

**Drug and Alcohol Treatment Activity Work Plan 2019-2022:**

**Drug and Alcohol Treatment Services Funding**

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

* + - 1. The Drug and Alcohol Treatment Services Activity Work Plan for the financial years 2019-20, 2020-2021 and 2021-2022. Please complete the table of planned activities funded under the following:
* Schedule: Drug and Alcohol Treatment Services - Core and Operational Funding (formerly Transition Funding)
* Schedule: Drug and Alcohol Treatment Services – NIAS Operational and Mainstream Funding (formerly Operational and Flexible Funding).
* Schedule: Drug and Alcohol Treatment Services - NIAS Aboriginal and Torres Strait Islander people Funding (Indigenous Funding) (formerly Aboriginal and Torres Strait Islander people – Flexible Funding).
1. The indicativeFunding Budget for the financial years 2019-20, 2020-21 and 2021-22 (attach an excel spreadsheet using template provided) to report planned expenditure under the following:
* Drug and Alcohol Treatment Services – Core and Operational Funding (formerly Transition Funding)
* Drug and Alcohol Treatment Services – NIAS Operational and Mainstream Funding (formerly Operational and Flexible Funding)
* Drug and Alcohol Treatment Services – NIAS Indigenous Funding (formerly Aboriginal and Torres Strait Islander people- Flexible Funding)

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| ***South Western Sydney PHN*** |

***When submitted this Activity Work Plan 2018-2021 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and has been endorsed by the CEO.***

**Overview**

This Drug and Alcohol Treatment Services Activity Work Plan covers the period from 1 July 2019 to 30 June 2022. 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:

* Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services;
* Drug and Alcohol Treatment Information Strategy for PHNs;
* Drug and Alcohol Treatment Services Needs Assessment Toolkit;
* PHN Needs Assessment Guide;
* Activity Work Plan Guidance Material;
* PHN Program Performance and Quality 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 Core and NIAS Funding allocations include:

* Early intervention (including Brief Intervention)
* Counselling
* Withdrawal Management
* Residential Rehabilitation
* Day Stay Rehabilitation (and other intensive non-residential programs)
* Aftercare / relapse Prevention
* Case management, care planning, and coordination
* Information and Education
* 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.

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:

1. Proposed activities are evidence-based and in-scope of funding as detailed in *Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services*.
2. Proposed activities are clearly aligned with priorities identified in the corresponding Needs Assessment.
3. The majority of total Core and NIAS Funding 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).
4. Detailed budgets are provided outlining funding with a clearly identified allocation for each activity (including sub-activity) type.
5. Proposed activities for Indigenous-specific and mainstream services are clearly delineated, including evidence of consultation and engagement from local key Indigenous stakeholders.
6. 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 Activity Work Plan to ensure services are complementary and do not duplicate existing efforts.

 **Formatting requirements**

* Submit plans in Microsoft Word format only.
* Submit budgets in Microsoft Excel format only.
* 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. **(a) Drug and Alcohol Treatment Services planned activities for the funding period 2019-20 to 2021-22**
* **Drug and Alcohol Treatment Services – Core Funding**
* **Drug and Alcohol Treatment Services – NIAS Mainstream Funding**
* **Drug and Alcohol Treatment Services – NIAS Aboriginal and Torres Strait Islander people Funding**

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2022.

