

North Western Melbourne - Primary Mental Health Care

2025/26 - 2028/29

Activity Summary View



MH-MDS - 0 - Mental Health Multidisciplinary Services Program 26/27



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-MDS

Activity Number *

0

Activity Title *

Mental Health Multidisciplinary Services Program 26/27

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Mental Health Multidisciplinary Services

Aim of Activity *

The aim of this activity is to facilitate improved access to appropriate support for people with complex mental health needs in primary care settings.

The activity will establish and deliver the Brimbank Health Care Neighbourhood (HCN) model: a general practice embedded multidisciplinary team (MDT) approach that improves access to coordinated, appropriate and timely support for people living in Brimbank with severe and/or complex mental health needs, as well as people with complex chronic disease and psychosocial complexity.

Description of Activity *

The Brimbank Health Care Neighbourhood model links up to nine general practices in the Brimbank LGA with a Neighbourhood Care Team (NCT) that is embedded onsite to support assessment, coordination and management of chronic disease and mental health care.

The model is co designed locally with participating practices (and, where possible, patients/consumers), while maintaining a consistent core structure. Once co designed, the model of care will clearly define:

- eligibility criteria;
- intake, consent and triage;
- comprehensive assessment (including biopsychosocial assessment and care formulation for severe/complex mental illness);
- rapid response pathways to stabilise patients where required;
- care planning (including relapse prevention, crisis/safety planning and escalation triggers);
- care delivery including treatment and referrals;
- care review (including regular MDT meetings); and
- supported discharge and warm handover to ongoing supports.

Type of model and planned use of telehealth/non face to face:

The model is a practice embedded, mobile MDT with shared care planning and structured communication. Non face to face work (care coordination, liaison, case review preparation and follow up) is integral to delivery. Telehealth use is practice/patient need dependent and can be incorporated where it improves access and continuity (TBC in local co design).

Role of general practice and GP clinical leadership:

General practice is the lead partner in the model and provides clinical and operational leadership within the practice. Practice teams (GPs, practice nurses and administrative staff) co design, direct and oversee local delivery, including identifying and enrolling the target cohort, supporting MDT workflows, and leading/endorsing MDT clinical decision making.

Integration/interfaces with existing services and programs:

The model is designed to strengthen and build on (not replace) existing local networks. Practices map existing referral pathways and continue to use them where capacity allows. Where gaps exist (e.g., waitlists, affordability barriers, limited local supply), supplementary services may be commissioned/engaged to support access (e.g., allied health and psychiatry pathways). The model supports clearer pathways between general practice, specialist mental health services and other supports (including escalation and step-down arrangements).

Case conferencing arrangements:

A key mechanism is the multidisciplinary team (MDT) meeting held regularly at each participating practice. Meetings are GP led and attended by the practice nurse, the Neighbourhood Care Team, and relevant mental health/allied health/other providers as needed. MDT meetings translate shared clinical decisions into clear, time bound actions with assigned responsibilities and consistent documentation.

Referral arrangements:

Patients are identified proactively or opportunistically within general practice. Intake is reviewed through an MDT intake process. Patients receive assessment and are then supported via a chronic disease plan, combined chronic disease and mental health plan, or severe/complex mental illness maintenance/relapse plan. When required, the model supports escalation within the model and/or referral to acute/specialist services using defined triggers and pathways.

Clinical governance arrangements:

Clinical governance is led by general practice, which provides both clinical and operational oversight. Practice teams, including GPs, nurses, and admin staff, co-design and direct local delivery, support MDT workflows, and lead MDT clinical decisions.

The Neighbourhood Care Team (NCT) will be governed by its own robust governance framework and will operate within the practice, participating in regular GP-led MDT meetings to ensure shared decisions are actioned and documented. Shared governance will be co-designed between general practice and the NCT to define responsibilities, communication, and escalation protocols, supporting integration and accountability across providers.

Capacity building and training:

Capacity building occurs within practices and across the MDT to support consistent, high quality integrated care. This includes training and implementation support for required tools and reporting systems (e.g., K10 and HoNOS where applicable), and practical support to embed workflows for assessment, care coordination, shared care planning, escalation and follow up.

Service Workforce:

The Brimbank Neighbourhood Care Team is delivered as three small mobile MDT teams (practice embedded), with each team comprising:

- a credentialed mental health professional/clinician (e.g., mental health OT, psychologist, accredited mental health social worker, credentialed mental health nurse);
- a clinical care coordinator (nursing or allied health qualification) with care coordination experience; and
- a generalist social worker.

NWMPHN will also commission:

- an Aboriginal Social and Emotional Wellbeing (SEWB) worker (service hours equivalent) to support Aboriginal and Torres Strait Islander patients; and/or
- a bilingual health worker (service hours equivalent) to support CALD community members (language to be confirmed through local need and co design; Vietnamese is a key consideration in Brimbank).

The NCT supports eligible patients with:

- comprehensive assessment and care formulation (particularly for severe/complex mental illness);
- care planning, including relapse prevention, crisis/safety planning and escalation triggers.
- care coordination and navigation support.
- self management support and psychoeducation.
- psychosocial linkage and social work interventions (including addressing social determinants and functional needs);
- delivery of mental health treatment/targeted interventions within scope for severe and complex presentations; and
- assertive follow up for disengaged patients and supported discharge planning.

