

# Hunter New England and Central Coast - Drug and Alcohol Treatment Services

## 2019/20 - 2023/24

### Activity Summary View



## AOD - 101 - AD1.01 Drug and Alcohol Treatment Service Commissioning



### Activity Metadata

#### Applicable Schedule \*

Drug and Alcohol Treatment Services

#### Activity Prefix \*

AOD

#### Activity Number \*

101

#### Activity Title \*

AD1.01 Drug and Alcohol Treatment Service Commissioning

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

Modified



### Activity Priorities and Description

#### Program Key Priority Area \*

Alcohol and Other Drugs

#### Other Program Key Priority Area Description

#### Aim of Activity \*

- Address the increased demand for access to drug and alcohol treatment services through needs based and targeted planning responsive to the changing needs of the community, taking into consideration currently funded services, and in consultation with state and territory health services and other relevant stakeholders including LHDs and ACCHOs;
- Support region specific, cross-sectoral and integrated approaches to drug and alcohol treatment services, based on the needs of clients locally, and focused on improving care coordination at the local level;
- Facilitate and support evidence-based treatment for clients using a range of substances, including flexible and stepped care models tailored to individual need; and

- Ensure targeted and culturally appropriate drug and alcohol treatment services for Indigenous Australians that are linked with broader Indigenous health services

#### **Description of Activity \***

HNECC PHN utilises a commissioning framework in the contracting of treatment services under the PHN Drug and Alcohol Treatment Program, inclusive of the following activities, congruent with the scope of works and allocation of funding;

1. Understand the needs of the community by analysing data, engaging and consulting with consumers, clinicians, carers and providers, peak bodies, community organisations and funders;
2. Adopt a whole of system approach to meeting health needs and delivering improved health outcomes;
3. Understand the fullest practical range of providers including the contribution they could make to delivering outcomes and addressing market failure and gaps, and encourage diversity in the market;
4. Co-design solutions; engage with stakeholders, including consumer representatives, peak bodies, community organisations, potential providers and other funders, to develop evidence-based and outcome-focused solutions;
5. Ensure procurement and contracting processes are transparent and fair, facilitating the involvement of the broadest range of suppliers, including alternative arrangements such as consortia building where appropriate;
6. Manage through relationships; work in partnership, building connections at multiple levels of partner organisations and facilitate links between stakeholders;
7. Develop environments high in trust through collaborative governance, shared decision-making and collective performance management;
8. Ensure efficiency, value for money, and service enhancement; and
9. Monitor and evaluate through regular performance reports; consumer, clinician, community and provider feedback, and independent evaluation.

#### **Needs Assessment Priorities \***

##### **Needs Assessment**

HNECC PHN Needs Assessment 2019/20-2021/22

##### **Priorities**

<b>Priority</b>	<b>Page reference</b>
Reduced access to drug and alcohol treatment services for the general population	61
Reduced access to drug and alcohol treatment services for Aboriginal and Torres Strait Islander people	61
Reduced access to drug and alcohol treatment services for pregnant women and/or those with young children	61
Reduced access to drug and alcohol treatment services for youth	61
Reduced access to drug and alcohol treatment services for people exiting the criminal justice system	61
Reduced access to drug and alcohol treatment services for people with co-occurring substance misuse and mental illness	61



## Activity Demographics

### Target Population Cohort

People experiencing low – harmful substance dependency across the life span. For some contracted services, the following population groups are prioritised;

- i. Aboriginal and Torres Strait Islander Peoples
- ii. Youth (18 - 24 years)
- iii. Pregnant woman and/or those with young children
- iv. Individuals exiting the justice system
- v. Individuals with co-occurring substance misuse and mental illness

### In Scope AOD Treatment Type \*

- Counselling
- Withdrawal Management
- Residential Rehabilitation
- Day Stay Rehabilitation (and other intensive non-residential programs)
- Aftercare / relapse Prevention
- Case management, care planning, and coordination

### Indigenous Specific \*

Yes

### Indigenous Specific Comments

Contracted services directly funded under NIAS Aboriginal and Torres Strait Islander people Funding. Contracted services funded under NIAS Operational and Mainstream Funding target Aboriginal and Torres Strait Islander People in service delivery.

