



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

This Drug and Alcohol Treatment Activity Work Plan template has the following parts:

1. The updated strategic vision of each PHN, specific to drug and alcohol treatment.
2. The updated Drug and Alcohol Treatment Services Annual Plan 2016-17 to 2018-2019 which will provide:
  - a) An updated description of planned activities funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.3 Drug and Alcohol Treatment Services – Operational and Flexible Funding.
  - b) An updated description of planned activities funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.4 Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people –Flexible Funding.
  - c) A description of planned activities which are no longer planned for implementation under the Schedule – Drug and Alcohol Treatment Activities.
3. The updated Operational and Flexible Funding Budgets 2016-17 to 2018-19 (attach an excel spreadsheet using template provided):
  - a) Budget for Drug and Alcohol Treatment Services – Operational and Flexible Funding
  - b) Budget for Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding

***HNECC PHN***

**When submitting this Activity Work Plan 2016-17 to 2018-19 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and the document has been endorsed by the CEO.**

**The Activity Work Plan must be lodged via email to your Grant Officer on or before 17 February 2018.**

## Overview

This Drug and Alcohol Treatment Activity Work Plan covers the period from 1 July 2016 to 30 June 2019 and is an update to the Activity Work Plan submitted to the Department in February 2017. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 36 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

### Important documents to guide planning

The following documents will assist in the preparation of your Activity Work Plan:

- PHN Grant Programme Guidelines: Annexure A2 – Drug and Alcohol Treatment Services;
- Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services;
- Drug and Alcohol Treatment Services Needs Assessment Toolkit;
- PHN Needs Assessment Guide;
- PHN Performance Framework;
- Primary Health Networks Grant Programme Guidelines;
- Clause 3, Financial Provisions of the Standard Funding Agreement.

### Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services

The *Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services* document (available on the PHN Secure Data Portal) has been developed to assist PHNs in understanding the Department's expectations in relation to activities that are in scope for funding, and will assist in translating drug and alcohol treatment evidence into a practical approach.

The high-level activities in scope under Flexible Funding allocations include:

- Early intervention (including Brief Intervention)
- Counselling
- Withdrawal Management (with pathways to post-acute withdrawal support)
- Residential Rehabilitation (with pathways to post-acute withdrawal support)
- Day Stay Rehabilitation (and other intensive non-residential programs)
- Post treatment support and relapse prevention
- Case management, care planning, and coordination
- Supporting the workforce through activities which promote joint up assessment and referral pathways, quality improvement, evidence based treatment, and service integration.

Activities relating to planning and consultation are to be funded under the Operational Funding allocation.

### Key principles underpinning activity requirements

Drug and Alcohol Treatment Activity Work Plans are also expected to satisfy the following key principles underpinning drug and alcohol activity requirements:

- i. Proposed activities are evidence-based and in-scope of funding as detailed in *Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services*.

- ii. Proposed activities are clearly aligned with priorities identified in the corresponding Needs Assessment.
- iii. The majority of total Flexible Funding available is allocated to the delivery of specialist drug and alcohol service delivery (i.e. direct treatment activities) as opposed to non-treatment activities (e.g. workforce development, also in scope of this funding).
- iv. Detailed budgets are provided outlining funding for three years (2016-17 to 2018-19) with a clearly identified allocation for each activity (including sub-activity) type.
- v. Proposed activities for Indigenous-specific and mainstream services are clearly delineated, including evidence of consultation and engagement from local key Indigenous stakeholders.
- vi. Governance arrangements are clearly articulated, and include representation from key regional stakeholders such as Local Health Networks (or equivalent), State Government and specialist drug and alcohol service providers.

This funding is intended to complement existing Commonwealth and state and territory funded drug and alcohol treatment activities. Therefore, it is expected that existing state and territory funding, strategies, and frameworks are considered in the development of your Annual Plan to ensure services are complementary and do not duplicate existing efforts.

### **Formatting requirements**

- Ensure all updates are made in tracked changes to facilitate timely approval.
- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Ensure all updates are made to the previous version of your Activity Work Plan and submitted for approval. The Department will not accept updates made to a version of the Activity Work Plan (or other document) intended to supplement the original.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables, or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

# 1. Strategic Vision for Drug and Alcohol Treatment Funding

Drug and alcohol treatment services across the Hunter, New England and Central Coast regions are visible, accessible, integrated and appropriately resourced to meet the service demands of HNECC communities.

