



# 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.
2. 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

## ***Northern Sydney 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 to Mike Hanlon via email [mike.hanlon@health.gov.au](mailto:mike.hanlon@health.gov.au) on or before 17 February 2017.**

# Strategic Vision for Drug and Alcohol Treatment Funding

## The Northern Sydney PHN Drug and Alcohol Strategic Vision:

The Northern Sydney PHN recognises the impact that alcohol and other drug (AOD) misuse has upon the health and wellbeing of the community. The Northern Sydney PHN will work with the community and stakeholders to build partnerships and identify barriers in addressing local health services and explore opportunities to serve the community to its fullest capacity. The PHN will continually assess and monitor the complexities of the region's population health profile as per our commissioning process and as related to drug and alcohol.

The Northern Sydney PHN vision of *Achieving together – better health, better care*, will create the right care system that is delivered in the right place by the right provider to the right person and/or community. The Northern Sydney PHN's key focus is to impact significantly the health of our community and vulnerable and at risk populations, including our Aboriginal and Torres Strait Islander population, whilst driving development in the provider market. We will work collaboratively with and support all stakeholders from the sector, including general practice, community, Non-Government Organisations (NGOs) and government representatives to further understand alcohol and other drugs-related needs to inform the development of successful commissioned services across the region. Throughout the process, the PHN will engage and promote the quadruple aim of patient and provider experience, outcomes, and value for money to monitor and review commissioned service activity.

The Northern Sydney PHN will achieve outcomes via the delivery of a range of commissioned services and approaches, ranging from intensive one to one support through to targeted population level health promotion activities. Three key areas of work will underpin this:

- **Service Capacity:** Commissioning to enhance service capacity for AOD screening and intervention in primary care.
- **Service Coordination:** Enabling service coordination and streamlined pathways of AOD care to support general practice and broader primary healthcare providers to optimally meet the needs of the community.
- **Partnerships, Engagement and Planning:** Working with our partners to further understand the complex alcohol and other drugs health and service needs for the region, which will further inform strategic commissioning activity. The PHN will also target vulnerable, at risk, CALD and Aboriginal and Torres Strait Islander populations within the region with culturally appropriate health promotion activities relating to risk taking behaviour and accessing appropriate care activities.

The Northern Sydney PHN looks forward to working together with the market, with our health partners, including general practice, the wider community to respond to this regional issue.

During 2017 and onwards, the NSPHN will proactively manage commissioned services in the Alcohol and other Drugs space. The NSPHN will support commissioned clinical structures, processes, and services to promote and develop best practice, and to enhance optimum outcomes for stakeholders, consistent with the NSPHN vision of *achieving together - better health, better care*.

## 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.)	<p><b>1. <u>Service Capacity</u></b></p> <p><b>Commissioned Services</b></p> <p>1.1 Increase capacity for out-of-hours support.</p> <p>1.2 Enhance capacity for non-residential rehabilitation, including aftercare and community in-reach support.</p> <p>1.3 Improve service access for Culturally and Linguistically Diverse (CALD) communities and other vulnerable populations.</p> <p>1.4 Improve service coordination for people with AOD misuse disorders, including those with co-occurring mental illness.</p>
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	<p><b>NSPHN Needs Assessment priority areas:</b></p> <ul style="list-style-type: none"> <li>• Rehabilitation support - access and availability (page 64 within the NSPHN Needs Assessment)</li> </ul>

	<ul style="list-style-type: none"> <li>• Home and ambulatory detox - access and availability (page 64 within the NSPHN Needs Assessment)</li> <li>• Whole of community - education and health promotion (page 63 within the NSPHN Needs Assessment)</li> <li>• Aboriginal &amp; Torres Strait Islander People - access and availability (page 62 within the NSPHN Needs Assessment)</li> <li>• Service Coordination (page 65 within the NSPHN Needs Assessment)</li> </ul>
Description of Drug and Alcohol Treatment Activity	<p><b>1.1 Increase capacity for out-of-hours support</b></p> <p>Non-residential support services including individual counselling are primarily available within business hours. This makes access to these services difficult for people who work or study and limits the capacity for family involvement in treatment. Northern Sydney PHN will commission NGO AOD providers to increase capacity for service delivery outside of normal business hours.</p> <p><b>1.2 Enhance capacity for non-residential rehabilitation, including aftercare and community in-reach support</b></p> <p>The majority of AOD treatment services are provided within a residential or in-patient setting rather than in the community. In-patient treatment, while appropriate and suitable for some consumers, can be restrictive in terms of availability and cost. There is an identified lack of designated aftercare services which can assist consumers post-discharge from residential services. Aftercare programs that can follow consumers into the community and provide them with longer term and in-home support could help people to re-adjust to the activities of independent living, pursue goals around study and employment and help to prevent relapse.</p> <p>In further developing this activity Northern Sydney PHN has:</p> <ul style="list-style-type: none"> <li>• Worked with local services and NGO AOD peak body The Network of Alcohol and other Drugs Agencies (NADA) to review existing day patient and aftercare models and identify opportunities to adapt and enhance for the Northern Sydney PHN region.</li> <li>• Commission services to provide models of day patient, in-reach and aftercare support.</li> <li>• Commenced work with the local service sector to enhance referral pathways.</li> <li>• Initiated the process of developing health pathways to support the use of improved referral models and options in general practice.</li> </ul>

### **1.3 Improve service access for Culturally and Linguistically Diverse (CALD) communities and vulnerable populations**

Northern Sydney has a large and growing CALD population. People from CALD backgrounds are under-represented in AOD treatment services. This is not due to a lack of need but rather, to cultural and language barriers to service access.

In addressing this issue, Northern Sydney PHN will:

- Further explore unmet AOD treatment and support needs for CALD populations in Northern Sydney.
- Support local AOD services to increase their aptitude for responding to the needs of CALD clients through training, use of interpreters and, where appropriate, recruitment of multilingual staff.

Liaise with existing CALD community groups and services to promote healthy messaging and further enable service access and early intervention.

People who identify as LGBTI have a higher rate of substance misuse than the general population. Specialist AOD services for LGBTI residents of the NSPHN region have been identified as a service gap.

In addressing this issue, Northern Sydney PHN has engaged an LGBTI organisation to provide specialist AOD support to residents of the NSPHN region.

### **1.4 Improve service coordination for people with AOD misuse disorders, including those with co-occurring mental illness**

Consumers of AOD services often present with multiple needs requiring contact with multiple services. Many individuals experience the service system as one that is fragmented and at times unresponsive to their needs. People with co-occurring disorders, including mental illness, are most at risk of falling through the gaps and not receiving adequate services.

To improve service responses for consumers with AOD misuse disorders, Northern Sydney PHN will work with local providers to:

- Streamline referral pathways.
- Promote a no-wrong-door approach.
- Enhance continuity of care for clients.
- Improve client access to, and transfer between AOD services and the broader service system.
- Support clients to negotiate care pathways in the AOD sector.

	<ul style="list-style-type: none"> <li>• Maximise client outcomes by reducing risk during the transition period between service engagements.</li> <li>• Reduce need for clients to provide duplicate information.</li> <li>• Maximise efficiency in use of finite resources.</li> <li>• Reduce demands on organisations through effective information sharing.</li> <li>• Support the provision of quality, effective care through timely information gathering and sharing appropriate information.</li> </ul>
Target population cohort	<p>Following the NSPHN commissioning and co-design process for AOD, which included extensive consultation with the clinical council, community council and key stakeholders across the region, the following target population cohorts were identified:</p> <ul style="list-style-type: none"> <li>• Young people</li> <li>• Adults (with a focus on women)</li> <li>• Vulnerable populations</li> </ul> <p>The target population includes people recovering from alcohol and other drug misuse who require non-residential rehabilitation programs, either as an alternative to, or a step down from, residential rehabilitation programs.</p> <p>The NSPHN identified the need to enhance the provision of culturally appropriate services for Aboriginal and Torres Strait Islander people.</p>
Consultation	<p>Following NSPHN’s Commissioning Framework, all commissioned services involved extensive consultation to identify service gaps, service co-design and engagement of the market to produce ‘service specifications’ that are of benefit to the community and impactful.</p> <p>During the open tender process service providers can respond to the remit and scope of the service specification, whilst having the opportunity to submit an innovative approach to delivering the required service.</p>
Collaboration	<p>These activities will be undertaken in collaboration with:</p> <ul style="list-style-type: none"> <li>• General Practitioners.</li> <li>• Allied health providers and broader primary healthcare workforce.</li> <li>• Northern Sydney Local Health District (NSLHD) Mental Health Drug &amp; Alcohol services.</li> <li>• Local NGO AOD services.</li> </ul>

	<ul style="list-style-type: none"> <li>• AOD NGO peak body NADA.</li> <li>• CALD services and communities.</li> <li>• Aboriginal &amp; Torres Strait Islander services and communities.</li> <li>• Research and educational institutions.</li> <li>• Family and Community Services Northern Sydney District.</li> <li>• Local health, mental health and social services.</li> <li>• Youth services including headspace.</li> <li>• Neighbouring PHNs including Central &amp; Eastern Sydney PHN and Western Sydney PHN.</li> </ul> <p>Key advice and guidance on all activity will be provided by the PHN Mental Health &amp; AOD Advisory Committee, the PHN Board, Clinical and Community Councils and the NSPHN Aboriginal Reference Group.</p>
Indigenous Specific	<p>NO</p> <p>See description of Aboriginal &amp; Torres Strait Islander specific activity in Section 2. Northern Sydney PHN will work to ensure that Aboriginal and Torres Strait Islander people are duly considered and included in all areas of activity.</p>
Duration	<p>Anticipated activity start and completion dates (excluding the planning and procurement cycle).</p> <p>January 2017: AOD service delivery commencement</p> <p>January-March 2017: Program review and further development as per updated AOD Activity Work plan.</p> <p>Throughout 2017-2018: Proactive management of commissioned services, review services as per commissioning model against needs.</p>
Coverage	<p>This activity will cover the entire PHN region.</p>
Commissioning method	<p>Northern Sydney PHN will adopt a collaborative approach to commissioning in order to determine the most appropriate mix of service delivery modalities to meet the support needs of those requiring AOD treatment services in the Northern Sydney PHN region.</p> <p>We will work with patients, providers and the wider community to understand thoroughly the needs of the community, to define problems, identify desired outcomes and create appropriate solutions.</p>

	<p>Working across the whole system, with patients, carers, service providers and wider stakeholders to co-design services, the PHN will develop an evaluation framework in partnership with other stakeholders to ensure a shared approach and responsibility to developing and achieving outcomes.</p> <p>Northern Sydney PHN will ensure a fair and transparent procurement process.</p> <p>Northern Sydney PHN will work with potential providers, early, to support and build market capability to undertake the commissioning process. NSPHN will build partnerships and foster relationships so that commissioned providers are able to deliver outcomes that impact the community.</p> <p>Northern Sydney PHN will work with commissioned providers to support delivery of services to meet community need. Monitoring and evaluation of commissioned services will occur from regular performance reports, consumer, clinician, community and provider feedback, and independent evaluation. The impact of any commissioned services will also be evaluated against the population health need.</p>
Approach to market	<p>NSPHN undertakes a procurement approach in determining service providers for AOD Services. The Approach to Market is through <b>open tender</b>, to ensure an equitable process in which all appropriate organisations may participate.</p> <p>While service specifications have been provided, innovative applications have been encouraged. This strategy will enable NSPHN to work with the market and ensure that the best available AOD services are commissioned in the region, whether services are provided by one organisation or a number of organisations.</p> <p>Contracted services will be monitored and evaluated for the duration of the contract. NSPHN will meet with contracted organisations at least quarterly and more frequently if required, to monitor progress with service implementation and delivery, and to work with organisations should changes in service delivery be required. Service Providers will be required to submit Progress Reports and Financial Reports throughout the duration of their contract. NSPHN will be required to submit data to inform the Alcohol and Other Drugs Minimum Data Set (AODTS-NMDS), and reportable data will also include:</p> <ul style="list-style-type: none"> <li>• demographic details</li> <li>• number of clients receiving care</li> <li>• number of episodes of care for specialist drug and alcohol treatment services</li> </ul>



	Additional metrics developed between Service Providers and NSPHN, such as Patient Reported Outcome Measures and Patient Reported Experience Measures. There will be additional partnership and collaboration to ensure services are of benefit to the target population.
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<b>Proposed Activities</b>	
Activity Title <i>(e.g. Activity 1, 2, 3 etc.)</i>	<p><b>2 <u>Building Capacity in Primary Care</u></b></p> <p>2.1</p> <p>2.2 Improve pathways between AOD services and primary care.</p> <p>2.3 Enhance capacity for non-residential detox.</p> <p>2.4 Enhance capacity for AOD screening in primary care</p> <p>2.5 Enhance capacity for staff training and development</p> <p>2.6 Enhance capacity for quality improvement, research and evaluation</p>
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area <i>(e.g. Priority 1, 2, 3, etc.)</i>	<p><b>NSPHN Needs Assessment priority areas:</b></p> <ul style="list-style-type: none"> <li>• Service coordination (page 65 within the NSPHN Needs Assessment)</li> <li>• Home and ambulatory detox - access and availability (page 64 within the NSPHN Needs Assessment)</li> <li>• Whole of community - education and health promotion (page 63 within the NSPHN Needs Assessment)</li> </ul>
Description of Drug and Alcohol Treatment Activity	<p><b>2.1 Improve pathways between AOD services and primary care</b></p> <p>People with AOD misuse disorders are more likely to suffer poor physical health. Access to timely and appropriate treatment for physical health conditions was identified as a need in the Northern Sydney regional needs assessment. To address this, Northern Sydney PHN will work with local AOD services and primary care providers to:</p>

- Promote linked up health services.
- Clarify and strengthen referral pathways.
- Promote shared care approaches and effective care coordination.
- Promote appropriate methods of data sharing and communication, including use of MyHealth records.
- Provide further training and support for GPs on the new treatment guidelines and management practices for people with Hepatitis C.
- Establish health pathways as a result of the agreed shared approaches to support the dissemination and use of this knowledge in general practice.

### **2.2 Enhance capacity for non-residential detox**

Residential detox and supported withdrawal services within Northern Sydney are insufficient for the demand, as they are across NSW. Detox is often a prerequisite for further AOD treatment, meaning that the lack of available residential detox beds act as a barrier to treatment. Some consumers have indicated that they would be more willing to engage in detox if it didn't require attending an in-patient facility. Enhancing capacity for GP mediated home and ambulatory detox will address some of the issues related to availability of residential detox services and provide an option for people who are unwilling or unable to participate in in-patient treatment. Health Pathways collaborative development will provide the opportunity to co-design solutions and build knowledge and capacity across primary care in supporting rehabilitation in the community.

Northern Sydney PHN will:

- Provide education and support to primary care physicians to increase willingness and capacity to provide home and ambulatory detox.
- Work with NSLHD Drug & Alcohol services to increase capacity for ambulatory detox.
- Work with the local AOD services and neighbouring PHN regions to develop and promote coordinated pathways between detox and rehabilitation treatment services.
- Develop health pathways for AOD treatment and rehabilitation in the community.

### **2.3 Enhance capacity for AOD screening in primary care**

General Practitioners are well placed to provide screening and brief intervention for AOD misuse issues. To strengthen the early detection and management in primary care settings, the PHN will work with local GPs to enhance their capacity for AOD screening, intervention and referral. It is likely that this will involve:

- Identifying or developing appropriate and evidence-based screening and brief intervention resources e.g. AOD toolkit to support GPs in management of AOD clients.
- Providing education and support to GPs to improve uptake of these resources.
- Promoting access to the Drug and Alcohol Specialist Advisory Service (DASAS).
- Utilising health pathways as a knowledge tool to support primary health care.

#### **2.4 Enhance capacity for staff training and development**

NGO AOD treatment services run on very tight budgets with the majority of funding allocated to the provision of client services. Many AOD NGOs lack the funds required to provide staff with up-to-date training on evidence-based recovery models and opportunities for professional development. This has implications for staff retention and service quality.

In addressing this issue, Northern Sydney PHN will further investigate opportunities to enhance the capacity of local AOD services to access training and incorporate staff development practices. This may involve:

- Providing staff enhancement funding to AOD services for accredited training and professional development.

Working with AOD services, NADA and other PHNs across the sector to identify and collaboratively fund training, workshops and forums.

#### **2.5 Enhance capacity for quality improvement, research and evaluation**

Northern Sydney PHN recognises that high quality services are driven by high quality data and practice that is evidence based. Northern Sydney PHN will support quality research and evaluation activities in commissioned services by:

- Providing funding to enhance the capture, management and analysis of data.
- Providing specific funding for program evaluation in all commissioned services.

Working with the AOD service sector to agree on common performance indicators and outcome measures.

	<p>Education in AOD treatment services will also be targeted for general practice and the allied health community to build their knowledge, supported by health pathways.</p>
Target population cohort	<p>Following the NSPHN commissioning and co-design process for AOD, which included extensive consultation with the clinical council, community council and key stakeholders across the region, the following target population cohorts were identified:</p> <ul style="list-style-type: none"> <li>• Young people</li> <li>• Adults (with a focus on women)</li> <li>• Vulnerable populations</li> </ul> <p>The target population includes people recovering from alcohol and other drug misuse who require non-residential rehabilitation programs, either as an alternative to, or a step down from, residential rehabilitation programs.</p> <p>The NSPHN identified the need to enhance the provision of culturally appropriate services for Aboriginal and Torres Strait Islander people.</p>
Consultation	<p>Following NSPHN’s Commissioning Framework, all commissioned services involved extensive consultation to identify service gaps, service co-design and engagement of the market to produce ‘service specifications’ that are of benefit to the community and impactful.</p> <p>Service consultations involved the local community, service providers and subject matter experts through the needs assessment process and co-design consultations. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement.</p> <p>During the open tender process service providers can respond to the remit and scope of the service specification, whilst having the opportunity to submit an innovative approach to delivering the required service.</p>
Collaboration	<p>These activities will be undertaken in collaboration with:</p> <ul style="list-style-type: none"> <li>• General Practitioners</li> <li>• Allied health providers and broader primary healthcare workforce</li> <li>• Northern Sydney Local Health District (NSLHD) Mental Health Drug &amp; Alcohol services</li> <li>• Local NGO AOD services</li> <li>• AOD NGO peak body NADA</li> </ul>

	<ul style="list-style-type: none"> <li>• CALD services and communities</li> <li>• Aboriginal &amp; Torres Strait Islander services and communities</li> <li>• Research and educational institutions</li> <li>• Family and Community Services Northern Sydney District</li> <li>• Local health, mental health and social services</li> <li>• Youth services including headspace</li> <li>• Neighbouring PHNs including Central &amp; Eastern Sydney PHN and Western Sydney PHN</li> </ul> <p>Key advice and guidance on all activity will be provided by the PHN Mental Health &amp; AOD Advisory Committee, the PHN Board, Clinical and Community Councils and the PHN Aboriginal Reference Group.</p>
Indigenous Specific	See description of Aboriginal & Torres Strait Islander specific activity in 'Description of Drug and Alcohol Treatment Activity' section. Northern Sydney PHN will work to ensure that Aboriginal and Torres Strait Islander people are duly considered and included in all areas of activity.
Duration	<p>Anticipated activity start and completion dates (excluding the planning and procurement cycle).</p> <p>January 2017: AOD service delivery commencement</p> <p>January-March 2017: Program review and further development as per updated AOD Activity Work plan.</p> <p>Throughout 2017-2018: Proactive management of commissioned services, review services as per commissioning model against needs.</p>
Coverage	This activity will cover the entire PHN region.
Commissioning method	<p>Northern Sydney PHN will adopt a collaborative approach to commissioning in order to determine the most appropriate mix of service delivery modalities to meet the support needs of those requiring AOD treatment services in the Northern Sydney PHN region.</p> <p>We will work with patients, providers and the wider community to understand thoroughly the needs of the community, to define problems, identify desired outcomes and create appropriate solutions.</p> <p>Working across the whole system, with patients, carers, service providers and wider stakeholders to co-design services, the PHN will develop an evaluation framework in partnership with other stakeholders to ensure a shared approach and responsibility to developing and achieving outcomes.</p> <p>Northern Sydney PHN will ensure a fair and transparent procurement process.</p>

	<p>Northern Sydney PHN will work with potential providers, early, to support and build market capability to undertake the commissioning process and will build partnerships and foster relationships so commissioned providers are able to deliver outcomes that impact the community.</p> <p>Northern Sydney PHN will work with commissioned providers to support delivery of services that meet community need. Monitoring and evaluation of commissioned services will occur from regular performance reports, consumer, clinician, community and provider feedback, and independent evaluation. The impact of any commissioned services will also be evaluated against the population health need.</p>
Approach to market	<p>NSPHN undertakes a procurement approach in determining service providers for AOD Services. The Approach to Market is through <b>open tender</b>, to ensure an equitable process in which all appropriate organisations may participate.</p> <p>While service specifications have been provided, innovative applications have been encouraged. This strategy will enable NSPHN to work with the market and ensure that the best available AOD services are commissioned in the region, whether services are provided by one organisation or a number of organisations.</p> <p>Contracted services will be monitored and evaluated for the duration of the contract. NSPHN will meet with contracted organisations at least quarterly and more frequently if required, to monitor progress with service implementation and delivery, and to work with organisations should changes in service delivery be required. Service Providers will be required to submit Progress Reports and Financial Reports throughout the duration of their contract. NSPHN will be required to submit data to inform the Alcohol and Other Drugs Minimum Data Set (AODTS-NMDS), and reportable data will also include:</p> <ul style="list-style-type: none"> <li>• demographic details</li> <li>• number of clients receiving care</li> <li>• number of episodes of care for specialist drug and alcohol treatment services</li> </ul> <p>Additional metrics developed between Service Providers and NSPHN, such as Patient Reported Outcome Measures and Patient Reported Experience Measures. There will be additional partnership and collaboration to ensure services are of benefit to the target population.</p>
Decommissioning (if applicable)	N/A

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	<p><b>3 Partnerships, engagement and planning</b></p> <p>3.1 Undertake comprehensive regional needs assessment and planning 3.2 Population level health promotion and education on risky alcohol consumption</p>
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	<p><b>NSPHN Needs Assessment priority areas:</b></p> <ul style="list-style-type: none"> <li>• Rehabilitation support - access and availability (page 64 within the NSPHN Needs Assessment)</li> <li>• Home and ambulatory detox - access and availability (page 64 within the NSPHN Needs Assessment)</li> <li>• Whole of community - education and health promotion (page 63 within the NSPHN Needs Assessment)</li> <li>• Aboriginal &amp; Torres Strait Islander People - access and availability (page 62 within the NSPHN Needs Assessment)</li> <li>• Service coordination (page 65 within the NSPHN Needs Assessment)</li> <li>• Young people - education and health promotion (page 62 within the NSPHN Needs Assessment)</li> </ul>
Description of Drug and Alcohol Treatment Activity	<p><b>3.1 Undertake comprehensive regional needs assessment and planning</b></p> <p>The initial AOD needs assessment process revealed a number of service gaps and issues across the Northern Sydney region. While that information has been sufficient to inform initial plans, a more comprehensive needs assessment and planning process will allow for:</p> <ul style="list-style-type: none"> <li>• Further analysis of patterns of drug use and service use.</li> <li>• More extensive stakeholder consultation, including further engagement with service users.</li> <li>• Greater identification of high risk and high needs populations.</li> <li>• More precise service mapping.</li> <li>• Greater analysis of service gaps.</li> </ul> <p>Northern Sydney will employ a suitably experienced and qualified consultant to guide the comprehensive needs assessment and planning process. It is expected that this work may be undertaken in concert with the comprehensive mental health needs assessment process.</p> <p><b>3.2 Population level health promotion and education on risky alcohol consumption</b></p>

	<p>The initial needs assessment revealed that Northern Sydney has one of the highest rates of alcohol related hospitalisations in NSW. Stakeholder feedback also indicated high rates of drink driving in the region.</p> <p>In addressing this issue, Northern Sydney PHN will Work with local services to:</p> <ul style="list-style-type: none"> <li>• Collect further data and quantify the issue</li> <li>• Develop targeted intervention strategies</li> </ul> <p>Provide resources and education to GPs to better enable appropriate intervention in primary care.</p>
Target population cohort	<p>Following the NSPHN commissioning and co-design process for AOD, which included extensive consultation with the clinical council, community council and key stakeholders across the region, the following target population cohorts were identified:</p> <ul style="list-style-type: none"> <li>• Young people</li> <li>• Adults (with a focus on women)</li> <li>• Vulnerable populations</li> </ul> <p>The target population includes people recovering from alcohol and other drug misuse who require non-residential rehabilitation programs, either as an alternative to, or a step down from, residential rehabilitation programs.</p> <p>The NSPHN identified the need to enhance the provision of culturally appropriate services for Aboriginal and Torres Strait Islander people.</p>
Consultation	<p>Following NSPHN’s Commissioning Framework, all commissioned services involved extensive consultation to identify service gaps, service co-design and engagement of the market to produce ‘service specifications’ that are of benefit to the community and impactful.</p> <p>Service consultations involved the local community, service providers and subject matter experts through the needs assessment process and co-design consultations. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement.</p> <p>During the open tender process service providers, can respond to the remit and scope of the service specification, whilst having the opportunity to submit an innovative approach to delivering the required service.</p>



Collaboration	<p>These activities will be undertaken in collaboration with:</p> <ul style="list-style-type: none"> <li>• General Practitioners</li> <li>• Allied health providers and broader primary healthcare workforce</li> <li>• Northern Sydney Local Health District (NSLHD) Mental Health Drug &amp; Alcohol services</li> <li>• local NGO AOD services</li> <li>• AOD NGO peak body NADA</li> <li>• CALD services and communities</li> <li>• Aboriginal &amp; Torres Strait Islander services and communities</li> <li>• research and educational institutions</li> <li>• Family and Community Services Northern Sydney District</li> <li>• Local health, mental health and social services</li> <li>• Youth services including headspace</li> <li>• Neighbouring PHNs including Central &amp; Eastern Sydney PHN and Western Sydney PHN</li> </ul> <p>Key advice and guidance on all activity will be provided by the PHN Mental Health &amp; AOD Advisory Committee, the PHN board and Clinical and Community Councils and the PHN Aboriginal Reference Group.</p>
Indigenous Specific	<p>NO</p> <p>See description of Aboriginal &amp; Torres Strait Islander specific activity in ‘Description of Drug and Alcohol Treatment Activity’ section. Northern Sydney PHN will work to ensure that Aboriginal and Torres Strait Islander people are duly considered and included in all areas of activity.</p>
Duration	<p>Anticipated activity start and completion dates (excluding the planning and procurement cycle).</p> <p>January 2017: AOD service delivery commencement</p> <p>January-March 2017: Program review and further development as per updated AOD Activity Work plan.</p> <p>Throughout 2017-2018: Proactive management of commissioned services, review services as per commissioning model against needs.</p>
Coverage	<p>This activity will cover the entire PHN region.</p>

