

North Western Melbourne - Drug and Alcohol Treatment Services

2019/20 - 2023/24

Activity Summary View



AOD - 1 - Workforce planning and service design AWP 23/24



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

1

Activity Title *

Workforce planning and service design - AWP 23/24

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

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

To support service integration and build capacity of General Practice and commissioned services to respond to the needs of diverse populations across northwestern Melbourne. This activity aims to achieve this by ensuring:

1. General Practice are supported to respond to AOD related issues experienced by patients
2. Specialist AOD workforce have enhanced capacity to respond to needs of diverse people experiencing harms associated with AOD use and misuse
3. AOD programs are accessible to identified communities and target cohorts they service e.g. Aboriginal people, CALD communities, LGBTIQ+ communities

4. Aboriginal and culturally diverse health and community workforce have access to AOD workforce development opportunities
5. Mainstream AOD providers are supported to deliver culturally safe services

Description of Activity *

The delivery of a range of workforce planning and service design initiatives to:

- Support General Practice to meet needs of diverse patients who are impacted by AOD use by providing evidenced informed interventions.
- Enhance AOD providers understanding of priority cohorts and ability to meet their needs, including support to develop models of care tailored for Aboriginal and culturally diverse communities.
- Facilitate dialogue among commissioned services regarding the range of valid outcome and experience measures to improve the quality of care.
- Provide ongoing initiatives for continuous quality improvement and capacity building

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Alcohol and Other Drug Services - demand, prevalence, and complexity	184



Activity Demographics

Target Population Cohort

To maximise the impact of our work, this activity may be targeted in settings with identified priority populations or geographical locations of need.

In Scope AOD Treatment Type *

Workforce Development and Capacity Building, including supporting the workforce through activities which promote increased knowledge and skills and improved access, comprehensive assessments and treatment planning.

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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

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

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

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

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

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

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

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

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

Collaboration

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

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

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

- Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local health services and hospital networks

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



Activity Milestone Details/Duration

Activity Start Date

30/06/2023

Activity End Date

29/06/2024

Service Delivery Start Date

July 2019

Service Delivery End Date

30 June 2024

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

n/a

Co-design or co-commissioning comments

NWMPHN continues to work collaboratively with service providers, our AOD Expert Advisory Group, PHN Clinical and Community Advisory Councils, and other key stakeholders to inform key areas of activity to be delivered. This is enhanced through our involvement with the Victorian PHN Alliance and efforts for reform through Victorian Department of Health.

Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services?

No



AOD - 2 - System development and integration AWP 23/24



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

2

Activity Title *

System development and integration AWP 23/24

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

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

To support the development of the AOD sector and integration of services to respond to the needs of priority populations across northwestern Melbourne. This activity aims to achieve this by ensuring:

1. AOD, mental health, General Practice and allied health providers are delivering integrated services
2. Consumers/patients with intersectional needs are receiving more coordinated care from skilled and knowledgeable practitioners

Description of Activity *

The delivery of a range of developmental activities targeting system integration initiatives to:

- Conduct situation analysis to understand learnings and opportunities within the AOD sector to inform an approach to capture client, service, and system level outcomes
- Support General Practitioners (GPs) in the delivery of integrated primary care responses for people experiencing harms related to AOD use.
- Facilitate improved relationships between AOD providers, mental health and psychosocial services, GPs and allied health practitioners through communities of practice and system integration initiatives.
- Ensure AOD system development aligns with healthcare sector developments, including mental health reforms, to respond to the needs of the community
- Support mainstream and Aboriginal Community Controlled Organisations to develop evidence based Care Navigation models

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Alcohol and Other Drug Services - demand, prevalence and complexity	184



Activity Demographics

Target Population Cohort

To maximise the impact of our work, this activity may be targeted in settings with identified priority populations or geographical locations of need.

In Scope AOD Treatment Type *

System development and service integration, including development of partnerships, enhanced referral pathways, quality improvement processes and delivery of consumer centred services.

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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

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

- Assess and prioritise need

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

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

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

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

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

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

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

Collaboration

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

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

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

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

- Media
- Other identified providers



Activity Milestone Details/Duration

Activity Start Date

30/06/2023

Activity End Date

29/06/2024

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2024

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

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 continues to work collaboratively with service providers, our AOD Expert Advisory Group, PHN Clinical and Community Advisory Councils, and other key stakeholders to inform key areas of activity to be delivered. This is enhanced through our involvement with the Victorian PHN Alliance and efforts for reform through Victorian Department of Health.

Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services?

No



AOD - 3 - Respond to the AOD dependence needs of identified priority populations AWP 23/24



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

3

Activity Title *

Respond to the AOD dependence needs of identified priority populations AWP 23/24

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

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

The NWMPHN Health Needs Assessment highlighted the need to adapt to needs of priority populations. NWMPHN has a high focus on priority populations over the next three years with the aim to ensure:

1. Commissioned services are more responsive to needs of priority populations
2. People from priority populations have greater understanding of AOD and mental health issues and treatment services
3. Access by people from priority populations is increased

Description of Activity *

The commissioning of a range of services and strategies aimed at enhancing responses for priority populations including Aboriginal, Culturally and Linguistically Diverse, LGBTIQ+, people with comorbid AOD and mental health concerns, children, youth and families and people experiencing homelessness. This activity includes quality improvement initiatives in all commissioned AOD programs to support them to improve their response to intersectional needs across diverse communities.

The commissioned services delivered by providers will take a holistic approach ensuring a persons broader/ co-morbid issues are also considered including coordination/ navigation to other services and supports and life skills building. This will be achieved through incorporating a component of psychosocial support services funding and support into the commissioned AOD services.

The approaches or mechanisms, i.e., enablers, that may be used to implement this activity include quality improvement in primary care practice, care navigation and access, health literacy and workforce development, communications and marketing, digitally enhanced care pathways.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Alcohol and Other Drug Services - demand, prevalence and complexity	184



Activity Demographics

Target Population Cohort

To maximise the impact of our work, this activity may be targeted to identified priority populations or geographical locations

In Scope AOD Treatment Type *

- Early intervention (including Brief Intervention)
- Counselling
- Withdrawal Management
- Day Stay Rehabilitation (and other intensive non-residential programs)
- Aftercare / relapse Prevention
- Case management, care planning, and coordination
- Information and Education

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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

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

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

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

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

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

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

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

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

Collaboration

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

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

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

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

- Victorian Department of Health
- Local government
- Other PHNs
- Media
- Other identified providers



Activity Milestone Details/Duration

Activity Start Date

30/06/2023

Activity End Date

29/06/2024

Service Delivery Start Date

July 2019

Service Delivery End Date

30 June 2024

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

No

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

Yes

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

NWMPHN continues to work collaboratively with service providers, our AOD Expert Advisory Group, Aboriginal Health advisory group, PHN Clinical and Community Advisory Councils, and other key stakeholders to inform key areas of activity to be delivered. This is enhanced through our involvement with the Victorian PHN Alliance and efforts for reform through Victorian Department of Health.

Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services?

Yes



AOD - 4 - Respond to the identified AOD dependence needs of Aboriginal people AWP 23/24



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

4

Activity Title *

Respond to the identified AOD dependence needs of Aboriginal people AWP 23/24

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

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

NWMPHN Health Needs assessment identified the need to commission targeted support for Aboriginal people. In response to this a tailored commissioning approach will support services to Improve the health and wellbeing of Aboriginal people with AOD issues and mental health concerns.

Description of Activity *

Continue the commissioning of Aboriginal Community Controlled AOD treatment services for the delivery of AOD treatment services for Aboriginal people across the region.

The approaches or mechanisms, i.e., enablers, that may be used to implement this activity include quality improvement in primary care practice, care navigation and access, health literacy and workforce development, communications and marketing, digitally enhanced care pathways.

Needs Assessment Priorities ***Needs Assessment**

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Alcohol and Other Drug Services - demand, prevalence and complexity	184



Activity Demographics

Target Population Cohort

Aboriginal people in NWMPHN region

In Scope AOD Treatment Type *

- Early intervention (including Brief Intervention)
- Counselling
- Withdrawal Management
- Day Stay Rehabilitation (and other intensive non-residential programs)
- Aftercare / relapse Prevention
- Case management, care planning, and coordination
- Aboriginal cultural support

Indigenous Specific *

Yes

Indigenous Specific Comments

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

This activity will work with existing Aboriginal AOD service providers, to gain insights and adapt to the dynamic AOD environment in the NWMPHN catchment. This will involve regular engagement with service providers and responding to identified support needs.

