



Australian Government

Department of Health

phn

An Australian Government Initiative

Updated Activity Work Plan 2016-2019: Drug and Alcohol Treatment

Western Sydney Primary Health Network

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1. Strategic Vision for Drug and Alcohol Treatment Funding

The Strategic Vision for Alcohol and Drug Treatment Services will be an essential component, and substantial contributor to WentWest's overarching Strategic Vision for:

- healthier communities,
- empowered individuals and,
- a sustainable primary health care workforce

A central part of our strategic vision for alcohol and drug treatment is to apply a systems approach to the development of alcohol and drug treatment services that enables Went West and its system partners to achieve the quadruple aim.

To realise this strategic vision requires a whole of population, whole of person and whole of system perspective for service planning and commissioning across the life course. The life course continuum is based on a risk progression from a healthy and well population through progressive states of distress or disorder to manifest alcohol and drug issues and complications.

The life course continuum enables us to address the key Departmental priorities in a unified way.

1. Address the increased demand for access to drugs and alcohol treatment services, with a focus on methamphetamine use,
2. Support region specific, cross-sectoral and integrated approaches to drug and alcohol treatment services,
3. Facilitate and support evidence based treatment for clients using a range of substances, including methamphetamine, including flexible and stepped care models tailored to individual need;
4. Promote linkages with broader health services, with a particular focus on GPs, and including mental health services, to better support integrated treatment and referral pathways to support clients with comorbid mental health disorders.
5. Ensure targeted and culturally appropriate drug and alcohol treatment services for Indigenous Australians that are linked with broader Indigenous health services; and
6. Promote quality improvement approaches and support health professionals through education and training.

Our aim is that, by the end of the plan period, we will have built a platform that can support the collaborative commissioning and transformation of services across the Western Sydney, whilst also testing a new model of stepped-care with a focus on linking people presenting in crisis with a GP. This platform will integrate across the three domains of mental health, suicide prevention, and alcohol and drug treatment, creating aligned strategic commissioning. A particular finding during the Needs Assessment period is that many of the patients presenting with substance use disorders and substance use induced disorders (intoxication, withdrawal and end organ damage manifestations) to WSLHD facilities don't have GPs. As these patients are more in need than most for multiple specialists' services to address their comorbid conditions, adverse outcomes from their substance use are exacerbated, with cognitive impairment and multiple physical and mental health conditions remaining undiagnosed and untreated.

Some patients with substance use disorders and substance use induced disorders have contact with healthcare that is precipitated by crisis, and evidence shows they will continue to present recurrently unless the service gaps are fully identified and remedied by new programs and responses. Data demonstrates that many identified from ED as having significant drug and alcohol problems are discharged without these issues addressed.

The activity plan identifies how we will engage critical stakeholders in each domain to rethink how the system of care and support can better deliver on quadruple aim outcomes.

2. (a) Planned activities: Drug and Alcohol Treatment Services – Operational and Flexible Funding

Proposed Activities	
Activity Title	1.1 Governance and Oversight Region wide structure with treatment service providers in the Drug & Alcohol field to drive collaboration and approaches to shared governance where applicable.
Existing, Modified, or New Activity	Modified <i>Original 1.2 and 1.3 now merged with 1.1. Shown as track changes in this activity</i>
Needs Assessment Priority Area	Overall Governance and Improved Policy Capacity p 17
Description of Drug and Alcohol Treatment Activity	<p>WentWest will establish a region-wide oversight structure for its AoD program in partnership with the LHD Drug Health Service. This will include other service providers such as NGO's, community representatives, LHD and speciality networks, primary health care providers and consumer involvement. The advisory group will be co-chaired by the PHN. The functions of the group will include developing processes for shared planning activity, shared service activity, the agreement to shared clinical governance structures and referral pathways. This will allow alignment of commissioning and planning of our activity with planning and investment in other sectors, improve transitions of care between sectors and ensure better synergy of service delivery for consumers.</p> <p>As part of this work, a set of cross-sectoral foundation documents will be developed to inform decision making, including an evidence-based regional AoD plan and service mapping. These documents will incorporate the activities of each of the sectors providing AoD treatment within the WentWest PHN to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration:</p> <ul style="list-style-type: none"> • Development of a regional Drug and Alcohol strategy with a consumer experience and engagement focus. • Development of a documented mapping exercise, examining capacity and resourcing of services within WentWest PHN and incorporate mechanisms to monitor identified gaps.

