Gippsland PHN –Commonwealth Psychosocial Support 2026 – 2027 Activity Work Plan Annual Update

Submitted: 30 April 2026 Approved: 28 July 2026

PSD2 Psychosocial Service Delivery - Commonwealth Psychosocial Support

Activity Priorities and Description	
Program Key Priority Area	Other Outreach and centre-based services providing short term (and in some cases longer term) group psychosocial support to foster independence (one-to-one psychosocial support as needed).
Aim of Activity	Commission psychosocial support services to support new and existing eligible consumers which are complementary to those available within the region through other government funded psychosocial initiatives and mental health programs, with a recovery and person-centred focus. These services aim to: • increase functional capacity to live independently in the community; • reduce the need for acute mental health services; • increase connection and reduce isolation; • increase knowledge and skills; • increase engagement in daily activities, relationships and the community; • improve or stabilise mental health and wellbeing; • improve self-confidence and independence; • move towards personal recovery goals; and • support access to appropriate supports, including the NDIS where appropriate.
Description of Activity (The description of activities against priorities should follow the principles of '**what, who, why, how, access and outcome'**. When outlining proposed activities, where possible include: o what will be delivered and how (what will be	In Gippsland, the Commonwealth Psychosocial Support Program is delivered by Wellways through an integrated mental and physical wellbeing service that employs wellbeing workers, peer workers and service navigators who develop care plans with participants and coordinate the execution of the service plans, integrating community and health services. Services are aligned to the participants' severity of need which determines how long supports are required. At intake and assessment, the participants physical and mental health needs are assessed. The outcome of the intake and assessment will determine the length of the episode of care, which may range from 3 months to a maximum of 12 months. Some of the tools used to assess severity and length of support package include IAR tool, K5 assessment and RAS-DS. The eligibility of the consumer to enter the program is also assessed. To be eligible to intake into the CPS program, participants must be aged 16 and above with severe mental illness and associated psychosocial functional impairment. The consumer

commissioned and the delivery mechanism) o service type (group and/or individual) o target cohort if applicable (for example Indigenous youth) o location and population coverage of the activity o any specific issues or gaps the activity will address In addition the below headings need to be addressed). Engagement with Local Hospital Networks (LHN) and/or State government: Collection of data: Impact:	must not be accessing similar supports through the NDIS or similar state-based services/programs. The services include: • Integration of intake and assessment including physical and mental health needs. Where relevant, the IAR tool is used. Referrals into the program are received from General Practitioners, clinical and community services and from participants already in the program. Newly referred participants are contacted within 48 hours (business days) of receipt of the referral. An IAR is booked within 7 days and a K5 assessment is undertaken if deemed necessary. A wellbeing worker is assigned within the same 7-day period. A RAS-DS assessment occurs within one month of commencing services and a stepped-care plan is developed; • One-to-one supports; • Tailored integrated care-plan; • Individual peer support; • Care-plan progress review at program mid-point or three months and on exit allowing services to be adapted based on the participants needs; and • Program Exit includes a jointly created exit plan for ongoing care. This often includes a step-down to self-management and/or community supports, including contact back to the patient's General Practitioner. Services are delivered through a variety of mechanisms and supports delivered within a stepped care approach including community based face-to-face, digital, telehealth and outreach supports. These aim to: • acquire social skills and friendships; • build family relationships; • manage money; • find and maintain a home; • acquire employment skills and qualifications; • stay physically well, including exercise; • tackle drug, alcohol and smoking issues; • build life skills, including confidence and resilience; and • explore access to the NDIS. Available group supports include: • Self-management capacity-building programs, including evidence-based programs from the Centre for Cognitive Interventions (CCI), CBT, DBT, ACT/Mindfulness; • Life-skills programs e.g., budgeting, scheduling, computers for beginners' courses and finding a job; • Working with community partner Reclink who provide physical health activities in community and access to online physical health activities (including one-to-one); • Turning Point dual-diagnosis interventions; and • Peer-developed and evidence-based group education and support programs (e.g. Family relationship building, Healthy Eating and Nutrition) delivered by trained facilitators. People on waitlists are managed by: • discussions to establish goals and needs; • receiving brief interventions including self-management for symptoms and immediate problem solving; and