Key elements of this strategic vision are:

**Visibility** – services are known to other health professionals, other service providers (e.g. social services, community services, law enforcement etc.) and the community.

**Accessibility** – services are easily accessible to those who need them and are provided in regions where individuals require treatment. Waiting times for access to services do not negatively impact patient outcomes nor deter individuals from seeking treatment.

**Integration** – different providers understand and work closely with each other to ensure collaborative relationships are developed and nurtured. Region-wide planning occurs at an appropriate level, utilising a patient-centred approach, to ensure:

- decisions that may impact parts of the system are fully understood by all stakeholders
- evidence-based, efficient and effective treatment services are supported
- referral pathways and service integration occurs seamlessly between providers.

**Resourcing** – services that provide treatment for population groups within the community that are most vulnerable receive the greatest support.

All HNECC PHN Activity Work Plans and health planning across the organisation are developed and initiated through a Quadruple Aim lens. The objectives of Quadruple Aim are presented within activity tables.

The development of local responses to address priority areas are subject to 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.

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

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2016-17 to 2018-19. These activities will be funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.3 Drug and Alcohol Treatment Services – Operational and Flexible Funding.

- Refer to PHN Grant Programme Guidelines: Annexure A2 – Drug and Alcohol Treatment Services and Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services for the list of in-scope activities.
- It is emphasised that PHNs are to consider strategies to support the workforce in delivering the proposed activities through promoting joined up assessment processes and referral pathways, and supporting continuous quality improvement, evidence based treatment and service integration.

**Note:** *Please copy and complete the table as many times as necessary to report on each activity.*

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	<b>DA 1.1 Commissioning of additional drug and alcohol treatment services to target areas of need</b>
Existing, Modified, or New Activity	DA 1.1 Existing Activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	Priority Area 1 – Drug and Alcohol Misuse
Description of Drug and Alcohol Treatment Activity	HNECC PHN commissioned Drug and Alcohol Treatment services in 2016, with aim of increasing the quantum of services available to better meet demand and address service gaps along the care continuum. HNECC PHN will continue to manage these contracts and conduct a review of the effectiveness of these services in meeting identified need, prior to contracts expiring in June 2018. The PHN will then make decisions regarding the extension of current contracts or further commissioning upon completion of review to ensure treatment demands and service gaps are currently being met.

	<p>The HNECC PHN Drug and Alcohol Health and Service Needs Assessment identified a current undersupply of services available throughout the HNECC. Various estimates put the percentage of demand being met at between 30% &amp; 50%. Of particular concern, waitlists for a residential rehabilitation bed ranged between 3 to 6 months. In some regions, required service types along the care continuum were either absent or existing services failed to meet current demand. HNECC PHN targeted substantial gaps in service provision at a sub-regional level and procured services to increase met demand.</p>
Target population cohort	<p>Indicate the population cohort for whom this activity will be targeted.</p> <p>Targeted population cohorts include the following, but are not limited to;</p> <ul style="list-style-type: none"> <li>▪ Aboriginal and Torres Strait Islander Peoples</li> <li>▪ Pregnant woman and/or those with young children</li> <li>▪ Youth (16 - 24 years)</li> <li>▪ People exiting the criminal justice system</li> <li>▪ People with co-occurring substance misuse and mental illness</li> </ul>
Consultation	<p>The development of local responses to address priority areas are subject to 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.</p> <p>Consultation is also conducted with key stakeholders via the Mental Health/ Drug and Alcohol Specialist Advisory Group as well as through the HNECC PHN Online Consumer Engagement Platform; <i>Peoplebank</i>.</p>
Collaboration	<p>The PHN will continue to work in collaboration with key stakeholders, including the HNE LHD and CC LHD as priority, to ensure variations to contracts or new services are responsive to emerging treatment demands, service gaps and integrated into existing care pathways</p>
Indigenous Specific	<p>Whilst not exclusive, services commissioned under this activity must demonstrate culturally-secure treatment practices and prioritise service-accessibility for Aboriginal and Torres Strait Islander Peoples and their families.</p>

Duration	Current contracts commenced 1/01/2017 – 30/06/2018 and will be subject to review prior to determining an extension period to 30/06/2019.
Coverage	Services are currently funded throughout the entire PHN region (15 SA3's) as per identified need.
Commissioning method	This activity is subject to the Commissioning Process – as per the <i>PHN Commissioning Framework</i> ; Strategic Planning, Procuring Services & Monitoring and Evaluation.
Approach to market	<p>Direct engagement will be utilised for the recontracting of, or variation of services where applicable. Where a current provider terminates the service contract, dependent on the contract value and scope of services, the most appropriate procurement approach will be determined as per HNECC PHN procurement governance.</p> <p>Current contracts are subject to a quarterly reporting schedule whereby performance is measured against agreed key performance indicators. Providers also submit an Annual Work Plan detailing operational, governance and quality improvement requirements, consistent with the provision of contracted deliverables.</p> <p>The HNECC PHN will perform an evaluation of currently- funded services in February 2018, utilising the domains of the <i>Quadruple Aim</i>; a simultaneous pursuit of four aims- improving the experience of care, improving the health of the population, reducing per capita costs of care and improving the work life of healthcare providers.</p>
Decommissioning (if applicable)	Subsequent to a review of currently-funded services, whilst unlikely, variations to contracts <u>may</u> occur to ensure service contracts are responsive to meeting intended treatment demands and service gaps. This <u>may</u> result in the decommissioning of a proportion of total contract values. HNECC PHN will directly engage the provider to renegotiate contract variations prior to determining an alternate procurement approach.
Planned Expenditure <b>2016-17</b> (GST Exc) – Commonwealth funding	\$821,083
Planned Expenditure <b>2016-17</b> (GST Exc) – Funding from other sources	\$0

Planned Expenditure <b>2017-18</b> (GST Exc) – Commonwealth funding	\$1,809,121
Planned Expenditure <b>2017-18</b> (GST Exc) – Funding from other sources	\$0
Planned Expenditure <b>2018-19</b> (GST Exc) – Commonwealth funding	\$1,805,397
Planned Expenditure <b>2018-19</b> (GST Exc) – Funding from other sources	\$0
Funding from other sources	n/a

<b>Proposed Activities</b>	
Activity Title (e.g. Activity 1, 2, 3 etc.)	<b>DA 1.2 Increasing coordination between various sectors, and improving sector efficiency</b> 1.2.1 Primary Care Capacity Building Program 1.2.2 Regional Drug and Alcohol Partnership Networks
Existing, Modified, or New Activity	1.2.1 Existing 1.2.2 Existing (with inclusion of 2.1.8 as a new activity)
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	Priority Area 1 – Drug and Alcohol Misuse
Description of Drug and Alcohol Treatment Activity	1.2.1 Primary Care Capacity Building Program



The aim of the following activities are to support the workforce through activities which promote service integration, referral pathways, quality improvement and evidence based treatment approaches, to increase the capacity of primary care clinicians and services.

1.2.1a GP and Practice Nurse Clinical Mentoring Program

To promote and support routine screening and evidence based treatment practices within General Practice. Includes a monthly webinar series and clinical supervision program delivered by a multidisciplinary team of drug and alcohol experts.

1.2.1b Drug and Alcohol First Aid Program

Delivery of 13 Drug and Alcohol First Aid Workshops, designed to improve knowledge, attitudes and skills in recognising and responding to substance misuse.

1.2.1c HNECC Regional Drug and Alcohol Forums

Delivery of 5 Regional Forums targeting General Practice, Community Pharmacy and Psychologists in administering addiction medicines, S8 prescription monitoring, collaborative care arrangements and clinical pathways to encourage improved service integration

1.2.1d Psychology Drug and Alcohol Clinical Mentoring Program

Delivery of a clinical supervision and mentoring program to increase the number of drug and alcohol-specialist psychologists in primary health care.

1.2.1e Non-pharmalogical Treatment of Chronic Care Project

Development and evaluation of a training package to support GP's in treating chronic pain through psychotherapy and self-management, not opioid substitution therapies.

