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|  | |  | | --- | | **South Western Sydney - Integrated Team Care**  **2019/20 - 2023/24**  **Activity Summary View** | |  |  |
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|  | |  | | --- | |  | | |  |  |  |  | | --- | --- | --- | --- | |  | |  | | --- | | **ITC - 1 - ITC 1 Care coordination and supplementary services** | |  | | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Metadata** | |  | | |  | | **Applicable Schedule \*** | | Integrated Team Care | | **Activity Prefix \*** | | ITC | | **Activity Number \*** | | 1 | | **Activity Title \*** | | ITC 1 Care coordination and supplementary services | | **Existing, Modified or New Activity \*** | | Existing | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Priorities and Description** | |  | | |  | | **Program Key Priority Area \*** | | Aboriginal and Torres Strait Islander Health | | **Other Program Key Priority Area Description** | |  | | **Aim of Activity \*** | | Contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to care coordination, multidisciplinary care, and support for self-management. | | **Description of Activity \*** | | The commissioned ITC workforce works as an integral part of a multi-disciplinary team within their organisation and more broadly. They aim to achieve improved treatment and management of chronic conditions for Aboriginal and Torres Strait Islander people, through increased access to the required services, better coordination of care and provision of supplementary services.   Care Coordinators are based strategically across the SWSPHN catchment area to allow equitable access for Aboriginal and Torres Strait Islander peoples.   Referrals can be received via a central intake facility, , at client discharge and 48hr follow up. Care Coordinators receive referrals from mainstream general practices, client self-referral, Aboriginal medical services LHD and other community programs and services. Specific, localised actions for each provider are documented in annual activity report.   All positions commissioned.  Workforce Type - FTE (AMS/MPC/PHN) Indigenous Health Project Officers - 1 FTE Care Coordinators - 3 FTE Outreach Workers - 3 FTE | | **Needs Assessment Priorities \*** | | **Needs Assessment** | | SWSPHN Needs Assessment 2022-2025 | | **Priorities** | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **Priority** | **Page reference** | | Aboriginal Health | 163 | |  | | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Demographics** | |  | | |  | | **Target Population Cohort** | | Aboriginal and Torres Strait Islander people with a diagnosed chronic condition. | | **In Scope AOD Treatment Type \*** | |  | | **Indigenous Specific \*** | |  | | **Indigenous Specific Comments** | |  | | **Coverage** | | **Whole Region** | | Yes | |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **SA3 Name** | **SA3 Code** | | Blue Mountains - South | 12402 | | Fairfield | 12702 | | Wollongong | 10704 | | Southern Highlands | 11402 | | Auburn | 12501 | | Goulburn - Mulwaree | 10105 | | Merrylands - Guildford | 12503 | | Penrith | 12403 | | Bankstown | 11901 | | Canterbury | 11902 | | Liverpool | 12703 | | Campbelltown (NSW) | 12302 | | Camden | 12301 | | Wollondilly | 12303 | | Bringelly - Green Valley | 12701 | |  | | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Consultation and Collaboration** | |  | | |  | | **Consultation** | | SWSPHN conducted a revision of the Aboriginal Health needs assessment in 2017. This involved a comprehensive review of relevant data for evaluation and monitoring purposes, including variations of activity KPI’s, Patient Reported Experience Measures (PROMs)and Patient Reported Outcomes Measures (PROMs), targeted stakeholder and community consultation. The SWSPHN Population Health Steering Committee and the SWSPHN Aboriginal Health Committee provide governance and oversight of our approach to these activities.  SWSPHN and the commissioned provider will consult with relevant LHD staff, AMS, NGO’s, General Practitioners and other key stakeholders to provide support to enhance activities within the Aboriginal and Torres Strait Islander Chronic Care program. | | **Collaboration** | | A number of collaborative approaches have been established and maintained to continue service delivery of the ITC program between the PHN, the contractor (SWSLHD), Tharawal Aboriginal Medical Services and Gandangara Health Service to ensure supports and referral processes are streamlined to reduce duplication, reduce wait times and improve access to services and supports. | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Milestone Details/Duration** | |  | | |  | | **Activity Start Date** | | 30/06/2022 | | **Activity End Date** | | 29/06/2023 | | **Service Delivery Start Date** | |  | | **Service Delivery End Date** | |  | | **Other Relevant Milestones** | | Activity is valid for full duration of AWP. | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **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?** | | 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** | |  | |  | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Planned Expenditure** | |  | | |  | | **Planned Expenditure** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Funding Stream** | **FY 20 21** | **FY 21 22** | **FY 22 23** | **FY 23 24** | **FY 24 25** | | Interest - ITC |  |  |  |  |  | | Integrated Team Care Funding |  |  |  |  |  | |  | |  |  | | | **Totals** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Funding Stream** | **FY 20 21** | **FY 21 22** | **FY 22 23** | **FY 23 24** | **FY 24 25** | **Total** | | Interest - ITC |  |  |  |  |  |  | | Integrated Team Care Funding |  |  |  |  |  |  | | Total |  |  |  |  |  |  | |  | | |  | | **Funding From Other Sources - Financial Details** | |  | | **Funding From Other Sources - Organisational Details** | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Summary of activity changes for Department** | |  | | |  | | **Activity Status** | | Ready for Submission | |  | | |  |  |  | | --- | --- | --- | |  |  |  | |  | |  | | --- | |  | |  | | | |  |

