



Australian Government

Department of Health

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An Australian Government Initiative

Primary Health Networks

- **Drug and Alcohol Treatment
Activity Work Plan 2016-17 to 2018-19**

Gold Coast Primary Health Network

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

Introduction

Overview

The activities under the Drug and Alcohol Treatment Services Annexure to the Primary Health Networks Programme Guidelines will contribute to the key objectives of PHN by:

- Increasing the service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by targeting areas of need, and
- Improving the effectiveness of drug and alcohol treatment services for individuals requiring support and treatment by increasing coordination between various sectors, and improving sector efficiency.

Each PHN, in accordance with the guidance provided by the Department, must make informed choices about how best to use its resources to achieve these drug and alcohol treatment objectives, contributing to the PHN's key objectives more broadly.

Together with the PHN Needs Assessment and the PHN Performance Framework, PHNs will outline activities and describe measurable performance indicators to provide the Australian Government and the Australian public with visibility as to the activities of each PHN.

This document, the Activity Work Plan template, captures those activities.

This Drug and Alcohol Treatment Activity Work Plan covers the period from 1 July 2016 to 30 June 2019. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of between 12 months and 36 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

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

1. The **Strategic Vision** of each PHN, specific to drug and alcohol treatment.
2. The **Drug and Alcohol Treatment Services Annual Plan 2016-17 to 2018-2019** which will provide:
 - a) A 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) A 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

Annual Plan 2016-17 to 2018-2019

Annual plans for 2016-17 to 2018-2019 must:

- Provide a coherent guide for PHNs to demonstrate to their communities, general practices, health service organisations, state and territory health services and the Commonwealth Government, what the PHN is going to achieve (through performance indicator targets) and how the PHN plans to achieve these targets;
- Be developed in consultation with local communities, Clinical Councils, Community Advisory Committees, state/territory governments and Local Hospital Networks as appropriate; and
- Articulate a set of activities that each PHN will undertake, using the PHN Needs Assessment as evidence, and measuring performance against Local Performance Indicators (where appropriate) and targets to demonstrate improvements.

Activity Planning

The PHN Needs Assessment will identify local priorities which in turn will inform and guide the activities nominated for action in the 2016-17 to 2018-19 Annual Plan. PHNs need to ensure the activities identified in the annual plan also correspond with the Activity Objectives and Actions eligible for grant funding identified in Annexure A2 – Drug and Alcohol Treatment Services. The Drug and Alcohol Treatment Annual Plan will also need to take into consideration the PHN Objectives and the PHN key priorities.

Drug and Alcohol Treatment Services Funding

From 2016-17, PHNs will undertake drug and alcohol treatment planning, commissioning and contribution to coordination of services at a regional level, to improve sector efficiency and support better patient management across the continuum of care.

Having completed needs assessments for their regions, PHNs will now identify the appropriate service mix and evidence based treatment types suitable to meet the regional need.

The Drug and Alcohol Annual Plan will complement the information in the Needs Assessments, and should be used to record the activities you intend to fund. The ‘Commissioning of Drug and Alcohol Treatment Services’ guidance document will assist you in understanding the Department’s expectations in relation to activities that are in scope for funding, and will assist you in translating drug and alcohol treatment evidence into a practical approach.

Measuring Improvements to the Health System

National headline performance indicators, as outlined in the PHN Performance Framework, represent the Australian Government’s national health priorities.

PHNs will identify local performance indicators to demonstrate improvements resulting from the activities they undertake in relation to the commissioning of Drug and Alcohol Treatment Services.

These will be reported through the Six Month and Twelve Month Performance reports and published as outlined in the PHN Performance Framework.

Activity Work Plan Reporting Period and Public Accessibility

The Drug and Alcohol Treatment Activity Work Plan will cover the period 1 July 2016 to 30 June 2019. A review of the Drug and Alcohol Treatment Activity Work Plan will be undertaken on

an annual basis (in both 2017 and 2018) and resubmitted as required in accordance with Item F of the Schedule: Drug and Alcohol Treatment Activities.

Once approved by the Department, the Annual Plan component must be made available by the PHN on their website as soon as practicable. The Annual Plan component will also be made available on the Department of Health's website (under the PHN webpage). Sensitive content identified by the PHN will be excluded, subject to the agreement of the Department.