Data Reporting Requirements:

Service activity data collection will align with program requirements and agreed reporting processes (to be operationalised with the commissioned provider). Measures/tools referenced for the Brimbank model include:

- K10
- HowRwe information
- MHQoL and DSM V5 CCSM

Evaluation Arrangements

Evaluation will be conducted through implementation monitoring and agreed outcome measures (including PROMs/PREMs) and service activity reporting. The evaluation approach will align with any national level program evaluation requirements and include practice and stakeholder feedback as part of continuous improvement.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

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



Activity Demographics

Target Population Cohort

People living with severe and complex mental illness affecting daily functioning; and/or complex chronic disease with psychosocial complexity.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Brimbank	21301



Activity Consultation and Collaboration

Consultation

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

Stakeholder engagement occurs throughout all 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

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

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

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

Consumers and people with lived experience are integral to the work we do and their participation in all aspects of the commissioning cycle will continue to be enabled, supported, and evolved. This is demonstrated through human-centred design in the regional plan for mental health, alcohol and other drugs and suicide prevention, where consumer perspectives and experiences are prioritised.

Collaboration

Consultation

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experiences are prioritised.

Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

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

- Community participants – consumers, patients, carers, 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

Stakeholder Engagement:

Please detail all levels of stakeholder engagement with the relevant stakeholders across the PHN. Please list likely/proposed stakeholders, their roles and impacts within the scope of the activity's implementation delivery.

These stakeholders' groups may include:

- Consumers and carers
- Lived experience groups
- GPs, ACCHOS, primary care settings, medical advisors

allied health workers

- First Nations communities and groups
- Community and clinical advisory councils
- Mental health/community health service providers

District Health Services



Activity Milestone Details/Duration

Activity Start Date

01/02/2026

Activity End Date

29/06/2028

Service Delivery Start Date

21/09/2026

Service Delivery End Date

30/06/2028

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): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

NA

Co-design or co-commissioning comments



MH - 1100 - Low Intensity Mental Health Services AWP 26/27



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1100

Activity Title *

Low Intensity Mental Health Services AWP 26/27

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 1: Low intensity mental health services

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

The aim of this activity, as part of a staged care approach, is to support access to appropriate care for people at risk of mental illness or experiencing low to moderate intensity mental health issues.

Description of Activity *

NWMPHN will commission outcome-based strategies that:

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

Examples of activities that will be commissioned include:

Services as part of NWMPHNs CAREinMIND program (stepped/ staged care)• programs to build system literacy for consumers, referrers and service providers on available low intensity services and how to access these (including promoting the Medicare Mental Health digital gateway and new check-in service)

- facilitate navigation and pathways to access mental health information, support and care, especially for those from priority population groups, e.g. Culturally And Linguistically Diverse and refugee communities

The approaches or mechanisms, i.e., enablers, that may be used to implement this activity include Digitally Enhanced Care Pathways, workforce development and quality improvement, health literacy, consumer participation and organisational governance and accountability. The new Medicare Mental Health digital gateway will be promoted as an enabler to support consumers, GPs and other health professionals including through a blended care approach utilising trusted digital services.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
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
Mental health & suicide prevention - Enhance access to early intervention and integrated care for individuals with AOD disorder and complex needs, including dual diagnoses of a mental health (5.1.10)	188
Mental health & suicide prevention-Increase access to preventive measures for drivers of psychological distress, incl financial stressors/housing instability/family/intimate partner violence(5.1.9)	188
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

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

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

NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

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

- 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), Primary Care Voices 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.

Consumers and people with lived experience are integral to the work we do and their participation in all aspects of the commissioning cycle will continue to be enabled, supported, and evolved. This is demonstrated through human-centred design in the regional plan for mental health, alcohol and other drugs and suicide prevention, where consumer perspectives and experiences are prioritised.

Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

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

- Community participants – consumers, patients, carers, 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

29/06/2027

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 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: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

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.

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

Yes



MH - 2100 - Headspace Centres_AWP 26/27



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2100

Activity Title *

Headspace Centres_AWP 26/27

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

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

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

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

Description of Activity *

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

- Collingwood
- Craigieburn
- Glenroy
- Melton
- Moonee Valley
- Sunshine

- Werribee

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
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
Mental health & suicide prevention - Enhance access to early intervention and integrated care for individuals with AOD disorder and complex needs, including dual diagnoses of a mental health (5.1.10)	188
Mental health & suicide prevention-Increase access to preventive measures for drivers of psychological distress, incl financial stressors/housing instability/family/intimate partner violence(5.1.9)	188
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

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

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

NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

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

- 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), Primary Care Voices 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
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 - 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:

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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

27/06/2019

Activity End Date

29/06/2028

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 2028

Other Relevant Milestones

N/A

**Activity Commissioning**

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/a

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

No



MH - 2200 - Child and Youth Mental Health (Youth Enhanced) _AWP 26/27



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2200

Activity Title *

Child and Youth Mental Health (Youth Enhanced) _AWP 26/27

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

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

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

Description of Activity *

NWMPHN will commission programs that:

- Provide early access for young people with, or at risk of, experiencing severe mental illness and not well served by other supports
- Establish and strengthen linkages between local services, supports and stakeholders (may include formal collaborations)
- Recognise that young people may also have co-existing issues (e.g. problematic Alcohol or Other Drug use, homelessness) that may require linkages with appropriate services or supports
- Are flexible and responsive to access, particularly for young people likely to miss out on services
- Are evidence based
- Examples of activities that will be commissioned include:
 - Responsive services with the capacity and capability to meet the needs of young people with more complex mental illness, including through enhancing the services available through the headspace platform

- Opportunities for improved integration of activities with Victorian mental health reforms will also be explored

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

Existing initiatives will continue to be monitored and reviewed, in the context of a changing service landscape, to ensure they continue to meet young people's needs and evolve or change as needed and informed by evidence.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
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
Mental health & suicide prevention - Enhance access to early intervention and integrated care for individuals with AOD disorder and complex needs, including dual diagnoses of a mental health (5.1.10)	188
Mental health & suicide prevention-Increase access to preventive measures for drivers of psychological distress, incl financial stressors/housing instability/family/intimate partner violence(5.1.9)	188
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

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

Improving and supporting Aboriginal and Torres Strait Islander health is a priority. NWMPHN is developing our next Reconciliation Action Plan to support the engagement with and focus on our Aboriginal and Torres Strait Islander communities. We also have an Aboriginal Engagement Guide.

NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

In Scope AOD Treatment Type *

Indigenous Specific *

No

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

Yes

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

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

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

Stakeholder engagement occurs throughout all 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), Primary Care Voices 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

29/06/2027

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 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?**

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/a

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

Yes



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



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

CHHP

Activity Number *

2300

Activity Title *

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

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

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

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

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

Description of Activity *

The headspace Demand Management and Enhancement Program aims are to:

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

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

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



Activity Demographics

Target Population Cohort

Young people aged 12 to 25

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

NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Darebin - South	20602
Darebin - North	20902
Tullamarine - Broadmeadows	21005
Keilor	21001
Brunswick - Coburg	20601
Essendon	20603
Moreland - North	21003
Melbourne City	20604
Yarra	20607
Wyndham	21305



Activity Consultation and Collaboration

Consultation

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

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

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

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

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

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

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

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

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

Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

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

- Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local health services and hospital networks
- Community health services
- General practice
- Residential aged care facilities
- Pharmacy
- Allied health
- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies
- Victorian Department of Health
- Local government
- Other PHNs
- Media
- Other identified providers



Activity Milestone Details/Duration

Activity Start Date

26/07/2020

Activity End Date

27/12/2024

Service Delivery Start Date

30 July 2020

Service Delivery End Date

30 June 2024

Other Relevant Milestones

N/A



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/a



MH - 3100 - Targeted Psychological Supports for under-serviced and/or hard to reach groups_AWP 26/27



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3100

Activity Title *

Targeted Psychological Supports for under-serviced and/or hard to reach groups_AWP 26/27

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

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

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

Description of Activity *

NWMPHN will commission outcome based strategies that:

- support an integrated, holistic response based on assessed need;
- are targeted at mild to moderate intensity mental health needs of underserved groups, or otherwise higher risk population groups);
- strengthen integration with AOD services for co-occurring needs;
- are delivered within a stepped care approach and are accessible;
- provide evidence based, psychological interventions;
- are delivered by appropriately trained and qualified mental health professionals and peer workers within their scope of practice;
- promote partnerships with GPs, consumers, and other health professionals or stakeholders to support coordinated care to meet the needs of underserved groups;
- support continuity of care through linkage with GPs and ensuring care is transitioned, as indicated, within a stepped care

context;

- use a range of modalities for delivery of care including face to face, group based or telephone and internet based services to enable access;
- promote continuous improvement through the utilisation of qualitative and quantitative data (including consumer self-reported experience and outcome measures).

Examples of activities that will be commissioned include:

- services targeted at identified vulnerable populations and settings including (but not limited to) LGBTIQ+; women escaping family violence; children and families; older Australians; perinatal and postnatal mental health; older adults in community settings; people from Non-English speaking backgrounds
- CAREinMIND (stepped care) services

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
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
Mental health & suicide prevention - Enhance access to early intervention and integrated care for individuals with AOD disorder and complex needs, including dual diagnoses of a mental health (5.1.10)	188
Mental health & suicide prevention-Increase access to preventive measures for drivers of psychological distress, incl financial stressors/housing instability/family/intimate partner violence(5.1.9)	188
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

Underserved groups, those unable to afford services elsewhere and from vulnerable communities of need - children, youth, Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse, refugee and asylum seekers, family violence, homeless

and LGBTIQ+, older adults and new parents who are experiencing mild to moderate mental illness across the North Western Melbourne region.

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

NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

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



Activity Consultation and Collaboration

Consultation

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

Stakeholder engagement occurs throughout all 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), Primary Care Voices 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.

Consumers and people with lived experience are integral to the work we do and their participation in all aspects of the commissioning cycle will continue to be enabled, supported, and evolved. This is demonstrated through human-centred design in the regional plan for mental health, alcohol and other drugs and suicide prevention, where consumer perspectives and experiences are prioritised.

Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

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

- Community participants – consumers, patients, carers, 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

29/06/2027

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 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?

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

NWMPHN is committed to engagement and partnership with community, consumers and their families and clinicians at all key phases of the commissioning and project lifecycles. 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.