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

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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

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

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

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

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

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

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

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

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

Collaboration

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

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

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

- Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local health services and hospital networks
- Community health services
- General practice
- Residential aged care facilities
- Pharmacy
- Allied health
- Community-based organisations

- Research institutes
- Academic and training institutions
- Peak and professional bodies
- Victorian Department of Health
- Local government
- Other PHNs
- Media
- Other identified providers



Activity Milestone Details/Duration

Activity Start Date

28/03/2019

Activity End Date

27/06/2024

Service Delivery Start Date

July 2019

Service Delivery End Date

30 June 2024

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

n/a

Co-design or co-commissioning comments

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

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

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

Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services?

Yes



AOD - 1000 - Workforce development and capacity building AWP 22/23



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

1000

Activity Title *

Workforce development and capacity building AWP 22/23

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

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

It is critical for NWMPHN to support integration and improve capacity of services to respond to the needs of priority populations across northwestern Melbourne. This activity aims to achieve this by ensuring:

1. General Practice and allied health care providers are better equipped to respond to AOD related issues amongst patients;
2. Specialist AOD workforce have enhanced capacity to respond to priority populations;
3. General Practice, AOD and allied health providers are delivering integrated services; and
4. Consumers/patients are receiving integrated services from skilled and knowledgeable practitioners.

Description of Activity *

The commissioning of a range of workforce development and capacity building initiatives to:

- Support General Practitioners (GPs) in the delivery of integrated primary care responses for people experiencing harms related to AOD use. Examples of this is support provided for the use of safescript, the Victorian Real Time Prescription Monitoring system, promotion of RACGP and ACRRM developed education package and training grants. This work includes development of pathways for GPs to refer patients to specialist AOD services.
- Enhance AOD providers understanding of priority populations and ability to meet their needs, including support to develop models of care tailored for culturally diverse communities.
- Facilitate improved relationships between AOD providers, mental health and psychosocial services, GPs and allied health practitioners through communities of practice and workforce development initiatives.

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Alcohol and Other Drug Services - demand, prevalence and complexity	184



Activity Demographics

Target Population Cohort

To maximise the impact of our work, work in this activity may be targeted to identified priority populations or geographical locations

In Scope AOD Treatment Type *

Workforce Development and Capacity Building, including supporting the workforce through activities which promote improved access, comprehensive assessments and treatment planning, evidence based treatment, enhanced referral pathways, quality improvement processes, and service integration.

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

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



Activity Consultation and Collaboration

Consultation

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

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

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

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

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

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

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

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

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

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

Collaboration

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

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

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

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



Activity Milestone Details/Duration

Activity Start Date

28/03/2019

Activity End Date

29/06/2023

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2023

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

n/a

Co-design or co-commissioning comments

NWMPHN continues to work collaboratively with service providers, our AOD Expert Advisory Group, PHN Clinical and Community Advisory Councils, and other key stakeholders to inform key areas of activity to be delivered. This is enhanced through our involvement with the Victorian PHN Alliance and efforts for reform through Victorian Department of Health.

Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services?

No



AOD - 2000 - Respond to the needs of identified priority populations AWP 22/23



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

2000

Activity Title *

Respond to the needs of identified priority populations AWP 22/23

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

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

The NWMPHN Health Needs Assessment highlighted the need to adapt to needs of priority populations. NWMPHN has a high focus on priority populations over the next three years with the aim to ensure:

1. Commissioned services are more responsive to needs of priority populations
2. People from priority populations have greater understanding of AOD and mental health issues and treatment services
3. Access by people from priority populations is increased

Description of Activity *

The commissioning of a range of services and strategies aimed at enhancing responses for priority populations including Aboriginal, Culturally and Linguistically Diverse, LGBTIQ+, people with comorbid AOD and mental health concerns and people experiencing homelessness. This has included co-commissioning of culturally diverse family centred AOD program in collaboration with our Children and Families and Afterhours programs, as well as quality improvement initiatives with all commissioned AOD activity to support them to improve their response to the communities' needs.

The approaches or mechanisms, i.e., enablers, that may be used to implement this activity include:

Digitally Enhanced Care Pathways, workforce development and quality improvement, health literacy and consumer participation, communications and marketing.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Alcohol and Other Drug Services - demand, prevalence and complexity	184



Activity Demographics

Target Population Cohort

To maximise the impact of our work, work in this activity may be targeted to identified priority populations or geographical locations.