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| **Proposed Activities** - copy and complete the table as many times as necessary to report on each activity |
| ACTIVITY TITLE | **AOD 1.1 Workforce capacity building**  |
| Existing, Modified, or New Activity | Existing Activity Previous reference 2018-2019 AWP1. GP Workforce capacity  |
| PHN Program Key Priority Area | Alcohol and Other Drugs |
| Needs Assessment Priority | Drug and Alcohol GP Workforce pg 92*Needs assessment identified “GPs report that involvement in drug treatment, such as OTP, could be enhanced with access to GP mentors or specialist support services to guide the process”.**Page 24* *GPs requested additional continuing professional development support to deal with drug addiction and detox* |
| Aim of Activity | To enhance support networks for GPs in relation to drug health, reducing barriers for services and thereby enhancing access to treatment in primary care for patients with substance misuse issues. To increase confidence amongst the general practice workforce in responding to alcohol and drug issues. Supporting the workforce through activities which promote referral pathways, evidence -based treatment, and service integration. |
| Description of Activity  | * Identify GP champions and provide opportunities to share their expertise with GP colleagues.
* enhance integration between GPs and the drug health sector by providing opportunities to share service information and transfer knowledge and expertise.
* Provide education opportunities for GP’s and PN to increase confidence and competence working with clients with substance misuse issues.
* Support the primary care workforce through activities which promote referral pathways, evidence-based treatment, and service integration.
 |
| Target population cohort |  - GPs, and practice nurses working in primary care supporting clients with drug health issues - clients with substance misuse issues.  |
| In scope AOD Treatment Type | N/A  |
| Indigenous specific | No  |
| Coverage | All activities will cover entire SWSPHN catchment |
| Consultation | SWSPHN conducted a revision of the drug and alcohol needs assessment in 2016 and 2017. This involved comprehensive review of relevant data, consultation with GPs, specialist treatment services and clients of these services via peer workers. In addition, an active Drug Health Working Party comprising lived experience consumers, LHD and NGO treatment services, AOD peak body NADA representative, NSW Ambulance and GP's provides governance and oversight of our approach to these activities. A targeted consultation approach to identify learning opportunities and networking opportunities will include GP input through various platforms including local health councils, Drug health working party, RACGP guidelines, and specialist service providers to support this activity.  |
| Collaboration | PHN will seek key stakeholder input in the following context and roles in implementing the activity: * GPs / PN- Utilise information from GPs and practice nurses to design an approach to upskilling drug and alcohol intervention in general practice
* Drug and Alcohol treatment services- provide collaborative support in developing referral pathways and improving integration within primary health providers and NGO AOD treatment services
* SWSLHD- co design, specialist input in developing RACGP approved drug and Alcohol CPD events, workshops and brief intervention tool
* Service users- provide lived experience perspective and health literacy input
 |
| Activity milestone details/ Duration | Provide the anticipated activity start and completion dates **(including** the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020**If applicable**, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Service delivery start date: Month. Year.  Service delivery end date: Month. Year. Any other relevant milestones? |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: [x]  Not yet known[ ]  Continuing service provider / contract extension[ ]  Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.[ ]  Open tender[ ]  Expression of Interest (EOI) [ ]  Other approach (please provide details)2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?No 3b. Has this activity previously been co-commissioned or joint-commissioned?No |
| Decommissioning | No  |
| Data collection | Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data setNo  |
| Total Planned Expenditure | Please populate the following table with planned expenditure for this Activity. |
| **Funding Source** | **2019-2020** | **2020-2021** | **2021-2022** | **Total** |
| Planned Expenditure – Drug and Alcohol Treatment Services - Core Funding |  |  |  |  |
| Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Mainstream Funding |  |  |  |  |
| Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Indigenous Funding |  |  |  |  |
| Total Planned Commonwealth Expenditure |  |  |  |  |
| Funding from other non-Commonwealth sources |  |  |  |  |
| Funding from other sources | If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation). |

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| **Proposed Activities** - copy and complete the table as many times as necessary to report on each activity |
| ACTIVITY TITLE | **AOD 1.2 Service Integration -Integrated Drug and Alcohol Service**  |
| Existing, Modified, or New Activity | Existing Activity Previous reference 2018-2019 AWP1. GP Workforce capacity – Integration  |
| PHN Program Key Priority Area | Alcohol and Other Drugs |
| Needs Assessment Priority | Drug and Alcohol – System Integration pg 92Drug and Alcohol – GP workforce pg46 “ ….improved access and transition between services and workforce development. Consultations identified a need for integration and coordination of care between mental health services and drug and alcohol and other support services. |
| Aim of Activity | 1.2.1 The aim of the activity is to improve integration between LHD Drug Health Services and primary care to provide GP's with support from field experts and facilitate co-management of patients to address substance misuse issues holistically and with general physical health needs. 1.2.2 The aim of this activity is to increase the number of practising GPs in South Western Sydney who have had specialist experience in addiction medicine through a registrar placement within LHD drug health services.  |
| Description of Activity  | 1.2.1 Commission a region wide Integrated AOD project to assist specialist AOD services and GPs to work together to provide care for people with substance use disorders. This activity will continue a commitment to the integration between SWSLHD Drug Health Services and SWSPHN through the Integrated Drug and Alcohol Service. The activities will be delivered through a true partnership between SWSLHD and SWSPHN. Key objectives include * Support transition of patients from LHD services to primary care through the clinical support of an experienced AOD CNC and a GP VMO
* Provide information and support to General practice staff through real time access to AOD CNC and GP VMO via a phone support service
* Support the development of global care plans through a shared care approach that provides a seamless transition of care, including client driven goal setting that’s supports the continuum of care between the acute sector and the primary care GP
* Optimise referrals to support services. The focus of the coming year will be to increase referrals to after care services post detox treatment in the acute setting
* Improve GP self-efficacy when working with patients with Drug and alcohol issues