1.2.1f HNECC Drug and Alcohol Referral and Service Navigation Resource

1.2.1g Workforce development activities as identified through on going sector development

Including Delivery of Codeine Up scheduling Workshop on 07/03/2018

1.2.1h GP Drug and Alcohol Clinical Placement Program

	<p>Facilitation of clinical placements in LHD Drug and Alcohol Specialist Services for GP’s seeking to increase skills and knowledge in prescribing S8 Medications and clinical pathways to support.</p> <p><del><b>1.2.2 Regional Drug and Alcohol Partnership Networks</b></del></p> <p><b>1.2.2a Continuation of HNECC Drug and Alcohol Partnership Networks</b>  The funding will be used to extend the current contract with NADA through to 30 June 2019. We have recognised the importance and significant contribution the Networks - which currently include a membership of nearly all the Non-government treatment services Aboriginal Medical Services and the Local Health District Drug and Alcohol Clinical Services - are making to improving regional coordination, identifying system inefficiencies and improving sector capacity throughout the HNECC Drug and Alcohol Treatment System. They are well supported by HNECC PHN region Local Health Districts.</p> <p><b>1.2.2b Capacity and Workforce development</b> as identified by partnership networks to address emerging treatment demand and enable more responsive coordination</p>
Target population cohort	<p>1.2.1 Primary Healthcare Clinicians including GP’s Practice Nurses, Pharmacists, Psychologists and other Allied Health Practitioners</p> <p>1.2.2a and b HNE LHD and CC LHD, Non-government Treatment Providers, Aboriginal Medical Services and General Practice.</p>
Consultation	<p>The development of local responses to address priority areas are subject to consultation through the HNECC Regional Drug and Alcohol Partnership Networks as well as with key stakeholders via the Mental Health/ Drug and Alcohol Specialist Advisory Group and the HNECC PHN Online Consumer Engagement Platform; <i>People bank</i>.</p>
Collaboration	<p>1.2.1a In collaboration with The Royal Australian College of General Practitioners (RACGP), Drug and Alcohol Nurses Australasia (DANA), Australian Primary Health Care Nurses Association (APNA) and Mental Health Professionals' Network (MHPN).</p> <p>1.2.1h – In collaboration with HNE &amp; CC LHD partners.</p>

	The PHN will continue to work in collaboration with key stakeholders, including the HNE LHD and CC LHD as priority, to ensure variations to contracts or new services are responsive to emerging treatment demands, service gaps and integrated into existing care pathways
Indigenous Specific	NO
Duration	1/07/2017 – 30/06/2018 - Activities may be extended after review.
Coverage	Activities are currently funded throughout the entire PHN region (15 SA3's) as per identified need.
Commissioning method	This activity is subject to the Commissioning Process – as per the <i>PHN Commissioning Framework</i> ; Strategic Planning, Procuring Services & Monitoring and Evaluation.
Approach to market	<p>Open tender (Requests for Proposals) were sought for the contracting of initiatives under this activity, in alignment with the HNECC Procurement Policy.</p> <p>Current contracts are subject to a quarterly reporting schedule whereby performance is measured against agreed key performance indicators. Providers also submit an Annual Work Plan detailing operational, governance and quality improvement requirements, consistent with the provision of contracted deliverables.</p> <p>The HNECC PHN will perform an evaluation of currently- funded services in February 2018, to review provider performance and assess the provision of services against the <i>Quadruple Aim</i>; a simultaneous pursuit of four aims- improving the experience of care, improving the health of the population, reducing per capita costs of care and improving the work life of healthcare providers.</p>
Decommissioning (if applicable)	<p>1.2.1 Contracts end 30/06/2018. Activities may be extended after evaluation.</p> <p>1.2.2 Direct engagement to vary contract value and scope of services.</p>
Planned Expenditure <b>2016-17</b> (GST Exc) – Commonwealth funding	\$984,313

Planned Expenditure <b>2016-17</b> (GST Exc) – Funding from other sources	\$0
Planned Expenditure <b>2017-18</b> (GST Exc) – Commonwealth funding	\$209,689 (funded from slippage as per approved carry over request February 2018) 1.2.2a \$150,000 1.2.2b \$59,689
Planned Expenditure <b>2017-18</b> (GST Exc) – Funding from other sources	\$0
Planned Expenditure <b>2018-19</b> (GST Exc) – Commonwealth funding	\$0
Planned Expenditure <b>2018-19</b> (GST Exc) – Funding from other sources	\$0
Funding from other sources	If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).