It is a requirement of all HNECC PHN-funded services that culturally secure practice and partnerships with local Aboriginal communities be evidenced.

HNECC PHN-funded Aboriginal Community Controlled Drug and Alcohol Treatment Programs are actively engaged in the HNECC Regional Drug and Alcohol Partnership Networks. The Networks support region specific, cross- sectoral and integrated approaches to drug and alcohol treatment services whilst promoting linkages with broader health services, to better support integrated treatment and referral pathways for Aboriginal and Torres Strait Islander clients.

The HNECC PHN is also actively engaged in Regional Aboriginal Health Alliances, inclusive of system partners; Local Health Districts, Aboriginal Community Controlled Organisations including Aboriginal Medical Services and Primary Healthcare Providers who deliver targeted services to Aboriginal and Torres Strait Islander Peoples. The Alliances seek to ensure services for Indigenous Australians are linked with broader health services.

### Coverage

#### Whole Region

Yes

SA3 Name	SA3 Code
Inverell - Tenterfield	11002
Port Macquarie	10804
Kempsey - Nambucca	10802
Newcastle	11103
Lake Macquarie - East	11101
Maitland	10602
Lower Hunter	10601
Taree - Gloucester	10805
Great Lakes	10801
Port Stephens	10603
Upper Hunter	10604
Lake Macquarie - West	11102
Tamworth - Gunnedah	11004
Wyong	10202
Gosford	10201
Moree - Narrabri	11003
Armidale	11001



## Activity Consultation and Collaboration

### Consultation

The development of local responses to address priority opportunities and options are subject to development and ongoing consultation through the HNECC Regional Drug and Alcohol Partnership Networks; a formalised partnership of the HNECC PHN, Hunter New England LHD, Central Coast LHD, the Network of Alcohol and Drug Agencies (NADA), Aboriginal Medical Services and Non-government Drug and Alcohol Treatment Providers throughout the HNECC.

### Collaboration

As above.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2022

### Service Delivery Start Date

01/07/2019

**Service Delivery End Date**

30/06/2022

**Other Relevant Milestones**

In preparation for June 2022 contract completions HNECC PHN has commenced a full AoD program evaluation anticipated to be complete by August 2021.



**Activity Commissioning**

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

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** No

**Open Tender:** No

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

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

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

No

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

Yes

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

No

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

No

**Decommissioning**

No

**Decommissioning details?**

Not Applicable

**Co-design or co-commissioning comments**

Previous co design process

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

Yes



## AOD - 102 - AD1.02 Enhance activities to target Aboriginal & Torres Strait Islander People



### Activity Metadata

**Applicable Schedule \***

Drug and Alcohol Treatment Services

**Activity Prefix \***

AOD

**Activity Number \***

102

**Activity Title \***

AD1.02 Enhance activities to target Aboriginal & Torres Strait Islander People

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

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Alcohol and Other Drugs

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

The aim is to increase capacity of the Aboriginal and Torres Strait Islander workforce and to increase access to drug and alcohol treatment services for Aboriginal and Torres Strait Islander people. Improving service integration, education and upskilling will provide increased capacity to recognise and respond to substance misuse

**Description of Activity \***

The forums and workshops will attract drug and alcohol workers from Aboriginal Medical Services and LHDs across the HNECC PHN. The workshop will be practical and provide the following:

- Provide information to workers with cultural causes of addiction such as intergenerational trauma and how these factors need to be considered in case management plans and treatment options.
- Support workers to navigate the existing network of services and tailoring referral pathways including access to NDIS.
- 

Scholarship Grants to support attendance for Aboriginal and Torres Strait Islander health workers for travel and accommodation. Foetal Alcohol Spectrum Disorder (FASD) has come to the forefront of discussions with the HNECC PHN through the engagement of the Local Drug Action Team (LDAT). Education and training across the HNECC PHN with a direct focus on participation by the five AMSs and inclusive of all the mums and bubs groups. The costs would include specialist speaker fees, venue, all event costs including meals and other training materials.