<p>Commissioning method</p>	<p>Northern Sydney PHN will adopt a collaborative approach to commissioning in order to determine the most appropriate mix of service delivery modalities to meet the support needs of those requiring AOD treatment services in the Northern Sydney PHN region.</p> <p>Northern Sydney PHN will ensure a fair and transparent procurement process.</p> <p>Northern Sydney PHN will work with potential providers, early, to support and build market capability to undertake the commissioning process and will build partnerships and foster relationships with support so that commissioned providers are able to deliver outcomes that impact the community.</p> <p>Northern Sydney PHN will work with commissioned providers to support delivery of services meet community need. Monitoring and evaluation of commissioned services will occur from regular performance reports, consumer, clinician, community and provider feedback, and independent evaluation. The impact of any commissioned services will also be evaluated against the population health need.</p>
<p>Approach to market</p>	<p>NSPHN undertakes a procurement approach in determining service providers for AOD Services. The Approach to Market is through <b>open tender</b>, to ensure an equitable process in which all appropriate organisations may participate.</p> <p>While service specifications have been provided, innovative applications have been encouraged. This strategy will enable NSPHN to work with the market and ensure that the best available AOD services are commissioned in the region, whether services are provided by one organisation or a number of organisations.</p> <p>Contracted services will be monitored and evaluated for the duration of the contract. NSPHN will meet with contracted organisations at least quarterly and more frequently if required, to monitor progress with service implementation and delivery, and to work with organisations should changes in service delivery be required. Service Providers will be required to submit Progress Reports and Financial Reports throughout the duration of their contract. NSPHN will be required to submit data to inform the Alcohol and Other Drugs Minimum Data Set (AODTS-NMDS), and reportable data will also include:</p> <ul style="list-style-type: none"> <li>• demographic details</li> <li>• number of clients receiving care</li> <li>• number of episodes of care for specialist drug and alcohol treatment services</li> </ul>

	Additional metrics developed between Service Providers and NSPHN, such as Patient Reported Outcome Measures and Patient Reported Experience Measures. There will be additional partnership and collaboration to ensure services are of benefit to the target population.
Decommissioning (if applicable)	N/A

## 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.

Proposed Activities	
Activity Title <i>(e.g. Activity 1, 2, 3 etc.)</i>	<b>2.1 Enhance capacity to provide culturally appropriate treatment and improve service coordination for Aboriginal and Torres Strait Islander people</b>
Existing, Modified, or New Activity	Existing (updated)
Needs Assessment Priority Area <i>(e.g. Priority 1, 2, 3, etc.)</i>	<b>NSPHN Needs Assessment priority areas:</b> <ul style="list-style-type: none"> <li>• Aboriginal &amp; Torres Strait Islander People - access and availability (page 62 within the NSPHN Needs Assessment)</li> <li>• Rehabilitation support - access and availability (page 64 within the NSPHN Needs Assessment)</li> <li>• Home and ambulatory detox - access and availability (page 64 within the NSPHN Needs Assessment)</li> <li>• Whole of community - education and health promotion (page 63 within the NSPHN Needs Assessment)</li> </ul>

	<ul style="list-style-type: none"> <li>• Service Coordination (page 65 within the NSPHN Needs Assessment)</li> </ul>
Description of Drug and Alcohol Treatment Activity	<p><b>2.1 Enhance capacity to provide culturally appropriate treatment and improve service coordination for Aboriginal and Torres Strait Islander people</b></p> <p>Like the rest of metropolitan Sydney, Northern Sydney does not have Aboriginal &amp; Torres Strait Islander-specific AOD rehabilitation services. In addressing this service gap, Northern Sydney PHN will work with local AOD services to enhance capacity to provide culturally appropriate support by:</p> <ul style="list-style-type: none"> <li>• Funding the development and adoption of culturally appropriate models of care.</li> <li>• Provide funding to facilitate staff training and workforce development.</li> <li>• Providing funding for additional service provision for Aboriginal and Torres Strait Islander clients.</li> </ul> <p>Northern Sydney PHN will work with local Aboriginal services, AOD services, health, mental health and other community services and groups to improve service access, movement between services and coordinated aftercare support. This activity will involve:</p> <ul style="list-style-type: none"> <li>• Clarifying and strengthening referral pathways</li> <li>• The development of MoUs to support cross-service and cross-sector service coordination</li> <li>• The development and/or support of governance frameworks</li> </ul>
Target population cohort	The target population for this activity is Aboriginal and Torres Strait Islander residents of the NSPHN region.
Consultation	<p>Following NSPHN’s Commissioning Framework, all commissioned services involved extensive consultation to identify service gaps, service co-design and engagement of the market to produce ‘service specifications’ that are of benefit to the community and impactful.</p> <p>Service consultations involved the local community, service providers and subject matter experts through the needs assessment process and co-design consultations. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement.</p>