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

Yes



MH - 3200 - Psychological treat. services for people w mental illness living in res. aged care_AWP 26/27



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3200

Activity Title *

Psychological treat. services for people w mental illness living in res. aged care_AWP 26/27

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

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

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

Description of Activity *

NWMPHN will commission outcome based strategies that:

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

Examples of activities that will be commissioned include:

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

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

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
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

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

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

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

NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

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



Activity Consultation and Collaboration

Consultation

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

Stakeholder engagement occurs throughout all 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.

Consumers and people with lived experience are integral to the work we do and their participation in all aspects of the commissioning cycle will continue to be enabled, supported, and evolved. This is demonstrated through human-centred design in the regional plan for mental health, alcohol and other drugs and suicide prevention, where consumer perspectives and experiences are prioritised.

Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

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

- Community participants – consumers, patients, carers, 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

23/02/2019

Activity End Date

29/06/2027

Service Delivery Start Date

1 July 2020

Service Delivery End Date

30 June 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: Yes

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/a

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

Yes



MH-H2H - 3400 - Head to Health Initial Assessment and Referral Phone Service_AWP 26/27



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-H2H

Activity Number *

3400

Activity Title *

Head to Health Initial Assessment and Referral Phone Service_AWP 26/27

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

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

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

Description of Activity *

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

- operate under the 1800 595 212 number and be delivered to the specifications outlined in the Department's guidance documents.
- be staffed by credentialed mental health clinicians using a validated Initial Assessment and Referral Decision Support Tool (IAR-DST) to support assessment;
- support an integrated, holistic response based on assessed need, including the use of translation services to support people who speak a language other than English
- navigate and where possible offer warm referral of people to services that are most suitable for them, including PHN commissioned staged care services; Head to Health centres/Medicare Mental Health centres; local adult and older adult mental health and wellbeing services, or emergency
- operate under the principles or a "no wrong door" approach for people calling seeking mental health support

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
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
Mental health & suicide prevention - Enhance access to early intervention and integrated care for individuals with AOD disorder and complex needs, including dual diagnoses of a mental health (5.1.10)	188
Mental health & suicide prevention-Increase access to preventive measures for drivers of psychological distress, incl financial stressors/housing instability/family/intimate partner violence(5.1.9)	188
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

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

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

NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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

Stakeholder engagement occurs throughout all 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), Primary Care Voices 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.

Consumers and people with lived experience are integral to the work we do and their participation in all aspects of the commissioning cycle will continue to be enabled, supported, and evolved. This is demonstrated through human-centred design in the regional plan for mental health, alcohol and other drugs and suicide prevention, where consumer perspectives and experiences are prioritised.

Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

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

- Community participants – consumers, patients, carers, 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

26/06/2022

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2022

Service Delivery End Date

30/06/2027

Other Relevant Milestones

NA



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/a



MH-H2H - 3500 - Medicare Mental Health National Telephony and Data Management System_AWP 26/27



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-H2H

Activity Number *

3500

Activity Title *

Medicare Mental Health National Telephony and Data Management System_AWP 26/27

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

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

NWMPHN will manage the Head to Health 1800 (Medicare Mental Health) telephony administration and continue to develop the Medicare Mental Health data management system (now referred to as the PMHCIS (Primary Mental Health Care Information System))

Description of Activity *

Medicare Mental 1800 telephony administration

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

Medicare Mental Health data management system (PMHCIS)

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

basis.

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

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
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
Mental health & suicide prevention - Enhance access to early intervention and integrated care for individuals with AOD disorder and complex needs, including dual diagnoses of a mental health (5.1.10)	188
Mental health & suicide prevention-Increase access to preventive measures for drivers of psychological distress, incl financial stressors/housing instability/family/intimate partner violence(5.1.9)	188
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

This activity relies on setting up and administering the telephony system for all PHNs nationally and providing the Medicare Mental Health data management system (PMHCIS) for all PHNs who choose to opt in.

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

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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

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

Collaboration

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

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



Activity Milestone Details/Duration

Activity Start Date

27/05/2022

Activity End Date

27/06/2027

Service Delivery Start Date

01/07/2022

Service Delivery End Date

30/06/2027

Other Relevant Milestones

NA



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/a



MH - 3600 - Head to Health Initial Assessment and Referral (IAR-DST)_AWP 25/26



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3600

Activity Title *

Head to Health Initial Assessment and Referral (IAR-DST)_AWP 25/26

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

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

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

Description of Activity *

This activity will contribute to achieving nationally consistent levels of care for persons presenting for mental health assistance. This includes engaging an IAR Training and Support Officer to support GPs and clinicians to understand and implement the IAR into clinical practice. The focus for 25/26 will be:

- Building understanding and embedding the use of the IAR-DST with service providers in the NWMPHN region.
- Supporting IAR-DST integration and meaningful use in Victorian local adult and older adult mental health and wellbeing services.
- Continued promotion of IAR-DST training opportunities to general practice and community mental health and NWMPHN commissioned services.
- Reviewing IAR-DST as part of PHN Commissioned mental health services and supporting GPs to refer into these services using IAR-DST.
- Ongoing engagement with general practice to support meaningful use of IAR-DST in practice.
- Communicating about the IAR-DST to support project implementation and sector understanding.