Collecting patient outcomes in a meaningful way and utilizing this information in a meaningful way is core to future direction. A Pencil software model replicated with outcomes software is proposed. Initially a pilot would need to be established. The proposed scope of work would be to engage with the appropriate software provider to enable collection specifically of meaningful data inclusive of SeNT eReferral implementation. Implementing Client Management Systems (CMS) as well as software outcomes package on the back of the CMS to collect data and to share deidentified patient outcomes including patient activation measures and experience measures back to HNECC PHN.

Aboriginal and Torres Strait Islander scholarships and/or traineeships for education and upskilling in drug and alcohol screening, assessment and treatment.

Activities from the Healing Foundation Forums structured into the prioritized action plan. The action plans are developed by the community during the time of the forum. Four forums have been scheduled and engagement with Elders and key Aboriginal community members has commenced to set up steering committees that will drive the forums. These activities will increase capacity to recognize and respond to substance use, improve the capabilities of the Aboriginal and Torres Strait Islander Communities, improve referral pathways whilst supporting primary care interventions specifically focused on Aboriginal and Torres Strait Islander people. Increasing the capacity of the community of identified healers through the engagement and training of Ngangkari to train identified healers from the Healing Foundation forums.

There is need to support community on release from corrections or residential rehabilitation services to prevent readmission, support transition into community and to lessen the demand on these services.

## Needs Assessment Priorities \*

### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

#### Priorities

Priority	Page reference
Reduced access to health services for Aboriginal and Torres Strait Islander people	60
Higher rates of alcohol misuse	61
Concerning levels of illicit drug use	61
Reduced access to drug and alcohol treatment services for Aboriginal and Torres Strait Islander people	61



## Activity Demographics

### Target Population Cohort

Aboriginal and Torres Strait Islander people

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

Yes

### Indigenous Specific Comments

Education and training across the HNECC PHN with a direct focus on participation by the five AMSs and inclusive of all Mums and bubs groups.

Aboriginal and Torres Strait Islander Scholarships and/or traineeships for education and upskilling in drug and alcohol screening, assessment and treatment.

Healing Foundation forums with Elders, identified Aboriginal healers, and Key Aboriginal Community Members.  
Please refer to Consultation and Collaboration for further information on how we will be engaging with the Indigenous Sector

## Coverage

### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Consultation has occurred extensively including:

- Drug and Alcohol regional partnership networks (X 3 – Hunter, New England and Central Coast)
- Internally through HNECCPHN across teams including: education, primary care teams, all commissioning teams including mental health and suicide prevention, population health team, data and IMIT teams, integration teams and Aboriginal health access teams inclusive of ITC.

### Collaboration

Collaboration to implement this work will be with:

- Drug and Alcohol regional partnership networks (X 3 – Hunter, New England and Central Coast)
- Internally through HNECCPHN across teams including: education, primary care teams, all commissioning teams including mental health and suicide prevention, population health team, data and IMIT teams, integration teams and Aboriginal health access teams inclusive of ITC
- Local Drug Action Team and Community Drug Action Teams
- FASD Australia
- Commissioned services
- Elders groups and Aboriginal consultants
- Mental Health and Suicide Prevention services for comorbidity
- NADA National peak body
- NATSIWHA around Aboriginal Drug and Alcohol Training
- RTO and other training providers
- Nangkaris and other healing providers
- Community
- General Practices
- ACCHOs across our HNECCPHN region



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2021

### Service Delivery Start Date



31/12/2020

**Service Delivery End Date**

30/06/2021

**Other Relevant Milestones**



**Activity Commissioning**

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

**Not Yet Known:** No

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

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** Yes

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

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

Yes

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

Yes

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

No

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

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

We will work with our Dug and Alcohol Regional Partnerships, AMSS, Local Drug Action Team and Community Drug Action Teams, FASD, Elders Groups, NADA, NATSIWHA and Aboriginal Drug and Alcohol Trainers, Healing Providers, Community, GP's and ACCHOs.