It is important to note that while planning may continue following submission of the Activity Work Plan, PHNs can plan but must not execute contracts for any part of the funding related to this Activity Work Plan until it is approved by the Department.

Further information

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

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

Please contact your Grants Officer if you are having any difficulties completing this document.

1. Strategic Vision for Drug and Alcohol Treatment Funding

Please outline, in no more than 300 words, an overview of the PHN's strategic vision for the 36 month period covering this Drug and Alcohol Treatment Activity Work Plan.

The GCPHN will provide one world class health system for the Gold Coast population by:

- Increasing the service delivery capacity of the drug and alcohol treatment sector through the commissioning of additional drug and alcohol treatment services, targeting areas of need on the Gold Coast;
- Increasing the service delivery capacity of the drug and alcohol treatment sector to meet the needs of the Indigenous Community;
- Improving the effectiveness of drug and alcohol treatment services for individuals requiring support and treatment by increasing coordination between various sectors, and improving sector efficiency.

GCPHN will work with its sector partners to develop an evidence based regional alcohol and other drugs plan which will map services to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration. This plan will align with GCPHN overarching Strategic Vision and Plan.

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

Note 2: *Indicate within the duration section of the table the period of time between 2016 and 2019 in which the activity will be undertaken.*

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	Increasing the service delivery capacity of the drug and alcohol treatment sector on the Gold Coast
Activity Title / Reference 1.1	AOD 2016 1.1 Commission treatment services to address unmet demand on the Gold Coast
Description of Drug and Alcohol Treatment Activity	<p>GCPHN is responding at a local level to the announcement by the Australian Government through the <i>Response to the National Ice Taskforce's Final Report</i> and the <i>National Ice Action Strategy</i> that has seen the PHN's role broaden to commission drug and alcohol treatment services.</p> <p>In 2016/17 the PHN will be informed of what is necessary and appropriate to the needs of the Gold Coast community and improve the continuity of care through better integration of services for people affected by substance misuse. To date this has included:</p> <ul style="list-style-type: none"> • Completion of a comprehensive needs assessment including detailed service mapping, consumer journey mapping and service provider consultation • Co-design with key providers and consumer to determine key service priorities and service features. • Implementation of a procurement approach for services to be operational from 1 January 2017 • Monitoring and evaluation of services contract from 1 January 2017

	<p>Activities for 2017/2019 will involve commissioning appropriate services which will be identified following the above process.</p>
<p>Collaboration</p>	<p>GCPHN has established strong partnerships with a range of stakeholders from public, private, non-government service providers and community.</p> <p>The relationships of the PHN with all stakeholders are a key predictor of the success of the commissioning work. These include Queensland Health, Gold Coast Hospital and Health Service (GCHHS), non-government organisations, Queensland Network of Alcohol and other Drug Agencies (QNADA) and other relevant services and organisations within the drug and alcohol and mental health sectors.</p> <p>PHN staff have membership on the GCHHS Ice Steering Committee and Ice Working group. This membership ensures that the PHN and GCHHS continue to work together and maintain currency of information regarding the response each is taking in relation to methamphetamine use. This collaboration enables insight to reduce any potential duplication and allows connections for the GCHHS to General Practice.</p> <p>In addition to this, the GCPHN General Practitioner Advisory Group for Mental Health & AOD and the Alcohol and other Drugs GCPHN Working Group have been established. Meetings have been held from April to August 2016.</p> <p>The AOD working group membership includes:</p> <ul style="list-style-type: none"> • Consumers • GCHHS • Lives Lived Well (Mirikai Residential Drug & Alcohol Rehabilitation) • Aboriginal and Torres Strait Islander community organisation • Private AOD treatment providers • Queensland Police • Queensland Pharmacy Guild • QuiHN (Queensland Injectors Health Network) • Fairhaven Residential Rehab (Salvation Army) • QNADA <p>A collaborative approach has been undertaken with the AOD treatment sector to co-design a service response to meet local needs and build on existing sector capability. This approach has included a deep dive consultation process with service providers, a community briefing event, co-design workshop and consumer journey mapping, as well as the aforementioned advisory and working groups.</p> <p>The co-design process has been well received by the sector, consumers and community, and is supported by QNADA and Gold Coast HHS.</p>

Indigenous Specific	No
Duration	Anticipated activity start and completion dates: July 2016 – June 2017
Coverage	Entire GCPHN region
Commissioning approach	<p>The GCPHN commissioning framework will be utilised to guide implementation. Following the finalisation of a comprehensive needs assessment which included a more thorough analysis of a broader range of data, detailed service mapping and comprehensive engagement with local service providers, key stakeholders and importantly service users themselves, the high level needs identified were:</p> <ul style="list-style-type: none"> • Increased capacity of detoxification, residential rehabilitation and aftercare services to provide flexible support and follow up for clients as well as enabling people still using substances to access services. • Flexible outreach treatment services with a focus on vulnerable target groups including young people and people with families. • Provision of training, referral pathway education and resources with managing General Practice to support patients with substance use issues including ICE. <p>A collaborative approach has been undertaken with the AOD treatment sector to co-design a service response to meet local needs and build on existing sector capability, while fostering the environment for innovative service solutions to the gaps and barriers that exist.</p> <p>Two priority areas have been distilled from the needs identified in the needs assessment through further consultation and engagement with the sector and via the co-design process held on 24th August 2016. This distillation allowed a more targeted and complementary approach to the commissioning of new services for the Gold Coast, and will support and referral pathways to other treatment options.</p> <p>The PHN is seeking service responses in the following areas:</p> <ul style="list-style-type: none"> • Early Treatment Support <ul style="list-style-type: none"> ○ Brief Intervention ○ Motivational Interviewing ○ Motivation Enhancement Therapy ○ CBT ○ Opportunistic rapport building with a view to establishing a therapeutic relationship • Post Treatment Support <ul style="list-style-type: none"> ○ Motivational interviewing ○ Motivational enhancement therapy ○ Relapse prevention strategies

	<ul style="list-style-type: none"> ○ Long term support (flexible based on client needs) ○ Family engagement, family therapy <p>Investment in these areas will provide access to treatment options while service users also complement existing treatment services that are focused on withdrawal management and rehabilitation. The service response objectives aim to build on existing sector capability as well as drive integration and coordination of service provision to ensure improved efficiency and effectiveness between existing treatment modalities.</p> <p>Fundamental to both responses is a focus on the provision of continuity of care for the service user through a care coordination component. The provision of care coordination supports for the service user allows greater efficiency of access to appropriate treatment and other health care interventions required by the individual, including primary health care needs.</p> <p>A Request for Proposal process is being undertaken to seek applications to provide innovative and responsive service delivery models.</p> <p>It is anticipated that service agreements will be in place by 1 January 2017.</p> <p>Contracted services will be monitored and evaluated as per the GCPHN contracting process.</p>
Performance Indicator	<ul style="list-style-type: none"> ● Funding allocated to specialist and non-specialist treatment services and non-treatment activities ● Formalised partnerships/collaborations established with key stakeholders ● Number of PHN funded episodes of care for specialist drug and alcohol treatment services in the PHN catchment ● Rate of episodes of care in the PHN catchment ● Number of clients receiving care in the PHN catchment ● Rate of clients receiving care in the PHN catchment ● Number of activities to support health professionals in the management of drug and alcohol dependence and related morbidities. ● Number of health professionals attending education and training events. ● Number of commissioned service providers accredited in region. ● Number of referrals into specialist treatment from other health services in the PHN catchment.
Local Performance Indicator target	<p>Through the comprehensive needs assessment and service design GCPHN will determine the specific local performance indicators. As well as organisations needing to collect MDS, potential indicators may include:</p> <ul style="list-style-type: none"> ● % of clients with an increased confidence in self-managing their condition

	<ul style="list-style-type: none"> • % of clients satisfied with the service • Increased access to AOD treatment services • Referral pathways, both in and out of the services • System user experience (clients, clinicians and administrators) • Quality systems in place
Data source	<p>Admitted Patient Care (APC) ABS Estimated resident populations ABS Indigenous estimated and projections General Practice Clinical Data Pencil GCHHS –Hospital Admission and utilisation Data (National Healthcare Agreement: PI 18-Selected potentially preventable hospitalisations, 2016 AOD National Minimum Data Set MBS, SEIFA</p>

