



**Australian Government**

**Department of Health**

Web Version HPRM DOC/17/1043

**phn**

An Australian Government Initiative

# 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.

***Gippsland***

## Overview

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

### Important documents to guide planning

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

- 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.

### Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services

The *Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services* document (available on the PHN Secure Data Portal) has been developed to assist PHNs in understanding the Department's expectations in relation to activities that are in scope for funding, and will assist in translating drug and alcohol treatment evidence into a practical approach.

The high-level activities in scope under Flexible Funding allocations include:

- Early intervention (including Brief Intervention)
- Counselling
- Withdrawal Management (with pathways to post-acute withdrawal support)
- Residential Rehabilitation (with pathways to post-acute withdrawal support)
- Day Stay Rehabilitation (and other intensive non-residential programs)
- Post treatment support and relapse prevention
- Case management, care planning, and coordination
- Supporting the workforce through activities which promote joint up assessment and referral pathways, quality improvement, evidence based treatment, and service integration.

Activities relating to planning and consultation are to be funded under the Operational Funding allocation.

### Key principles underpinning activity requirements

Drug and Alcohol Treatment Activity Work Plans are also expected to satisfy the following key principles underpinning drug and alcohol activity requirements:

- i. Proposed activities are evidence-based and in-scope of funding as detailed in *Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services*.

- ii. Proposed activities are clearly aligned with priorities identified in the corresponding Needs Assessment.
- iii. The majority of total Flexible Funding available is allocated to the delivery of specialist drug and alcohol service delivery (i.e. direct treatment activities) as opposed to non-treatment activities (e.g. workforce development, also in scope of this funding).
- iv. Detailed budgets are provided outlining funding for three years (2016-17 to 2018-19) with a clearly identified allocation for each activity (including sub-activity) type.
- v. Proposed activities for Indigenous-specific and mainstream services are clearly delineated, including evidence of consultation and engagement from local key Indigenous stakeholders.
- vi. Governance arrangements are clearly articulated, and include representation from key regional stakeholders such as Local Health Networks (or equivalent), State Government and specialist drug and alcohol service providers.

This funding is intended to complement existing Commonwealth and state and territory funded drug and alcohol treatment activities. Therefore, it is expected that existing state and territory funding, strategies, and frameworks are considered in the development of your Annual Plan to ensure services are complementary and do not duplicate existing efforts.

# 1. Strategic Vision for Drug and Alcohol Treatment Funding

*Please outline, in up to 500 words, an overview of the PHN's strategic vision and governance arrangements for the 36 month period covering this Drug and Alcohol Treatment Activity Work Plan.*

This **Strategic Vision** should be in the context of your role in the following activities:

- 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; 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.

## **Governance arrangements**

- It is the Department's expectation that the Strategic Vision includes information relating to the formal drug and alcohol specific governance arrangements instituted to oversee the implementation of this funding.
- It is expected that drug and alcohol governance arrangements include representation from key regional stakeholders such as Local Health Networks (or equivalent), State Government and specialist drug and alcohol service providers across all funded activities, among others.

## **Consultation and joint planning processes**

- This section should also include high-level details of consultations and/ or joint planning processes undertaken to date with key regional stakeholders (including Aboriginal and Torres Strait Islander representation), which have informed the development of this Drug and Alcohol Treatment Activity Work Plan.

The Gippsland PHNs Strategic Objectives underpin all activities commissioned and performed by Gippsland PHN. The strategic objective is defined as 'Improved health outcomes for people with chronic disease and those patients at risk of poor health outcomes'. At a Gippsland PHN level this overall objective will be achieved by improving coordination of care that ensures patients receive the right care in the right place at the right time, a lower prevalence of national and locally prioritised conditions and increased efficiency and effectiveness of medical services and other primary health services. Key Gippsland PHN documents that govern the implementation of our Alcohol and Other Drug (AOD) priorities are:

- Commissioning Framework
- Procurement Framework
- Performance Framework

## Regional planning and Sector Development

Two Mental Health & Alcohol and Other Drug (AOD) program officers will be utilised from the existing Gippsland PHN staffing pool in roles dedicated to effectively implementing the objectives and activities of the Mental Health and AOD programs. These positions will work with all relevant

stakeholders on regional drug and alcohol planning, in collaboration with Gippsland PHN teams, and delivering:

- Work with stakeholders to contribute to a Gippsland drug and alcohol action plan.
- Contribution to data collection , and market analysis to support understanding of Gippsland system.
- Participate in sector discussion (including with the Department of Health and Human Services, Catchment Based Planning, local service providers, local hospital networks and Aboriginal Community Controlled Health Organisations) regarding drug and alcohol sector needs including dual diagnosis, service delivery and treatment planning, sector efficiency, and the identification of partnerships in addressing these needs.
- Identify and contribute to development of referral pathways and resources to support and enable the coordination of services at a regional level including cross sectoral and integrated approaches.
- Identify key issues, including patient management, data and discussion points for Gippsland PHN to explore with Clinical Councils and Community Advisory Committee.
- Seek ways to integrate the drug and alcohol continuum of care with digital health and system integration mechanisms (e.g., myHealth record, e-referral, health pathways).
- This position will use current data to determine specific need although will have a particular focus on Methamphetamines.

#### Increased Service Delivery Capacity

Gippsland PHN will utilise our Commissioning, Procurement and Performance Frameworks to commission services to address gaps identified in the Gippsland PHN Needs Assessment following further review, engagement and consultation with regional stakeholders including the Department of Health and Human Services, local service providers, Local Hospital Networks and the Aboriginal Community Controlled Health Organisations. Clear governance arrangements will be in place and include representation from regional stakeholders including Local Hospital Networks, State Government and specialist drug and alcohol service providers.

Initial indications of need suggest there is a need for particular focus on:

- providing support to family and carers of people misusing substances (including methamphetamines),
- early, timely and brief interventions for specific community groups,
- culturally appropriate treatment services for Aboriginal People residing outside East Gippsland,
- piloting co location of treatment services within GP practices and
- Youth outreach to support rural and remote areas not currently supported by existing services

Commissioning of services will support organisations providing evidence based treatment for clients using a range of substances including methamphetamine. This will include flexible support in addition to complimenting the stepped care model via provision of short term early intervention services.

## 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.

Proposed Activities	
Activity Title <i>(e.g. Activity 1, 2, 3 etc.)</i>	<b>1.1 Regional Strategy &amp; Sector Development</b>
Existing, Modified, or New Activity	<b>Existing activity</b>
Needs Assessment Priority Area <i>(e.g. Priority 1, 2, 3, etc.)</i>	<p>Drug and Alcohol Treatment Services Objectives: 1, 2, 4, 6</p> <p>Gippsland PHN AOD Needs Assessment Priorities:</p> <p>Priority 2-Work closely with peak bodies to develop and implement a collaborative, whole of system approach to AOD treatment in Gippsland</p> <p>Priority 8- Develop and implement a ‘no wrong door’ policy for AOD clients</p> <p>Priority 9- Promote the AOD service pathways to general practice.</p>
Description of Drug and Alcohol Treatment Activity	Two Mental Health & Alcohol and Other Drug (AOD) program officers will be utilised from the existing Gippsland PHN staffing pool in roles dedicated to Mental Health and AOD programs.

	<p>These positions will be dedicated to working with all relevant stakeholders on regional drug and alcohol planning, in collaboration with Gippsland PHN teams, and delivering:</p> <ul style="list-style-type: none"> <li>• Contribution to a Gippsland drug and alcohol action plan.</li> <li>• Contribution to data collection, and market analysis to support understanding of Gippsland system.</li> <li>• Participate in sector discussion (including with the Department of Health and Human Services, local service providers, local hospital networks and Aboriginal Community Controlled Health Organisations) regarding drug and alcohol sector needs including dual diagnosis, service delivery and treatment planning, sector efficiency, and the identification of partnerships in addressing these needs.</li> <li>• Identify and contribute to development of referral pathways and resources to support and enable the coordination of services at a regional level including cross sectoral and integrated approaches, including contributing to the Gippsland Health Pathways Program.</li> <li>• Identify key issues, including patient management, data and discussion points for Gippsland PHN to explore with Clinical Councils and Community Advisory Committee.</li> <li>• Seek ways to integrate the drug and alcohol continuum of care with digital health and system integration mechanisms (e.g., myHealth record, e-referral, health pathways).</li> </ul> <p>This position will use current data to determine specific need although will have a particular focus on Methamphetamines.</p>
Target population cohort	<p>This activity encompasses a regional approach to system improvement for service delivery for Drug and Alcohol Treatment Services which will be relevant for Gippsland residents affected by AOD misuse as well as family and carers impacted by AOD misuse.</p>
Consultation	<p>Gippsland Alcohol and Drug Service Provider Alliance, convened by the Victorian Department of Health and Human Services, is a regional network meeting bi-monthly to work in partnership, share and collaborate to improve access to the AOD service system. This will continue to be a key external consultation mechanism to help guide Gippsland PHN's AOD Regional Strategy and Sector Development.</p> <p>The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual).</p> <p>Gippsland PHN's Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines.</p>