Budget: $206,122. 471.2.2 Maintain extended skills placement position as a learning platform for placement of a registrar within LHD drug health servicesBudget: $27, 532.00 |
| Target population cohort | * GPs, practice nurses supporting clients with drug health issues within primary care sectors.
* Clients with substance use disorders who require ongoing AOD support within primary care.
* Registrars working in SWS
 |
| In scope AOD Treatment Type | List the approved treatment type/s (if applicable)N/A  |
| Indigenous specific | No  |
| Coverage | Whole of SWSPHN catchment |
| Consultation | General practice, SWSLHD Drug Health Services AoD clinicians, RACGP, GP Synergy, SWSPHN drug health working party, AOD peak body, lived experience consumers and NGO’s provided collective experience during the co design process to identify the key aspects of service delivery.  |
| Collaboration |  Shared collaboration in the design, governance and implementation continues with SWSLHD Drug Health services, SWSPHN program staff, general practice teams, NGO’s, general practitioners and SWSPHN Drug Health working party * SWSPHN staff- to support program implementation, co design, contract management and commissioning, evaluation and monitoring, and provide capacity building opportunities
* SWSLHD drug health services participation in clinical oversight, co design, program implementation, data sharing. Provide an extended skills position for the registrar placement
* GP’s and general practice nurses- to implement and participate in capacity building activities, integrate processes to enable improved AOD care and patient management
* NGOs- provide specific AOD skill knowledge
* Lived experience consumers provide critical client perspective to ensure services meet clients needs
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| Activity milestone details/ Duration | Provide the anticipated activity start and completion dates **(including** the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2021**If applicable**, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Service delivery start date: Month. Year.  Service delivery end date: Month. Year. Any other relevant milestones? |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: [ ]  Not yet known[x]  Continuing service provider / contract extension[ ]  Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.[ ]  Open tender[ ]  Expression of Interest (EOI) [ ]  Other approach (please provide details)2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?Yes 3b. Has this activity previously been co-commissioned or joint-commissioned?Yes |
| Decommissioning | 1a. Does this activity include any decommissioning of services?No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications. |
| Data collection | Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data setYes  |
| Total Planned Expenditure | Please populate the following table with planned expenditure for this Activity. |
| **Funding Source** | **2019-2020** | **2020-2021** | **2021-2022** | **Total** |
| Planned Expenditure – Drug and Alcohol Treatment Services - Core Funding |  |  |  |  |
| Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Mainstream Funding |  |  |  |  |
| Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Indigenous Funding |  |  |  |  |
| Total Planned Commonwealth Expenditure |  |  |  |  |
| Funding from other non-Commonwealth sources |  |  |  |  |
| Funding from other sources | If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation). |

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| **Proposed Activities** - copy and complete the table as many times as necessary to report on each activity |
| ACTIVITY TITLE | **AOD 1.3 System Integration**  |
| Existing, Modified, or New Activity | Existing Activity Previous reference 2018-2019 AWPAOD 2 System Integration – Healthpathways  |
| PHN Program Key Priority Area | Alcohol and Other Drugs |
| Needs Assessment Priority | Drug and Alcohol – System Integration pg 93Drug and Alcohol- Treatment needs pg 131 |
| Aim of Activity | **1.3.1** Provide local clinical pathways which support primary care providers in the delivery of seamless care. Provide a locally relevant, evidence based online resource for general practice teams which includes:* Clinical guidance on medical conditions
* Local health service information`
* Education
* General practice resources
* Review and improvement of existing pathways