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

Yes



# AOD - 2000 - AD2 Quality Improvement and implementation support for Drug and Alcohol Commissioned Services



## Activity Metadata

### Applicable Schedule \*

Drug and Alcohol Treatment Services

### Activity Prefix \*

AOD

### Activity Number \*

2000

### Activity Title \*

AD2 Quality Improvement and implementation support for Drug and Alcohol Commissioned Services

### Existing, Modified or New Activity \*

Modified



## Activity Priorities and Description

### Program Key Priority Area \*

Alcohol and Other Drugs

### Other Program Key Priority Area Description

### Aim of Activity \*

- Promote quality improvement approaches and support health professionals in identifying and responding to harmful substance use through education and training; and
- Support the workforce undertaking these service types through activities that promote joined up assessment processes and referral pathways and support continuous quality improvement, evidence-based treatment and service integration /coordination

### Description of Activity \*

Quality Improvement and Support forms an essential component of service delivery, collaboration, integration and quality improvement across the Drug and Alcohol network inclusive of primary care, mental health and other psychosocial support organisations. Including:

1. Promote and increase the uptake AoD Commissioned Services Accreditation
2. Understand the workforce development and capacity building needs of primary care workforces by analysing data, engaging and consulting with consumers, clinicians, carers and providers, peak bodies, community organisations and funders;
3. Adopt a whole of system approach to meeting workforce development and capacity building needs that are culturally

appropriate.

4. Strengthen working relationships between the Government and NGO sectors to Close The Gap.

5. Understand the fullest practical range of providers including the contribution they could make to delivering outcomes and addressing market failure and gaps, and encourage diversity in the market;

6. Co-design solutions; engage with stakeholders, including consumer representatives, peak bodies, community organisations, potential providers and other funders, to develop evidence-based and outcome-focused solutions;

7. Ensure procurement and contracting processes are transparent and fair, facilitating the involvement of the broadest range of suppliers, including alternative arrangements such as consortia building where appropriate;

8. Manage through relationships; work in partnership, building connections at multiple levels of partner organisations and facilitate links between stakeholders;

9. Develop environments high in trust through collaborative governance, shared decision-making and collective performance management;

10. Ensure efficiency, value for money, and service enhancement; and

11. Monitor and evaluate through regular performance reports; consumer, clinician, community and provider feedback, and independent evaluation.

12. Supporting the implementation of the NADA Aboriginal Drug and Alcohol guidelines in non-Aboriginal services.

## Needs Assessment Priorities \*

### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

### Priorities

Priority	Page reference
Higher rates of alcohol misuse	61



## Activity Demographics

### Target Population Cohort

Primary Health Care Clinicians, targeting GP's Practice Nurses, Community Pharmacists, Psychologists and other Allied Health Practitioners and Aboriginal Health Workforces.

### In Scope AOD Treatment Type \*

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

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Inverell - Tenterfield	11002
Newcastle	11103
Lake Macquarie - East	11101
Maitland	10602
Lower Hunter	10601
Taree - Gloucester	10805
Great Lakes	10801
Port Stephens	10603
Upper Hunter	10604
Lake Macquarie - West	11102
Tamworth - Gunnedah	11004
Wyong	10202
Gosford	10201
Moree - Narrabri	11003
Armidale	11001



## Activity Consultation and Collaboration

### Consultation

The development of local responses to address priority areas are subject to ongoing development and consultation through the HNECC Regional Drug and Alcohol Partnership Networks; a formalised partnership of the HNECC PHN, Hunter New England LHD, Central Coast LHD, the Network of Alcohol and Drug Agencies (NADA), Aboriginal Medical Services and Non-government Drug and Alcohol Treatment Providers throughout the HNECC.

All three Networks are currently undertaking Regional Planning, to operationalise identified priority areas at a local level – inclusive of workforce development and capacity building activities to support primary care workforces.

