North Western Melbourne - NMHSPA Bilateral PHN Program 2025/26 - 2028/29
Activity Summary View

NAB-H2H - 1 - Adult Mental Health Centre and Satellite Network (Head to Health)_AWP 26/27

Activity Metadata

Applicable Schedule *

NMHSPA Bilateral PHN Program

Activity Prefix *

NAB-H2H

Activity Number *

1

Activity Title *

Adult Mental Health Centre and Satellite Network (Head to Health)_AWP 26/27

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Head to Health Mental Health Clinics

Aim of Activity *

Continued operation of existing Head to Health clinics in NWMPHN region

Description of Activity *

Head to Health hubs in NWMPHN are located at:
- Fitzroy
- Broadmeadows
- Wyndham Vale

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

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

Consistent with the bilateral agreement between the Commonwealth and Victoria, these clinics will transition to new Victorian Local adult and older adult mental health and wellbeing services (Local Services) or Medicare Mental Health Centre's as they are progressively established in the region.

NWMPHN will work with the Head to Health clinic operator, Local Services operator, Victorian Department of Health, Medicare Mental Health Centre operator and other stakeholders to support planned transition of care and services to the new arrangements in line with bilateral transition principles and guidance.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

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

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

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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

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

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

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

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

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

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

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

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

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

Collaboration

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

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way

across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

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

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



Activity Milestone Details/Duration

Activity Start Date

08/09/2020

Activity End Date

29/06/2026

Service Delivery Start Date

14/09/2020

Service Delivery End Date

30/06/2027

Other Relevant Milestones

N/A



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

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

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

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

NWMPHN has access to data and insight on community need, existing service provision and service evaluations. This information is included in the design of projects, programs and services to ensure that they address the prioritised needs of the community, and that appropriate level of funding is available to deliver these services. We do this by:
• Exploring and identifying problems and their root causes
• Co-designing and testing better solutions with the right people.
• Working with our partners to implement programs and to achieve agreed outcomes.
• Reviewing each program to assess what it achieved and what we can learn to build even better services in the future.

NAB-H2H-Op - 3 - OPS - Adult Mental Health Centre and Satellite Network (Head to Health)_AWP 26/27

Activity Metadata

Applicable Schedule *

NMHSPA Bilateral PHN Program

Activity Prefix *

NAB-H2H-Op

Activity Number *

3

Activity Title *

OPS - Adult Mental Health Centre and Satellite Network (Head to Health)_AWP 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

NAB-PRCG - 2 - Regional Planning, Commissioning and Governance_AWP 25/26

Activity Metadata

Applicable Schedule *

NMHSPA Bilateral PHN Program

Activity Prefix *

NAB-PRCG

Activity Number *

2

Activity Title *

Regional Planning, Commissioning and Governance_AWP 25/26

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 *

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

Description of Activity *

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

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

Collaboration to strengthen integration will include activities such as:

- sharing of data and insights for the region
- participating in consultations and other activities to support system design responses to integration between Commonwealth and state funded services
- joint capability building activities (e.g., workforce development, secondary consultation, communities of practice)

- development of agreed referral pathways and shared care protocols
- Co-commissioning/ joint commissioning approaches where relevant.

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

NWMPHN will also work with Victorian funded services locally to strengthen approaches to regional planning, system coordination and collaboration to improve access to the right care.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

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

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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

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

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

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

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

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

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

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

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

Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This

spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

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

Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:
• Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders
• Health care professionals
• NWMPHN regional and strategic partnerships and collaboratives
• Local health services and hospital networks
• Community health services
• General practice
• Residential aged care facilities
• Pharmacy
• Allied health
• Community-based organisations
• Research institutes
• Academic and training institutions
• Peak and professional bodies
• Victorian Department of Health
• Local government
• Other PHNs
• Media
• Other identified providers



Activity Milestone Details/Duration

Activity Start Date

21/11/2022

Activity End Date

29/06/2026

Service Delivery Start Date

N/A

Service Delivery End Date

N/A

Other Relevant Milestones

N/A



Activity Commissioning

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

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

Is this activity being co-designed?

Yes

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

No

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

Yes

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

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

NWMPHN is committed to engagement and partnership with community, consumers 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
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- Working with our partners to implement programs and to achieve agreed outcomes.
- Reviewing each program to assess what it achieved and what we can learn to build even better services in the future.

NAB-HE - 4 - Headspace Enhancement – headspace Collingwood 26/27

Activity Metadata

Applicable Schedule *

NMHSPA Bilateral PHN Program

Activity Prefix *

NAB-HE

Activity Number *

4

Activity Title *

Headspace Enhancement – headspace Collingwood 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 *

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

Description of Activity *

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 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 12-25 years

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Yarra	20607



Activity Consultation and Collaboration

Consultation

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



Activity Commissioning

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

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

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

NAB-HE - 5 - Headspace Enhancement – headspace Craigieburn 26/27

Activity Metadata

Applicable Schedule *

NMHSPA Bilateral PHN Program

Activity Prefix *

NAB-HE

Activity Number *

5

Activity Title *

Headspace Enhancement – headspace Craigieburn 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 *

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

Description of Activity *

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

The following list of activities (not exhaustive) will be considered within scope of the enhancement initiative:
- Recruitment of additional clinical and non-clinical staff
- Recruitment of identified positions reflective of community demographics
- Enhancing GP remuneration under the Subsection 19(2) exemption (for eligible headspace locations)
- Undertaking professional development and upskilling, including upskilling in culturally appropriate care
- Improving the implementation of appropriate and evidenced based approaches
- Supplementing salaries for the existing multi-disciplinary workforce
- Improving care coordination, referral pathways and service integration with state-funded and other PHN-commissioned services

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

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 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 12-25 years

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Tullamarine - Broadmeadows	21005

Activity Consultation and Collaboration

Consultation

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.