	<p>Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor.</p> <p>Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are:</p> <ol style="list-style-type: none"> <li>1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects;</li> <li>2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design &amp; evaluation);</li> <li>3. Support and advise on community and organisational health literacy;</li> <li>4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and</li> <li>5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities.</li> </ol> <p>Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.</p>
Collaboration	<p>Gippsland PHN will seek co-investment from local health services, private health insurers, and state Government. This co-investment is important to ensure best value for funding amounts and demonstrates meaningful collaboration.</p> <p>In addition to the Gippsland Alcohol and Drug Service Providers Alliance we will be actively seeking collaboration from the Aboriginal Community Controlled Health Organisations, Local Hospital Networks, General Practice and specific specialists in key areas, for example the Victorian Pharmacotherapy Network.</p>
Indigenous Specific	No
Duration	<p>July 1<sup>st</sup> 2016- September 30<sup>th</sup> 2016: Initial planning</p> <p>October 1<sup>st</sup> 2016- June 30<sup>th</sup> 2019: Development work and ongoing planning.</p>
Coverage	Entire PHN region
<b>Proposed Activities</b>	



<p>Activity Title (e.g. Activity 1, 2, 3 etc.)</p>	<p><b>1.2 Increased Service Delivery Capacity</b></p>
<p>Existing, Modified, or New Activity</p>	<p><b>Modified activity</b></p>
<p>Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)</p>	<p>Drug and Alcohol Treatment Services Objectives: 1, 2, 3</p> <p>Gippsland PHN AOD Needs Assessment Priorities:</p> <p>Priority 1- Invest in placed based commissioning of AOD treatment services, which are additional to existing funding services and are responsive to the gaps and needs outlined in the AOD Needs Assessment. These needs include family and carer support, early intervention, brief treatment and youth AOD outreach.</p> <p>Priority 11- Promotion of AOD services to GP's and others and consider piloting colocation of AOD treatment services with GP Clinics to promote a more integrated response.</p>
<p>Description of Drug and Alcohol Treatment Activity</p>	<p>Gippsland PHN will utilise our Commissioning, Procurement and Performance Frameworks to commission services to address gaps identified in the Gippsland PHN Needs Assessment following further review, engagement and consultation with regional stakeholders including the Department of Health and Human Services, local service providers, Local Hospital Networks and the Aboriginal Community Controlled Health Organisations. These activities will have a sole focus on early intervention, treatment and relapse prevention.</p> <p>Initial indications of need suggest there is a need for particular focus on providing evidence based support to family and carers of people misusing substances (including methamphetamines), early, timely and brief interventions for specific community groups, culturally appropriate treatment services for Indigenous people residing outside East Gippsland, piloting co location of treatment services within GP practices and youth outreach to support rural and remote areas not currently supported by existing services. Following a robust co-design process through July to September 2016, the decision was made to focus funding towards two areas of need:</p> <ul style="list-style-type: none"> <li>• Families and carers of people misusing substances.</li> <li>• Youth outreach to support rural and remote areas not currently supported.</li> </ul> <p>Commissioning of services will support organisations providing evidence based treatment for clients using a range of substances including methamphetamine. This will include flexible support in addition to complimenting the stepped care model via provision of short term early intervention services.</p>

Target population cohort	This activity is targeted at providing services for families and carers of people misusing substances in Latrobe, Baw Baw, South Gippsland, Wellington and East Gippsland and for youth in geographical locations of South Gippsland, Wellington and Bass Coast.
Consultation	<p>Gippsland Alcohol and Drug Service Provider Alliance, convened by the Victorian Department of Health and Human Services, is a regional network meeting bi-monthly to work in partnership, share and collaborate to improve access to the AOD service system. This will continue to be a key external consultation mechanism to help guide Gippsland PHN's AOD Increased Service Delivery activity.</p> <p>The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual).</p> <p>Gippsland PHN's Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are:</p> <ol style="list-style-type: none"> <li>1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects;</li> <li>2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design &amp; evaluation);</li> <li>3. Support and advise on community and organisational health literacy;</li> <li>4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and</li> <li>5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities.</li> </ol> <p>Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.</p>
Collaboration	Gippsland PHN will seek co-investment from local health services, private health insurers, and state Government. This co-investment is important to ensure best value for funding amounts and demonstrates meaningful collaboration.

	In addition to the Gippsland Alcohol and Drug Service Providers Alliance we will be actively seeking collaboration from the Aboriginal Community Controlled Health Organisations, Local Hospital Networks, General Practice
Indigenous Specific	No
Duration	Commissioning with services commencing February 2017 - June 30th 2019
Coverage	Entire PHN region. Specific commissioning will also be based on the GPHN needs assessment and additional consultation with service providers regarding geographical need.

## 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.

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	<b>2.1 Indigenous Regional Strategy and Sector Development</b>
Existing, Modified, or New Activity	<b>Existing activity</b>
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	<p>Drug and Alcohol Treatment Services Objectives: 1, 2, 3, 5, 6</p> <p>Gippsland PHN AOD Needs Assessment Priorities:</p> <p>Priority 6- The development and implementation of an AOD workforce training strategy for Aboriginal Community Controlled Health Organisations.</p> <p>Priority 2-Work closely with peak bodies to develop and implement a collaborative, whole of system approach to AOD treatment in Gippsland</p>

<p>Description of Drug and Alcohol Treatment Activity</p>	<p>In addition to the above mentioned sector wide work where the Aboriginal Community Controlled Health Organisations will be heavily involved it is planned that GPHN will:</p> <ul style="list-style-type: none"> <li>• Continue with the existing support from the Aboriginal Community Controlled Health Organisations and Indigenous stakeholders to consult regarding the community need.</li> <li>• Participate in sector discussion (Lead by the Aboriginal Community Controlled Health Organisations with other stakeholders including the Department of Health and Human Services, local service providers and local hospital networks) regarding the Indigenous drug and alcohol sector needs including dual diagnosis, service delivery and treatment planning, sector efficiency, and the identification of partnerships in addressing these needs.</li> <li>• Develop a workforce training strategy for people working with Indigenous clients. This will also include three training events per year (Note: The Gippsland PHN AOD Needs assessment has taken into account state based plans, strategies and frameworks. There is currently a significant gap in training offered to ACCHOs for AOD)</li> </ul> <p>Contribution to data collection, service mapping, and market analysis to support understanding of Gippsland Indigenous AOD service system.</p>
<p>Target population cohort</p>	<p>The target group for this activity is Indigenous people affected by drug and alcohol misuse across Gippsland.</p>
<p>Consultation</p>	<p>Indigenous-specific:</p> <ul style="list-style-type: none"> <li>• Clinical Council membership – indigenous person is member of East Gippsland/Wellington Clinical Council</li> <li>• Gippsland PHN membership on the Gippsland Aboriginal Health Advisory Committee (convened by Victorian Department of Health and Human Services)</li> <li>• Regular formal and informal attendance and communication with key indigenous groups and elders, e.g., Djillay Ngalu collaborative, local government Aboriginal community groups</li> </ul> <p>Gippsland Alcohol and Drug Service Provider Alliance, convened by the Victorian Department of Health and Human Services, is a regional network meeting bi-monthly to work in partnership, share and collaborate to improve access to the AOD service system. This will continue to be a key external consultation mechanism to help guide Gippsland PHN's AOD Indigenous Regional Strategy and Sector Development.</p> <p>The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual).</p>

	<p>Gippsland PHN's Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor.</p> <p>Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are:</p> <ol style="list-style-type: none"> <li>1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects;</li> <li>2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design &amp; evaluation;</li> <li>3. Support and advise on community and organisational health literacy;</li> <li>4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and</li> <li>5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities.</li> </ol> <p>Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.</p>
Collaboration	<p>Gippsland PHN will seek co-investment from local health services, private health insurers, and state Government. This co-investment is important to ensure best value for funding amounts and demonstrates meaningful collaboration.</p> <p>This activity will be completed in partnership with the Aboriginal Community Controlled Health Organisations throughout Gippsland.</p>
Indigenous Specific	YES
Duration	<p>July 1<sup>st</sup> 2016- September 30<sup>th</sup> 2016: Initial planning</p> <p>October 1<sup>st</sup> 2016- June 30<sup>th</sup> 2019: Development work and ongoing planning.</p>
Coverage	Entire PHN region with a focus on East Gippsland, Wellington and Latrobe Local Government Areas.

