address need
- Prepare the system for delivery
- Support implementation
- Manage performance and drive continuous improvement
- Evaluate the impact

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 EAGs 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.

This activity includes meaningful key stakeholder input in the development and maintenance of pathways:

- New clinical guidelines
- Verification of clinical advice on assessment, management and correct referral pathways into hospital and community services.
- Verification of referral criteria into different services
- Local resources to support general practitioners in the management of specific conditions
- Referral information including information on local services, PHN commissioned services and how to refer into these services.
- Usability of pathways

These stakeholders include:

- Local general practitioners and general practice team members
- Hospital specialists working in a variety of settings
- Allied health practitioners working in a variety of settings
- Other health professionals working in a variety of settings

We continue to 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.

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 healthcare sector and local health services and hospital networks.

Consumer perspective is accessed through direct participation and/or insights gained from community engagement activities or literature. Resources from peak bodies and relevant organisations where consumer input has been embedded for increased

relevance and insight, that validate and/or address person-centred care such as health literacy, language and cultural backgrounds, are embedded in pathways.

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, and 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

27/03/2022

Activity End Date

27/06/2027

Service Delivery Start Date

28/03/2022

Service Delivery End Date

30/06/2027

Other Relevant Milestones



Activity Commissioning

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

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

Is this activity being co-designed?

No

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

Yes

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

Yes

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

Yes

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

HealthPathways Melbourne is jointly operated by NWMPHN and Eastern Melbourne PHN who will jointly commission Streamliners New Zealand Ltd to support platform maintenance and ongoing pathway development.

| Subject | Description | Commented By | Date Created |
|--------------------------------------|--|---------------------|--------------|
| Changes made for 30 April submission | Updated consultation and collaboration sections. | Semee Vivienne Park | 11/04/2024 |
| Updated for checking and submission | Updated HNA priorities and Activity consultation | Dinna Tayao | 20/07/2025 |
| Variation 18/11/2024 | Updated service delivery dates | Ariana Mancarella | 18/11/2024 |

Comments from the Department

| Comment | Date Created |
|--|--------------|
| Please resubmit - AWP does not align with the current allocation in PPERs. | 25/11/2024 |



HSI - 3200 - Aged Care HealthPathways AWP 25/26



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

3200

Activity Title *

Aged Care HealthPathways AWP 25/26

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Workforce

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

This activity aims to:

- support access to the HealthPathways platform by primary care practitioners in the NWMPHN region
- promote best-practice care and enhance local clinician's awareness of referral options and services in Aged Care
- improve collaboration and integration across the health care and other systems to enable improved health outcomes for the community by connecting consumers and clinicians through seamless pathways of care.

This funding will be utilised to enhance aged care clinical and referral content on the HealthPathways platform, create better linkages between primary health care services, local hospital services and other relevant providers, improve the patient journey, and increase practitioner capabilities and their quality of care.

Pathway content are localised, developed and reviewed in response to:

- federal priorities
- population need;
- new or innovative models of care.; and
- broader service redesign undertaken by the PHN in collaboration with health service/system stakeholders.

HealthPathways form a core component of workforce development and capability building aiming to reduce potentially preventable hospitalisations for people living in North Western Melbourne.

Description of Activity *

Funding for this activity will be used for the review, maintenance of clinical and referral pathway content, and promotion of clinical and referral pathways to health practitioners:

- license a clinical referral pathway platform
- Technical writing
- Clinical editing
- Staff costs
- Engaging relevant health practitioners
- Comms and promotion activities

HealthPathways Melbourne worked collectively with Victorian and Tasmanian PHNs to undertake aged care reviews and will continue to engage closely with local primary care practitioners, consumers, and other relevant stakeholders, to ensure best practice and evidence-based models of care are translated into consistent, practical guidance for primary care. Further details regarding collaboration and consultation are outlined below.

- partial updates to action feedback received from external users and quality improvement from feedback received via the program quality audit and other channels and stakeholders.
- For pathways due for a full review, subject matter experts (SMEs) other clinical working group members and GP reviewers are engaged to inform the review.
- New pathways may be developed and existing pathways discontinued to address the needs of end-users
- Active promotion of pathways through PHN communication channels, HealthPathways newsletter, PHN GP events.
- No dedicated aged care funding outside of Dementia funding.

HealthPathways is a collaborative platform that provides health practitioners with access to localised assessment, management and referral information on a large number of health conditions. It helps them to make informed decisions with their patients about the care that is right for them. HealthPathways Melbourne is jointly operated by NWMPHN and Eastern Melbourne PHN.

NWMPHN is committed to ensuring general practice teams and other primary care clinicians in our region continue to receive free access to HealthPathways Melbourne and have easy access to seamless and local referral pathways that support accurate, timely and safe transitions of care.