### Collaboration

As above.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2022

### Activity End Date

29/06/2023

### Service Delivery Start Date

01/07/2019

**Service Delivery End Date**

30/06/2022

**Other Relevant Milestones**



## Activity Commissioning

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

**Not Yet Known:** No

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

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** Yes

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

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

Yes

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

Yes

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

Yes

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

No

**Decommissioning**

No

**Decommissioning details?**

Not Applicable

**Co-design or co-commissioning comments**

Not Applicable

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

No



## AOD - 3000 - AD3 HNECC Regional Drug and Alcohol Partnership Networks



### Activity Metadata

**Applicable Schedule \***

Drug and Alcohol Treatment Services

**Activity Prefix \***

AOD

**Activity Number \***

3000

**Activity Title \***

AD3 HNECC Regional Drug and Alcohol Partnership Networks

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

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Alcohol and Other Drugs

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

- Establish and maintain partnerships and integration /coordination with regional stakeholders, including LHDs, 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;
- Develop evidence based regional drug and alcohol plans, based on needs assessment (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
- Support region specific, cross-sectoral and integrated approaches to drug and alcohol treatment services, based on the needs of clients locally, and focused on improving care coordination at the local level;
- Promote linkages with broader health services, including mental health services – in particularly, Primary Mental Healthcare Services, to better support integrated treatment and referral pathways to support clients with comorbid mental health disorders;

**Description of Activity \***

Facilitated by the HNECC PHN, this activity formalises local partnerships with all key regional stakeholders, including the Non-government Treatment Sector, Local Health District Drug and Alcohol Clinical Services, Primary Care clinicians and Aboriginal Community Controlled Organisations.

The Networks complement existing relationships, initiatives and programs to provide a platform for regional priority setting that seeks to;

- Develop and articulate a shared vision for drug and alcohol services through the development of Regional Drug and Alcohol Treatment Plans that meets the needs of the Hunter, New England and Central Coast Regions;
- Improve access to drug and alcohol treatment services within each region, through the promotion of referral pathways and service-entry requirements, collaborative assessment (where applicable) and waitlist durations;
- Identify localised emerging drug and alcohol treatment demands and access barriers;
- Identify emerging challenges for local drug and alcohol workforces;
- Create a localised stepped care approach to drug and alcohol intervention;
- Improved the exchange of information between Primary Care, Local Health Districts, Aboriginal Community Controlled Health Services and Non-Government Drug and Alcohol Treatment Service Providers; and
- Improve the coordination of General Practice and other primary care providers with the specialist Drug and alcohol treatment sector to provide better integrated care;
- Collaborative forums may also be held to ensure further integration and information sharing
- Subsequent training may also be delivered as part of the network

## Needs Assessment Priorities \*

### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

#### Priorities

Priority	Page reference
Reduced access to drug and alcohol treatment services for the general population	61



## Activity Demographics

### Target Population Cohort

HNECC regional stakeholders, including LHDs, 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.

### In Scope AOD Treatment Type \*

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

### Indigenous Specific \*

No

## Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

SA3 Name	SA3 Code
Inverell - Tenterfield	11002
Port Macquarie	10804
Kempsey - Nambucca	10802
Newcastle	11103
Lake Macquarie - East	11101
Maitland	10602
Lower Hunter	10601
Taree - Gloucester	10805
Great Lakes	10801
Port Stephens	10603
Upper Hunter	10604
Lake Macquarie - West	11102
Tamworth - Gunnedah	11004
Wyong	10202
Gosford	10201
Moree - Narrabri	11003
Armidale	11001



## Activity Consultation and Collaboration

### Consultation

Regional Drug and Alcohol Treatment Plans are currently being developed within each of the three Network, reflective of localised priority need.

Regional Drug and Alcohol Practice Networks will contribute to contribute to the planning of drug and alcohol health and service needs of the HNECC PHN to ensure needs assessments are reflective of the current service delivery system and future commissioning is highly localised, informed and targeted.

### Collaboration

All Network members lead and contribute to the Network's strategy development, objective setting, activities and projects. The HNECC PHN's role is to support the establishment and development of the HNECC Regional Drug and Alcohol Networks, meeting and out of session coordination and lead the project management of identified activities.