	<ul style="list-style-type: none"> • Confirm a joint clinical governance framework which provides for agreed referral pathways, case conferencing, complex case reviews and adverse event reviews. This will include PHN, LHD, ACCHO's, Primary Care and NGO participants. • Establish a role delineation framework for the PHN that outlines target areas of accountability and priority service delivery domains, and delineates these from NGO's, ACCHO's and LHD. • Identify and/or establish navigation tools to assist professional, service providers, and consumer to identify and navigate the different AoD services in the region. Review relevant HealthPathways in relation to drug and alcohol services and facilitate use by all providers.
Target population cohort	N/A
Consultation	This activity forms part of the stakeholder engagement process. WSPHN Consumer and Clinical Councils provides advice during planning implementation and evaluation. Consultation with WSLHD Drug Health related to working together on the Advisory Group for western Sydney region.
Collaboration	These activities require the engagement of all other AOD service providers within the PHN as well as consumer and service user organisations. The advisory group will be a key component of our collaborative approach. WSLHD Drug Health will Co-Chair this Advisory Group.
Indigenous Specific	No
Duration	Invitations and explanatory information to be distributed in January 2017. First meeting February 2017 and thereafter quarterly for the life of this Activity Plan. Associated documentation will be complete June 2018.
Coverage	Entire PHN region which matches the Western Sydney LHD boundary.

Commissioning method	Participation will be by direct invitation. External commissioning will be used as required to develop resources and capability.
Approach to market	N/A Monitoring and evaluation Process evaluation AOD incorporated in HealthPathways within WSPHN Joint clinical governance framework established

Proposed Activities	
Activity Title	2.1 Enhanced Rehabilitation Capacity
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area	Service Capacity p 19
Description of Drug and Alcohol Treatment Activity	<p>Drug & Alcohol rehabilitation services provide functional recovery capacity, attitudinal and behaviour change skills for participants to achieve long term behaviour change with regard to drug or alcohol dependence. Services can be residential, day only or community outreach and are provided by a mixture of professional and peer workers. Local modelling of service need is generally focussed on specific high needs populations. This enhancement incorporates priority group funding for access for families, people in transition from prison and also other priority population areas without specific tagged funding (such as those from the CALD or LGBTI communities or homeless people.</p> <p>Enhanced treatment services have been funded initially to June 2018 with a focus on AOD treatment for: CALD community (Early intervention; Brief intervention; post treatment support; care planning and coordination); young people with co-occurring mental health issues (Early intervention; Brief intervention;</p>

	<p>post treatment support; relapse prevention; care planning and coordination); young people from priority populations of Aboriginal and Torres Strait Island, homeless, LGBTI (Youth focus early intervention; brief intervention; post treatment support and relapse prevention; care planning and coordination); Adults including families with children, people leaving prison, Aboriginal and Torres Strait Island people, homeless people, LGBTI people (Brief intervention; day program relapse prevention; case management; care planning and coordination).</p> <p>Projects addressing priorities are being confirmed through direct approach to service providers with unique expertise and experience related to priority populations. These projects will combine treatment elements, short-term capacity building for the AoD service providers to be able to respond to priority populations and sustainable elements that will continue in WSPHN region to: build consumer leadership in service co-design; increase sustainable family support so that family members with AoD issues are in turn supported to access and complete treatment and experience social inclusion during recovery; establish pathways for prisoners on remand and/or short term sentences with significant AoD issues to access treatment and support for reintegration into the community.</p> <p>Epidemiological modelling by the NSW AoD NGO peak body, NADA, indicates that less than 50% of the need for rehabilitation places are funded in NSW. This activity will seek to expand the availability of rehabilitation places available within WentWest PHN, with a focus on innovative and non-residential models, as recommended by NADA.</p> <p>In year 1 successful services will be provided with necessary establishment costs as part of their funding. Escalation to meet award increases and CPI will be provided at an agreed rate.</p>
Target population cohort	<p>Western Sydney residents with AoD treatment need with a focus on priority populations identified in the Needs Assessment: CALD community; young people; people with co-occurring mental health issues; Aboriginal and Torres Strait Island people, homeless people, LGBTI people; families with children; people leaving prison.</p>
Consultation	<p>WSPHN Consumer and Clinical Councils provides advice during planning, implementation and evaluation. Selection Panel for tender made up of independent sector members. Co-design planning with sector, including service consumers, also informed the development of this work and will be integral to monitoring, evaluation and future planning work.</p>