**1.3.2** Promote collaborative opportunities across Drug and Alcohol service providers to support clients with co -existing AOD and MH conditions  |
| Description of Activity  | **1.3.1**  Support ongoing development and implementation of treatment protocols and referral pathways and associated consumer fact sheets * utilise existing HealthPathways methodology, which links evidence-based treatment protocols with local referral options
* Work with a multidisciplinary panel, including GPs, specialists, nurses, LHD staff, pharmacists and drug treatment NGOs to develop treatment protocols, decision support tools and localised referral pathways for drug and alcohol treatment
* Promote and increase the utilisation of best practice health pathways
* Provision of a curated list of endorsed patient information on a range of AOD conditions. Development of patient factsheets based off HealthPathways clinical guidance provided in a range of languages to ensure the health information provided compliments the management provided by primary care.
* Promote patient portal for HealthPathways, Health Resource Directory.org.au, to GP’s and community as a trusted source for relevant and localised, and translated health information about AOD management

Budget: $10,000.00**1.3.2** Explore initiatives that will include systematic approaches to address the needs of patients with dual substance misuse and mental health diagnoses. * Work with AoD and MH providers to develop cross sectorial pathways to support seamless transfer of care
* Identify opportunities to develop and support peer networks for clients with AOD and MH issues
* Explore feasibility of the development of discharge pathways to facilitate continuity of care for AOD clients for clients moving between acute services and after care services

Budget : $10,000.00These activities will enhance service capacity, increase system integration and feed into further needs assessment and planning to address equity of access across the SWS PHN region.  |
| Target population cohort | GPs, practice nurses supporting clients with drug health issues within primary care sectors.Clients with substance use disorders who require ongoing AOD support within primary care. Clients with AOD and MH co morbidity issues AOD NGO’s within SWS  |
| In scope AOD Treatment Type | List the approved treatment type/s (if applicable)N/A  |
| Indigenous specific | No  |
| Coverage | Whole SWSPHN region  |
| Consultation | General practitioners, SWSLHD Drug Health Services , AoD clinicians, MH and AOD NGO’s treatment services- provided collaborative support in developing referral pathways and improving integration within primary health providers and NGO MH/ AOD treatment services. Consultation and endorsement of patient information on a range of AOD conditions was guided by SWSPHN Community Advisory Commitee. The fact sheets are provided in a range of languages to ensure the health information provided compliments the management provided by primary care with oversight from validated translation providers.  |
| Collaboration | South Western Sydney Local Health District* Strategic partner
* Provision of medical specialists for pathway review and development

General practitioners* Clinical editors involved in development of pathways
* Review of pathway content

SWSPHN * Community Advisory Committee reviews and endorses the factsheet content as part of the development process.
* Program oversight
* SWSPHN Stakeholder team supporting communications strategy
* Service support team supporting ongoing promotion and practice awareness

NGO’s * Local knowledge sharing
* AOD treatment knowledge sharing
 |
| Activity milestone details/ Duration | Provide the anticipated activity start and completion dates **(including** the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2021**If applicable**, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Service delivery start date: Month. Year.  Service delivery end date: Month. Year. Any other relevant milestones? |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: [ ]  Not yet known[ ]  Continuing service provider / contract extension[ ]  Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.[ ]  Open tender[ ]  Expression of Interest (EOI) [ ]  Other approach (please provide details)N/A2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?No 3b. Has this activity previously been co-commissioned or joint-commissioned?No |
| Decommissioning | 1a. Does this activity include any decommissioning of services?No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications. |
| Data collection | Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data setNo  |
| Total Planned Expenditure | Please populate the following table with planned expenditure for this Activity. |
| **Funding Source** | **2019-2020** | **2020-2021** | **2021-2022** | **Total** |
| Planned Expenditure – Drug and Alcohol Treatment Services - Core Funding |  |  |  |  |
| Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Mainstream Funding |  |  |  |  |
| Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Indigenous Funding |  |  |  |  |
| Total Planned Commonwealth Expenditure |  |  |  |  |
| Funding from other non-Commonwealth sources |  |  |  |  |
| Funding from other sources | If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation). |