NWMPHN will achieve this by continuing to commission services to facilitate primary care access to HealthPathways Melbourne including the procurement of the HealthPathways license through Streamliners NZ Limited and the contracting of clinical editors to support the development or review of clinical and referral content across the platform.

A key priority for HealthPathways Melbourne will be the review and improvement of our suite of Aged care HealthPathways.

NWMPHN will:

Provide GPs with access to up-to-date Aged Care pathways that:

- Provide evidence-based guidance on how to support their older adult patients to live safely and independently in the community e.g. falls prevention and chronic conditions and comorbidity management.
- Have been developed in consultation with local health practitioners.
- Include clinical and referral pathways that support health professionals to provide advice, referrals, and connections for senior Australians into local health, support and aged care services.
- Assist GPs to manage their patients when entering or residing in residential aged care facilities.
- Are closely developed/updated alongside a suite of Dementia pathways and will also complement other existing suites such as Palliative Care.

Use various communication channels (e.g. newsletter, social media, workforce development events) to promote the suite of aged care and dementia pathways to increase the awareness, engagement, and utilisation of these pathways by local health care practitioners (including GPs, allied health and practice staff) and engage local clinical practitioners, consumers and aged care stakeholders and experts in their development

HealthPathways Melbourne will continue to work collectively with our Victorian PHN colleagues to undertake this work and will engage closely with local primary care practitioners, consumers, and other relevant stakeholders, to ensure best practice and evidence-based models of care are translated into consistent, practical guidance for primary care. Further details regarding collaboration and consultation are outlined below.

In addition, the HealthPathways platform offers a single channel of communications to primary care on important clinical and referral information. NWMPHN will continue to implement communication and engagement strategies across the region to raise awareness, engagement and utilisation of the pathways by both the end users, but also our health sector partners. Ongoing monitoring of the platform will also be undertaken to ensure we can continuously improve the platform offering and user experience.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2024-2028

Priorities

| Priority | Page reference |
|--|----------------|
| Primary health care - Enhance collaboration & partnerships among public & private service providers, community services, & primary care to develop coordinated shared models of care (6.3.2) | 190 |
| Aged care - Enhance the competency of the workforce including nurses and case workers, to effectively manage complex aged care, including individuals with co-morbidities (2.1.3) | 184 |



Activity Demographics

Target Population Cohort

Whole of population older adults and people living with dementia and their carers

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 seven activities that comprise our commissioning approach:

- Assess and prioritise needs
- Review evidence to inform planning and design
- Design services to address need
- Prepare the system for delivery
- Support implementation
- Manage performance and drive continuous improvement
- Evaluate the impact

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 EAGs 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, and 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

17/03/2022

Activity End Date

27/06/2027

Service Delivery Start Date

19/03/2022

Service Delivery End Date

29/06/2027

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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

Yes

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

Yes

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

HealthPathways Melbourne is jointly operated by NWMPHN and Eastern Melbourne PHN who will jointly commission Streamliners New Zealand Ltd to support platform maintenance and ongoing pathway development.



HSI - 3300 - Dementia - HealthPathways AWP 25/26



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

3300

Activity Title *

Dementia - HealthPathways AWP 25/26

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to:

- support access to the HealthPathways platform by primary care practitioners in the NWMPHN region
- promote best-practice care and enhance local clinician's awareness of referral options and services in aged care
- improve collaboration and integration across the health care and other systems to enable improved health outcomes for the community by connecting consumers and clinicians through seamless pathways of care.

This funding will be utilised to enhance clinical and referral content for dementia on HealthPathways, create better linkages between primary health care services, local hospital services and other relevant providers, improve the patient journey, and increase practitioner capabilities and their quality of care for people with dementia and their carers.

HealthPathways form a core component of workforce development and capability building aiming to reduce potentially preventable hospitalisations for people living in northwestern Melbourne.

Description of Activity *

Key Points:

Funding for this activity will be used for the review, maintenance of Dementia clinical and referral pathway content, and promotion of clinical and referral pathways to health practitioners:

- license a clinical referral pathway platform
- Technical writing
- Clinical editing
- Staff costs
- Engaging relevant health practitioners
- Maintenance of Dementia consumer resources including the Dementia Directory
- Comms and promotion activities to promote dementia clinical and referral pathways, dementia consumer resource including the Dementia Directory
- A suite of pathways to support people living with dementia were reviewed and updated in collaboration with VICTAS. Reviews led by Gippsland PHN and local consultation involving specialists, local GPs, carers VIC, completed to inform the review. HealthPathways Melbourne (a partnership between EMPHN and NWMPHN) is lead region for maintenance of pathways. These will continue to be updated as needed through this pathway sharing arrangement, with updates coordinated across the region to maintain consistency and alignment. These pathways are being maintained via partial updates to action feedback received from external users and quality improvement from feedback received via the program quality audit.
- Attendance at Dementia Australia sessions where these are available, to inform any improvements.
- For pathways due for review in the relevant period (as pathways come up for review as part of the review cycle), subject matter experts (SMEs) and other clinical working group members and GP reviewers are engaged to inform the review. Partial updates are also done where necessary to action feedback/updates outside the review cycle.
- Active promotion of pathways through PHN communication channels, HealthPathways newsletter, PHN GP events, external events.
- Dementia Consumer Resources including a Dementia Directory will be maintained and promoted to clinicians and consumers.
- Seek clarification and advice as needed. No barriers from previous period reporting.
- Monthly meetings with VICTAS teams to discuss further collaboration opportunities, including sharing of resources developed by other regions.
- Use of funding reported in budget reports.