	• receiving information and referrals to health and community services, housing, employment and education. Services are delivered using a recovery and strengths-based framework with the aims of: • Increasing participants' personal capacity, confidence and self-reliance; • Increasing participants' social participation; • Streamlining participants' access to appropriate services; and • Providing flexible and responsive support at times of increased need. Additionally, these services: • Support participants, their families and carers to access the supports needed to promote mental and physical health and wellbeing; • Provide information and advice to all stakeholders on psychosocial supports and programs available; • Develop referral pathways for mental health services to enable people within the community to access PHN funded psychosocial supports; and • Collect and manage participant data to ensure a smooth transition for clients to new arrangements. Services are delivered with the intention of reducing the avoidable need for more intense and acute health services and enhance appropriate and optimal use of the health system. Staff attend training around Vicarious Trauma and Staff Burnout. They are supported by senior staff through group clinical supervision as well as one-to-one supervision with their team leaders. Caseloads are regularly reviewed and managed by senior staff. The services are promoted through paid and earned media, TV, transport advertising, social media and printed collateral where participants are at the centre of every story. In Q1 2025-26, Gippsland PHN pooled funds from both PSD1 Psychosocial Service Delivery and PAE Psychosocial Access Enablers to undertake an open competitive tender for one or more providers to deliver psychosocial support services in Gippsland with service delivery contract/s to cover the period 1st January 2026 - 30 June 2027. Wellways were the successful tenderer for the new contract with service commencing in January 2026. There were no significant changes to the program model with the new contract. **Engagement with Local Hospital Networks and/or State government:** Local hospitals refer to the service to support participants transitioning testing for access to NDIS supports. Gippsland PHN and Wellways regularly engages with the Local Health Services Network, Gippsland Mental Health Alliance and Latrobe Regional Health. Activities to promote and improve the update of practice accreditation: • All Gippsland PHN commissioned services are required to have, or be working towards, current accreditation. Gippsland PHN confirm accreditation status with commissioned services during Quarterly meetings. The current commissioned services provider for the CPS program is currently

	accredited against Mental Health Standards with accreditation not due for review/renewal until May 2026. • Gippsland PHN contractually require that all workforce providing service delivery in Gippsland funded programs undertake mandatory training for cultural, diversity competency and safety. This requirement supports the provider in achieving/maintaining accreditation. • The service provider staff have undertaken IAR training to better support their cohort of clients. • Tender specifications for the new activity included responses from tenderers to identify engagement and linkages with local hospital networks. The successful tenderer has a strong profile across Gippsland and were able to details extensive partnerships with health and community services across the region. **Collection of PMHC-MDS data** includes collection of data extensions or tags for service activity. Gippsland PHN utilises FIXUS for the collection, submission and review of data. Gippsland PHN's contract management process includes a review of contract key performance indicators and includes feedback to individual service providers on their progress towards targets to ensure that the PMHC MDS is submitted and analysed by the completion of quarterly interval reports and that Program/Provider level outcome dashboards are updated where appropriate. Wellways use weekly extracts from FIXUS to support conversations with workers around data quality in FIXUS and review of caseloads and care provision. At month end, Wellways Senior Workers and Service Managers complete end of month data audits to check completeness and accuracy of data. Wellways offers the Your Experience Survey to each participant every six months and on exit. While Wellways were the successful tenderer and have continued on as the provider of this program, the open competitive tender process supported expectation around data collection and outcome measures to be updated for 2026/27 to better reflect the overarching aims of the CPSP. Following the awarding of the new contract, reporting processes were clarified with the provider and transitioned from a manual template to a digital reporting platform, improving oversight and clarity of reported service activity. Gippsland PHN undertake a number of quality measures to ensure client outcomes are achieved, including: • Quarterly program review meetings • Quarterly report including Case Study/Good news stories • Monthly review of quantitative data • Compliance with completion of RAS-DS with all participants • Compliance with completion of K5/10 at intake and completion of service delivery in addition to encouraging the integration of the Initial Assessment and Referral (IAR) tool • Client submission of survey/feedback (YES Survey indicators) With the above measures in place, client outcomes are being successfully measured and evaluated to ensure the program adheres to the overarching aims. To ensure Value for Money assessment is conducted at all stages of the commissioning cycle, Gippsland PHN is restructuring contract KPIs and mapping them against the implementing the Quintuple Aim across all commissioning activities. Contract KPIs are being restructured to reflect each of the five elements of the Quintuple aim and from 1 July 2026 all Clinical Service Order Agreements will have contract KPIs against each of the five elements of the Quintuple Aim.