Collaboration	This activity will be undertaken in consultation with the peak NGO body, Drug Health WSLHD and the local Aboriginal Community Controlled Organisations and will involve service delivery by NGO's with specialist skills in addressing drug or alcohol problems.
Indigenous Specific	NO
Duration	Tender opened October and closed December 2016. Contracts to June 2018 in first instance. Subject to acceptable performance review, services will continue until June 30, 2019.
Coverage	Entire PHN region.
Commissioning method	Key delivery commissioned through open tender incorporating priority group funding for Access for Families and Transition from Prison
Approach to market	<p>Direct engagement following successful open tender.</p> <p>Monitoring and evaluation</p> <p>In the first performance cycle, data will be collected on the number of clients provided with service, broken down by primary drug of concern, unmet demand, and effective referral to, and from, other agencies including general practice, allied health and Drug Health, WSLHD.</p> <p>This will be in order to establish that additional capacity has been created and that service linkages are being established. During this period an assessment will be made on the potential sample available for follow up three months post treatment, with a view to assessing measures associated with employment status, accommodation stability and continuing drug use.</p> <p>Overall volume growth of an extra 200 people per year provided with some form of rehabilitation treatment as measured by the NADA database.</p> <p>It is anticipated that this initiative will also contribute to state-wide measures of rehabilitation services "1% rehabilitation needs met".</p>
Decommissioning (if applicable)	Contract lengths are to June 2018 with extension to June 2019 subject to performance.

Proposed Activities	
Activity Title	2.2 Improved withdrawal service referral pathways
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area	Service Capacity p 20
Description of Drug and Alcohol Treatment Activity	<p>Access to a variety of withdrawal services, types and settings is necessary to maximise entry into treatment. Almost all treatment approaches begin with effective withdrawal management. Navigating access to withdrawal in the right setting for a given problem is paramount. WentWest PHN will facilitate improved withdrawal management provision and service linkages through:</p> <ul style="list-style-type: none"> • Requesting details on withdrawal management arrangements for local hospitals and NGO's including appropriate referral pathways and entry criteria and disseminate to service providers within the LHD. • Promote GP and NGO assisted withdrawal in the home. • Develop agreed referral pathways from GP assisted withdrawal to residential rehab facilities.
Target population cohort	Western Sydney residents requiring withdrawal management focussing on priority populations identified in the needs assessment: Aboriginal and Torres Strait Island people; people leaving prison; young people; homeless people; Lesbian Gay Bisexual Transgender and Intersex people; culturally and linguistically diverse people; families with children.
Consultation	WSPHN Consumer and Clinical Councils provides advice during planning, implementation and evaluation.
Collaboration	These activities will require collaboration with the Local Health District, primary care providers and NGO service providers

Indigenous Specific	NO
Duration	Information requests to LHD's and NGO's will begin in October 2016 and will be completed by May 2017. The referral pathways project will begin in October 2016, and be completed by June 2017.
Coverage	Entire region which matches the WSLHD boundary.
Commissioning method	N/A
Approach to market	N/A Monitoring and evaluation. Initiatives completed and documentation completed. First stage will be process indicators that simply record initiatives complete. Baselines will need to be established for second indicator set (percentage of successful referrals out from, and into, PHN funded withdrawal services). In all cases, increases from baseline will be the target.

Proposed Activities	
Activity Title	3.1 Improved access to treatment services for families
Existing, Modified, or New Activity	Modified
Needs Assessment Priority Area	Services for high need populations p 21
Description of Drug and Alcohol Treatment Activity	Improved access for families and children will be achieved through:

