



**Australian Government**

**Department of Health**



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 Western Sydney'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 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	<b>Modified</b> <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>Western Sydney has established a regional Drug &amp; Alcohol advisory group as a region-wide oversight structure. Western Sydney will continue to facilitate this region-wide oversight structure for its AoD program in partnership with the LHD Drug Health Service. This includes other service providers such as NGO's, community representatives, LHD and speciality networks, primary health care providers and consumer involvement. The advisory group is co-chaired by the PHN. The functions of the group include developing processes for shared planning activity, shared service activity, the agreement to shared clinical governance structures and referral pathways. This allows 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 are being 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 Western Sydney PHN to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration:</p> <ul style="list-style-type: none"> <li>• Development of a regional Drug and Alcohol strategy with a consumer experience and engagement focus.</li> <li>• Development of a documented mapping exercise, examining capacity and resourcing of services within Western Sydney PHN and incorporate mechanisms to monitor identified gaps.</li> </ul>

	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>
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 is a key component of our collaborative approach. WSLHD Drug Health 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

	<p><b>Monitoring and evaluation</b>                  Process evaluation                  AOD incorporated in HealthPathways within WSPHN                  Joint clinical governance framework established</p>
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Proposed Activities	
Activity Title	2.1 Enhanced Rehabilitation Capacity
Existing, Modified, or New Activity	Modified
Needs Assessment Priority Area	Service Capacity p 19
Description of Drug and Alcohol Treatment Activity	<p>Drug &amp; 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 LGBTIQ communities or homeless people).</p> <p>Following a call to market 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; post treatment support; relapse prevention; care planning and coordination); young</p>

	<p>people from priority populations of Aboriginal and Torres Strait Island, homeless, LGBTIQ (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, LGBTIQ people (Brief intervention; day program relapse prevention; case management; care planning and coordination). Rollover funding that becomes available for reallocation will be used to target priority populations consistent with our refreshed needs analysis including those seeking assistance with pharmaceutical drug misuse, and further enhancing the capacity of services to respond to the needs of the LGBTIQ community.</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 Western Sydney PHN, with a focus on innovative and non-residential models, as recommended by NADA. The 2015/16 AIHW AODTS report indicates that the treatment rate for AOD problems in NSW in turn is half that of the ACT, NT and Queensland.</p> <p>In year 1 successful services were 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> <p>Rollover approved for carry forward for FY 17/18 delivery is being used to contribute to the following commissioned services: Enhanced Rehabilitation Capacity treatment services; a consumer co-design project; a transition from criminal justice system project; a culturally appropriate service delivery related activity; a youth related project; and services for people with co-occurring conditions.</p> <p>Additionally initiatives designed to more effectively track the patient journey through the treatment system and initiatives designed to improve health literacy will be built into future commissioning processes.</p>
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	Services funded to assist the homeless population will be provided consistent with the guidelines released by Homelessness NSW.
Target population cohort	Western Sydney residents with an 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, LGBTIQ people; families with children; people leaving prison.
Consultation	The WSPHN Consumer and Clinical Councils provide advice during planning, implementation and evaluation. The Selection Panel for the call to tender was made up of independent sector members. Co-design planning with the sector, including service consumers, also informed the development of this work and will be integral to monitoring, evaluation and future planning work.
Collaboration	This activity will continue to be undertaken in consultation with the peak NGO body, Drug Health WSLHD and the local Aboriginal Community Controlled Organisations and involves collaboration with service providers.
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	Direct engagement following successful open tender.  Monitoring and evaluation  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>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>
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Proposed Activities	
Activity Title	2.2 Improved withdrawal service referral pathways
Existing, Modified, or New Activity	<b>Modified</b>
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. Western Sydney PHN is facilitating improved withdrawal management provision and service linkages through:</p> <ul style="list-style-type: none"> <li>• Requesting details on withdrawal management arrangements for local hospitals and NGO’s including appropriate referral pathways and entry criteria and disseminating that information to service providers within the LHD.</li> </ul>