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

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2016-17 to 2018-19. These activities will be funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.4 Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding.

- Refer to PHN Grant Programme Guidelines: Annexure A2 – Drug and Alcohol Treatment Services and Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services for the list of in-scope activities.
- It is emphasised that PHNs are to consider strategies to support the workforce in delivering the proposed activities through promoting joined up assessment processes and referral pathways, and supporting continuous quality improvement, evidence based treatment and service integration.

**Note:** *Please copy and complete the table as many times as necessary to report on each activity.*

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	<b>DA 2.1 Commissioning of drug and alcohol treatment services to target Aboriginal and Torres Strait Islander Peoples</b>
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	Priority 2 – Aboriginal and Torres Strait Islander Populations
Description of Drug and Alcohol Treatment Activity	<p>HNECC PHN commissioned Drug and Alcohol Treatment services in 2016, with aim of increasing the quantum of culturally-safe and appropriate services available to better meet demand and address service gaps along the care continuum for Aboriginal and Torres Strait Islander Peoples. Aboriginal and Torres Strait Islander Peoples have been identified as a target population cohort, reflective of current health data and a significant over representation in the treatment sector.</p> <p>HNECC PHN will continue to manage these contracts and conduct a review of the effectiveness of these services in meeting identified need, prior to contracts expiring in June 2018. The PHN will then make</p>

	<p>decisions regarding the extension of current contracts or further commissioning upon completion of review to ensure treatment demands and service gaps are currently being met.</p> <p>HNECC PHN targeted substantial gaps in service provision at a sub-regional level and procured services to increase met demand.</p>
Target population cohort	<p>Including but not exclusive to;</p> <ul style="list-style-type: none"> <li>▪ Indigenous peoples with co-occurring substance use and mental health disorders</li> <li>▪ Pregnant Indigenous women and/or those with young children</li> <li>▪ Indigenous Youth (16 – 24 years)</li> <li>▪ Indigenous peoples exiting the criminal justice system</li> </ul>
Consultation	<p>The HNECC PHN Aboriginal Health Access Team is also integral to activity- development relevant to targeting and improving access for Aboriginal and Torres Strait Islander Peoples.</p> <p>Consultation is also conducted with key stakeholders via the Mental Health/ Drug and Alcohol Specialist Advisory Group as well as through the HNECC PHN Online Consumer Engagement Platform; <i>People bank</i>.</p>
Collaboration	<p>This activity will not be a joint implementation, however consultation has been undertaken with key stakeholders. Including Aboriginal Community Controlled Health Services as a priority, to consider currently funded services to avoid duplication and support greater regional coordination of service provision within the HNECC region.</p>
Indigenous Specific	<p>Yes</p>
Duration	<p>Current contracts commenced 1/01/2017 – 30/06/2018 and will be subject to review prior to determining an extension period to 30/06/2019.</p>
Coverage	<p>Activities are currently funded throughout the entire PHN region (15 SA3's) as per identified need.</p>

Commissioning method	This activity is subject to the Commissioning Process – as per the <i>PHN Commissioning Framework</i> ; Strategic Planning, Procuring Services & Monitoring and Evaluation.
Approach to market	<p>Open tender (Requests for Proposals) were sought for the contracting of initiatives under this activity.</p> <p>Current contracts are subject to a quarterly reporting schedule whereby performance is measured against agreed key performance indicators. Providers also submit an Annual Work Plan detailing operational, governance and quality improvement requirements, consistent with the provision of contracted deliverables.</p> <p>The HNECC PHN will perform an evaluation of currently- funded services in February 2018, to review provider performance and assess the provision of services against the <i>Quadruple Aim</i>; a simultaneous pursuit of four aims- improving the experience of care, improving the health of the population, reducing per capita costs of care and improving the work life of healthcare providers.</p>
Decommissioning (if applicable)	HNECC PHN will evaluate all currently-funded services in February 2018 against Provider Performance and ability of service specifications to address evolving need. In the instance that variations are required to service models, the HNECC PHN will directly engage the contracted provider to renegotiate contract value consistent with the required deliverable schedule. Where attempts to vary contracts are unsuccessful, the HNECC PHN will be guided by HNECC Procurement Governance Procedures to identify the most appropriate approach to market, reflective of the scope of works and contract value.
Planned Expenditure <b>2016-17</b> (GST Exc) – Commonwealth funding	\$708,081
Planned Expenditure <b>2016-17</b> (GST Exc) – Funding from other sources	\$0
Planned Expenditure <b>2017-18</b> (GST Exc) – Commonwealth funding	\$1,793,693
Planned Expenditure <b>2017-18</b> (GST Exc) – Funding from other sources	\$0