	<ul style="list-style-type: none"> • Mapping of referral pathways into existing services for families and children across NSW and disseminate to all WentWest PHN service providers. • Allocation of funding available to commissioned services via activity 2.1 in year 1 to provide identified requirements or resources make the services more family sensitive. • Provide support for families to assist family members towards recovery. We will commission sustainable family support so that family members with AoD issues are in turn supported to access and complete treatment and experience social inclusion during recovery. • Prioritise future commissioning related to this group through activity 2.1.
Target population cohort	Families with children
Consultation	WSPHN Consumer and Clinical Councils plus WS AoD Advisory Group provides advice during planning, implementation and evaluation. Sector co-design planning with sector, including family support specialists, and consumers with children, also informed this work.
Collaboration	This activity will require collaboration with Non-Government service providers with appropriately configured treatment services to allow for the admission of families with children.
Indigenous Specific	NO
Duration	<p>Mapping to begin January 2017 and be completed by April 2017. Distribution of advice to occur from May to June 2017.</p> <p>Commissioning proposals from organisations proposing enhanced services to families receive additional weighting in commissioning processes outlined in activity 2.1.</p>
Coverage	PHN region.
Commissioning method	Commissioning is being progressed in accordance with the principles applied in activity 2.1 and this cohort has been favourably weighted in addressing submissions through activity 2.1
Approach to market	<p>Commissioned via open tender as part of 2.1. Follow up of any unallocated funds via direct approach.</p> <p>Marketing and evaluation as per requirements of 2.1 contracts.</p>

Proposed Activities	
Activity Title	3.2 Improved access for Culturally and Linguistically Diverse (CALD) communities.
Existing, Modified, or New Activity	Modified activity
Needs Assessment Priority Area	Services for High Needs Populations p 21
Description of Drug and Alcohol Treatment Activity	WentWest PHN is partnering with the preferred provider to: <ul style="list-style-type: none"> • Improve access to treatment for CALD communities • Increase capacity of all commissioned AoD treatment services to work with CALD communities. Utilise skills of groups with community reach to engage with communities.
Target population cohort	Western Sydney residents from a culturally and linguistically diverse background with AOD treatment needs.
Consultation	WSPHN Consumer and Clinical Councils plus WS AoD Advisory Group provides advice during planning, implementation and evaluation. Sector co-design planning with sector, also informed this work.
Collaboration	This activity will require collaboration with Non-Government service providers with appropriately configured treatment services to respond to CALD communities.
Indigenous Specific	NO
Duration	Project to begin October 2016 and all elements to be complete by December 2018.
Coverage	Entire PHN region.
Commissioning method	Commissioned as part of 2.1 open tender.

Approach to market	<p>Commissioned via open tender as part of 2.1 Follow up of any unallocated funds via direct approach Marketing and evaluation</p> <p>As per requirements of 2.1 contracts. Also increased availability of a multi-lingual workforce with drug and alcohol intervention skills.</p> <p>Total number of workers with appropriate skills working with the CALD communities available within WSPHN.</p>
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Proposed Activities	
Activity Title	3.3 Transition models from the criminal justice system.
Existing, Modified, or New Activity	Modified
Needs Assessment Priority Area	Services for High Needs Populations p 22
Description of Drug and Alcohol Treatment Activity	<p>WSPHN has the highest proportion of patients recently released from criminal justice facilities in NSW. These patients are at higher risk of overdose than the general population.</p> <p>WSPHN will develop priority pathways for community-release patients entering treatment within WSPHN boundaries, including General Practice management.</p> <p>WSPHN will commission services providing an appropriate AoD model of care for patients transitioning to the community from the criminal justice system, in consultation with NADA, Justice Health and other specialist services.</p>
Target population cohort	People with AOD treatment needs recently released from prison and residing in western Sydney
Consultation	WSPHN has consulted with Justice Health AoD service, Community Restorative Centre and service providers working with the priority group in western Sydney region.

	WSPHN Consumer and Clinical Councils plus WS AoD Advisory Group provides advice during planning, implementation and evaluation.
Collaboration	This activity will require collaboration with the Community Restorative Centre, other Non-Government service providers, the Justice Health & Forensic Mental Health Network, and other relevant health service providers in primary care and public health.
Indigenous Specific	NO
Duration	Commissioning began October 2016 with contracts to run to initially to June 2018. Activities to roll out to June 2019
Coverage	Entire PHN region
Commissioning method	Commissioned through open tender as part of the 2.1 Enhanced Treatment Capacity commissioning with direct approach follow up as needed.
Approach to market	<p>Following commissioned via open tender, there is direct engagement with specialist provider.</p> <p>Monitoring and engagement</p> <p>These projects can only be measured by process indicators that demonstrate appropriate implementation. However, in later years they will translate into measures of increased treatment capacity for individuals post release, effectiveness of transfer mechanisms and treatment outcome measures.</p> <p>Baselines measuring treatment capacity will be available subsequent to the completed implementation. Long term strategy is to increase baseline service capacity.</p>