	Impact: The direct impact of these services includes: • Participants supported to live the life they want to live in communities of their choice • Provision of a regional approach to collaborative community mental health services for eligible consumers outside of the National Disability Insurance Scheme (NDIS) through community mental health services • Quality improvements undertaken based on feedback received from participants have resulted in improved referral pathways • Improved outcome measures for participants in the program • Participants have increased access to NDIS to support additional needs • Improved wrap-around care where additional mental health supports are required. This has included multi-disciplinary care with General Practices, psychologists, psychiatrists and peer workers.
Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1
Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
Mental Health and Wellbeing, including Suicide Prevention Aboriginal and/or Torres Strait Islander health and wellbeing Alcohol and other drugs Health workforce Growing up healthy (0-25 years) Family violence	
Activity Demographics	
Target Population Cohort	People with severe mental illness who are not eligible for assistance through the NDIS, and who are not receiving psychosocial services
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes
SA3 Name	**SA3 Code**
Gippsland wide	
Activity Consultation and Collaboration	
Consultation	Ongoing and regular consultations held with Gippsland Mental Health Alliance, Gippsland Drug and Alcohol Service Providers Alliance (GADSPA), consumer representatives, local hospitals, Aboriginal Community Controlled Organisations, medical professionals, social and community services, and state Department of Families Fairness and Housing (DFFH). Also with Gippsland Local Health Services Network and the Department of Health, Disability and Ageing.
Collaboration	Collaboration occurs with:

	• the Local Adult and Older Adult Mental Health and Wellbeing Services, including the new Mental Health and Wellbeing services being established in Gippsland in response to the Royal Commission for Mental Health in Victoria; • Gippsland PRIDE, to support participants who identify as LGBTIQA+; • Victorian Aboriginal Health Service to support participants who identify as Aboriginal and/or Torres Strait Islander; • Local mental health alliances and networks including the Gippsland Mental Health Alliance, with senior managers/executive membership from all mental health services in Gippsland, including the regional hospital and the Area Mental Health Service, Aboriginal Community Controlled Health Organisations (ACCHOs), community health services, administrative agencies, and consumer/carer organisations; • Gippsland General Practices to ensure ongoing planning and collaboration of the participants' care as well as the General Practices' understanding of psychosocial support service capacity outside the usual systems; • Local hospital networks, inpatient units, community mental health teams and outreach teams; • Sporting groups and clubs, cafes and community groups to assist with social, health and wellbeing activities for the participants; • Latrobe Health Assembly on a range of topics including employment and housing opportunities; • Gippsland Men's Sheds to assist participants with social and community activities; • Gippsland Youth Groups to understand topics Youth are concerned with across Gippsland and to support younger participants to link into youth-related activities; • Doorway Housing and Recovery Program - working with local real estate agents to negotiate reduced rents and receive early notifications of rental properties becoming available; • Gippsland PHN Advisory groups representing a broad range of Health Services, health clinicians and consumers who provide advocacy and expertise to Gippsland PHN; • Victorian State Department of Health who play a critical role in primary health provision in Gippsland through its hospital and community network supported by the Bilateral Agreement Implementation Plan for Victoria; and • National Disability Insurance Scheme (NDIS) – Local Area Coordinators (LACs). Collaboration with relevant primary and mental health service providers seeks to address and improve integrated care pathways and the delivery of seamless, effective and efficient care. Gippsland PHN collaborates via community health pathways and through its Clinical Councils. It also encourages and facilitates collaboration between service providers and Head to Health and will seek to further improve integrated care pathways. Gippsland PHN also collects information and encourages partnerships between organisations to increase cross referrals of clients across services based on clinical need and waiting list availability.
Activity Milestone Details/Duration	
Activity Start Date	01/07/2019
Activity End Date	30/06/2027
Other Relevant Milestones	-
Activity Commissioning (intended procurement approach for commissioning services under this activity)	

Procurement Approach	Open tender
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	-

PAE Psychosocial Access Enablers - Commonwealth Psychosocial Support	
Activity Priorities and Description	
Program Key Priority Area	Other Outreach and centre-based services providing short term (and in some cases longer term) group psychosocial support to foster independence with one-to-one psychosocial support provided as needed.
Aim of Activity	This activity aims to: • improve integration of local health services and promote multi-disciplinary care to make health systems more accessible to people with severe mental illness and associated psychosocial disorders; and • support up to 30 percent of participants with NDIS eligibility testing/retesting by collating evidence to submit an access request.
Description of Activity (The description of activities against priorities should follow the principles of '**what, who, why, how, access and outcome'**. When outlining proposed activities, where possible include: o what will be delivered and how (what will be commissioned and the delivery mechanism) o service type (group and/or individual) o target cohort if applicable (for example Indigenous youth) o location and population coverage of the activity o any specific issues or gaps the activity will address In addition the below headings	Gippsland PHN contract one provider, Wellways Australia, to provide two psychosocial support services. Included within these contracts are obligations for both Psychosocial Service Delivery and Psychosocial Access Enablers. The service provider is required to have a minimum 0.5 FTE to support participants to access secure and safe housing and a minimum 1.0 FTE for a NDIS Transition Support Officer responsible for supporting service providers and hard-to-reach population groups to apply for the NDIS or to access other psychosocial supports as appropriate. The service is required to employ senior wellbeing workers to manage the coordination of the internal teams and supervision of other wellbeing workers. Other Access Enablers included and provided by the commissioned service provider include: • Touchpoint phone system • IAR/Peer intake team to support participants' physical and mental health needs • Individual peer support • Peer-developed and evidence-based group education and support programs • Trained lived experience workers • Workers experienced and trained in NDIS applications and assessment to work alongside the consumer directed services to enable drive for participants to exit the service with NDIS support • Regional spread of workers to cover the whole of Gippsland and to also cover extended weekday service availability and a rostered Saturday coverage to further meet clients' access needs Integration of local services is enhanced by the service providers' current stakeholder relationships and co-location of services. The service regularly updates the community and healthcare providers directory and focuses on reaching isolated groups. Service was also involved in the piloting of the IAR for Medicare Mental Health/HeadtoHealth and is therefore well engaged in the local health provider landscape. **Service Navigation**: The service provider delivers service navigation support to provide information, advice and referral assistance to participants, their families and carers and to provide continuation of NDIS testing support for participants requiring more intensive ongoing supports. The workers within the program utilise the IAR alongside their own navigator processes.

need to be addressed). Engagement with Local Hospital Networks (LHN) and/or State government: Collection of data: Impact:	Service navigation services include community-based services with practical support and group activities that help participants to: • Acquire social skills and friendships • Build family relationships • Manage money • Find and maintain a home • Acquire employment skills and qualifications • Stay physically well, including exercise • Address drug, alcohol and smoking issues • Build life skills, including confidence and resilience • Explore access to NDIS Service navigators are supported by service pathways and streamlined referrals guiding participants to the right programs. The programs include specialist service navigation and housing specialists within the programs. The service navigation team (total 19.7 FTE) includes 1.0 FTE Senior Wellbeing worker, 10.4 FTE Program workers (including 3 FTE LGBTQIA community workers and 2 FTE Aboriginal community workers) and 8.3 FTE intake and service navigation workers specialising in service navigation and specialist housing/accommodation support. The specialist housing/accommodation worker liaises with social housing providers and local estate agents to assist in locating suitable housing where required. All of the Psychosocial Support Services (PSS) and Service Navigation team hold a minimum diploma qualification and have completed training in the assessments provided. Trauma Training is also a key component of staff training to support a safe environment during service delivery. **NDIS testing:** The wellbeing workers (11.4 FTE) have extensive experience in NDIS application and assessment. The team includes trained lived-experience peer workers in disability, mental health, LGBTIQA+, Aboriginal and Torres Strait Island and CALD communities. The provider has developed worker guidance information and checklists, including roles and responsibilities to support active plan implementation and access for NDIS assessments. The checklist stages include pre-planning checklist and conversation and completion of the WHODAS questionnaire. The checklist information ensures that clients are assessed for what, if any, NDIS testing support will be necessary. **Capacity and strengths-based assessments:** At the time of intake, IAR and K5 assessments are completed. During the service engagement, the worker utilises the following tools and assessments: LSP16, Risk Assessment, RAS-DS, Care Plan (developed from the RAS-DS and other assessments), Group Work. Participants are measured utilising the Capacity and Strength based assessment tool (the RAS-DS) on intake and exit, as well as at review point/s during engagement - which allows measurement as a base line and exit score, this contributes to the achievement of Outcome Measures. Due to receiving the incoming funding in March 2025, it was not possible for Gippsland PHN to complete a robust open competitive tender process to commence