	<ul style="list-style-type: none"> <li>• Promoting GP and NGO assisted withdrawal in the home.</li> <li>• Developing agreed referral pathways from GP assisted withdrawal to residential rehab facilities.</li> </ul> <p>Healthstats NSW indicates that methamphetamine hospitalisations have tripled in Western Sydney over the last three years. Finding innovative withdrawal management pathways for methamphetamine withdrawal and improving the confidence of General Practice in managing such withdrawal is an emerging priority.</p> <p>Improved information exchange has been identified as a services planning priority, particularly with regard to facilitating movement between primary care and tertiary sector providers. WSPHN will continue to work with WSLHD and the Western Sydney Joint AoD Advisory Group to build improved workforce skills across sectors with an intention to enhance engagement and facilitate shared care models.</p>
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. Those seeking withdrawal management for methamphetamine use are an emerging priority group.
Consultation	WSPHN Consumer and Clinical Councils provide advice during planning, implementation and evaluation.
Collaboration	These activities require collaboration with primary care providers and the Western Sydney AoD Joint Advisory Group which includes the Local Health District and NGO service providers
Indigenous Specific	NO
Duration	The development phase of this project is complete. The implementation of this project will be ongoing for the duration of the plan, adapting to improvements and knowledge in withdrawal management.
Coverage	Entire region which matches the WSLHD boundary.
Commissioning method	Direct to market as part of commissioning that progresses other activities
Approach to market	N/A

	<p><b>Monitoring and evaluation.</b></p> <p>Initiatives completed and documentation completed.</p> <p>First stage will be process indicators that simply record initiatives complete.</p> <p>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.</p>
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*Original 2.3 now merged with 4.2 Track changes shown there*

Proposed Activities	
Activity Title	3.1 Improved access to treatment services for families
Existing, Modified, or New Activity	<b>Modified</b>
Needs Assessment Priority Area	Services for high need populations p 21
Description of Drug and Alcohol Treatment Activity	<p>Improved access for families and children is being achieved through:</p> <ul style="list-style-type: none"> <li>• Mapping of referral pathways into existing services for families and children across NSW and disseminate to all Western Sydney PHN service providers.</li> <li>• Allocation of funding available to commissioned services via activity 2.1 in year 1 and Year 2 funded by FY16/17 rollover to provide identified requirements or resources and make the services more family sensitive.</li> <li>• Provide support for families to assist family members towards recovery. We will further 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.</li> </ul> <p>Monitor and if necessary prioritise future commissioning related to this group through activity 2.1, noting a number of specialist services for this cohort have been funded through activity 2.1.</p>

Target population cohort	Families with children
Consultation	WSPHN Consumer and Clinical Councils plus WS AoD Joint Advisory Group provide 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	Improvement of services for this cohort is ongoing for the duration of the plan. Commissioning proposals from organisations proposing enhanced services to families receive additional weighting in commissioning processes outlined in activity 2.1.
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	Commissioned via open tender as part of 2.1. Follow up of any unallocated funds via direct approach. Marketing and evaluation as per requirements of 2.1 contracts.

Proposed Activities	
Activity Title	3.2 Improved access for Culturally and Linguistically Diverse (CALD) communities.
Existing, Modified, or New Activity	<b>Modified activity</b>

Needs Assessment Priority Area	Services for High Needs Populations p. 21
Description of Drug and Alcohol Treatment Activity	<p>Western Sydney PHN is partnering with the preferred providers to:</p> <ul style="list-style-type: none"> <li>• Improve access to treatment for CALD communities</li> <li>• Increase capacity of all commissioned AoD treatment services to work with CALD communities.</li> <li>• Utilise skills of groups with community reach to engage with communities.</li> </ul> <p>WSPHN will continue to work with NADA and commissioned providers to build capacity of generalist services to provide culturally appropriate care.</p>
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 Joint Advisory Group to provide 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 is underway and will be ongoing for the duration of the plan.
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>

	Total number of workers with appropriate skills working with the CALD communities available within WSPHN, including increased availability of a multi-lingual workforce with drug and alcohol intervention skills.
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Proposed Activities	
Activity Title	3.3 Transition models from the criminal justice system.
Existing, Modified, or New Activity	<b>Modified</b>
Needs Assessment Priority Area	Services for High Needs Populations p. 22
Description of Drug and Alcohol Treatment Activity	<p>WSPHN region 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 is developing priority pathways for community-release patients entering treatment within WSPHN boundaries, including General Practice management.</p> <p>WSPHN has commissioned 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. WSPHN will monitor provision of these services and determine if further prioritisation of this cohort is required noting the recent needs analysis refresh indicated that up to 25% of all Justice Health Community Connections D&amp;A patients exit custody to Western Sydney.</p>
Target population cohort	People with AOD treatment needs recently released from prison and residing in western Sydney

