

# North Western Melbourne - Drug and Alcohol Treatment Services

## 2025/26 - 2027/28

### Activity Summary View



## AOD - 1 - Workforce planning and service design\_AWP 25/26



### Activity Metadata

#### Applicable Schedule \*

Drug and Alcohol Treatment Services

#### Activity Prefix \*

AOD

#### Activity Number \*

1

#### Activity Title \*

Workforce planning and service design\_AWP 25/26

#### 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 \*

To support workforce planning and service design opportunities to build capability and capacity 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 2025-2028

#### Priorities

| Priority                                                                                                                                                                                             | Page reference |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Alcohol and Other Drugs - Enhance person-centred services to support individuals experiencing harm from the use of alcohol through care and recovery (3.3.2)                                         | 185            |
| Alcohol and Other Drugs - Improve outreach services to provide accessible/person-centered/evidence-based harm reduction services for First Nations people at risk of harm from use of AOD (3.2.7)    | 185            |
| Alcohol and Other Drugs - Improve outreach services which offer accessible/person-centered/evidence-based harm reduction services to adults 65+ at risk of experiencing harm from use of AOD (3.2.3) | 185            |
| Alcohol and Other Drugs - Improve outreach services which offer accessible/person-centered/evidence-based harm reduction services to people from CAED communities (3.2.8)                            | 185            |
| Alcohol and Other Drugs - Improved integrated care at the community level to support individuals experiencing harm from the use of AOD and reduce their risk of mental ill-health (3.3.6)            | 185            |



### 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 seven activities that comprise our commissioning approach:

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

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

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

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

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

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

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

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

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

### Collaboration

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

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

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

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



### Activity Milestone Details/Duration

#### Activity Start Date

28/06/2023

#### Activity End Date

29/06/2026

#### Service Delivery Start Date

July 2019

#### Service Delivery End Date

30 June 2026

## Other Relevant Milestones



## Activity Commissioning

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

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** Yes

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

Yes

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

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.

NWMPHN is committed to engagement and partnership with community, consumers and their families and clinicians at all key phases of the commissioning and project lifecycles. Co-design methodologies will be employed to ensure service users and clinicians have genuine input in the design and development of interventions that may be generated.

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

NWMPHN has access to data and insight on community need, existing service provision and service evaluations. This information is included in the design of projects, programs, and services to ensure that they address the prioritised needs of the community, and that appropriate level of funding is available to deliver these services. We do this by:

- Exploring and identifying problems and their root causes
- Co-designing and testing better solutions with the right people.
- Working with our partners to implement programs and to achieve agreed outcomes.
- Reviewing each program to assess what it achieved and what we can learn to build even better services in the future.

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

No

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## AOD - 2 - System development and integration\_AWP 25/26



### Activity Metadata

**Applicable Schedule \***

Drug and Alcohol Treatment Services

**Activity Prefix \***

AOD

**Activity Number \***

2

**Activity Title \***

System development and integration\_AWP 25/26

**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 \***

To support the development of the AOD sector and integration of services to respond to the needs of priority populations across north western 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 2025-2028

#### Priorities

| Priority                                                                                                                                                                                             | Page reference |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Alcohol and Other Drugs - Enhance person-centred services to support individuals experiencing harm from the use of alcohol through care and recovery (3.3.2)                                         | 185            |
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| Alcohol and Other Drugs - Improve outreach services which offer accessible/person-centered/evidence-based harm reduction services to adults 65+ at risk of experiencing harm from use of AOD (3.2.3) | 185            |
| Alcohol and Other Drugs - Improve outreach services which offer accessible/person-centered/evidence-based harm reduction services to people from CAED communities (3.2.8)                            | 185            |
| Alcohol and Other Drugs - Improved integrated care at the community level to support individuals experiencing harm from the use of AOD and reduce their risk of mental ill-health (3.3.6)            | 185            |



### 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 seven activities that comprise our commissioning approach:

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

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

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

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

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

We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local health services and hospital networks. This activity will also include meaningful key stakeholder input in the procurement and program development process.

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

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

### Collaboration

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

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

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

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

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



### Activity Milestone Details/Duration

#### Activity Start Date

28/06/2023

#### Activity End Date

29/06/2026

#### Service Delivery Start Date

July 2019

#### Service Delivery End Date

30 June 2026

#### Other Relevant Milestones



### Activity Commissioning

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

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** Yes

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

Yes

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

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 25/26



### 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 25/26

**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, 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 person's 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 2025-2028

#### Priorities

| Priority                                                                                                                                                                                             | Page reference |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
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| Alcohol and Other Drugs - Improve outreach services to provide accessible/person-centered/evidence-based harm reduction services for First Nations people at risk of harm from use of AOD (3.2.7)    | 185            |
| Alcohol and Other Drugs - Improve outreach services which offer accessible/person-centered/evidence-based harm reduction services to adults 65+ at risk of experiencing harm from use of AOD (3.2.3) | 185            |
| Alcohol and Other Drugs - Improve outreach services which offer accessible/person-centered/evidence-based harm reduction services to people from CAED communities (3.2.8)                            | 185            |
| Alcohol and Other Drugs - Improved integrated care at the community level to support individuals experiencing harm from the use of AOD and reduce their risk of mental ill-health (3.3.6)            | 185            |



### 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

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

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

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

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

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

We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local health services and hospital networks. This activity will also include meaningful key stakeholder input in the procurement and program development process. Commissioned provider(s) will also be expected to consult with community members when designing and implementing their activities.

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

### Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower. Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

Collaboration with key stakeholders will occur throughout the commissioning process.

Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:

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



## Activity Milestone Details/Duration

### Activity Start Date

28/06/2023

### Activity End Date

29/06/2026

### Service Delivery Start Date

July 2019

### Service Delivery End Date

30 June 2026

### Other Relevant Milestones



## Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: 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 25/26



### 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 25/26

**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 \***

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 2025-2028

## Priorities

| Priority                                                                                                                                                                                             | Page reference |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Alcohol and Other Drugs - Enhance person-centred services to support individuals experiencing harm from the use of alcohol through care and recovery (3.3.2)                                         | 185            |
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| Alcohol and Other Drugs - Improve outreach services which offer accessible/person-centered/evidence-based harm reduction services to people from CAED communities (3.2.8)                            | 185            |
| Alcohol and Other Drugs - Improved integrated care at the community level to support individuals experiencing harm from the use of AOD and reduce their risk of mental ill-health (3.3.6)            | 185            |



## 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 seven activities that comprise our commissioning approach:

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

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

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

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

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

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

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

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

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

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



### Activity Milestone Details/Duration

#### Activity Start Date

26/03/2019

#### Activity End Date

29/06/2026

#### Service Delivery Start Date

July 2019

#### Service Delivery End Date

30 June 2026

#### Other Relevant Milestones



### Activity Commissioning

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

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** 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

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## AOD-Op - 1000 - AOD Operational\_AWP 25/26



### Activity Metadata

**Applicable Schedule \***

Drug and Alcohol Treatment Services

**Activity Prefix \***

AOD-Op

**Activity Number \***

1000

**Activity Title \***

AOD Operational\_AWP 25/26

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

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



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments