



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).
2. The indicative Funding 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)

Northern 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

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 continue to work with the local 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 will achieve outcomes via the delivery of a range of commissioned services and approaches, ranging from intensive one to one support for people experiencing substance use issues through to activities to support the ongoing development of the health workforce. The key areas of work which will underpin this are:

- **Service Capacity:** Working with commissioned service providers to ensure that services are accessible, effective and responsive to the identified needs of the local community.
- **Building Capacity in Primary Care:** 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 further develop service linkages to understand and appropriately address the needs of vulnerable, at risk, CALD and Aboriginal and Torres Strait Islander populations within the region.

Clinical Governance

NSPHN has built competencies in commissioning through developing a strong governance structure, establishing a Clinical Governance Committee as part of its overall Corporate Governance framework, that provides a basis to support sound governance and person-centred outcomes within commissioned services.

NSPHN ensures strong governance within commissioned services through:

- Regular provider support meetings between the NSPHN and commissioned organisation to support continuous improvement in quality and outcomes, which show clinical effectiveness, patient safety and patient experience.
- A Clinical Risk Register to identify and present risk associated with commissioned services to the Clinical Governance Committee.
- Development of resources to guide the commissioning procurement process, ensure consistency and manage risk.
- Clinical governance and quality requirements embedded into all commissioned service contracts.
- A robust contract and deliverables register and performance management system in place.

Data collection and reporting

In line with Northern Sydney PHN's commissioning approach, data collection will commence at the beginning of any commissioning activity in order to identify what the initial gaps are and to accurately inform desired outcomes of commissioned activity. The iterative collection and use of relevant data sources will further support the development, quality improvement, monitoring and evaluation of commissioned activities.

NSPHN will continue to develop outcome measures and reporting systems to allow reporting on the Alcohol and Other Drugs Treatment Services Minimum Data Set (AODTS MDS) to inform the evaluation of commissioned services, utilising a range of Patient Reported Outcomes Measures (PROMS) and Patient Reported Experience Measures (PREMS).

NSPHN Commissioning Evaluation Framework

Following the development of NSPHN's **Commissioning Evaluation Framework**, NSPHN will utilise the principles of the Quadruple Aim in evaluating health care services to promote a culture of continuous quality improvement across commissioned services.

The Quadruple Aim framework encourages a population health approach that balances delivery of high value care at an appropriate cost, allowing for better patient experience delivered from an engaged workforce.

Throughout 2019-2022, the NSPHN will proactively manage commissioned Alcohol and Other Drugs Treatment Services. The NSPHN will support commissioned clinical structures, processes, and services to promote and develop best practice, and to enhance optimum outcomes for service users, consistent with the NSPHN vision of **achieving together - better health, better care**.

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.

Proposed Activities - Priority 1 – Increase Capacity of Alcohol & Other Drugs Treatment Services	
ACTIVITY TITLE	<i>AOD 1.1 - Increase capacity of alcohol & other drugs treatment services for young people and adults</i>
Existing, Modified, or New Activity	Existing Activity - 1. Service Capacity
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	Priority Title: Rehabilitation support – Access and availability Needs Assessment page reference: p. 88, 89 Identified as possible option: Yes.
Aim of Activity	Increase capacity of local community managed organisations to provide specialist alcohol and other drugs treatment support for young people and adults.
Description of Activity	<p>The NSPHN Needs Assessment (2019-22) identified that access to community-based alcohol and other drugs treatment and rehabilitation programs remains a key need for the community. NSPHN will continue to commission established alcohol and other drugs treatment services. These specialist treatment services provide counselling and rehabilitation support to young people aged 12-25 years and adults across the NSPHN region.</p> <p>NSPHN will work with commissioned providers to:</p> <ul style="list-style-type: none"> • Increase uptake of services in geographic areas of need (Hornsby and Ryde LGAs) • Expand flexible access options, including provision of group and individual counselling outside of business hours • Improve client access to, and transfer between AOD services, commissioned mental health services and the broader service system • Appropriately address clients’ co-occurring mental health and physical health issues • Enhance continuity of care for clients • Increase service provision to clients from CALD backgrounds • Promote services to the local community • Proactively engage with GPs and other health service providers • Develop the AOD workforce through accredited and relevant training and education activities

	<p>The expected outcomes of this activity are:</p> <ul style="list-style-type: none"> • Increased access to evidence-based treatment services for people with substance use issues • Improved health and wellbeing outcomes for serviced clients • Better coordination of care and follow up for people with substance misuse issues
Target population cohort	<p>The target population includes people residing in the NSPHN region who are recovering from alcohol and other drug misuse and require non-residential rehabilitation programs, either as an alternative to, or a step down from, residential rehabilitation programs.</p> <p>Services will be offered for:</p> <ul style="list-style-type: none"> • Young people and their parents • Adults, including women with children • Vulnerable populations, including people who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI), people from Culturally and Linguistically Diverse Backgrounds, people leaving correctional facilities, people with co-occurring mental illness and other complexities.
In scope AOD Treatment Type	<ul style="list-style-type: none"> • Counselling • Withdrawal management • Aftercare/relapse prevention • Case management, care planning, and coordination • Workforce Development, Capacity Building, including supporting the workforce through activities which promote joint up assessment and referral pathways, quality improvement, evidence-based treatment, and service integration.
Indigenous specific	No
Coverage	This activity covers the entire PHN region.
Consultation	<p>NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment, co-design and procurement process. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement.</p> <p>NSPHN has established a Mental Health and Alcohol and Other Drugs Advisory Committee to continue to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol and Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:</p> <ul style="list-style-type: none"> • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District-Mental Health Drug and Alcohol • NGO Mental Health and AOD Service Providers

	<ul style="list-style-type: none"> • Lived experience • Carers • The local Aboriginal community <p>In addition, as part of NSPHN Commissioning Evaluation Framework, ongoing consultation to assess the impact of commissioned services will inform further quality and service improvement initiatives.</p>
Collaboration	<p>These activities will continue to be undertaken in collaboration with:</p> <ul style="list-style-type: none"> • General Practitioners • Allied health providers and broader primary healthcare workforce • Northern Sydney Local Health District (NSLHD) Mental Health Drug and Alcohol services • Local NGO AOD services • AOD NGO peak body NADA • CALD services and communities • Aboriginal and Torres Strait Islander services and communities • Research and educational institutions • Family and Community Services Northern Sydney District • Local health, mental health and social services • Youth services including headspace • Neighbouring PHNs including Central & Eastern Sydney PHN and Western Sydney PHN <p>Key advice and guidance on all activity is provided by the PHN Mental Health and AOD Advisory Committee, the PHN Board, Clinical and Community Councils.</p>
Activity milestone details/ Duration	<p>Commissioned service activity continues. The timelines relevant to this activity work plan are outlined below.</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>NIAS funding offered for 2019-2020 only. Continuation of commissioned treatment services is reliant on funding for 2020-2022.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> 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. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process?</p>

	<p>Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?</p> <p>No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned?</p> <p>No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services?</p> <p>No</p>
Data collection	<p>Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set</p> <p>Yes</p>

Proposed Activities - Priority 2 – Build capacity in primary care through shared care activities

ACTIVITY TITLE	<i>AOD 2.1 Build capacity in primary care through shared care activities</i>
Existing, Modified, or New Activity	Existing Activity - 2. Building Capacity in Primary Care
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	<p>Priority Title: Home and Ambulatory Detox, Service Coordination, Hepatitis C Needs Assessment page reference: p. 87, 88 Identified as possible option: Yes</p>
Aim of Activity	<p>Continue to deliver shared care activities that build capacity in general practice to:</p> <ul style="list-style-type: none"> • Improve pathways between primary care and specialist drug and alcohol treatment services • Enhance capacity for screening and brief intervention • Increase provision of non-residential detox and withdrawal management
Description of Activity	<p>Access to primary care services is an identified need for people experiencing substance use issues. Similarly, primary care practitioners need access to specialist treatment providers to support patients with problematic or complex drug and alcohol use. NSPHN will continue to work in collaboration with Northern Sydney Local Health District Drug and Alcohol services and local General Practitioners to deliver an Alcohol and Other Drugs Shared Care program for the region.</p> <p>Shared care activity includes:</p> <ul style="list-style-type: none"> • Delivering training and resources to GPs to increase awareness of AOD issues and increase provision of drug and alcohol treatment, including: screening, brief intervention and referral, and planning and coordination of treatment and support. Training will include: <ul style="list-style-type: none"> – Education workshops – Peer support facilitated workshops – Clinical Attachments • Implementation and evaluation of an AOD nurse led clinic in general practice pilot • Continue AOD Shared Care Advisory Group • Developing referral pathways between primary care and specialist drug and alcohol treatment services and promoting developed Health Pathways • Improving access to primary care services for people experiencing substance use issues • Providing education and support to prescribers regarding pharmaceutical drug misuse • Supporting and building capacity of GPs to appropriately prescribe and manage withdrawal from opioids • Increasing capacity for non-residential detox and withdrawal management • Improving management of physical health conditions, including Hepatitis C

	<p>The expected outcomes are:</p> <ul style="list-style-type: none"> • Increased number of patients supported in primary healthcare setting • Increased integration between primary health and specialist AOD treatment services • Increased awareness and use of HealthPathways and the Drug & Alcohol Specialist Advisory Service (DASAS)
Target population cohort	General Practitioners and people who experience substance use issues across the NSPHN region.
In scope AOD Treatment Type	<ul style="list-style-type: none"> • Screening • Early intervention (including Brief Intervention) • Withdrawal management • 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. • Coordination and referral pathways
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	This activity covers the entire PHN region.
Consultation	<p>To support the delivery of AOD Shared Care in the Northern Sydney region, NSPHN has established an advisory committee to inform the aims and strategies of the initiative. The advisory committee includes representation from:</p> <ul style="list-style-type: none"> • General Practitioners • Northern Sydney Local Health District (NSLHD) Mental Health Drug and Alcohol services • Northern Sydney PHN staff, including AOD Shared Care Clinical Lead, Project Lead, General Manager of Commissioning and Partnerships and the Mental Health Drug and Alcohol Commissioning Manager. • Local NGO AOD services • Lived experience representative <p>Additional advice and guidance on all shared care activity will be provided by the PHN Mental Health and AOD Advisory Committee, the PHN Board, Clinical and Community Councils and the PHN Aboriginal Reference Group.</p>
Collaboration	<p>Shared care activities will be undertaken in collaboration with:</p> <ul style="list-style-type: none"> • Northern Sydney Local Health District Mental Health Drug and Alcohol services • Local NGO AOD services • General Practitioners • Education and research institutions, including the National Drug and Alcohol Research Centre (NDARC) • Subject matter experts
Activity milestone details/ Duration	Shared Care activity continues. The timelines relevant to this activity work plan are outlined below

	<p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>NIAS funding offered for 2019-2020 only. Continuation of AOD Shared Care program is reliant on funding for 2020-2022.</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> 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. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input checked="" type="checkbox"/> Other approach (please provide details) <p>Contracting of GP AOD Shared Care Coordinator and AOD Clinical Nurse Consultant. Direct procurement of education activities. In-kind contribution from Northern Sydney Local Health District</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set No</p>

Proposed Activities - Priority 3 – Enhance capacity to delivery culturally appropriate treatment and service coordination for Aboriginal and Torres Strait Islander People