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|  | |  | | --- | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  | |  | | --- | | **ITC - 2 - ITC 2 Culturally competent mainstream services** | |  | | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Metadata** | |  | | |  | | **Applicable Schedule \*** | | Integrated Team Care | | **Activity Prefix \*** | | ITC | | **Activity Number \*** | | 2 | | **Activity Title \*** | | ITC 2 Culturally competent mainstream services | | **Existing, Modified or New Activity \*** | | Existing | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Priorities and Description** | |  | | |  | | **Program Key Priority Area \*** | | Aboriginal and Torres Strait Islander Health | | **Other Program Key Priority Area Description** | |  | | **Aim of Activity \*** | | Improve access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health, and specialists) for Aboriginal and Torres Strait Islander people. | | **Description of Activity \*** | | The ITC activity contributes to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to coordinated and multidisciplinary care. As well, the activity contributes to closing the gap in life expectancy through improved access to culturally sensitive mainstream primary care services.  The program's strategic direction and coordination of the ITC team is key to the role of the IHPO. Key activities and strategic direction is accomplished through consultations with local AMS, collaborating with local Indigenous health services to ensure a whole of region approach to improving access to culturally appropriate primary care services.   A SWSPHN Priority Populations Program Advisor provides support to the commissioned workforce, as well as mainstream providers to drive improvements around cultural competence and fostering collaboration and support between the mainstream primary care providers.  Development of resources that promote culturally appropriate care that will be distributed through targeted mainstream primary care events and be key to raising community awareness that will aim to increase knowledge and understanding of the importance of Indigenous health issues and available services that can support long term health care.   The ITC commissioned provider proactively works with mainstream GPs and other primary care providers as part of their care coordination functions, ensuring the development of shared care plans and systems are in place to ensure communication with the client and their service provider/s around progress and will provide culturally appropriate services by the use of the cultural strengths assessment tool which assists to inform relevant primary care providers how to tailor their interventions to ensure they are providing a culturally safe environment.  The focus of the activities of the IHPO, care coordinators and Aboriginal outreach is to ensure mainstream primary healthcare providers are responsive and appropriate to the needs of Aboriginal and Torres Strait Islander consumers and their families, thus reducing barriers to accessing the right care in the right place at the right time. | | **Needs Assessment Priorities \*** | | **Needs Assessment** | | SWSPHN Needs Assessment 2022-2025 | | **Priorities** | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **Priority** | **Page reference** | | Aboriginal Health | 163 | |  | | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Demographics** | |  | | |  | | **Target Population Cohort** | | Aboriginal and Torres Strait Islander people with a diagnosed chronic condition. | | **In Scope AOD Treatment Type \*** | |  | | **Indigenous Specific \*** | |  | | **Indigenous Specific Comments** | |  | | **Coverage** | | **Whole Region** | | Yes | |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **SA3 Name** | **SA3 Code** | | Blue Mountains - South | 12402 | | Fairfield | 12702 | | Wollongong | 10704 | | Southern Highlands | 11402 | | Auburn | 12501 | | Goulburn - Mulwaree | 10105 | | Merrylands - Guildford | 12503 | | Penrith | 12403 | | Bankstown | 11901 | | Canterbury | 11902 | | Liverpool | 12703 | | Campbelltown (NSW) | 12302 | | Camden | 12301 | | Wollondilly | 12303 | | Bringelly - Green Valley | 12701 | |  | | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Consultation and Collaboration** | |  | | |  | | **Consultation** | | All accredited Cultural Awareness training delivered by SWSPHN for general practice staff is developed and delivered according to RACGP guidelines.   