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| **Proposed Activities** - copy and complete the table as many times as necessary to report on each activity |
| ACTIVITY TITLE | **AOD 2** **Drug and Alcohol Treatment Services – Core (transition)**  |
| Existing, Modified, or New Activity | Existing Activity - Transition funded activities. Previous reference : 2016-2019 Drug and Alcohol AWP- As of 01 July 2017, SWSPHN was responsible in administering the funding for the services previously administered by the Department of Health NGOTGP funding.  |
| PHN Program Key Priority Area | Alcohol and Other Drugs |
| Needs Assessment Priority | Drug and Alcohol – partnership and alliances p.94Areas of need identified in the SWSPHN drug and alcohol needs assessment included high needs groups such as youth, people with mental health co morbidity , parents with children, and Aboriginal and Torres Strait islander people.  |
| Aim of Activity | SWS PHN commissioned Drug and Alcohol Treatment services aim to increase the quantum of services available to better meet demand and address service gaps along the care continuum. SWS 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 2020. 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. |
| Description of Activity  | As of 01 July 2017, SWSPHN was responsible in administering the funding for the services previously administered by the Department of Health NGOTGP funding.To maintain commissioned services with an aim to improve addiction outcomes within the community through application of holistic, client focused, care and recovery coordination treatment which incorporates education, counselling, withdrawal management, non-residential rehabilitation, case management, after care, before care and relapse prevention strategies.  |
| Target population cohort | The commissioned services prioritise working with mainstream clients experiencing substance misuse issues. The treatment models work with high needs populations including, clients with co existing mental health needs, homeless, Culturally and Linguistic Diverse communities, parents with children, Aboriginal and Torres Strait Islander people and youth. |
| In scope AOD Treatment Type | * Psychosocial counselling
* Withdrawal management
* Rehabilitation (non- residential) – ambulatory / community
* Before and After care
* Case Management and Care coordination
* Complex Needs- co morbidity complex care
 |
| Indigenous specific | No 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. |
| Coverage | All activities will cover entire SWSPHN region |
| Consultation | The development of local responses to address priority areas are subject to consultation through the SWSPHN Drug and Alcohol Working Group; a proactive and productive committee with membership consisting of SWSPHN, SWSLHD Drug Health Services, the Network of Alcohol and Drug Agencies (NADA), Aboriginal Medical Services, consumers, NSW Ambulance and Non-government Drug and Alcohol Treatment Providers . Consultation is also conducted with key stakeholders via the SWSPHN initiative Mental Health/ Drug and Alcohol Roundtable events. |
| Collaboration | The PHN will continue to work in collaboration with key stakeholders, including the SWS NGO AOD treatment providers as priority, to ensure variations to contracts or new services are responsive to emerging treatment demands, service gaps and integrated into existing care pathwaysSWSPHN- Contract Management and commissioning, evaluation and monitoring, and provide cross sectorial opportunities  |
| Activity milestone details/ Duration | Provide the anticipated activity start and completion dates **(including** the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020**If applicable**, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Service delivery start date: Month. Year.  Service delivery end date: Month. Year. Any other relevant milestones? |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: [ ]  Not yet known[x]  Continuing service provider / contract extension[ ]  Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.[ ]  Open tender[ ]  Expression of Interest (EOI) [ ]  Other approach (please provide details)2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?No 3b. Has this activity previously been co-commissioned or joint-commissioned?No |
| Decommissioning | 1a. Does this activity include any decommissioning of services?No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications. |
| Data collection | Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data setYes  |
| Total Planned Expenditure | Please populate the following table with planned expenditure for this Activity. |
| **Funding Source** | **2019-2020** | **2020-2021** | **2021-2022** | **Total** |
| Planned Expenditure – Drug and Alcohol Treatment Services - Core Funding |  |  |  |  |
| Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Mainstream Funding |  |  |  |  |
| Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Indigenous Funding |  |  |  |  |
| Total Planned Commonwealth Expenditure |  |  |  |  |
| Funding from other non-Commonwealth sources |  |  |  |  |
| Funding from other sources | If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation). |