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

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 community-based workforce capacity to provide early assessment and ongoing management of mental health conditions and prevent need for ED care (5.2.1)	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



Activity Demographics

Target Population Cohort

General Practitioners and Mental Health clinicians

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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

Stakeholder engagement occurs throughout all 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), Primary Care Voices 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.

Consumers and people with lived experience are integral to the work we do and their participation in all aspects of the commissioning cycle will continue to be enabled, supported, and evolved. This is demonstrated through human-centred design in the regional plan for mental health, alcohol and other drugs and suicide prevention, where consumer perspectives and experiences are prioritised.

Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

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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
- 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

25/06/2022

Activity End Date

27/06/2026

Service Delivery Start Date

01/07/2022

Service Delivery End Date

30/06/2026

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?

No

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

No

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

No

Decommissioning

No

Decommissioning details?

NA

Co-design or co-commissioning comments

NA

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

No



MH - 4100 - Intensive Support Services_AWP 26/27



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

4100

Activity Title *

Intensive Support Services_AWP 26/27

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

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

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

Description of Activity *

NWMPHN will commission outcome based strategies that:

- are targeted at people with, or at risk of, severe mental illness who can appropriately be supported in a primary care setting (level 3 and 4 of the IAR-DST);
- are delivered within a stepped care approach;
- provide clinical care coordination including linkage with other necessary services (e.g. for physical health needs or disability and psychosocial supports)
- are delivered by appropriately trained and qualified mental health professionals including credentialed mental health nurses within their scope of practice;
- promote partnerships with GPs, psychiatrists, consumers, and other health professionals or stakeholders to support coordinated care to meet the needs of underserved groups including through the use of a suitable care plan

- support continuity of care through linkage with GPs and ensuring care is transitioned, as clinically indicated, within a stepped care context
- promote continuous improvement through the utilisation of qualitative and quantitative consumer data (including consumer self-reported experience and outcome measures).

Examples of services that will be commissioned include:

- CAREinMIND Intensive Support Services

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

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 access to services across the suicide prevention and response continuum in community-based settings targeting young males aged 15-24 (5.4.6)	189
Mental health and suicide prevention - Increase community-based workforce capacity to provide early assessment and ongoing management of mental health conditions and prevent need for ED care (5.2.1)	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
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
Mental health & suicide prevention - Enhance access to early intervention and integrated care for individuals with AOD disorder and complex needs, including dual diagnoses of a mental health (5.1.10)	188

Mental health & suicide prevention-Increase access to preventive measures for drivers of psychological distress, incl financial stressors/housing instability/family/intimate partner violence(5.1.9)	188
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

People with, or at risk of, severe and complex mental illness being managed in primary care.

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

NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

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

- 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), Primary Care Voices 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

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region. Members participate in a range of different activities including workshops, governance groups, surveys, and tender evaluation panels.

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

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

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

Consumers and people with lived experience are integral to the work we do and their participation in all aspects of the commissioning cycle will continue to be enabled, supported, and evolved. This is demonstrated through human-centred design in the regional plan for mental health, alcohol and other drugs and suicide prevention, where consumer perspectives and experiences are prioritised.

Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

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



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 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?

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

NWMPHN is committed to engagement and partnership with community, consumers and their families and clinicians at all key phases of the commissioning and project lifecycles. 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.

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

Yes



MH - 5100 - Suicide Prevention Support Services_AWP 26/27



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

5100

Activity Title *

Suicide Prevention Support Services_AWP 26/27

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

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

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

Description of Activity *

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

- Evidence based psychological therapies to provide timely support to individuals at heightened risk of suicide or following a suicide attempt
- Postvention support and resources for people including those bereaved by suicide
- Training and capability building to support earlier access and contemporary evidence based responses
- Targeted programs and initiatives to enable support and earlier access for people at risk of suicide or self-harm

Examples of some services that will be commissioned include:

- Triage service to support timely connection of GP and health professional suicide referrals to appropriate service provider(s)
- Support after Suicide service for people bereaved by suicide
- CAREinMIND suicide prevention support service

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

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 community-based workforce capacity to provide early assessment and ongoing management of mental health conditions and prevent need for ED care (5.2.1)	189
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
Mental health & suicide prevention - Enhance access to early intervention and integrated care for individuals with AOD disorder and complex needs, including dual diagnoses of a mental health (5.1.10)	188
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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

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

Improving and supporting Aboriginal and Torres Strait Islander health is a priority. NWMPHN is developing our next Reconciliation

Action Plan to support the engagement with and focus on our Aboriginal and Torres Strait Islander communities.

NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

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



Activity Consultation and Collaboration

Consultation

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

Stakeholder engagement occurs throughout all 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), Primary Care Voices 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.

Consumers and people with lived experience are integral to the work we do and their participation in all aspects of the commissioning cycle will continue to be enabled, supported, and evolved. This is demonstrated through human-centred design in the regional plan for mental health, alcohol and other drugs and suicide prevention, where consumer perspectives and experiences are prioritised.

Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

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

- Community participants – consumers, patients, carers, 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

26/03/2019

Activity End Date

29/06/2027

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 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): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

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.