HealthPathways is a collaborative platform that provides health practitioners with access to localised assessment, management and referral information on a large number of health conditions. It helps them to make informed decisions with their patients about the care that is right for them. HealthPathways Melbourne is jointly operated by NWMPHN and Eastern Melbourne PHN.

NWMPHN is committed to ensuring general practice teams and other primary care clinicians in our region continue to receive free access to HealthPathways Melbourne and have easy access to seamless and local referral pathways that support accurate, timely and safe transitions of care.

HealthPathways Melbourne has worked collectively with our Victorian PHN colleagues to undertake this work and has engaged closely with key stakeholders such as Dementia Australia, to ensure best practice and evidence-based models of care are translated into consistent, practical guidance for primary care.

HealthPathways Melbourne has developed and published a Dementia HealthPathways suite that provides GPs and local health professionals with advice on:

- risk reduction and early intervention activities that aim to prevent or delay the onset or progression of Dementia
- evidence based strategies to address changes in mood, behavioural changes, medication management, driving and carer services
- MBS items to support the delivery of Dementia care in the community;
- Referral pathways to diagnostic services, memory services, carer services and other supporting therapies such as Allied Health or peak body service offerings.
- How to prepare and update chronic disease management plans specific for people experiencing Dementia

The Dementia HealthPathways suite has been closely developed alongside a suite of Aged Care pathways and complements other existing suites such as Palliative Care.

HealthPathways Melbourne worked collectively with our Victorian PHN colleagues to undertake this work, engage with key stakeholders such as Dementia Australia, to ensure best practice and evidence-based models of care are translated into

consistent, practical guidance for primary care. Further details regarding collaboration and consultation are outlined below.

HealthPathways Melbourne will continue to maintain Dementia Pathways

- Review and improve dementia clinical pathways to better support prevention, mild cognitive impairment, younger onset dementia and end stage dementia.
- Update clinical pathways to address additional feedback received post the initial go-live date

In addition, the HealthPathways platform offers a single channel of communications to primary care on important clinical and referral information. NWMPHN will continue to implement communication and engagement strategies across the region to raise awareness, engagement, and utilisation of the pathways by both the end users, but also our health sector partners. Ongoing monitoring of the platform will also be undertaken to ensure we can continuously improve the platform offering and user experience.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2024-2028

Priorities

| Priority | Page reference |
|---|----------------|
| Aged care - Enhance the competency of the workforce including nurses and case workers, to effectively manage complex aged care, including individuals with co-morbidities (2.1.3) | 184 |



Activity Demographics

Target Population Cohort

Whole of population

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 seven activities that comprise our commissioning approach:

- Assess and prioritise needs
- Review evidence to inform planning and design
- Design services to address need
- Prepare the system for delivery
- Support implementation
- Manage performance and drive continuous improvement
- Evaluate the impact

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 EAGs 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, and 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

17/03/2022

Activity End Date

27/06/2027

Service Delivery Start Date

01/01/2022

Service Delivery End Date

29/06/2027

Other Relevant Milestones

Dementia HealthPathways were published by 1 January 2023.

Awareness raising and promotional initiatives, education and training events and evaluation activities to commence from 1 January 2023 following publication of the Dementia pathway suite.



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): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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

Yes

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

Yes

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

HealthPathways Melbourne is jointly operated by NWMPHN and Eastern Melbourne PHN who will jointly commission Streamliners New Zealand Ltd to support platform maintenance and ongoing pathway development.



HSI - 3400 - Primary Health Networks - Dementia consumer pathways resource AWP 24/25



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

3400

Activity Title *

Primary Health Networks - Dementia consumer pathways resource AWP 24/25

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to:

- Develop and maintain dementia support pathway resources for people with lived experience of dementia and their support network to support them to make more informed choices regarding their care, and to provide them with greater visibility of relevant services within their local region and how to access them.

Description of Activity *

NWMPHN in partnership with EMPHN has developed a suite of dementia specific consumer resources for people with a lived experience of cognitive impairment or Dementia, and their carer networks.