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

People Bank is a register of people who would like to participate in activities that help to improve the health of people in the region. Members participate in a range of different activities including workshops, governance groups, surveys, and tender evaluation panels.
We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local health services and hospital networks.

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

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
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• Local health services and hospital networks
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• 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



Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No

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

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

NAB-HE - 6 - Headspace Enhancement – headspace Glenroy 26/27

Activity Metadata

Applicable Schedule *

NMHSPA Bilateral PHN Program

Activity Prefix *

NAB-HE

Activity Number *

6

Activity Title *

Headspace Enhancement – headspace Glenroy 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 *

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

Description of Activity *

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

The following activities (not exhaustive) will be considered within scope of the enhancement initiative:
- Recruitment of additional clinical and non-clinical staff
- Recruitment of identified positions reflective of community demographics
- Enhancing GP remuneration under the Subsection 19(2) exemption (for eligible headspace locations)
- Undertaking professional development and upskilling, including upskilling in culturally appropriate care
- Improving the implementation of appropriate and evidenced based approaches
- Supplementing salaries for the existing multi-disciplinary workforce
- Improving care coordination, referral pathways and service integration with state-funded and other PHN-commissioned services

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

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 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 12-25 years

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Moreland - North	21003



Activity Consultation and Collaboration

Consultation

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



Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No

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

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

NAB-HE - 7 - Headspace Enhancement – headspace Sunshine 26/27

Activity Metadata

Applicable Schedule *

NMHSPA Bilateral PHN Program

Activity Prefix *

NAB-HE

Activity Number *

7

Activity Title *

Headspace Enhancement – headspace Sunshine 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 *

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

Description of Activity *

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

The following activities (not exhaustive) will be considered within scope of the enhancement initiative:
- Recruitment of additional clinical and non-clinical staff
- Recruitment of identified positions reflective of community demographics
- Enhancing GP remuneration under the Subsection 19(2) exemption (for eligible headspace locations)
- Undertaking professional development and upskilling, including upskilling in culturally appropriate care
- Improving the implementation of appropriate and evidenced based approaches
- Supplementing salaries for the existing multi-disciplinary workforce
- Improving care coordination, referral pathways and service integration with state-funded and other PHN-commissioned services

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

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 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 12-25 years

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Brimbank	21301



Activity Consultation and Collaboration

Consultation

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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.
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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

26/06/2022

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2022

Service Delivery End Date

30/06/2027

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No

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

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

NWMPHN is committed to engagement and partnership with community, consumers 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.
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• Reviewing each program to assess what it achieved and what we can learn to build even better services in the future.

NAB-HE - 8 - Headspace Enhancement – headspace Werribee 26/27

Activity Metadata

Applicable Schedule *

NMHSPA Bilateral PHN Program

Activity Prefix *

NAB-HE

Activity Number *

8

Activity Title *

Headspace Enhancement – headspace Werribee 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 *

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

Description of Activity *

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

The following activities (not exhaustive) will be considered within scope of the enhancement initiative:
- Recruitment of additional clinical and non-clinical staff
- Recruitment of identified positions reflective of community demographics
- Enhancing GP remuneration under the Subsection 19(2) exemption (for eligible headspace locations)
- Undertaking professional development and upskilling, including upskilling in culturally appropriate care
- Improving the implementation of appropriate and evidenced based approaches
- Supplementing salaries for the existing multi-disciplinary workforce
- Improving care coordination, referral pathways and service integration with state-funded and other PHN-commissioned services

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

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 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 12-25 years

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Wyndham	21305



Activity Consultation and Collaboration

Consultation

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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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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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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



Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No

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

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

NAB-HE - 9 - Headspace Enhancement – headspace Melton 26/27

Activity Metadata

Applicable Schedule *

NMHSPA Bilateral PHN Program

Activity Prefix *

NAB-HE

Activity Number *

9

Activity Title *

Headspace Enhancement – headspace Melton 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 *

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

Description of Activity *

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

The following list of activities (not exhaustive) will be considered within scope of the enhancement initiative:
- Recruitment of additional clinical and non-clinical staff
- Recruitment of identified positions reflective of community demographics
- Enhancing GP remuneration under the Subsection 19(2) exemption (for eligible headspace locations)
- Undertaking professional development and upskilling, including upskilling in culturally appropriate care
- Improving the implementation of appropriate and evidenced based approaches

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

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 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 12-25 years

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Melton - Bacchus Marsh	21304

Activity Consultation and Collaboration

Consultation

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

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

People Bank is a register of people who would like to participate in activities that help to improve the health of people in the region. Members participate in a range of different activities including workshops, governance groups, surveys, and tender evaluation panels.
We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local health services and hospital networks.

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

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



Activity Milestone Details/Duration

Activity Start Date

26/06/2022

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2022

Service Delivery End Date

30/06/2027

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

NAB-HE-Ops - 10 - Headspace Enhancement – operational 26/27

Activity Metadata

Applicable Schedule *

NMHSPA Bilateral PHN Program

Activity Prefix *

NAB-HE-Ops

Activity Number *

10

Activity Title *

Headspace Enhancement – operational 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