Proposed Activities	
Activity Title	3.4 Improved service responses for youth.
Existing, Modified, or New Activity	Modified
Needs Assessment Priority Area	Services for High Needs Populations p 24
Description of Drug and Alcohol Treatment Activity	<p>Map the appropriate types of drug and alcohol treatment services in western Sydney.</p> <p>Prioritise commissioning of primary and community based youth alcohol services focussed on improving education, awareness and brief intervention support. Services have been commissioned for young people with co-occurring mental health issues (Early intervention; Brief intervention; post treatment support; relapse prevention; care planning and coordination); young people from priority populations of Aboriginal and Torres Strait Island, homeless, LGBTI (Youth focus early intervention; brief intervention; post treatment support and relapse prevention; care planning and coordination).</p> <p>Establish a youth stakeholder group or forum to guide decision-making on commissioning process and the preparation of a regional youth drug and alcohol plan.</p> <p>Establish a regional youth advisory forum and invite youth representation to the overall regional liaison group.</p>
Target population cohort	Young people within the western Sydney area needing appropriate AoD assessment, treatment and aftercare.
Consultation	WSPHN Consumer and Clinical Councils plus WS AoD Advisory Group provides advice during planning, implementation and evaluation. Sector co-design planning with sector, including youth consumers, also informed this work.

Collaboration	This activity will require collaboration with representative groups with experience working with young people including key agencies and organisations that currently provide services and response to consumers in western Sydney and other key stakeholder organisations.
Indigenous Specific	NO
Duration	January 2017 to June 2018.
Coverage	Entire PHN region
Commissioning method	Direct engagement with sector
Approach to market	<p>Direct engagement</p> <p>Monitoring and engagement Plan completed.</p> <p>Participants identified, invited and attending.</p> <p>In the longer term indicators will be developed within the plan to measure the prevalence of disorders in the local target population.</p>

Proposed Activities	
Activity Title	4.1 Management of co-occurring disorders Improving the management of mental health and AoD co-occurring disorders. Develop services for people with complex co-morbid AoD, mental health and chronic physical issues: support region-specific, cross sectoral approaches to support adults with complex needs
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area	Managing clinical complexity and clinical pathways p 25
Description of Drug and Alcohol Treatment Activity	Commission services that include comprehensive assessment of co-occurring conditions, evidence based psychosocial counselling and provide health service navigation / care co-ordination and aftercare support for people with complex co-morbid needs. Hold a combined consultation forum with MH and AoD providers and scope the development of a shared assessment and planning framework for people with complex co-morbid needs and an information sharing platform to support better collaboration across mental health, AoD and chronic disease stakeholders. Ensure representation of mental health provider(s) on drug and alcohol consultation committee.
Target population cohort	People experiencing AoD and MH comorbidity in western Sydney region.
Consultation	WSPHN Consumer and Clinical Councils plus WS AoD Advisory Group provides advice during planning, implementation and evaluation. Sector co-design planning with sector and consumers, also informs this work.
Collaboration	This activity will require collaboration with representative community groups, LHD's and general practitioners with a specialist interest in mental health issues.
Indigenous Specific	NO

Duration	Commissioning began in October 2016 with all activities to be delivered by 30 June 2018.
Coverage	Entire PHN region
Commissioning method	The treatment aspect of this activity has been a component of the Enhancing treatment Services open tender (See 2.1). The forum is an activity consistent with the guidelines on use of PHN operational funding.
Approach to market	<p>N/A</p> <p>Monitoring and evaluation</p> <p>Participants identified, invited and attending.</p> <p>Agreed pathways completed.</p> <p>Forum held</p> <p>In the longer term indicators will be developed within the plan to measure the co-management of disorders in people with AoD problems once appropriate data sets can be negotiated with service providers and the forum has agreed joint data provision.</p>