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| **Proposed Activities** - copy and complete the table as many times as necessary to report on each activity |
| ACTIVITY TITLE | **AOD 3** **Drug and Alcohol Treatment Services – NIAS**  |
| Existing, Modified, or New Activity | Existing Activity Previous reference Drug and Alcohol 2016-2019 AWP Activity 3   |
| PHN Program Key Priority Area | Alcohol and Other Drugs |
| Needs Assessment Priority | Drug and Alcohol – partnership and alliances p.94Areas of need identified in the SWSPHN drug and alcohol needs assessment included high needs groups such as youth, homeless, parents with children, people exiting justice system, Aboriginal and Torres Strait islander people, and LGBTQI. |
| Aim of Activity | Commission Drug and Alcohol Treatment services with aim of increasing the quantum of services available to better meet demand and address service gaps along the care continuum for clients experiencing AOD misuse issues.  |
| Description of Activity  | SWS 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. SWS 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 2020. 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. The SWS PHN Drug and Alcohol Needs Assessment identified a current undersupply of services available throughout the SWS. SWS PHN targeted substantial gaps in service provision at a sub-regional level and procured services to increase met demand. There was a consistent message at the codesign workshops that service integration, coordination and consumer navigation through the system was a significant issue.  |
| Target population cohort | The commissioned services prioritise AOD treatment providers within SWS working with mainstream clients experiencing substance misuse issues. The treatment models work with high needs populations including homeless, exiting justice system, parents with children, Aboriginal and Torres Strait Islander people and youth.Targeted population cohorts include the following, but are not limited to;* + Aboriginal and Torres Strait Islander Peoples
	+ Pregnant woman and/or those with young children
	+ Youth (12 - 25 years)
	+ People exiting the criminal justice system
	+ People with co-occurring substance misuse and mental illness
 |
| In scope AOD Treatment Type | * Psychosocial counselling
* Withdrawal management
* Rehabilitation (non- residential) – ambulatory / community
* Before and Aftercare
* Day program/groups
* AOD Counselling (face-to-face)
* Group counselling (SMART recovery)
 |
| Indigenous specific | No 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. |
| Coverage | All activities will cover entire SWSPHN catchment |
| Consultation | Please provide details of stakeholder engagement and consultation activities undertaken or to be undertaken to support this activity.SWSPHN will continue to focus and build on formed relationships with AOD specialist and non AOD specialist, local GPs, drug and alcohol treatment NGOs, LHD, consumers and peak bodies to collaborate, develop and evaluate commissioned drug and alcohol treatment services according to population need.The development of local responses to address priority areas are subject to consultation through the SWSPHN Drug and Alcohol Working Group; a proactive and productive committee with membership consisting of SWSPHN, SWSLHD Drug Health Services, the Network of Alcohol and Drug Agencies (NADA), Aboriginal Medical Services, consumers, NSW Ambulance and Non-government Drug and Alcohol Treatment Providers . Consultation is also conducted with key stakeholders via the Mental Health/ Drug and Alcohol Roundtable events.SWS PHN will perform an evaluation of currently- funded services to review provider performance and assess the provision of services against the Quadruple Aim; 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.SWSPHN will look towards readiness of AOD providers to outcomes based commissioning as part of the review process. A co design process will inform the approach and identify outcomes that may be incorporated into future commissioned services.  |
| Collaboration | The PHN will continue to work in collaboration with key stakeholders, including the SWS NGO AOD treatment providers as priority, to ensure variations to contracts or new services are responsive to emerging treatment demands, service gaps and integrated into existing care pathwaysSWSPHN- Contract Management and commissioning, evaluation and monitoring, and provide cross sectorial opportunities  |
| Activity milestone details/ Duration | Provide the anticipated activity start and completion dates **(including** the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020**If applicable**, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Service delivery start date: Month. Year.  Service delivery end date: Month. Year. Any other relevant milestones? |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: [ ]  Not yet known[x]  Continuing service provider / contract extension[ ]  Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.[ ]  Open tender[ ]  Expression of Interest (EOI) [ ]  Other approach (please provide details)2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?No 3b. Has this activity previously been co-commissioned or joint-commissioned?No |
| Decommissioning | 1a. Does this activity include any decommissioning of services?No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications. |
| Data collection | Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data setYes  |
| Total Planned Expenditure | Please populate the following table with planned expenditure for this Activity. |
| **Funding Source** | **2019-2020** | **2020-2021** | **2021-2022** | **Total** |
| Planned Expenditure – Drug and Alcohol Treatment Services - Core Funding |  |  |  |  |
| Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Mainstream Funding |  |  |  |  |
| Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Indigenous Funding |  |  |  |  |
| Total Planned Commonwealth Expenditure |  |  |  |  |
| Funding from other non-Commonwealth sources |  |  |  |  |
| Funding from other sources | If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation). |