	at the conclusion of the existing contract (30/06/2025). However, Gippsland PHN recognised that in order to procure services that best meet the needs of the Gippsland community and present value for money, an open competitive tender process for psychosocial supports was required. To enable a robust open competitive tender process whilst ensuring no gap in service delivery, Gippsland PHN extended the contract to Wellways for a further 6 months until 31 December 2025 for their main program. In Q1 2025-26, Gippsland PHN pooled funds from both PSD1 Psychosocial Service Delivery and PAE Psychosocial Access Enablers to undertake an open competitive tender for one or more providers to deliver psychosocial support services in Gippsland with service delivery contract/s to cover the period 1st January 2026 - 30 June 2027. Wellways were the successful tenderer for the new contract with service commencing in January 2026. There were no significant changes to the program model with the new contract. **Regional Loading** As Gippsland PHN only contracts the one service provider to deliver both Access Enablers (and Service Delivery) any regional loading is passed onto this provider. As it is not known what unit costs may be for this service in metropolitan areas of Victoria and Australia it is not possible to benchmark the Gippsland service against them. Instead, Gippsland PHN work with the provider to set realistic and achievable targets that allow for, what might be, slighter higher unit costs than other metro based PHNs. Regional loading had been included in the overall budget of the open competitive procurement. **PHN Capability** Gippsland PHN maintains internal capability to manage and oversee psychosocial commissioning, including staff with tertiary qualifications, experience in project planning, contract management, evaluation, and stakeholder engagement. Access Enablers funding supports 0.6 FTE to coordinate this activity and ensure effective delivery, monitoring and integration across the region. **Engagement with Local Hospital Networks and/or State government:** Local hospitals refer to the service for support for participants transitioning to testing for access to NDIS supports. Collaboration with relevant primary and mental health service providers to address and improve integrated care pathways and the delivery of seamless, effective and efficient care: Gippsland PHN collaborates with service providers such as Orange Door, employment services, Headspace, Medicare Mental Health Intake, Medicare Mental Health/HeadtoHealth, including Local Area Coordinators (LACs) and Local Health Networks (LHNs), Area Mental Health, Welfare Services, Community Health, Department of Justice and Aboriginal Community Controlled Health Services. Activities to promote and improve the update of practice accreditation: • All Gippsland PHN commissioned services are required to have, or be working towards, current accreditation. • Gippsland PHN contractually require that all workforce providing service delivery in Gippsland funded programs undertake mandatory training for

	cultural, diversity competency and safety. This requirement supports the provider in achieving/maintaining accreditation. • The service provider staff have undertaken IAR training to better support their cohort of clients. **Collection of PMHC-MDS data** includes collection of data extensions or tags for service activity. FIXUS is utilised for the collection, submission and review of data. The review of outcome measures specified within service orders and feedback to individual service providers on their progress towards targets ensures that the PMHC MDS is able to be submitted. This analysis occurs alongside the completion of quarterly interval reports and Program/Provider level outcome dashboards where appropriate. Wellways use weekly extracts from FIXUS to support conversations with workers around data quality in FIXUS and review of caseloads and care provision. At month end, Wellways Senior Workers and Service Managers completes end of month data audits to check completeness and accuracy of data. Wellways offers the Your Experience Survey to each participant every six months and on exit. Gippsland PHN undertake a number of quality measures to ensure client outcomes are achieved, including: • Quarterly program review meetings • Quarterly report including Case Study/Good news stories • Monthly review of quantitative data • Compliance with completion of RAS-DS with all participants • Compliance with completion of K5/10 at intake and completion of service delivery in addition to encouraging the integration of the Initial Assessment and Referral (IAR) tool • Client submission of survey/feedback (YES Survey indicators) With the above measures in place, client outcomes are being successfully measured and evaluated to ensure the program adheres to the overarching aims. To ensure Value for Money assessment is conducted at all stages of the commissioning cycle, Gippsland PHN is restructuring contract KPIs and mapping them against the implementing the Quintuple Aim across all commissioning activities. Contract KPIs are being restructured to reflect each of the five elements of the Quintuple aim and from 1 July 2026 all Clinical Service Order Agreements will have contract KPI's against each of the five elements of the Quintuple Aim. **Impact:** The direct impact of these services includes: • Improved wrap-around care where additional mental health supports are required. This has included multi-disciplinary care with General Practices, psychologists, psychiatrists and peer workers. • Participants have increased access to NDIS to support additional needs • Improved outcome measures for participants in the program • Quality improvements undertaken based on feedback received from participants have resulted in improved referral pathways • Provision of a regional approach to collaborative community mental health services for eligible consumers outside of the National Disability Insurance Scheme (NDIS) through community mental health services