In Scope AOD Treatment Type *

- Early intervention (including Brief Intervention)
- Counselling
- Withdrawal Management
- Residential Rehabilitation
- Day Stay Rehabilitation (and other intensive non-residential programs)
- Aftercare / relapse Prevention
- Case management, care planning, and coordination
- Information and Education

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

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



Activity Consultation and Collaboration

Consultation

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

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

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

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

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

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

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

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

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

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

Collaboration

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

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

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

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



Activity Milestone Details/Duration

Activity Start Date

28/03/2019

Activity End Date

29/06/2023

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2023

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: Yes

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

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

Yes

Decommissioning details?

NWMPHN has undertaken a review of current service provider agreements against this activity and NWMPHN priorities. A number of AOD programs meeting this activity are continuing, with a range of programs being decommissioned early 2022. Newly commissioned programs were established late 2021 to ensure that existing clients are appropriately transitioned to new services where appropriate.

Transition Plans were required by each provider to show how they will support clients throughout the process and allow NWMPHN to monitor their approach.

This approach is consistent with section 5.5 of the PHN AWP Guidance which confirms that from 1 July 2020, PHNs can jointly fund commissioned services with core and NIAS funding that is aligned with local needs

Co-design or co-commissioning comments

NWMPHN continues to work collaboratively with service providers, our AOD Expert Advisory Group, PHN Clinical and Community Advisory Councils, and other key stakeholders to inform key areas of activity to be delivered. This is enhanced through our involvement with the Victorian PHN Alliance and efforts for reform through Victorian Department of Health.

Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services?

Yes



AOD-GPS - 3000 - General Practice Support for Drug and Alcohol Addiction Treatment AWP 22/23



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD-GPS

Activity Number *

3000

Activity Title *

General Practice Support for Drug and Alcohol Addiction Treatment AWP 22/23

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

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

The aim of this activity is to provide additional support to General Practitioners (GPs) to build their AOD treatment capacity and engage in AOD training that is available to the primary health sector

Description of Activity *

Under this activity, NWMPHN will:

- Provide support to GPs and other health professionals to build the capacity of the health workforce to deliver high quality, evidence based AOD treatment
- Strengthen the capacity of GPs to address AOD issues in the local community by promoting education and training grants that are delivered through The Royal Australian College of General Practitioners (RACGP)
- Support improved patient access to AOD treatment by enhancing GP knowledge of referral pathways
- Support GPs to improve AOD treatment through increased awareness and understanding of evidence based resources

The approaches or mechanisms, i.e., enablers, that may be used to implement this activity include: workforce development and quality improvement, population health planning and performance measurement, organisational governance and accountability, communications and marketing.

Needs Assessment Priorities ***Needs Assessment**

Priorities

Priority	Page reference
Alcohol and Other Drug Services - demand, prevalence and complexity	184



Activity Demographics

Target Population Cohort

General Practitioners
Primary health care professionals

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

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



Activity Consultation and Collaboration

Consultation

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

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

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

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

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

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

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

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

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

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

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

Collaboration

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

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

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

- Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local hospital networks

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



Activity Milestone Details/Duration

Activity Start Date

29/04/2020

Activity End Date

30/01/2023

Service Delivery Start Date

01/07/2020

Service Delivery End Date

31/01/2023

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

n/a

Co-design or co-commissioning comments

NWMPHN continues to work collaboratively with General Practice, service providers, our AOD and General Practice Expert Advisory Groups, PHN Clinical and Community Advisory Councils, and other key stakeholders to inform key areas of activity to be delivered. This is enhanced through our involvement with the Victoria Tasmania PHN Alliance and efforts for reform through Victorian Department of Health.



AOD - 4000 - Support commissioned AOD service providers to capture agreed outcomes AWP 22/23



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

4000

Activity Title *

Support commissioned AOD service providers to capture agreed outcomes AWP 22/23

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

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

The Health Needs Assessment identified the opportunity to develop outcome measures that inform approaches to commissioning and support service providers to demonstrate impact of AOD treatment delivery. It is proposed that this be achieved through:

1. Commissioned service providers measuring outcomes using agreed tools
2. Commissioned service providers applying consistent approaches to capturing the delivery of treatment episodes of care
3. NWMPHN having improved understanding of the impact commissioned services have in the community

Description of Activity *

Conduct situation analysis to understand learnings and opportunities within the AOD sector to inform an approach to capture client, service, and system level outcomes.