ACTIVITY TITLE	<i>AOD 3.1 Enhance capacity to deliver culturally appropriate treatment and service coordination for Aboriginal and Torres Strait Islander People</i>
Existing, Modified, or New Activity	Existing Activity - 2.1 Enhance capacity to provide culturally appropriate treatment and improve service coordination for Aboriginal and Torres Strait Islander people
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	Priority Title: Aboriginal and Torres Strait Islander People – Access and Availability Needs Assessment page reference: page 89 Identified as possible option: Yes
Aim of Activity	Continue to support commissioned provider to deliver culturally appropriate individual and group treatments, care coordination and case management for Aboriginal and Torres Strait Islander clients
Description of Activity	<p>Aboriginal and Torres Strait Islander communities require access to alcohol and other drug treatment services that are accessible, welcoming, culturally safe and appropriate. To facilitate access, NSPHN will continue to commission culturally appropriate treatment services for Aboriginal and Torres Strait Islander people with substance use issues. NSPHN will support its commissioned provider to:</p> <ul style="list-style-type: none"> • Maintain recruitment of an Aboriginal Liaison Worker • Deliver specific culturally appropriate treatment programs for Aboriginal and Torres Strait Islander clients • Adequately train and develop their workforce • Provide flexible funding to meet the needs of Aboriginal and Torres Strait Islander clients entering or exiting culturally specific residential rehabilitation services. • Partner with local Aboriginal organisations to develop and deliver community health events for local Aboriginal and Torres Strait Islander residents • Develop culturally appropriate service resources and marketing materials • Collaborate with local Aboriginal services to ensure effective referral pathways and service promotion, enabling collaborative care • Provide secondary consultation to other drug and alcohol services in the region to improve capacity for culturally appropriate treatment <p>The expected outcomes of this activity are:</p> <ul style="list-style-type: none"> • An increase in the number of Aboriginal and Torres Strait Islander people engaging in treatment • Improved health and wellbeing outcomes for serviced clients • Enhanced capacity for services to provide culturally safe and appropriate services
Target population cohort	Aboriginal and Torres Strait Islander residents of the NSPHN region who are experiencing substance use issues

In scope AOD Treatment Type	<ul style="list-style-type: none"> • Counselling • Aftercare / relapse prevention • Case management, care planning and coordination
Indigenous specific	Yes - The commissioned provider is required to maintain recruitment of an Aboriginal Liaison Worker. Activities are to be undertaken in collaboration with local Aboriginal services, including NSPHN commissioned Aboriginal Mental Health service and the Northern Sydney Local Health District Aboriginal Health Service.
Coverage	This activity will cover the entire PHN region.
Consultation	<p>NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment, co-design and procurement process. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement.</p> <p>NSPHN has established a Mental Health and Alcohol and Other Drugs Advisory Committee to continue to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol and Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:</p> <ul style="list-style-type: none"> • The local Aboriginal community • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District-Mental Health Drug and Alcohol • NGO Mental Health and AOD Service Providers • Lived experience • Carers <p>In addition, as part of NSPHN Commissioning Evaluation Framework, ongoing consultation to assess the impact of commissioned services will inform further quality and service improvement initiatives.</p>
Collaboration	<p>These activities will be undertaken in collaboration with:</p> <ul style="list-style-type: none"> • Local Aboriginal and Torres Strait Islander services and communities • General Practitioners • Allied health providers and broader primary healthcare workforce • Northern Sydney Local Health District (NSLHD) Aboriginal Health Service and Mental Health Drug and Alcohol services • Local NGO AOD services • AOD NGO peak body NADA • Research and educational institutions • Local health, mental health and social services <p>Key advice and guidance on all activity is provided by the PHN Mental Health and AOD Advisory Committee, the PHN Board, Clinical and Community Councils and local Aboriginal reference groups and committees.</p>
Activity milestone details/ Duration	<p>Shared Care activity continues. The timelines relevant to this activity work plan are outlined below.</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2022</p>

	<p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>NIAS funding offered for 2019-2020 only. Continuation of culturally appropriate treatment services for Aboriginal and Torres Strait Islander people is reliant on funding for 2020-2022.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> 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. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>
Data collection	<p>Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set Yes</p>