<b>Proposed Activities</b>	
Activity Title <i>(e.g. Activity 1, 2, 3 etc.)</i>	<b>2.2 Indigenous Increased Service Delivery Capacity</b>
Existing, Modified, or New Activity	<b>Existing activity</b>
Needs Assessment Priority Area <i>(e.g. Priority 1, 2, 3, etc.)</i>	<p>Drug and Alcohol Treatment Services Objectives: 1, 2, 3, 5</p> <p>Gippsland PHN AOD Needs Assessment Priorities:</p> <p>Priority 1- Invest in placed based commissioning of AOD treatment services, which are additional to existing funding services and are responsive to the gaps and needs outlined in the AOD Needs Assessment. These needs include Aboriginal Specific AOD services in areas other than East Gippsland Local Government Area.</p>
Description of Drug and Alcohol Treatment Activity	<p>Gippsland PHN will utilise our commissioning, procurement and performance framework to commission services to address gaps for Aboriginal people identified in the Gippsland PHN Needs Assessment following further review, engagement and consultation with regional stakeholders including the Department of Health and Human Services, local service providers, Local Hospital Networks and the Aboriginal Community Controlled Health Organisations. These activities will have a sole focus on early intervention, treatment and relapse prevention. This is in accordance with the current support received by the Indigenous health sector.</p> <p>Initial indications of need suggest there is a need for a particular focus on providing support for culturally appropriate AOD treatment services for Aboriginal People residing outside East Gippsland Local Government Area.</p> <p>Commissioning of services will support organisations providing evidence based treatment for clients using a range of substances including methamphetamine. This will include flexible support in addition to complimenting the stepped care model via provision of short term early intervention services. All commissioning for this project will ensure culturally appropriate services.</p>
Target population cohort	The target population for this activity is Indigenous people affected by drug and alcohol misuse, with comorbidity in mental health.
Consultation	<p>Indigenous-specific:</p> <ul style="list-style-type: none"> <li>• Clinical Council membership – indigenous person is member of East Gippsland/Wellington Clinical Council</li> <li>• Gippsland PHN membership on the Gippsland Aboriginal Health Advisory Committee (convened by Victorian</li> </ul>

	<p>Department of Health and Human Services)</p> <ul style="list-style-type: none"> <li>• Regular formal and informal attendance and communication with key indigenous groups and elders, e.g., Djillay Ngalu collaborative, local government Aboriginal community groups</li> </ul> <p>Gippsland Alcohol and Drug Service Provider Alliance, convened by the Victorian Department of Health and Human Services, is a regional network meeting bi-monthly to work in partnership, share and collaborate to improve access to the AOD service system. This will continue to be a key external consultation mechanism to help guide Gippsland PHN's AOD Indigenous Increased Service Delivery activity.</p> <p>The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual).</p> <p>Gippsland PHN's Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor.</p> <p>Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are:</p> <ol style="list-style-type: none"> <li>1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects;</li> <li>2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design &amp; evaluation);</li> <li>3. Support and advise on community and organisational health literacy;</li> <li>4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and</li> <li>5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities.</li> </ol> <p>Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.</p>
Collaboration	Gippsland PHN will seek co-investment from local health services, private health insurers, and state Government. This co-investment is important to ensure best value for funding amounts and demonstrates meaningful collaboration.



	This activity will be completed in partnership with the Aboriginal Community Controlled Health Organisations throughout Gippsland.
Indigenous Specific	YES
Duration	Commissioning with service commencing February 2017 and run through to June 30th 2019
Coverage	Entire PHN region although initial needs assessment suggests priority should focus on Local Government Areas outside East Gippsland.

## **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.

**Nil identified.**