## Activity Milestone Details/Duration

**Activity Start Date**

30/06/2019

**Activity End Date**

29/06/2022

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**



## Activity Commissioning

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

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** Yes

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

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

No

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

Yes

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

No

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

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

Work in this area has previously been codesigned through the HNECC Regional Drug and Alcohol Partnership Networks; a formalised partnership of the HNECC PHN, Hunter New England LHD, Central Coast LHD, the Network of Alcohol and Drug Agencies, Aboriginal Medical Services and Non-government Drug and Alcohol Treatment Providers throughout the HNECC.

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

No

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## AOD - 5000 - AD5 Increasing access to Drug and Alcohol Services Rural and Remote



### Activity Metadata

**Applicable Schedule \***

Drug and Alcohol Treatment Services

**Activity Prefix \***

AOD

**Activity Number \***

5000

**Activity Title \***

AD5 Increasing access to Drug and Alcohol Services Rural and Remote

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

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Alcohol and Other Drugs

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

Increase access to drug and alcohol treatment services in regional, rural and remote areas.

**Description of Activity \***

- Increase the direct treatment service delivery of the drug and alcohol treatment sector in remote, rural and regional areas by increasing access to services targeting areas of need; and
- Improving the access and effectiveness of drug and alcohol treatment services for people requiring support and treatment by increasing coordination between various sectors, and improving sector efficiency.

**Needs Assessment Priorities \*****Needs Assessment**

HNECC PHN Needs Assessment 2019/20-2021/22

**Priorities**

Priority	Page reference
Reduced capacity of services to recruit and retain allied health staff	51
Limited availability of early intervention services	51
Limited capacity of services to develop and implement an approach to quality	51
Rural health disparities	42
Reduced access to services in rural and remote areas	42
A lack of health service integration, coordination and information sharing	42
Reduced access to health services for Aboriginal and Torres Strait Islander people	60
Higher rates of alcohol misuse	61
Concerning levels of illicit drug use	61
Reduced access to drug and alcohol treatment services for the general population	61
Reduced access to drug and alcohol treatment services for Aboriginal and Torres Strait Islander people	61
Reduced access to drug and alcohol treatment services for pregnant women and/or those with young children	61
Reduced access to drug and alcohol treatment services for youth	61
Reduced access to drug and alcohol treatment services for people exiting the criminal justice system	61
Reduced access to drug and alcohol treatment services for people with co-occurring substance misuse and mental illness	61



## Activity Demographics

### Target Population Cohort

Remote, rural and regional areas of need

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

## Coverage

### Whole Region

No

SA3 Name	SA3 Code
Inverell - Tenterfield	11002
Taree - Gloucester	10805
Upper Hunter	10604
Tamworth - Gunnedah	11004
Moree - Narrabri	11003
Armidale	11001



## Activity Consultation and Collaboration

### Consultation

The development of local responses to address priority opportunities and options are subject to development and ongoing consultation through the HNECC Regional Drug and Alcohol Partnership Networks; a formalised partnership of the HNECC PHN, Hunter New England LHD, Central Coast LHD, the Network of Alcohol and Drug Agencies (NADA), ACCHOs including Aboriginal Medical Services and Non-government Drug and Alcohol Treatment Providers throughout the HNECC.

### Collaboration

As above as well as collaboration internally across teams to ensure working better together and identifying any gaps in service delivery that this activity might support within remote rural and regional areas of need. Collaboration will also occur between PHN and commissioned services delivering services to remote, rural and regional areas of need within the HNECC PHN.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2020

### Activity End Date

29/12/2021

### Service Delivery Start Date

01/07/2020

### Service Delivery End Date

31/12/2021

### Other Relevant Milestones

Identify priority sites and models on service delivery and how they will incorporate existing programs. Discussion with bordering networks to maximise the access to services for these remote communities. Explore any identified opportunities to co-commission in-scope outreach services if they arise.