Proposed Activities	
Activity Title	4.2 Providing support to address reluctance of some general practitioners to engage in the treatment of AoD problems and developing and improving stepped care, aftercare and community care pathways in an integrated health framework
Existing, Modified, or New Activity	Modified to include previous 2.3
Needs Assessment Priority Area	Clinical complexity and clinical pathways p 25
Description of Drug and Alcohol Treatment Activity	<p>Build liaison capacity between tertiary and primary health sectors to assist with increasing clinical understanding, referral pathways knowledge and movement of complex clients, in particular long term users of methamphetamine.</p> <p>Develop a stepped care and person-centred approach covering a continuum of AoD services. Prioritise models that provide a bridging service for patients leaving ED and other WSLHD tertiary settings and primary health care supports.</p> <p>Improve the capacity and accessibility of community treatment models for aftercare and community care through:</p> <ul style="list-style-type: none"> • Map existing continuing / after care programs, step up/step down, supported living / transitional housing programs to understand where enhancements could be made • Commissioning a trial of innovative models of aftercare <p>Promote access to AoD specialist advice primarily via the WSLHD Drug Health Addiction medicine specialists and secondarily via the Drug and Alcohol Specialist Advisory Service (DASAS).</p>
Target population cohort	Entire PHN region

Consultation	WSPHN Consumer and Clinical Councils, plus WS AoD Advisory Group provides advice during planning, implementation and evaluation. Contracted service provider will be required to consult on specific approach with key stakeholders.
Collaboration	This activity will require collaboration with WSPHD Director of Drug Health and addiction specialists at WSLHD, Emergency Department and general practitioners.
Indigenous Specific	NO
Duration	October 2016 until June 2019
Coverage	Entire PHN region
Commissioning method	Commissioning of provision of clinical liaison services via a call to market using the relevant parameters as expressed in activity 2.1. LHD's to be incorporated as a possible provider for this activity given their highly specialised knowledge.
Approach to market	<p>Open tender unsuccessful. Follow up with direct approach.</p> <p>Monitoring and evaluation.</p> <p>Increased drug and alcohol service provision and associated primary health care by general practitioners supported by community pharmacy for drug and alcohol disorders as measured by available MBS data and OTP data.</p> <p>Improved referral pathways between tertiary services and primary health and allied health services.</p>

Proposed Activities	
Activity Title	4.3 Targeted approaches to methamphetamine use.
Existing, Modified, or New Activity	Modified
Needs Assessment Priority Area	Clinical complexity and clinical pathways p 25
Description of Drug and Alcohol Treatment Activity	Utilise Methamphetamine assessment guidelines, once provided by DoH, to determine the criteria for trial of treatment models, with particular reference to psychiatric consequences of use and blood borne virus risk, across the WSPHN. Trial methamphetamine specific treatment interventions.
Target population cohort	Long term methamphetamine users
Consultation	WSPHN Consumer and Clinical Councils plus WS AoD Advisory Group and consumers provide advice during planning, implementation and evaluation. Contracted service provider will be required to consult on specific approach.
Collaboration	This activity will require collaboration with WSLHD Drug Health including addiction medicine specialists and psychiatrist, general practitioners, non-governmental organisations and research agencies.
Indigenous Specific	NO
Duration	Trials to be commissioned by April 2017 for completion by June 2018.
Coverage	Entire region

Commissioning method	Trials will be commissioned via a targeted EOI to organisations with expertise in treatment of complex consequences of long term methamphetamine use in the western Sydney area.
Approach to market	Expression of Interest (EOI) Monitoring and evaluation. Improved outcomes from treatment of long term methamphetamine use with KPI's to be identified from trial process.

Proposed Activities	
Activity Title	5.1 Reducing alcohol related harms
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area	Drug and alcohol - at risk populations p 10
Description of Drug and Alcohol Treatment Activity	Promote existing brief intervention materials for addressing risky drinking behaviour in GP settings and provide accessible support resources for GPs to recommend to patients ready to address problem drinking.
Target population cohort	Whole PHN region focussing on priority populations identified in the needs assessment: Aboriginal and Torres Strait Island People; People leaving prison; young people; homeless people; Lesbian Gay Bisexual Transgender and Intersex people; Culturally and Linguistically Diverse people; families with children.
Consultation	WSPHN Consumer and Clinical Councils plus WS AoD Advisory Group provides advice during planning, implementation and evaluation. Contracted service provider will be required to consult on specific approach.
Collaboration	This activity will require collaboration with RACGP and GP practice support.

Indigenous Specific	NO
Duration	Project to begin January 2017 and be completed June 2019
Coverage	Entire PHN region
Commissioning method	Direct engagement
Approach to market	Direct engagement Monitoring and evaluation. Process evaluation of promotion. Patient and GP referral monitored.