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

Yes



MH - 5300 - Targeted Regional Initiatives for Suicide Prevention_AWP 25/26



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

5300

Activity Title *

Targeted Regional Initiatives for Suicide Prevention_AWP 25/26

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

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

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

Description of Activity *

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

- Undertake suicide prevention needs analysis
- Data analysis (including from the Suicide and Self harm monitoring system)
- Identify challenges to inform improvement of integration between mental health and suicide prevention services and systems
- Improve understanding of barriers to culturally safe responses for suicide and suicidality
- Commissioning of accessible and effective services targeting identified priority populations
- Inform workforce planning

Strengthen engagement on suicide prevention

- Encourage region wide responses to a systems-based approach to suicide prevention
- Engage people with lived experience, Local Hospital Networks, Emergency Departments and First Responders (i.e. Ambulance Victoria and Victoria Police) to further insight and collaboration on system challenges and how these can be addressed

- Access to the Black-Dog Institute' Suicide Prevention Capacity Building Program
- Establish governance structure(s) to support the work which is inclusive of Lived Experience and other expertise to inform priorities, decision making and implementation.

Invest in community and workforce capacity and capability building

- Commissioning services with a focus on responding to identified service / system gaps for suicide prevention
- Delivery of training packages for at-risk cohorts in the community to identify and respond early to distress
- Workforce development initiatives that build capability of mental health and primary care services to identify and respond appropriately to suicidality

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

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 services across the suicide prevention and response continuum in community-based settings targeting young males aged 15-24 (5.4.6)	189
Mental health and suicide prevention - Increase community-based workforce capacity to provide early assessment and ongoing management of mental health conditions and prevent need for ED care (5.2.1)	189
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
Mental health & suicide prevention - Enhance access to early intervention and integrated care for individuals with AOD disorder and complex needs, including dual diagnoses of a mental health (5.1.10)	188
Mental health & suicide prevention-Increase access to preventive measures for drivers of psychological distress, incl financial stressors/housing instability/family/intimate partner violence(5.1.9)	188
Mental health and suicide prevention - Improve awareness and access to community-based mental health and social support services to	188

prevent ill-mental health and manage early symptoms (5.1.1)	
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Activity Demographics

Target Population Cohort

- People who have attempted, or are at risk of, suicide and self-harm
- Families and community members who have been impacted by suicide and suicidality
- Mental health, suicide prevention and health and community workforces

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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

NNWMPHN'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

27/11/2022

Activity End Date

29/06/2026

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2026

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?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

NA

Co-design or co-commissioning comments

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

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

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

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

Yes



MH - 6100 - Enhancing Aboriginal and Torres Strait Islander access to Mental Health_AWP 25/26



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

6100

Activity Title *

Enhancing Aboriginal and Torres Strait Islander access to Mental Health_AWP 25/26

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

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

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

Description of Activity *

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

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

Examples of activities that will be commissioned will include:

- Supporting community controlled organisations to deliver culturally specific psychological therapies within a social emotional wellbeing framework
- Capacity building initiatives to support mainstream mental health services to deliver culturally safe care for young people and adults

Services will be integrated within a broader system based regional approach. NWMPHN will continue to review and evolve the

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

Stakeholder engagement and co-design approaches will underpin collaborative efforts to ensure the ITC program is structured to best meet the needs of local Aboriginal and Torres Strait Islander communities. These activities will promote integrated service responses and be focused on ensuring a transparent and robust process of engagement is undertaken.

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

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 services across the suicide prevention and response continuum in community-based settings targeting young males aged 15-24 (5.4.6)	189
Mental health and suicide prevention - Increase community-based workforce capacity to provide early assessment and ongoing management of mental health conditions and prevent need for ED care (5.2.1)	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 - Improve health sector capability to implement data driven quality improvement to measure patient experience and health outcomes (6.3.9)	190
Primary health care - Increase access to flexible models of care to improve reach to at-risk cohorts (6.1.4)	190
Mental health & suicide prevention - Enhance access to early intervention and integrated care for individuals with AOD disorder and complex needs, including dual diagnoses of a mental health (5.1.10)	188
Mental health & suicide prevention-Increase access to preventive measures for drivers of psychological distress, incl financial	188

stressors/housing instability/family/intimate partner violence(5.1.9)	
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
Aboriginal and Torres Strait Islander Health - Improve integrated care pathways between mainstream mental health services, ACCHOs & ACCO services to provide an inclusive/safe/holistic approach(1.2.4)	183
Aboriginal and Torres Strait Islander Health - Improved access to culturally appropriate health and social services for individuals within the justice system (1.2.14)	183
Aboriginal and Torres Strait Islander Health - Increase access to fully subsidised primary care and allied health services to provide early assessment, preventive care and referral (1.1.1)	183
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
Aboriginal and Torres Strait Islander Health - Mandate cultural safety training in mainstream services to understand historical and contemporary impacts of colonisation and racism (1.1.9)	183



Activity Demographics

Target Population Cohort

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

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

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

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

Coverage

Whole Region

Yes

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



Activity Consultation and Collaboration

Consultation

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

Stakeholder engagement occurs throughout all 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.

NWMPHNs Reconciliation Action Plan (RAP) identifies clear strategies for consultation to enhance commissioning and capacity building approaches to improve the health and wellbeing of Aboriginal and Torres Strait Islander people across the catchment. There are a range of mechanisms in place across the commissioning cycle to facilitate consultation, including through the Clinical and Community Advisory Councils, expert advisory groups, and consumer and community forums.