Facilitate dialogue among commissioned services regarding the range of valid outcome and experience measures that could be utilised and determine tools that providers can use in funded activities. This will support approaches to improve the quality of care.

Support the transition towards an outcomes-based commissioning approach in line with broader PHN objectives. This will include the promotion of relevant accreditations and standards.

The approaches or mechanisms, i.e., enablers, that may be used to implement this activity include: workforce development and quality improvement, population health planning and performance measurement, organisational governance and accountability, communications and marketing.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Alcohol and Other Drug Services - demand, prevalence and complexity	184



Activity Demographics

Target Population Cohort

Commissioned Service Providers

In Scope AOD Treatment Type *

Not applicable

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

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



Activity Consultation and Collaboration

Consultation

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

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

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

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

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

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

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

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

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

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

Collaboration

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

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

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

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



Activity Milestone Details/Duration

Activity Start Date

25/02/2019

Activity End Date

29/06/2023

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: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

n/a

Co-design or co-commissioning comments

Broad sector engagement in the development of experience and outcome measures will be required to ensure that they are meaningful, adopted and used in decision making processes by service providers. Therefore, any activity will have a strong co-design process across different systems and organisation types.

Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services?

No



AOD - 5000 - Reducing the impacts of AOD dependence, including tobacco for Aboriginal people AWP 22/23



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

5000

Activity Title *

Reducing the impacts of AOD dependence, including tobacco for Aboriginal people AWP 22/23

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

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

Significant rates and associated harms of AOD misuse was identified among Aboriginal people in the NWMPHN Health Needs Assessment. In response to this a targeted commissioning approach will support:

1. More culturally safe and responsive services to meet needs of Aboriginal people
2. Increased access (to AOD and mental health services) for Aboriginal people
3. Improve the health of Aboriginal people with AOD issues and mental health concerns

Description of Activity *

Continue the commissioning of community based AOD treatment services for Aboriginal people. This includes reviewing the effectiveness of current commissioned Aboriginal Community Controlled and mainstream services. An example of the work we are committed to includes funding for Aboriginal Community Controlled Organisations for the delivery of AOD treatment services for Aboriginal people across the region.

The approaches or mechanisms, i.e., enablers, that may be used to implement this activity include quality improvement in primary care practice, care navigation and access, health literacy and workforce development, communications and marketing.

Needs Assessment Priorities ***Needs Assessment**

Priorities

Priority	Page reference
Alcohol and Other Drug Services - demand, prevalence and complexity	184



Activity Demographics

Target Population Cohort

Aboriginal people in NWMPHN region

In Scope AOD Treatment Type *

Early intervention (including Brief Intervention)
 Counselling
 Withdrawal Management
 Day Stay Rehabilitation (and other intensive non-residential programs)
 Aftercare / relapse Prevention
 Case management, care planning, and coordination
 Information and Education

Indigenous Specific *

Yes

Indigenous Specific Comments

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

This activity will work with existing Aboriginal AOD service providers, to gain insights and adapt to the dynamic AOD environment in the NWMPHN catchment. This will involve regular engagement with service providers and responding to identified support needs

Coverage

Whole Region

Yes

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



Activity Consultation and Collaboration

Consultation

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

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

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

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

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

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

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

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

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

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

Collaboration

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

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

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

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



Activity Milestone Details/Duration

Activity Start Date

28/03/2019

Activity End Date

29/06/2023

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2023

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

n/a

Co-design or co-commissioning comments

n/a

Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services?

Yes



AOD - 6000 - Workforce development, ensuring relevant prog. incorporate Aboriginal cultural lens AWP 22/23



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

6000

Activity Title *

Workforce development, ensuring relevant prog. incorporate Aboriginal cultural lens AWP 22/23

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

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

Workforce development has been identified as a need in quality improvement strategies across all areas, this activity will meet this need with the following aims:

1. Commissioned services are more responsive to needs of Aboriginal people
2. Workforce capacity is enhanced

Description of Activity *

This activity includes the implementation of a range of strategies to enhance responses for Aboriginal people. This includes:

- Providing workforce development opportunities for the Aboriginal health and community workforce
- Increasing cultural safety of commissioned services and primary care workforce more broadly
- Building internal NWMPHN capacity to commission culturally competent services across the region
- Ongoing development and implementation of the NWMPHN Reconciliation Action Plan

The approaches or mechanisms, i.e. enablers, that may be used to implement this activity include: workforce development and quality improvement, communications and marketing, digitally enhanced care pathways

Needs Assessment Priorities ***Needs Assessment**

Priorities

Priority	Page reference
Alcohol and Other Drug Services - demand, prevalence and complexity	184



Activity Demographics

Target Population Cohort

To maximise the impact of our work, work in this activity may be targeted to identified cohorts or geographical locations.