Planned Expenditure <b>2018-19</b> (GST Exc) – Commonwealth funding	\$1,722,788
Planned Expenditure <b>2018-19</b> (GST Exc) – Funding from other sources	\$0
Funding from other sources	If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).

<b>Proposed Activities</b>	
Activity Title (e.g. Activity 1, 2, 3 etc.)	<b>DA2.2 Indigenous Drug and Alcohol Workforce Development Program</b> 2.1 Indigenous Drug and Alcohol Treatment Enhancement Grants 2.2 Aboriginal Drug and Alcohol Scholarship Incentive Program 2.3 Aboriginal Workforce Development Activities as identified through ongoing sector consultation throughout 2017-18
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	Priority 2 – Aboriginal and Torres Strait Islander Populations
Description of Drug and Alcohol Treatment Activity	Provide a short description, outlining the aim of the activity and how it will address the Drug and Alcohol Needs Assessment Priority Area (up to 500 words).  2.2.1 The HNECC PHN released a call for proposals in 2017, for activities that sought to ensure the primary health care and specialist workforces (including Indigenous workforce) are supported in providing culturally appropriate, evidenced based drug and alcohol treatment services in the HNECC PHN region for Aboriginal and Torres Strait Islander peoples. This activity also supports the development of culturally-appropriate interventions (i.e. yarning circles, cultural healing activities). Four grants were provided under this activity



	<p>and HNECC PHN will continue to manage, monitor and evaluate performance until contract expiry in June 2018.</p> <p>2.2.2 25 Scholarships to be offered to Aboriginal and Torres Strait Islander Peoples to obtain dual qualification (Certificate IV in Drug and Alcohol and Mental Health). This activity supports the growth and development of Aboriginal and Torres Strait Islander workforces in Primary Health Care Services.</p> <p>2.2.3 NSW PHN Aboriginal Drug and Alcohol Best Practice Guidelines development, evaluation and training (a co-funded project with 6 NSW PHNs).</p> <p>2.2.4 Aboriginal Workforce Development Activities as identified through ongoing sector consultation throughout 2017-18</p> <p>Aboriginal and Torres Strait Islander Peoples have been identified as a target population cohort, reflective of current health data and a significant over representation in the treatment sector.</p>
Target population cohort	<p>Including but not exclusive to Aboriginal Medical Services, Aboriginal Community Controlled Services and Mainstream Healthcare Providers that service;</p> <ul style="list-style-type: none"> <li>▪ Indigenous peoples with co-occurring substance use and mental health disorders</li> <li>▪ Pregnant Indigenous women and/or those with young children</li> <li>▪ Indigenous Youth (16 – 24 years)</li> <li>▪ Indigenous peoples exiting the criminal justice system</li> </ul>
Consultation	<p>The development of local responses to address priority areas are subject to 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.</p> <p>The HNECC PHN Aboriginal Health Access Team is also integral to activity- development relevant to targeting and improving access for Aboriginal and Torres Strait Islander Peoples.</p> <p>Consultation is also conducted with key stakeholders via the Mental Health/ Drug and Alcohol Specialist Advisory Group as well as through the HNECC PHN Online Consumer Engagement Platform; <i>People bank</i>.</p>