Consumers and people with lived experience are core to the work we do. We seek opportunities for consumers to be involved at all stages of commissioning including co-design to support positive consumer experience. This is particularly important with our work with the Aboriginal community and is reinforced through our commitments in our endorsed RAP.

Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

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

- Community participants – consumers, patients, carers, 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

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

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



Activity Milestone Details/Duration

Activity Start Date

26/03/2019

Activity End Date

27/06/2026

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 2026

Other Relevant Milestones

N/A



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

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

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

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

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

Yes



MH - 7100 - Enhancing the NWMPHN System of Care_AWP 26/27



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

7100

Activity Title *

Enhancing the NWMPHN System of Care_AWP 26/27

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

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

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

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

Description of Activity *

The activity will focus on enabling stepped care including through:

- Building awareness and acceptability of stepped care services across the spectrum of intensity
- Development and enhancement of referral and assessment support tools, including through the referdirect™ system, to enable navigation to appropriate care and supports
- Strengthen integration and coordination approaches to support consumer centred service delivery approaches
- Enhancement of the PREMS and PROMS (You Said...™) system to enable consumer informed quality improvements

- Develop and implement standards for commissioned services including for culturally suitable practices for priority populations
- Workforce support and enablement for stepped care through training and understanding of tools and resources including HealthPathways
- Monitoring, reporting and evaluation of commissioned activities including those that interact with referdirect and CAREinMIND
- Improving and enhancing stepped care services, including integration and coordination within the broader health system

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

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 services across the suicide prevention and response continuum in community-based settings targeting young males aged 15-24 (5.4.6)	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 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 - Improve health sector capability to implement data driven quality improvement to measure patient experience and health outcomes (6.3.9)	190
Primary health care - Increase access to flexible models of care to improve reach to at-risk cohorts (6.1.4)	190
Mental health & suicide prevention - Enhance access to early intervention and integrated care for individuals with AOD disorder and complex needs, including dual diagnoses of a mental health (5.1.10)	188
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

Aboriginal and Torres Strait Islander Health - Improve integrated care pathways between mainstream mental health services, ACCHOs & ACCO services to provide an inclusive/safe/holistic approach(1.2.4)	183
Aboriginal and Torres Strait Islander Health - Improved access to culturally appropriate health and social services for individuals within the justice system (1.2.14)	183



Activity Demographics

Target Population Cohort

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

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

NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

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



Activity Consultation and Collaboration

Consultation

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

Stakeholder engagement occurs throughout all 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, other people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local health services and hospital networks
- Community health services
- General practice
- Residential aged care facilities
- Pharmacy
- Allied health
- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies
- Victorian Department of Health
- Local government
- Other PHNs
- Media
- Other identified providers



Activity Milestone Details/Duration

Activity Start Date

26/03/2019

Activity End Date

29/06/2027

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 2027

Other Relevant Milestones

N/A



Activity Commissioning

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

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/a

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

No

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details

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MH - 8100 - Regional mental health, suicide prevention and AOD planning_AWP 26/27



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

8100

Activity Title *

Regional mental health, suicide prevention and AOD planning_AWP 26/27

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

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

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

- Strengthen integration of mental health and suicide prevention (and AOD) pathways and services for people with or at risk of mental illness or suicide through a whole of system approach.
- Drive continuous improvement of existing services, informed by data insights and service user input
- Co-design of services and responses with people who bring lived experience expertise and other stakeholders and clinical experts
- Build a platform and commissioned provider capability to drive evidence-based commissioned service delivery which addresses identified gaps and delivers on regional priorities identified in collaboration with local communities.

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

Description of Activity *

NWMPHN will continue to provide leadership in regional planning and commissioning activities for the region that engages stakeholders including consumers, carers, Local Hospital Networks and other key service providers (e.g. providers of new Victorian

services) to strengthen integration and care pathways.

The approach will build on the Blueprint for health, foundation regional plan (delivered in December 2020), the regional Mental Health Needs assessment (2024) and be cognizant of the changing service system and landscape resulting from the Royal Commission into Victoria's Mental Health System recommendations, including disaggregation of area mental health services in the region (north west mental health) and establishment of Victorian Adult Mental Health and Wellbeing Locals.

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

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

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 access to services across the suicide prevention and response continuum in community-based settings targeting young males aged 15-24 (5.4.6)	189
Mental health and suicide prevention - Increase community-based workforce capacity to provide early assessment and ongoing management of mental health conditions and prevent need for ED care (5.2.1)	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
Alcohol and Other Drugs - Improved integrated care at the community level to support individuals experiencing harm from the use of AOD and reduce their risk of mental ill-health (3.3.6)	185
Primary health care - Enhance collaboration & partnerships among public & private service providers, community services, & primary care to	190

develop coordinated shared models of care (6.3.2)	
Primary health care - Improve health and system literacy among at-risk cohorts (6.1.12)	190
Primary health care - Improve health sector capability to implement data driven quality improvement to measure patient experience and health outcomes (6.3.9)	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
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
Mental health & suicide prevention - Enhance access to early intervention and integrated care for individuals with AOD disorder and complex needs, including dual diagnoses of a mental health (5.1.10)	188
Mental health & suicide prevention-Increase access to preventive measures for drivers of psychological distress, incl financial stressors/housing instability/family/intimate partner violence(5.1.9)	188
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
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
Aboriginal and Torres Strait Islander Health - Improve integrated care pathways between mainstream mental health services, ACCHOs & ACCO services to provide an inclusive/safe/holistic approach(1.2.4)	183
Aboriginal and Torres Strait Islander Health - Improved access to culturally appropriate health and social services for individuals within the justice system (1.2.14)	183