Proposed Activities	
Activity Title	6.1 Commissioning of services Apply best practice principles to the planning and commissioning of services as indicated in the NADA toolkit.
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area	Develop appropriate contracting and pricing structures p 27
Description of Drug and Alcohol Treatment Activity	The WSPHN will apply appropriate approaches to its corporate governance to support service providers by building pricing structures into commissioning models that incorporate all the components of service provision including support costs; building contract provisions into commissioning models that create greater certainty for services and their clients through reasonable contract periods and transparent and predictable processes for contract renewals.

	The WSPHN will seek access to state data on service capacity and resourcing to better map existing service delivery. WSPHN will also seek access to the calculators and pivot tables in the DASP modelling tool from state or Commonwealth health agencies to receive more precise modelling information on staffing and resources.
Target population cohort	N/A
Consultation	WSPHN Consumer and Clinical Councils plus WS AOD Joint Advisory Group and consumers provide advice during planning, implementation and evaluation.
Collaboration	This activity will require collaboration with central health departments at state and federal level, and with the peak body for NGO service provision in NSW.
Indigenous Specific	NO
Duration	Principles in place July 2016 and ongoing.
Coverage	Entire PHN region
Commissioning method	Operational function

Proposed Activities	
Activity Title	6.2 Performance Report
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area	Performance measurement p 28
Description of Drug and Alcohol Treatment Activity	Subsequent to the research identifying all available data sets, and consequent negotiation with relevant agencies, the PHN will develop a regional performance report utilizing KPI's from the relevant sources that provides an effective snapshot of the region's performance.
Target population cohort	N/A
Consultation	WSPHN Consumer and Clinical Councils plus WS AoD Advisory Group and consumers provide advice during planning, implementation and evaluation. State AoD peak body and federal and state liaison re datasets.
Collaboration	This activity will require collaboration with NGO's, peak bodies, LHD's, research agencies, state and federal health departments and primary care providers.
Indigenous Specific	NO
Duration	Project to begin in July 2018 and be completed by June 2019.
Coverage	PHN region-wide coverage
Commissioning method	This project will be commissioned following assessment of responses to targeted EOI's to appropriately skilled research agencies.
Approach to market	Expression of Interest (EOI) Monitoring and evaluation. The completed report will provide a suite of indicators that measure resource availability, efficiency, outcomes, population measures and key clinical governance indicators.

2. (b) Planned activities: Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding

Proposed Activities	
Activity Title	1.1 Indigenous participation in governance
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area	Governance and oversight p 17
Description of Drug and Alcohol Treatment Activity	Ensure appropriate Aboriginal and Torres Strait Island people and ACCHO service participation in Advisory Committee and clinical governance input for the AoD portfolio.
Target population cohort	Aboriginal and Torres Strait Island people in Western Sydney PHN region.
Consultation	On-going consultation and communication with Aboriginal community controlled organisations working in AoD in Western Sydney and AHMRC. WSPHN Consumer and Clinical Councils plus WS AoD Advisory Group provide advice during planning, implementation and evaluation.
Collaboration	The key stakeholders for this priority are community controlled, governmental and non-governmental providers of services to Aboriginal Torres Strait Island people. The roles of these stakeholders are as both co-designers of system and program improvements and service providers. Ongoing collaboration will be required with WSLHD and WSPHN Mental Health Coordinating committee.

Indigenous Specific	YES
Duration	October 2016 and ongoing.
Coverage	Entire PHN region
Commissioning method	Direct invitation

Proposed Activities	
Activity Title	2.1 Increased service capacity for specialist AOD services designed for indigenous participants
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area	Services for high need populations p. 23
Description of Drug and Alcohol Treatment Activity	<p>Epidemiologically based modelling by the NSW AoD NGO peak body, NADA, indicates that less than 50% of the need for rehabilitation places are funded in NSW. This activity will seek to expand the availability of rehabilitation places for Aboriginal and Torres Strait Island people available within WentWest PHN.</p> <p>This activity has commissioned additional capacity from an Aboriginal community controlled service provider for the purposes of providing Indigenous specific AOD treatment services. Service includes care coordination, case management, counselling and enhancing systems capacity. Weighting applied to services that can demonstrate innovative and culturally appropriate models of care, and services that demonstrate they can provide effective services for women and men and families.</p> <p>Funds will be held back in years 1 and 2 to provide escalation for SACS award increases in future years.</p>