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	Workforce and sector support
Activity Title / Reference 1.1.1	Workforce and sector support
Description of Drug and Alcohol Treatment Activity	<p>Organisations will be commissioned to deliver the proposed activities in 1.1 above from 1 January 2017. This will result in funds being available for one off activities, including but not limited to:</p> <ul style="list-style-type: none"> • Workforce training • Working with funded organisations on joined up assessment processes • Referral pathways • Service integration • Cultural competency training
Collaboration	<p>Until Request for Proposals are received in October, it is difficult to determine the level of support required for funding organisations and/or the sector.</p> <p>It is proposed to submit a request for expenditure for the unallocated 2016/17 funds to the Department of Health within the next three months.</p>
Indigenous Specific	No
Duration	<p>Anticipated activity start and completion dates:</p> <p>January 2016 – June 2017</p>
Coverage	Entire GCPHN region

Commissioning approach	Unknown until request for expenditure from Department of Health approved.
Performance Indicator	To be determined
Local Performance Indicator target	To be determined
Data source	To be determined

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

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

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

Note 1: *Please copy and complete the table as many times as necessary to report on each activity.*

Note 2: *Indicate within the duration section of the table the period of time between 2016 and 2019 that the activity will be undertaken.*

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	AoD services for Indigenous people with a focus on early intervention
Activity Title / Reference 1.2	AOD 2016 1.2 Commission treatment services to address unmet demand in the Indigenous community on the Gold Coast.
Description of Drug and Alcohol Treatment Activity	<p>GCPHN is responding at a local level to the announcement by the Australian Government through the <i>Response to the National Ice Taskforce's Final Report</i> and the <i>National Ice Action Strategy</i> that has seen the PHN's role broaden to commission drug and alcohol treatment services.</p> <p>In 2016/17 the PHN will be informed of what is necessary and appropriate to the needs of the Gold Coast Aboriginal and Torres Strait Islander community and improve the continuity of care through better integration of services for people affected by substance misuse. To date this has included:</p> <ul style="list-style-type: none"> • Completion of a comprehensive needs assessment including detailed service mapping, consumer journey mapping and service provider consultation • Co-design with key providers and consumer to determine key service priorities and service features. • Implementation of the a procurement approach for services to be operational from 1 January 2017

	<ul style="list-style-type: none"> Monitoring and evaluation of services contract from 1 January 2017 <p>All components will be completed through engagement and collaboration with key stakeholders.</p> <p>Activities for 2017/2018 and 2018/2019 will involve commissioning appropriate services which will be identified following the above process.</p>
Collaboration	<p>GCPHN has established strong partnerships with a range of stakeholders from public, private, non-government service providers and community. GCPHN is already a well embedded, active contributor to the Gold Coast's very active A&TSI partnership group "Karulbo" which includes providers and community from across the region including elders who will be important contributors to the needs assessment as well as the co-design.</p> <p>PHN staff have membership on the GCHHS Ice Steering Committee and Ice Working group.</p> <p>This membership ensures that the PHN and GCHHS continue to work together and maintain currency of information regarding the response each is taking in relation to methamphetamine use. This collaboration enables insight to reduce any potential duplication and allows connections for the GCHHS to General Practice.</p> <p>In addition to this, the GCPHN General Practitioner Advisory Group for Mental Health & AOD and the Alcohol and other Drugs GCPHN Working Group have been established. Meetings have been held from April to August 2016.</p> <p>The AOD working group membership includes:</p> <ul style="list-style-type: none"> Consumers GCHHS Lives Lived Well (Mirikai Residential Drug & Alcohol Rehabilitation) Aboriginal and Torres Strait Islander community organisation Private AOD treatment providers Queensland Police Queensland Pharmacy Guild QuiHN (Queensland Injectors Health Network) Fairhaven Residential Rehab (Salvation Army) QNADA <p>A collaborative approach has been undertaken with the AOD treatment sector to co-design a service response to meet local needs and build on existing sector capability. This approach has included a deep dive consultation process with service providers, a community briefing event, co-design workshop and</p>