Consultation	<p>WSPHN has consulted with Justice Health AoD service, Community Restorative Centre and service providers working with the priority group in western Sydney region.</p> <p>WSPHN Consumer and Clinical Councils plus WS AoD Advisory Group provides advice during planning, implementation and evaluation.</p>
Collaboration	<p>This activity requires collaboration with the Community Restorative Centre, other Non-Government service providers, the Justice Health &amp; Forensic Mental Health Network, and other relevant health service providers in primary care and public health.</p>
Indigenous Specific	NO
Duration	<p>Commissioning began October 2016 with contracts to run to initially to June 2018. Activities to roll out to June 2019</p>
Coverage	Entire PHN region
Commissioning method	<p>Commissioned through open tender as part of the 2.1 Enhanced Treatment Capacity Activity with direct approach follow up as needed.</p>
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	<b>Modified</b>
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, LGBTIQ (Youth focus early intervention; brief intervention; post treatment support and relapse prevention; care planning and coordination).</p> <p>Establish a youth stakeholder consultation process or forum to guide regional planning and decision-making on commissioning.</p> <p>Existing commissioned services will be monitored to determine future prioritisation for this group noting the recent needs analysis refresh that showed either stable or decreasing use rates in this 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 Joint Advisory Group provide advice during planning, implementation and evaluation. Sector co-design planning with sector, including youth consumers, also informed this work.
Collaboration	This activity requires 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><b>Monitoring and engagement</b>                      Monitoring of demographic data from service providers regarding young people receiving treatment. 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	<p>4.1 Management of co-occurring disorders</p> <p>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</p>
Existing, Modified, or New Activity	<b>Modified activity</b>
Needs Assessment Priority Area	Managing clinical complexity and clinical pathways p. 25
Description of Drug and Alcohol Treatment Activity	<p>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.</p> <p>A combined consultation forum with MH and AoD providers was held and this scoped the development of a linked assessment and planning framework for people with complex co-morbid needs and an information</p>

	<p>sharing platform to support better collaboration across mental health, AoD and chronic disease stakeholders. The outcomes of this forum are being prioritised in WSPHN planning and commissioning, both within the Drug &amp; Alcohol program and in broader PHN planning frameworks.</p> <p>Ensure representation of mental health provider(s) on drug and alcohol consultation committee.</p> <p>WSPHN will continue to implement the outcomes of its “Connections” conference which identified priority initiatives to improve links between Drug &amp; Alcohol and Mental Health services.</p>
Target population cohort	People experiencing AoD and MH comorbidity in western Sydney region.
Consultation	WSPHN Consumer and Clinical Councils plus WS AoD Joint Advisory Group provide 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, LHDs 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 2019.
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) with an additional tender co-commissioned with WSPHN Mental Health program The forum is an activity consistent with the guidelines on use of PHN operational funding.
Approach to market	<p>Open tender with direct negotiation with preferred providers.</p> <p><b>Monitoring and evaluation</b></p> <p>Conference held. Conference participants surveyed.</p>

	<p>Agreed pathways completed.</p> <p>Forum held</p> <p>In the longer term indicators will be outlined 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>
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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	<b>Modified</b> 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"> <li>• Map existing continuing / after care programs, step up/step down, supported living / transitional housing programs to understand where enhancements could be made</li> </ul>