Target population cohort	Aboriginal and Torres Strait Island people in western Sydney
Consultation	On-going consultation and communication with Aboriginal community controlled organisations working in AoD in Western Sydney and AHMRC. WSPHN Consumer and Clinical Councils plus Joint AoD Advisory Group provides advice during planning, implementation and evaluation.
Collaboration	This activity will be undertaken in consultation with the relevant peak bodies, local indigenous organisations and relevant consumer and carer representatives.
Indigenous Specific	YES
Duration	Excluding planning and procurement, activity is anticipated to begin October 2016 and, subject to acceptable performance review, continue until June 30, 2019.
Coverage	Non-residential rehabilitation services will be procured with an intention to cover the entire PHN region.
Commissioning method	Commissioning will occur via direct approach occur following an assessment of the market.
Approach to market	<p>Direct engagement</p> <p>Monitoring and evaluation.</p> <p>In the first performance cycle, data will be collected on the number and demographics of clients provided with service, broken down by primary drug of concern, unmet demand, and effective referral to, and from, other agencies including general practice, allied health and Drug Health, WSLHD.</p> <p>This will be in order to establish that additional capacity has been created and that service linkages are being established. During this period an assessment will be made on the potential sample available for follow up three months post treatment, with a view to assessing measures associated with employment status, accommodation stability and continuing drug use.</p>

Proposed Activities	
Activity Title	3.1 Culturally appropriate service development
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area	Workforce development p 28
Description of Drug and Alcohol Treatment Activity	<p>Work with the relevant peak bodies, local ACCHOs and generalist AoD services to make them more culturally appropriate for indigenous people.</p> <p>Commission liaison service from culturally respected organisations to assist in managing complex transitions of care between service providers involving indigenous patients.</p> <p>Develop a community based services support model to promote key cultural and wellbeing issues while assisting with navigation, service design and commissioning of Aboriginal and Torres Strait Island services, including exploring shared care partnership models and shared care pathways that could be co-commissioned.</p>
Target population cohort	Aboriginal and Torres Strait Island people
Consultation	On-going consultation and communication with Aboriginal community controlled organisations working in AoD in Western Sydney, and AHMRC. WSPHN Consumer and Clinical Councils plus WS AoD Advisory Group and Aboriginal consumers and elders provide advice during planning, implementation and evaluation.
Collaboration	<p>This project will require consultation and appropriate collaboration with the ACCHO organisations, relevant peak bodies and service providers.</p> <p>The key stakeholders for this priority are the western Sydney Aboriginal service providers. The roles of these stakeholders are as both co-designers of system and program improvements and service providers.</p>

	A priority for the PHN is to continue to build and deepen relationships with Aboriginal service providers in our region.
Indigenous Specific	YES
Duration	January 2017 and completed by September 2017.
Coverage	Entire PHN region
Commissioning method	Participation will be via direct approach to organisations with relevant skills and expertise.
Approach to market	Direct approach Monitoring and evaluation Process evaluation and referral data.
Funding from other sources	N/A

Proposed Activities	
Activity Title	4.1 Flexible fund to improve data collections from agencies providing AOD services to indigenous people.
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area	Performance measurement p 28
Description of Drug and Alcohol Treatment Activity	A small pool of funding to assist with data collection improvements from indigenous agencies to improve policy, planning and reporting for this group.
Target population cohort	N/A
Consultation	On-going consultation and communication with Aboriginal community controlled organisations working in AoD in Western Sydney and also generalist AoD services providing services to Aboriginal and Torres Strait Island people in western Sydney. Consultation also with relevant peak bodies, WSPHN Consumer and Clinical Councils plus WS AoD Advisory Group provides advice during planning, implementation and evaluation.
Collaboration	This project will require consultation and possible collaboration with the AHMRC, ACCHO organisations and relevant AoD NGO peaks and NGO service providers.
Indigenous Specific	YES
Duration	July 2016 and ongoing
Coverage	Entire PHN region

Commissioning method	A targeted EOI for small funding grants to assist indigenous AoD service providers to improve their data and reporting capacities. A willingness to submit data to assist PHN performance reporting will be a mandatory criteria.
Approach to market	Expression of Interest (EOI)