General practice staff, ITC commissioned provider, SWSPHN Priority Populations Program Advisor, SWSPHN Aboriginal Health Committee, Practice Support staff, Local AMS, consumers and carers provide collective feedback which identifies gaps and needs in service delivery.   This information shapes and prioritises the activities and areas of need that align with improving access to a high quality culturally appropriate healthcare service. | | **Collaboration** | | A number of collaborative approaches have been established and maintained between the ITC commissioned provider including proactive input from IHPO, SWSPHN Priority Populations Program Advisor, local AMS, Indigenous Local Land councils and associated health services, NGOs and other key stakeholders to coordinate and prioritise the delivery of cultural support amongst the mainstream practices within the SWSPHN catchment area thus improving access to culturally appropriate mainstream primary care services. | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Milestone Details/Duration** | |  | | |  | | **Activity Start Date** | | 30/06/2022 | | **Activity End Date** | | 29/06/2023 | | **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):** 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?** | | 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** | |  | |  | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Planned Expenditure** | |  | | |  | | **Planned Expenditure** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Funding Stream** | **FY 20 21** | **FY 21 22** | **FY 22 23** | **FY 23 24** | **FY 24 25** | | Integrated Team Care Funding |  |  |  |  |  | | Interest - ITC |  |  |  |  |  | |  | |  |  | | | **Totals** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Funding Stream** | **FY 20 21** | **FY 21 22** | **FY 22 23** | **FY 23 24** | **FY 24 25** | **Total** | | Integrated Team Care Funding |  |  |  |  |  |  | | Interest - ITC |  |  |  |  |  |  | | Total |  |  |  |  |  |  | |  | | |  | | **Funding From Other Sources - Financial Details** | |  | | **Funding From Other Sources - Organisational Details** | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Summary of activity changes for Department** | |  | | |  | | **Activity Status** | | Ready for Submission | |  | | |  |  |  | | --- | --- | --- | |  |  |  | |  | |  | | --- | |  | |  | | |  |

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|  | |  | | --- | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  | |  | | --- | | **ITC-Op - 1 - ITC Operational Funding** | |  | | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Metadata** | |  | | |  | | **Applicable Schedule \*** | | Integrated Team Care | | **Activity Prefix \*** | | ITC-Op | | **Activity Number \*** | | 1 | | **Activity Title \*** | | ITC Operational Funding | | **Existing, Modified or New Activity \*** | | Existing | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Priorities and Description** | |  | | |  | | **Program Key Priority Area \*** | |  | | **Other Program Key Priority Area Description** | |  | | **Aim of Activity \*** | |  | | **Description of Activity \*** | |  | | **Needs Assessment Priorities \*** | | **Needs Assessment** | |  | | **Priorities** | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Demographics** | |  | | |  | | **Target Population Cohort** | |  | | **In Scope AOD Treatment Type \*** | |  | | **Indigenous Specific \*** | |  | | **Indigenous Specific Comments** | |  | | **Coverage** | | **Whole Region** | |  | |  | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Consultation and Collaboration** | |  | | |  | | **Consultation** | |  | | **Collaboration** | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Milestone Details/Duration** | |  | | |  | | **Activity Start Date** | |  | | **Activity End Date** | |  | | **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:** No  **Direct Engagement:** No  **Open Tender:** No  **Expression Of Interest (EOI):** No  **Other Approach (please provide details):** No | |  | | **Is this activity being co-designed?** | |  | | **Is this activity the result of a previous co-design process?** | |  | | **Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?** | |  | | **Has this activity previously been co-commissioned or joint-commissioned?** | |  | | **Decommissioning** | |  | | **Decommissioning details?** | |  | | **Co-design or co-commissioning comments** | |  | |  | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Planned Expenditure** | |  | | |  | | **Planned Expenditure** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Funding Stream** | **FY 20 21** | **FY 21 22** | **FY 22 23** | **FY 23 24** | **FY 24 25** | | Interest - ITC |  |  |  |  |  | | ITC Operational |  |  |  |  |  | |  | |  |  | | | **Totals** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Funding Stream** | **FY 20 21** | **FY 21 22** | **FY 22 23** | **FY 23 24** | **FY 24 25** | **Total** | | Interest - ITC |  |  |  |  |  |  | | ITC Operational |  |  |  |  |  |  | | Total |  |  |  |  |  |  | |  | | |  | | **Funding From Other Sources - Financial Details** | |  | | **Funding From Other Sources - Organisational Details** | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Summary of activity changes for Department** | |  | | |  | | **Activity Status** | | Ready for Submission | |  | | |  |  |  | | --- | --- | --- | |  |  |  | |  | |  | | --- | |  | |  | | |  |

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