Aboriginal and Torres Strait Islander Health - Increase access to fully subsidised primary care and allied health services to provide early assessment, preventive care and referral (1.1.1)	183
Aboriginal and Torres Strait Islander Health - Mandate cultural safety training in mainstream services to understand historical and contemporary impacts of colonisation and racism (1.1.9)	183



Activity Demographics

Target Population Cohort

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

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

NWMPHN also works with commissioned providers to support cultural competency in commissioned services.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

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



Activity Consultation and Collaboration

Consultation

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

Stakeholder engagement occurs throughout all 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), Primary Care Voices 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:

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- 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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- 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

26/03/2019

Activity End Date

29/06/2027

Service Delivery Start Date

1 July 2020

Service Delivery End Date

30 June 2027

Other Relevant Milestones

An initial (foundation) plan was delivered in December 2020.
Regional Mental Health Needs Assessment (2024)
Stepped Care Service Blueprint (2025)

**Activity Commissioning**

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

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

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

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

No

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details





MH - 9600 - Mental Health Supports for people affected by the Gaza Conflict 25/26



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

9600

Activity Title *

Mental Health Supports for people affected by the Gaza Conflict 25/26

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Targeted mental health and wellbeing supports to address psychological harm and community distress

Aim of Activity *

The purpose of this Activity is to coordinate targeted mental health and community well-being supports to address psychological harm and community distress caused by the Gaza conflict.

Description of Activity *

This Activity will include collaboration with community stakeholders to inform design and delivery of a targeted response to Muslim/ Palestinian people that will comprise activities such as:

- Coordination of pathways and knowledge of existing programs/ responses relevant to community needs. Support networks, information sharing and linkages including with services, community stakeholders, local government etc.
- Awareness campaign and resources designed with community to encourage early help seeking, self care and how to and where to access support
- Capability building with community and community leaders to identify community members experiencing mental health problems/ psychological distress and connect people to appropriate supports
- Capability building of mainstream organisations to support understanding of culturally appropriate responses
- NWMPHN and SEMPHN will collaborate on this activity to support access for communities living across the PHN regions (SEMPHN focusing on Jewish/ Israeli communities and NWMPHN focusing on Arabic/ Muslim communities).

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Mental health & suicide prevention-Increase access to preventive measures for drivers of psychological distress, incl financial stressors/housing instability/family/intimate partner violence(5.1.9)	188
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

Muslim and Palestinian communities

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), Primary Care Voices 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.

Consumers and people with lived experience are integral to the work we do and their participation in all aspects of the commissioning cycle will continue to be enabled, supported, and evolved. This is demonstrated through human-centred design in the regional plan for mental health, alcohol and other drugs and suicide prevention, where consumer perspectives and experiences are prioritised.

Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

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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
- 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

16/12/2023

Activity End Date

29/06/2026

Service Delivery Start Date

20/04/2024

Service Delivery End Date

30/06/2026

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

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 (needs assessment, planning and design, service procurement, implementation and monitoring and evaluation).

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

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

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

No



MH - 9700 - Additional Mental Health Supports in response to Bondi incident 26/27



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

9700

Activity Title *

Additional Mental Health Supports in response to Bondi incident 26/27

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Mental health support to address psychological harm and community distress

Aim of Activity *

The purpose of this activity is to enable availability of mental health wellbeing supports to address psychological distress resulting from the incident in Bondi, New South Wales in December 2025.

Description of Activity *

Support access to mental health advice and supports through the referral and access service at NWMPHN and commissioned stepped care services across the region.

People seeking support will be navigated to the most appropriate service or treatment for them, including lower intensity/ brief interventions, and structured psychological therapies as needed.

NWMPHN will consult with stakeholders and adapt activity responses as needed to ensure people seeking help are able to access the most appropriate care in a timely manner.

Needs Assessment Priorities ***Needs Assessment**

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Mental health & suicide prevention-Increase access to preventive measures for drivers of psychological distress, incl financial stressors/housing instability/family/intimate partner violence(5.1.9)	188
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

People from the Jewish community and others impacted by the Bondi events

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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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), Primary Care Voices 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.

Collaboration

NWMPHN is collaborating with South Eastern Melbourne PHN and Eastern Melbourne PHN to plan and coordinate local response and statewide response to ensure that appropriate supports are accessible.

Further collaborations will be explored, as needed, to ensure suitable responsiveness as the situation evolves.



Activity Milestone Details/Duration

Activity Start Date

01/02/2026

Activity End Date

29/07/2026

Service Delivery Start Date

02/02/2026

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

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

No



MH-Op - 1000 - Mental Health Operational_AWP 26/27



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-Op

Activity Number *

1000

Activity Title *

Mental Health Operational_AWP 26/27

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

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



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



MH-Op - 1001 - Right Care Right Place Program - Eating Disorders Coordination 25/26



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-Op

Activity Number *

1001

Activity Title *

Right Care Right Place Program - Eating Disorders Coordination 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