In Scope AOD Treatment Type *

Workforce Development, Capacity Building, including supporting the workforce through activities which promote shared approaches to assessment and referral pathways, quality improvement, evidence-based treatment, and service integration.

Indigenous Specific *

Yes

Indigenous Specific Comments

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

This activity will work with existing Aboriginal AOD service providers, to gain insights and adapt to the dynamic AOD environment in the NWMPHN catchment. This will involve, in particular, working with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to identify and support capacity building and quality improvement needs.

Coverage

Whole Region

Yes

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



Activity Consultation and Collaboration

Consultation

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

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

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

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

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

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

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

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

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

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

Collaboration

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

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

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

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



Activity Milestone Details/Duration

Activity Start Date

28/06/2019

Activity End Date

29/06/2023

Service Delivery Start Date

July 2019

Service Delivery End Date

30 June 2023

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

No

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

Yes

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

No

Decommissioning

No

Decommissioning details?

n/a

Co-design or co-commissioning comments

NWMPHN continues to work collaboratively with service providers, our AOD Expert Advisory Group, PHN Clinical and Community Advisory Councils, and other key Aboriginal stakeholders to inform key areas of activity to be delivered. This is enhanced through our involvement with the Victorian PHN Alliance and efforts for reform through Victorian Department of Health.

Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services?

No



AOD - 7000 - Continue to improve access, integration and care navigation for Aboriginal people AWP 22/23



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

7000

Activity Title *

Continue to improve access, integration and care navigation for Aboriginal people AWP 22/23

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

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

Improving access and integration of AOD and other social and primary health services were major themes of the NWMPHN Health Needs Assessment. This activity seeks to address this identified need with the following aims:

1. Access by people from Aboriginal communities is increased
2. Increased number of Aboriginal consumers/patients are receiving more integrated services

Description of Activity *

Strategies to continue to improve access, integration and care navigation for the Aboriginal population in our region include:

- Continue to commission, monitor and review the community based Integrated Team Care (ITC) activities to ensure they complement and are integrated to AOD and mental health activity for Aboriginal people
- Support ACCHOs and other agencies to develop evidence based Care Navigation models
- Continue to review existing care pathways, and develop new care pathways for the Aboriginal population in our region.

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

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Alcohol and Other Drug Services - demand, prevalence and complexity	184



Activity Demographics

Target Population Cohort

To maximise the impact of our work, work in this activity may be targeted to identified cohorts or geographical locations.

In Scope AOD Treatment Type *

- Care planning and coordination
- Workforce Development and Capacity Building, including supporting the workforce through activities which promote improved access, comprehensive assessments, and treatment planning, evidence based treatment, enhanced referral pathways, quality improvement processes, and service integration.

Indigenous Specific *

Yes

Indigenous Specific Comments

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

This activity will work with existing Aboriginal AOD service providers, to gain insights and adapt to the dynamic AOD environment in the NWMPHN catchment. In addition, it is likely that this activity will engage key Aboriginal Health bodies in Victoria (Victorian Aboriginal Community Controlled Health Organisation and Victorian Aboriginal Health Service), mainstream ITC providers, mental health stakeholders and other Aboriginal Community Controlled Organisations that interact with Aboriginal people experiencing concerns related to AOD use.

Coverage

Whole Region

Yes

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



Activity Consultation and Collaboration

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- Local government
- Media
- Other identified providers



Activity Milestone Details/Duration

Activity Start Date

28/06/2019

Activity End Date

29/06/2023

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2023

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

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No

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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 continues to work collaboratively with service providers, our AOD Expert Advisory Group, PHN Clinical and Community Advisory Councils, and other key Aboriginal stakeholders to inform key areas of activity to be delivered. This is enhanced through our involvement with the Victorian PHN Alliance and efforts for reform through Victorian Department of Health.

Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services?

No



AOD-Op - 1000 - AOD Operational AWP 23/24



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD-Op

Activity Number *

1000

Activity Title *

AOD Operational AWP 23/24

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

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

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



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Decommissioning

Decommissioning details?

Co-design or co-commissioning comments