## Activity Commissioning

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

**Not Yet Known:** Yes

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

**Direct Engagement:** No

**Open Tender:** No

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

**Other Approach (please provide details):** Yes

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

Yes

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

No

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

No

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

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

HNECC will work with the members of its existing Regional Drug and Alcohol Partnership Networks; a formalised partnership of the HNECC PHN, Hunter New England LHD, Central Coast LHD, the Network of Alcohol and Drug Agencies (NADA), ACCHOs including Aboriginal Medical Services and Non-government Drug and Alcohol Treatment Providers throughout the HNECC region to investigate and potentially design the most effective and impactful ways outreach services can be delivered, integrated with existing programs and support services.

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

Yes



## AOD-GPS - 4000 - AD4 General Practice Support for Addiction



### Activity Metadata

**Applicable Schedule \***

Drug and Alcohol Treatment Services

**Activity Prefix \***

AOD-GPS

**Activity Number \***

4000

**Activity Title \***

AD4 General Practice Support for Addiction

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

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Alcohol and Other Drugs

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

Support the delivery of drug and alcohol training packages to the primary health care sector funded under the Education Package and Training Grants for General Practitioners (FPs) in Drug and Alcohol Addiction Opportunity.

**Description of Activity \***

1. provide support to General Practitioners (GPs) and other health professionals to build the capacity of the health workforce to deliver high quality care for clients with drug and alcohol issues
2. promote the education package and training grants for drug and alcohol addiction to GPs delivered through the Australian College of Rural and Remote Medicines (ACRRM) and The Royal Australian College of General Practitioners (RACGP) to strengthen the capacity of GPs to address drug and alcohol issues in their community
3. assist GPs and other health professionals to enhance their knowledge and application of alcohol and other drug addiction referral pathways, supporting improved access to drug and alcohol treatment. To support this ECHO hubs have been established, Immersion training has been provided to PHN staff, AoD and MH specialists and a 4 part AoD Webinar series has been provided.

4. increase awareness of and support GPs in using the range of evidence-based resources available to improve drug and alcohol addiction treatment.

## Needs Assessment Priorities \*

### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

#### Priorities

Priority	Page reference
Limited availability of early intervention services	51
Rural health disparities	42
Targeted support for general practice	42
Lack of prevention and early intervention services	42
Reduced access to services in rural and remote areas	42
Lack of integration, flexibility and cultural appropriateness of mental health and drug and alcohol services	60
Higher rates of alcohol misuse	61
Concerning levels of illicit drug use	61



## Activity Demographics

### Target Population Cohort

General Practitioners and Nurses working in General Practice.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration



## Consultation

In addition to the identified partners, HNECC PHN will work in partnership with Australian College of Rural and Remote Medicine (ACRRM), Royal Australian College of General Practitioners (RACGP), HNECC PHN will consult its established HNECC Regional Drug and Alcohol Partnership Networks, Clinical Council members and other primary care providers to ensure those able to access the program are able to do so.

## Collaboration

HNECC PHN will work in partnership with Australian College of Rural and Remote Medicine (ACRRM), Royal Australian College of General Practitioners (RACGP) to promote and encourage participation in the program. Additionally, HNECC PHN will collaborate with NADA – Clinical Director, HNE LHD, AOD Manager and CC LHD, AOD Manager, LDATs (Local Drug Action Teams) and CDATs (Community Drug Action Teams) and ADF (Australian Drug Foundation) to ensure awareness and ongoing education about the available support under the program reaches General Practitioners, nurses, Practice Managers. As part of the collaboration process, there will be strong engagement internally across PHN team who provide support General Practice.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2020

### Activity End Date

29/06/2021

### Service Delivery Start Date

01/07/2020

### Service Delivery End Date

31/12/2021

### Other Relevant Milestones

During this process and throughout the delivery of the education package and training grants, HNECC PHN will identify GP Champions to support opportunities for ongoing education on completion of this grant service delivery end date. This will also be identified in the process of evaluating contracted services to understand the synergies across contracted service delivery and general practice referral and support to those services.



## Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

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

No

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

Yes

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

No

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

No

**Decommissioning**

No

**Decommissioning details?**

Not Applicable

**Co-design or co-commissioning comments**

This activity is the result of a previous co-design process from within the RACGP development of the package.

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