To ensure effective and meaningful resources are developed and utilised by consumers, the resources were developed in consultation with carers and providers and informed by resources already developed by Dementia Australia.

The resources aim to address the following information at a minimum:

- Diagnostic process for Dementia
- Evidence based management options to support independence and quality of life in people newly diagnosed with dementia or memory issues.

- Contact details of relevant support services for both consumers and carers in the NWMPHN region, including services funded by local, state and federal government the private sector or community driven organisations. This includes but is not limited to Dementia Australia, Carers Gateway and My Aged Care.

The suite of resources take into consideration health literacy principles and will include specific resources designed to meet the needs of people from culturally and linguistically diverse backgrounds, including the translation of resources into multiple languages specific to our region. Local dementia supports and services are published on an online dementia directory. The online directory will be accessible via a link and QR code on the consumer resource.

NWMPHN in partnership with EMPHN will:

- Make the suite of resources and the online dementia directory available to easily download, share or print from the HealthPathways platform, to enable GPs to easily distribute the resource to consumers and their carer networks during a consultation.
- Make the resources available through PHN websites and other relevant partner websites where possible (including Dementia Australian Helpline staff).
- Promote and increase awareness, engagement, and utilisation of the dementia consumer resources by clinicians including general practitioners with their patients, by leveraging our existing and established communication channels, and ensuring the resources are consistently promoted within other workforce development activities.
- Monitor, evaluate and improve the resources following implementation to ensure ongoing effectiveness and impact.

Where feasible, HealthPathways Melbourne will collaborate with our Victorian PHN partners on this activity to enhance efficiency and promote consistency across the state.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

| Priority | Page reference |
|--|----------------|
| Chronic conditions - range, higher rates, lower uptake of management plans | 186 |
| Preventative health checks - lower rates of screening | 185 |
| Mental Health - demand, prevalence, complexity | 183 |



Activity Demographics

Target Population Cohort

Whole of population

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 seven activities that comprise our commissioning approach:

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- Review evidence to inform planning and design
- Design services to address need
- Prepare the system for delivery
- Support implementation
- Manage performance and drive continuous improvement
- Evaluate the impact

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- 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

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Activity Milestone Details/Duration

Activity Start Date

17/03/2022

Activity End Date

27/06/2025

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2025

Other Relevant Milestones

It is expected that an initial suite of Dementia consumer and carer resources be available by January 2023



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?

Yes

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

HealthPathways Melbourne is jointly operated by NWMPHN and Eastern Melbourne. HealthPathways Melbourne is exploring with their Victorian HealthPathways partners how we may collaborate and potentially co-commission components of this work to ensure consistency across the state and more streamlined consultation with Dementia Australia, without compromising the local relevance and benefit of the resource for the consumer.



CG - 1 - Corporate Governance AWP 25/26



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

1

Activity Title *

Corporate Governance AWP 25/26

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



CF-COVID-PCS - 4000 - COVID-19 Primary Care Support AWP 24/25



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-PCS

Activity Number *

4000

Activity Title *

COVID-19 Primary Care Support AWP 24/25

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

This Activity will provide support for:

- Australia's COVID-19 Vaccine and Treatment Strategy (Strategy) to the primary care, aged care and disability sectors
- General practice to provide care to COVID positive patients, including the provision of antiviral treatment

Description of Activity *

NWMPHN will provide support for:

Australia's COVID-19 Vaccine and Treatment Strategy (Strategy) to the primary care, aged care and disability sectors general practice to provide care to COVID positive patients, including the provision of antiviral treatment by undertaking the following activities:

- Provide guidance, advice and support to general practices, Aboriginal Community Controlled Health Services, RACFs and disability accommodation facilities through direct engagement and communication channels such as websites, newsletters and direct emails, including sharing of Department of Health Updates
- Where required, coordinate vaccine rollout with RACFs and disability accommodation facilities, including local service integration and communication, identification of risks and issues and working with sector and government to overcome these, liaising with

usual care providers (including general practice) and vaccine providers

- Provide support for vaccine delivery sites practices providing vaccination for COVID-19 including support with CVAS, ordering, troubleshooting, adding details on the Service Finder etc
- Support the Department of Health Vaccination team to follow up any local issues regarding vaccine providers
- Deliver messaging to NWMPHN communities encouraging vaccination uptake
- Provide education and updates to general practices regarding antiviral updates and changes

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

| Priority | Page reference |
|---|----------------|
| COVID-19 - high rates of mental health distress | 185 |
| Immunisation - lower rates of immunisation | 184 |



Activity Demographics

Target Population Cohort

Whole of population.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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- 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

27/06/2021

Activity End Date

28/12/2024

Service Delivery Start Date

01/07/2021

Service Delivery End Date

31/12/2024

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?

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

Please refer to the Consultation and Collaboration sections of this Activity for the co-design details.