	• Participants supported to live the life they want to live in communities of their choice
Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1

Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
Mental Health and Wellbeing, including Suicide Prevention Aboriginal and/or Torres Strait Islander health and wellbeing Alcohol and other drugs Health workforce Growing up healthy (0-25 years) Family violence	

Activity Demographics	
Target Population Cohort	People with severe mental illness who are not eligible for assistance through the NDIS, and who are not receiving psychosocial services
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes

SA3 Name	**SA3 Code**
Gippsland wide	

Activity Consultation and Collaboration	
Consultation	Ongoing and regular consultations held with Gippsland Mental Health Alliance, Gippsland Drug and Alcohol Service Providers Alliance (GADSPA), consumer representatives, local hospitals, Aboriginal Community Controlled Organisations, medical professionals, social and community services, Department of Health, Disability and Ageing, and state Department of Families Fairness and Housing (DFFH).
Collaboration	Collaboration occurs with: • the Local Adult and Older Adult Mental Health and Wellbeing Services, including the new Mental Health and Wellbeing services being established in Gippsland in response to the Royal Commission for Mental Health in Victoria; • Gippsland PRIDE, to support participants who identify as LGBTIQA+; • Victorian Aboriginal Health Service to support participants who identify as Aboriginal and/or Torres Strait Islander; • Local mental health alliances and networks including the Gippsland Mental Health Alliance, with senior managers/executive membership from all mental health services in Gippsland, including the regional hospital and the Area Mental Health Service, Aboriginal Community Controlled Health Organisations (ACCHOs), community health services, administrative agencies, and consumer/carer organisations; • Gippsland General Practices to ensure ongoing planning and collaboration of the participants' care as well as the General Practices' understanding of psychosocial support service capacity outside the usual systems;

	• Local hospital networks, inpatient units, community mental health teams and outreach teams; • Sporting groups and clubs, cafes and community groups to assist with social, health and wellbeing activities for the participants; • Latrobe Health Assembly on a range of topics including employment and housing opportunities; • Gippsland Men's Sheds to assist participants with social and community activities; • Gippsland Youth Groups to understand topics Youth are concerned with across Gippsland and to support younger participants to link into youth-related activities; • Doorway Housing and Recovery Program - working with local real estate agents to negotiate reduced rents and receive early notifications of rental properties becoming available; • Gippsland PHN Advisory Committees representing a broad range of Health Services, health clinicians and consumers who provide advocacy and expertise to Gippsland PHN; • Victorian State Department of Health who play a critical role in primary health provision in Gippsland through its hospital and community network supported by the Bilateral Agreement Implementation Plan for Victoria; and • National Disability Insurance Scheme (NDIS) – Local Area Coordinators (LACs). Collaboration with relevant primary and mental health service providers seeks to address and improve integrated care pathways and the delivery of seamless, effective and efficient care. Gippsland PHN collaborates via community health pathways and through its Clinical Councils. It also encourages and facilitates collaboration between service providers and Head to Health and will seek to further improve integrated care pathways. Gippsland PHN also collects information and encourages partnerships between organisations to increase cross referrals of clients across services based on clinical need and waiting list availability.
Activity Milestone Details/Duration	
Activity Start Date	01/07/2019
Activity End Date	30/06/2027
Other Relevant Milestones	-
Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	Open tender
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	No

joint-commissioned?	
Decommissioning	No
Decommissioning details?	N/A
Co-design or co-commissioning comments	-