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| **Proposed Activities** - copy and complete the table as many times as necessary to report on each activity |
| ACTIVITY TITLE | **AOD 4** **4.1 Drug and Alcohol Treatment services – Enhancing Culturally Appropriateness of Mainstream Services**  |
| Existing, Modified, or New Activity | Existing Activity Previous reference Drug and Alcohol 2016-2019 AWPActivity 4.1 – Enhancing cultural appropriateness of mainstream drug and alcohol services  |
| PHN Program Key Priority Area | Alcohol and Other Drugs |
| Needs Assessment Priority | Drug and Alcohol – Drug and Alcohol -Aboriginal Health pg 93 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. |
| Aim of Activity | To improve and facilitate opportunities for mainstream drug treatment organisations to enhance their cultural competence and confidence in treating Indigenous populations. |
| Description of Activity  | SWSPHN will offer a suite of resources and opportunities for mainstream drug treatment organisations ensuring appropriate standards of cultural competence within commissioned services. This will include: **4.1.1** Continue commitment for cultural awareness training to drug treatment services through co commissioning of Culturally Acceptable Practice guidelines to be implemented in AOD treatment providers. Ensuring that cultural competence is incorporated in commissioning of mainstream services Budget: in Kind support **4.1.2** Continue commitment with Tharawal AMS in the development and delivery of a Cultural Leadership Program to mainstream AOD providers. Budget: $250,000.00**4.1.3** Through established partnerships with key stakeholders, implement the roll out of a cultural toolkit based on the Ways of Thinking, Ways of Doing (WotWoD) research in a targeted LGA. Budget: in kind support Resources and training will promote a holistic view of health including physical, spiritual, cultural, emotional and social well‐being of the individual, family and community, and place drug and alcohol use within this context  |
| Target population cohort | Mainstream AOD providers working with Indigenous clientsAboriginal and Torres Strait Islander peoples who experience substance use issues accessing mainstream AOD treatment services  |
| In scope AOD Treatment Type | List the approved treatment type/s (if applicableN/A  |
| Indigenous specific | Yes  |
| Coverage | Whole SWSPHN region  |
| Consultation | Stakeholder engagement will continue, building on existing relationships developed over time through previous collaborations. The collective cultural input from Elders, Aboriginal communities, Gandangara Health and Tharawal to develop culturally appropriate resources, training and will facilitate the implementation throughout AOD mainstream services. The ongoing consultation will include investigating cultural immersions opportunities to provide locally specific cultural activities. SWSPHN Aboriginal Health committee, consisting of Elders, allied health, LHD, and GPs, will offer an advisory role regarding cultural approach to services in mainstream AOD services in SWS. The SWS PHN Aboriginal health Committee is also integral to activity- development relevant to targeting and improving access for Aboriginal and Torres Strait Islander peoples. |
| Collaboration | This activity will be jointly implemented by SWSPHN and Tharawal AMS. Tharawal AMS will be the lead provider, respecting their core expertise as the local ACCHO in the delivery of cultural awareness training and development of resources through a Cultural Leadership Program.The PHN will continue to work in collaboration with key stakeholders, including SWS mainstream NGO AOD treatment providers, AOD peak body NADA, UNSW, and LHD to ensure delivery of cultural awareness activities meet community expectations.  |
| Activity milestone details/ Duration | Provide the anticipated activity start and completion dates **(including** the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020**If applicable**, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Service delivery start date: Month. Year.  Service delivery end date: Month. Year. Any other relevant milestones? |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: [ ]  Not yet known[x]  Continuing service provider / contract extension[ ]  Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.[ ]  Open tender[ ]  Expression of Interest (EOI) [ ]  Other approach (please provide details)2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?Yes 3b. Has this activity previously been co-commissioned or joint-commissioned?Yes |
| Decommissioning | 1a. Does this activity include any decommissioning of services?No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications. |
| Data collection | Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data setNo  |
| Total Planned Expenditure | Please populate the following table with planned expenditure for this Activity. |
| **Funding Source** | **2019-2020** | **2020-2021** | **2021-2022** | **Total** |
| Planned Expenditure – Drug and Alcohol Treatment Services - Core Funding |  |  |  |  |
| Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Mainstream Funding |  |  |  |  |
| Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Indigenous Funding |  |  |  |  |
| Total Planned Commonwealth Expenditure |  |  |  |  |
| Funding from other non-Commonwealth sources |  |  |  |  |
| Funding from other sources | If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation). |