	<ul style="list-style-type: none"> <li>Commissioning a trial of innovative models of care through out the patient journey from withdrawal management to continuing care.</li> </ul> <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> <p>Commission services to facilitate access for patients to drug and alcohol treatment and support in primary care settings funded with approved FY 16/17 rollover: AOD practice development engagement and training; information bundles for patients; pharmacy engagement in AOD screening and education project.</p> <p>Innovative models of engagement with general practice will be utilised to drive engagement with Drug &amp; Alcohol professional development, service provision and increase health literacy of general practice patients.</p>
Target population cohort	Entire PHN region
Consultation	WSPHN Consumer and Clinical Councils, plus WS AoD Joint Advisory Group provide 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 WSLHD including Drug Health, Emergency Department and also 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 and subsequent direct approach if required. 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><b>Monitoring and evaluation.</b></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>
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<b>Proposed Activities</b>	
Activity Title	4.3 Targeted approaches to long term drug and alcohol use including methamphetamine.
Existing, Modified, or New Activity	<b>Modified</b>
Needs Assessment Priority Area	Clinical complexity and clinical pathways p. 25
Description of Drug and Alcohol Treatment Activity	<p>To develop sustainable integrated treatment models for people following long term alcohol and other drug use including methamphetamine, with particular reference to cognitive and psychiatric consequences of use and blood borne virus risk, across the WSPHN.</p> <p>Commission treatment model/s of care that improve integrated health outcomes of people following long term alcohol and other drug use including methamphetamine</p>
Target population cohort	People experiencing consequences of long term alcohol and other drug users including methamphetamine.

Consultation	WSPHN Consumer and Clinical Councils plus WS AoD Joint 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 requires collaboration with WSLHD Drug Health including addiction medicine specialists and psychiatrists, general practitioners, non-governmental organisations and research agencies.
Indigenous Specific	NO
Duration	Delays in Methamphetamine Treatment Guidelines development and unsuccessful commissioning negotiation process has led to significant delays with this activity. Activity to be commissioned by April 2018 for completion by June 2019.
Coverage	Entire region
Commissioning method	To be commissioned in a direct approach following unsuccessful negotiations following a targeted EOI. Commissioning will be aligned with other activities as appropriate.
Approach to market	<p>Expression of Interest (EOI) followed by direct approach.</p> <p><b>Monitoring and evaluation.</b></p> <p>Improved outcomes from integrated care of people following long term alcohol or other drug use including term methamphetamine use with KPIs to be identified from trial process.</p>

Proposed Activities	
Activity Title	5.1 Reducing alcohol related harms
Existing, Modified, or New Activity	<b>Existing</b>

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 Joint Advisory Group provide advice during planning, implementation and evaluation. Contracted service provider will be required to consult on specific approach.
Collaboration	This activity requires collaboration with RACGP, GP practice development professionals and service providers.
Indigenous Specific	NO
Duration	Project began in 2017 and will be completed June 2019
Coverage	Entire PHN region
Commissioning method	Direct engagement
Approach to market	Direct engagement <b>Monitoring and evaluation.</b> Process evaluation of promotion. Patient self-referral and GP referral monitored through service providers.

Proposed Activities	
Activity Title	6.1 Commissioning of services Apply best practice principles to the planning and commissioning of services as indicated in Guidelines and the NADA toolkit.
Existing, Modified, or New Activity	<b>Modified</b>
Needs Assessment Priority Area	Develop appropriate contracting and pricing structures p. 27
Description of Drug and Alcohol Treatment Activity	<p>The WSPHN is applying 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; create greater certainty for services and their clients through reasonable contract periods and transparent and predictable processes for contract renewals.</p> <p>The WSPHN seeks 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.</p> <p>WSPHN will continue its work with NGO providers to reduce contract compliance burden while meeting PHN contractual requirements. ‘Proof of concept’ projects with providers to potentially align reporting requirements across multiple providers will continue.</p>
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 health departments at state and federal level, and with the peak body for NGO service provision in NSW.

Approved May 2018

Indigenous Specific	NO
Duration	Principles in place July 2016 and ongoing for the duration of the plan.
Coverage	Entire PHN region
Commissioning method	Operational function
Approach to market	N/A

### Proposed Activities

Activity Title	6.2 Performance Report
Existing, Modified, or New Activity	<b>Existing</b>
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. This regional report is dependent upon work being undertaken centrally by Commonwealth Department of Health and will build on the development of national KPI's once the work of developing them is completed.
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. 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 once National PHN performance indicator work is completed and to conclude 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	<p>Targeted Expression of Interest (EOI)</p> <p><b>Monitoring and evaluation.</b></p> <p>The completed report will provide a suite of indicators that measure resource availability, efficiency, outcomes, population measures and key clinical governance indicators.</p>

## 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	<b>Existing</b>
Needs Assessment Priority Area	Governance and oversight p. 17
Description of Drug and Alcohol Treatment Activity	Continue to 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