Collaboration	This activity will not be a joint implementation, however consultation has been undertaken with key stakeholders to consider currently funded services to avoid duplication and support greater regional coordination of service provision within the HNECC region.
Indigenous Specific	Yes
Duration	Current contracts commenced 1/01/2017 – 30/06/2018.
Coverage	Activities are currently funded throughout the entire PHN region (15 SA3's) as per identified need.
Commissioning method	This activity is subject to the Commissioning Process – as per the <i>PHN Commissioning Framework</i> ; Strategic Planning, Procuring Services & Monitoring and Evaluation.
Approach to market	<p>Open tender (Requests for Proposals) were sought for the contracting of initiatives under this activity.</p> <p>Current contracts are subject to a quarterly reporting schedule whereby performance is measured against agreed key performance indicators. Providers also submit an Annual Work Plan detailing operational, governance and quality improvement requirements, consistent with the provision of contracted deliverables.</p> <p>The HNECC PHN will perform an evaluation of currently- funded services in February 2018, to review provider performance and assess the provision of services against the <i>Quadruple Aim</i>; a simultaneous pursuit of four aims- improving the experience of care, improving the health of the population, reducing per capita costs of care and improving the work life of healthcare providers.</p>
Decommissioning (if applicable)	Not applicable.
Planned Expenditure <b>2016-17</b> (GST Exc) – Commonwealth funding	\$848,866
Planned Expenditure <b>2016-17</b> (GST Exc) – Funding from other sources	\$

Planned Expenditure <b>2017-18</b> (GST Exc) – Commonwealth funding	\$0
Planned Expenditure <b>2017-18</b> (GST Exc) – Funding from other sources	\$0
Planned Expenditure <b>2018-19</b> (GST Exc) – Commonwealth funding	\$0
Planned Expenditure <b>2018-19</b> (GST Exc) – Funding from other sources	\$0
Funding from other sources	If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).

## 2. (c) Activities which will no longer be delivered under the Schedule – Drug and Alcohol Treatment Activities

Please use the table below to outline any activities included in the May 2016 version of your Drug and Alcohol Treatment Activity Work Plan which are not continuing from 2017-18.

Planned activities which will no longer be delivered	
Activity Title / Reference	<p>Provide the activity title and reference as it appeared in the May 2016 Drug and Alcohol Treatment Activity Work Plan.</p> <p>1.2.6 - Responding to Methamphetamine use; training for GPs            1.2.7 - HNECC Drug and Alcohol Regional Workforce Forums            1.2.10 - HNECC Comorbidity Symposium (Drug and Alcohol / Mental Health)            2.2.3 - HNECC Aboriginal Drug and Alcohol Workforce Forums</p>
Description of Activity	<p>1.2.6 - Train general practitioners (GPs), nurse practitioners and counsellors to routinely screen patients for methamphetamine use, offer brief intervention and referral for further support where necessary and provide monthly clinical supervision in the delivery of the intervention.</p> <p>1.2.7 - Facilitation of four regional forums throughout the HNECC, targeting specialist drug and alcohol treatment providers across Primary Care including General Practice and AMS', Secondary and Tertiary LHD Services. The purpose of these one-day forums will be to workshop and develop localised stepped care approaches to drug and alcohol treatment.</p> <p>1.2.10 - Facilitation of Regional Comorbidity Symposiums to present current evidence base and clinical referral pathways.</p> <p>2.2.3 – Facilitation of Regional Aboriginal Drug and Alcohol Workforce Forums</p>
Reason for removing activity	Outline why this activity will not be delivered and any anticipated impacts to your region.

	<p>1.2.6 - Incorporated into 2.1.1 GP and Practice Nurse Clinical Mentoring Program</p> <p>1.2.7 – HNECC Partnership Networks have prioritised the development of localised stepped care approaches, in session (monthly meetings).</p> <p>1.2.10 – Incorporation of comorbid evidence base into other capacity building initiatives.</p> <p>2.2.3 – Incorporation into 2.3 NSW PHN Aboriginal Drug and Alcohol Best Practice Guidelines including training</p>
Funding impact	<p>Briefly outline how removal of this activity will impact your budget.</p> <p>1.2.6 – unspent/ uncommitted funding - \$59, 689 (GST ex)</p> <p>1.2.7 - unspent/ uncommitted funding - \$50,000 (GST ex)</p> <p>1.2.10 - unspent/ uncommitted funding - \$50,000</p> <p>2.2.3 - unspent/ uncommitted funding - \$50,000</p>