	During the open tender process service providers can respond to the remit and scope of the service specification, whilst having the opportunity to submit an innovative approach to delivering the required service.
Collaboration	<p>These activities will be undertaken in collaboration with:</p> <ul style="list-style-type: none"> <li>• Aboriginal &amp; Torres Strait Islander services and communities.</li> <li>• General Practitioners.</li> <li>• Allied health providers and broader primary healthcare workforce.</li> <li>• Northern Sydney Local Health District (NSLHD) Mental Health Drug &amp; Alcohol services.</li> <li>• Local NGO AOD services.</li> <li>• AOD NGO peak body NADA.</li> <li>• CALD services and communities.</li> <li>• Research and educational institutions.</li> <li>• Family and Community Services Northern Sydney District.</li> <li>• Local health, mental health and social services.</li> <li>• Youth services including headspace.</li> <li>• Neighbouring PHNs including Central &amp; Eastern Sydney PHN and Western Sydney PHN.</li> </ul> <p>Key advice and guidance on all activity will be provided by the PHN Mental Health &amp; AOD Advisory Committee, the PHN Board, Clinical and Community Councils and local Aboriginal reference groups and committees.</p>
Indigenous Specific	YES
Duration	<p>Anticipated activity start and completion dates (excluding the planning and procurement cycle).</p> <p>January 2017: AOD service delivery commencement</p> <p>January-March 2017: Program review and further development as per updated AOD Activity Work plan.</p>

	Throughout 2017-2018: Proactive management of commissioned services, review services as per commissioning model against needs.
Coverage	This activity will cover the entire PHN region.
Commissioning method	<p>Northern Sydney PHN will adopt a collaborative approach to commissioning in order to determine the most appropriate mix of service delivery modalities to meet the support needs of those requiring AOD treatment services in the Northern Sydney PHN region.</p> <p>We will work with patients, providers and the wider community to understand thoroughly the needs of the community, to define problems, identify desired outcomes and create appropriate solutions.</p> <p>Working across the whole system, with patients, carers, service providers and wider stakeholders to co-design services, the PHN will develop an evaluation framework in partnership with other stakeholders to ensure a shared approach and responsibility to developing and achieving outcomes.</p> <p>Northern Sydney PHN will ensure a fair and transparent procurement process.</p> <p>Northern Sydney PHN will work with potential providers, early, to support and build market capability to undertake the commissioning process. NSPHN will build partnerships and foster relationships so that commissioned providers are able to deliver outcomes that impact the community.</p> <p>Northern Sydney PHN will work with commissioned providers to support delivery of services to meet community need. Monitoring and evaluation of commissioned services will occur from regular performance reports, consumer, clinician, community and provider feedback, and independent evaluation. The impact of any commissioned services will also be evaluated against the population health need.</p>
Approach to market	<p>NSPHN undertakes a procurement approach in determining service providers for AOD Services. The Approach to Market is through <b>open tender</b>, to ensure an equitable process in which all appropriate organisations may participate.</p> <p>While service specifications have been provided, innovative applications have been encouraged. This strategy will enable NSPHN to work with the market and ensure that the best available AOD services are commissioned in the region, whether services are provided by one organisation or a number of organisations.</p>

	<p>Contracted services will be monitored and evaluated for the duration of the contract. NSPHN will meet with contracted organisations at least quarterly and more frequently if required, to monitor progress with service implementation and delivery, and to work with organisations should changes in service delivery be required. Service Providers will be required to submit Progress Reports and Financial Reports throughout the duration of their contract. NSPHN will be required to submit data to inform the Alcohol and Other Drugs Minimum Data Set (AODTS-NMDS), and reportable data will also include:</p> <ul style="list-style-type: none"> <li>• demographic details</li> <li>• number of clients receiving care</li> <li>• number of episodes of care for specialist drug and alcohol treatment services</li> </ul> <p>Additional metrics developed between Service Providers and NSPHN, such as Patient Reported Outcome Measures and Patient Reported Experience Measures. There will be additional partnership and collaboration to ensure services are of benefit to the target population.</p>
Decommissioning (if applicable)	N/A

## 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	Previous 3.2 <i>'Commission targeted activities to address youth binge drinking and previous'</i> 3.3 <i>Develop a targeted approach to polysubstance misuse'</i> .
Description of Activity	Health promotion related activity was intended.
Reason for removing activity	Following advice from, Department of Health, PHN funding for Alcohol and other Drug services should be focussed on actual service delivery and health promotion not in scope for this funding stream.
Funding impact	Not applicable – Note: youth alcohol and drug misuse is a public health issue of significance within the Northern Sydney region and will receive targeted funding for commissioned service delivery to address.