Approved May 2018

Duration	October 2016 and ongoing.
Coverage	Entire PHN region
Commissioning method	Direct invitation
Approach to market	N/A

### Proposed Activities

Activity Title	2.1 Increased service capacity for specialist AOD services designed for indigenous participants
Existing, Modified, or New Activity	<b>Existing</b>
Needs Assessment Priority Area	Services for high need populations p. 23

<p>Description of Drug and Alcohol Treatment Activity</p>	<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 Western Sydney 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> <p>Activities are being co-commissioned with FY16/17 approved roll-over for Aboriginal and Torres Strait Island people with co-occurring conditions.</p>
<p>Target population cohort</p>	<p>Aboriginal and Torres Strait Island people in western Sydney</p>
<p>Consultation</p>	<p>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 provide advice during planning, implementation and evaluation.</p>
<p>Collaboration</p>	<p>This activity is undertaken in consultation with the relevant peak bodies, local indigenous organisations and relevant consumer and carer representatives.</p>
<p>Indigenous Specific</p>	<p>YES</p>
<p>Duration</p>	<p>Excluding planning and procurement, activity began in 2016 and, subject to acceptable performance review, will continue until June 30, 2019.</p>
<p>Coverage</p>	<p>Non-residential rehabilitation services procured with an intention to cover the entire PHN region.</p>
<p>Commissioning method</p>	<p>Commissioning occurring via direct approach occur following an assessment of the market.</p>

Approach to market	<p>Direct engagement</p> <p><b>Monitoring and evaluation.</b></p> <p>Monitoring of commissioned services is underway and improved access outcomes will be assessed, prior to future commissioning decisions.</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>
Funding from other sources	N/A
<b>Proposed Activities</b>	
Activity Title	3.1 Culturally appropriate service development
Existing, Modified, or New Activity	<b>Modified</b>
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. Co-commission peak body collaboration to improve cultural responsiveness to Aboriginal and Torres Strait Island patients by generalist AoD service providers.</p> <p>Commission liaison services 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 competency in key cultural and wellbeing issues while assisting with navigation, service design and commissioning of Aboriginal and Torres Strait</p>

	Island services, including exploring shared care partnership models and shared care pathways that could be co-commissioned.
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 Joint Advisory Group and Aboriginal consumers and elders provide advice during planning, implementation and evaluation.
Collaboration	<p>This project requires consultation and appropriate collaboration with the ACCHO organisations, relevant peak bodies, other PHNs with the same priority 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> <p>A priority for the PHN is to continue to build and deepen relationships with Aboriginal service providers in our region.</p>
Indigenous Specific	YES
Duration	Underway in 2017 with an ongoing focus for the duration of the plan to ensure continued engagement with culturally appropriate service provision.
Coverage	Entire PHN region
Commissioning method	Co-commissioning with four other PHNs. Participation was be via direct approach to organisations with relevant skills and expertise.
Approach to market	<p>Direct approach</p> <p>Monitoring and evaluation Process evaluation and referral data. Stepped wedge research design will show impact of rolling out Guidelines for appropriate care of Aboriginal and Torres Strait Island People with ongoing service development support.</p>

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	<b>Modified</b>
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 and analysis improvements with 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 provide advice during planning, implementation and evaluation.
Collaboration	This project requires consultation and possible collaboration with the AHMRC, ACCHO organisations and relevant AoD NGO peaks, NGO service providers and data analysis intelligence and tool 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 is a mandatory criterium for service providers. Direct approach to facilitate data collection and analysis
Approach to market	Expression of Interest (EOI)

## 2. (c) Planned activities: Drug and Alcohol Treatment Services – Transition funding

Proposed Activities	
Activity Title	1 Transition of existing Commonwealth Health Drug & Alcohol Programs
Existing, Modified, or New Activity	Transition activity – new for PHN, with existing Health funding
Needs Assessment Priority Area	Service Capacity p 19
Description of Drug and Alcohol Treatment Activity	The Commonwealth Government currently funds up to \$42 million in drug treatment services that will be transitioned to PHN commissioning frameworks. WSPHN receives a proportion of these funds to manage and to allocate consistent with population need. A significant proportion of these funds go to Drug & Alcohol rehabilitation services and contribute to the current service mix. Drug and 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.