	<p>consumer journey mapping, as well as the aforementioned advisory and working groups.</p> <p>The co-design process has been well received by the sector, consumers and community, and is supported by QNADA and Gold Coast HHS.</p> <p>A collaborative approach has been undertaken with the Indigenous sector to co-design a service response to meet local needs and build on existing sector capability. This approach has included a consultation with A&TSI services and consultation with the Karulbo network, as well as the aforementioned advisory and working groups.</p>
Indigenous Specific	Yes
Duration	July 2016 – June 2017
Coverage	Entire GCPHN region
Commissioning approach	<p>The GCPHN commissioning framework will be utilised to guide implementation.</p> <p>Following the finalisation of a comprehensive needs assessment which included a more thorough analysis of a broader range of data, detailed service mapping and comprehensive engagement with local service providers, key stakeholders and importantly service users themselves, the high level needs identified were:</p> <ul style="list-style-type: none"> ▪ Increase capacity through existing Aboriginal and Torres Strait Islander service providers in relation to early intervention and care coordination for clients. ▪ Increase workforce capacity to assist client access to culturally appropriate services for substance use treatment. ▪ Increase the cultural competency of mainstream alcohol and other drugs treatment services to safely and effectively work with Aboriginal and Torres Strait Islander clients <p>The GCPHN region has one Aboriginal Medicare Service, Kalwun, an Aboriginal and Torres Strait Islander not for profit organisation and a strong Aboriginal and Torres Strait Islander partnership through Karulbo. A collaborative approach has been undertaken to co-design a service response with these key stakeholders, as well as Gold Coast Health, to meet local needs and build on existing sector capability.</p> <p>In consultation with key Indigenous service providers and the Karulbo network, it has been identified that a holistic service response is essential for Indigenous clients, and it would be detrimental to separate the service responses for mental health, suicide prevention and AOD. GCPHN will therefore commission a combined service response.</p> <p>The service components to be commissioned by GCPHN include a community and clinical service response:</p> <ul style="list-style-type: none"> • Early intervention including brief intervention

	<ul style="list-style-type: none"> • Care coordination • Clinical case management, within a social and emotional wellbeing framework.
Performance Indicator	<ul style="list-style-type: none"> • Funding allocated to specialist and non-specialist Indigenous treatment services and non-treatment activities • Formalised partnerships/collaborations established with local key Aboriginal and Torres Strait Islander stakeholders • Number of episodes of care for Aboriginal and Torres Strait Islander people in the PHN catchment • Rate of episodes of care for Aboriginal and Torres Strait Islander people in the PHN catchment • Number of commissioned service providers accredited in region.
Local Performance Indicator target	<p>Through the comprehensive needs assessment and service design GCPHN will determine the specific local performance indicators. As well as organisations needing to collect MDS, potential indicators may include:</p> <ul style="list-style-type: none"> • % of clients with an increased confidence in self-managing their condition • % of clients satisfied with the service • Increased access to AOD treatment services • Referral pathways, both in and out of the services • System user experience (clients, clinicians and administrators) • Quality systems in place
Data source	<p>Admitted Patient Care (APC) ABS Estimated resident populations– ABS Indigenous estimated and projections General Practice Clinical Data Pencil GCHHS –Hospital Admission and utilisation Data (National Healthcare Agreement: PI 18-Selected potentially preventable hospitalisations, 2016 Gold Coast Health and Hospital Service AOD National Minimum Data Set MBS, SEIFA</p>

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	Workforce and sector support
Activity Title / Reference 1.2.1	Workforce and sector support
Description of Drug and Alcohol Treatment Activity	<p>Organisations will be commissioned to deliver the proposed activities in 1.2 above from 1 January 2017. This will result in funds being available for one off activities, including but not limited to:</p> <ul style="list-style-type: none"> • Workforce training • Working with funded organisations on joined up assessment processes • Referral pathways • Service integration • Cultural competency training
Collaboration	<p>During the co-design process with local Aboriginal and Torres Strait Islander organisations, any one off funding support to commence services will be identified.</p> <p>It is proposed to submit a request for expenditure for the unallocated 2016/17 funds to the Department of Health within the next three months.</p>
Indigenous Specific	Yes
Duration	Anticipated activity start and completion dates: January 2016 – June 2017
Coverage	Entire GCPHN region
Commissioning approach	Unknown until request for expenditure from Department of Health approved.
Performance Indicator	To be determined
Local Performance Indicator target	To be determined
Data source	To be determined