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| **Proposed Activities** - copy and complete the table as many times as necessary to report on each activity |
| ACTIVITY TITLE | **AOD 4** **4.2 Drug and Alcohol Treatment services – Indigenous Specific**  |
| Existing, Modified, or New Activity | Existing Activity Previous reference Drug and Alcohol 2016-2019 AWPActivity 4. 2 – Co Design of drug and alcohol treatment services  |
| PHN Program Key Priority Area | Alcohol and Other Drugs |
| Needs Assessment Priority | Drug and Alcohol – Drug and Alcohol -Aboriginal Health pg 93  |
| Aim of Activity | The aim of this activity is to increase availability of AOD treatment services specifically to Aboriginal and Torres Strait Islander people through the commissioning of additional AOD treatment services that will increase the availability of services for this population group.  |
| Description of Activity  | Commission local AMS, Tharawal Aboriginal Medical Corporation, for the provision of drug and alcohol treatment and support services in the SWSPHN catchment for the purposes of providing Indigenous specific AOD treatment services. Service includes care coordination, case management, counselling and wholistic care linking to social emotional needs. In designing and delivering this activity, integration with other Tharawal services and activities will occur. Tharawal will specifically provide the following activities as part of an integrated social and emotional wellbeing approach: * early intervention
* counselling
* post-rehabilitation support and relapse prevention
* case management, care planning and coordination
* Withdrawal management
 |
| Target population cohort | Aboriginal consumers requiring drug and alcohol services including but not exclusive to: * Indigenous peoples with co-occurring substance use and mental health disorders
* Indigenous Youth
* Indigenous peoples exiting the criminal justice system
 |
| In scope AOD Treatment Type | * Counselling
* Withdrawal management
* Post rehabilitation support
* Relapse prevention
 |
| Indigenous specific | Yes  |
| Coverage | All activities will cover entire SWSPHN catchment |
| Consultation | On-going consultation and communication with Tharawal, SWSPHN Drug Health working party, SWSPHN Aboriginal Health Committee and other key stakeholders provide advice during planning, implementation and evaluation.Ongoing consultation will consider currently funded services to avoid duplication and support greater regional coordination of service provision within the SWSPHN region.The SWSPHN Aboriginal Health Committee is also integral to activity- development relevant to targeting and improving access for Aboriginal and Torres Strait Islander Peoples to commissioned and non-commissioned AOD services.  |
| Collaboration | This project requires appropriate collaboration with Tharawal, Aboriginal community members, SWSLHD, and community members. The roles of these stakeholders are as both co-designers of system and program improvements and service providers. A priority for the PHN is to continue to build and deepen relationships with Aboriginal service providers in our region. |
| Activity milestone details/ Duration | Provide the anticipated activity start and completion dates **(including** the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020**If applicable**, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Service delivery start date: Month. Year.  Service delivery end date: Month. Year. Any other relevant milestones? |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity: [ ]  Not yet known[x]  Continuing service provider / contract extension[ ]  Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.[ ]  Open tender[ ]  Expression of Interest (EOI) [ ]  Other approach (please provide details)2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?No 3b. Has this activity previously been co-commissioned or joint-commissioned?No |
| Decommissioning | 1a. Does this activity include any decommissioning of services?No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications. |
| Data collection | Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data setYes  |
| Total Planned Expenditure | Please populate the following table with planned expenditure for this Activity. |
| **Funding Source** | **2019-2020** | **2020-2021** | **2021-2022** | **Total** |
| Planned Expenditure – Drug and Alcohol Treatment Services - Core Funding |  |  |  |  |
| Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Mainstream Funding |  |  |  |  |
| Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Indigenous Funding |  |  |  |  |
| Total Planned Commonwealth Expenditure |  |  |  |  |
| Funding from other non-Commonwealth sources |  |  |  |  |
| Funding from other sources | If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation). |