	<p>The main aim of this funding and the transitioning funding arrangements from 1 July 2017 is to increase the availability of drug and alcohol treatment services for individuals and communities while providing for a more sustainable drug and alcohol treatment sector in the future.</p> <p>The following treatment types are in scope of this funding:</p> <ul style="list-style-type: none"><li>• Early intervention targeting less problematic drug use, including brief intervention;</li><li>• Counselling;</li><li>• Withdrawal management with pathways to post-acute withdrawal support and relapse prevention;</li><li>• Residential rehabilitation with pathways to post rehabilitation support and relapse prevention;</li><li>• Day stay rehabilitation and other intensive non-residential programs;</li><li>• Post rehabilitation support and relapse prevention;</li><li>• Case management, care planning and coordination; and</li><li>• Information and Education and other evidence-based treatments with Departmental approval.</li></ul> <p>Current services funded by the Commonwealth will continue with existing funding levels for two years until June 30, 2019, with contract management provided by the PHN. However during this time the PHN will:</p> <ul style="list-style-type: none"><li>• Develop evidence-based regional drug and alcohol treatment plans, based on needs assessments (in consultation with relevant stakeholders) and service mapping designed to identify gaps and opportunities for optimal use of services to reduce duplication and promote efficiencies;</li><li>• Establish and maintain partnerships and integration/coordination with regional stakeholders, including LHNs, state and territory health services, non-government organisations, alcohol and other drug services and peak bodies, mental health services, Indigenous organisations, general practices and other regional stakeholders;</li><li>• Develop and implement clinical governance and quality assurance arrangements to guide the drug and alcohol activity undertaken by the PHN, in line with section 1.3 of the Primary Health Networks Grant Programme Guidelines and the operational guidance;</li><li>• Encourage and support the provision of early intervention and brief intervention, including assessment, development of care plans and referral into drug and alcohol treatment services;</li></ul>
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	<ul style="list-style-type: none"> <li>• Ensure appropriate data collection and reporting systems are in place for all commissioned services to inform service planning and contribute to ongoing monitoring and evaluation at the regional and national level, utilising existing infrastructure where possible and appropriate;</li> <li>• Develop and implement systems to support sharing of consumer history and information as appropriate between service providers and consumers, building on the foundation provided by My Health Record and according to privacy provisions; and</li> <li>• Facilitate ongoing sharing of information across the PHN network and with the Department, including on innovative approaches; and</li> <li>• Establish and maintain appropriate consumer feedback procedures, including complaint handling procedures, in relation to services commissioned under the Activity.</li> </ul> <p>At the end of the transition period the PHN will engage in needs-based commissioning consistent with the policy of the Commonwealth Government and the requirements of that policy.</p>
Target population cohort	Western Sydney residents with an AoD treatment need.
Consultation	The WSPHN Consumer and Clinical Councils will provide advice during planning, implementation and evaluation. The Selection Panel for the call to tender will be made up of independent sector members. Co-design planning with the sector, including service consumers, will also inform the development of this work and will be integral to monitoring, evaluation and future planning.
Collaboration	This activity will be undertaken in consultation with members of the Western Sydney Joint AOD Advisory Group which includes the peak NGO body, Drug Health WSLHD and the local Aboriginal Community Controlled Organisations and in collaboration with those NGO’s with specialist skills providing drug or alcohol services.
Indigenous Specific	NO
Duration	Contract management and performance monitoring has begun. Contracts are based on existing provider arrangements with the Department of Health. Subject to acceptable performance review, services will continue until June 30, 2019.

Coverage	Entire PHN region.
Commissioning method	At the end of the transition period the PHN will engage in needs based commissioning consistent with the policy of the Commonwealth Government and the requirements of that policy. This commissioning will align with the WSPHN Needs Assessment and the commissioning cycle for services funded through the NIAS funding.
Approach to market	<p>Current contracts are until June 2019. A decision about the approach to market after that date will be made in the second half of 2018 with an intention to finalise contract arrangements prior to June 30, 2019.</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 the capacity of the services that 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>It is anticipated that this initiative will also contribute to state-wide measures of rehabilitation services “1% rehabilitation needs met”.</p>