



Updated Activity Work Plan 2016-2019: Drug and Alcohol Treatment

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

1. The updated strategic vision of each PHN, specific to drug and alcohol treatment.
2. The updated Drug and Alcohol Treatment Services Annual Plan 2016-17 to 2018-2019 which will provide:
 - a) An updated description of planned activities funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.3 Drug and Alcohol Treatment Services – Operational and Flexible Funding.
 - b) An updated description of planned activities funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.4 Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people –Flexible Funding.
 - c) A description of planned activities which are no longer planned for implementation under the Schedule – Drug and Alcohol Treatment Activities.
2. The updated Operational and Flexible Funding Budgets 2016-17 to 2018-19 (attach an excel spreadsheet using template provided):
 - a) Budget for Drug and Alcohol Treatment Services – Operational and Flexible Funding
 - b) Budget for Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding

Northern Territory PHN

When submitting this Activity Work Plan 2016-17 to 2018-19 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and the document has been endorsed by the CEO.

The Activity Work Plan must be lodged to Peta Mayo via email NTHSN.Health@health.gov.au on or before 17 February 2017.

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.

Formatting requirements

- Ensure all updates are made in tracked changes to facilitate timely approval.
- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Ensure all updates are made to the previous version of your Activity Work Plan and submitted for approval. The Department will not accept updates made to a version of the Activity Work Plan (or other document) intended to supplement the original.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables, or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

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.

Strategic Vision Statement

Northern Territory Primary Health Network (NT PHN) is a partnership between Aboriginal Medical Services Alliance Northern Territory (AMSANT), the Northern Territory Government Department of Health and the Health Providers Alliance Northern Territory (HPANT). These partnerships are the foundation of NT PHN that support and strengthen strategic collaborations with key stakeholders within regional areas across the Northern Territory.

NT PHN will lead the development and coordination of an equitable, comprehensive drug and alcohol treatment sector integrated within a primary health care system, and delivered by an engaged health workforce driven by community needs. We are committed to ensuring people in the Northern Territory enjoy their best health and wellbeing, through building local partnerships and directing resources towards an integrated, high quality primary health care system that coordinates with the acute treatment and broader community care sectors across the drug and alcohol treatment sector.

NT PHN has a commissioning framework that is utilised to guide the strategic vision in delivering the drug and alcohol treatment activities for the Northern Territory. This framework equally values strategic planning, procuring services, and monitoring and evaluating outcomes and will provide the opportunity to deliver a planned and comprehensive response to the delivery of drug and alcohol

treatment services within the Northern Territory. NT PHN will commission health services through service providers including Aboriginal Community Controlled Health Services, the private sector including general practices and allied health professionals, not-for-profit organisations and other providers. In commissioning health service providers, the design of health programs will be informed by population health and health care needs assessments. These assessments inform service design, particularly in terms of access and gaps identified in model core services.

NT PHN works closely with health consumers, community organisations and service providers in commissioning health services that are integrated across the health system. These partnerships will be integral to the outcomes of increased capacity and improved service sector responses and integration within drug and alcohol treatment 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.

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

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	1.1 A comprehensive regional needs assessment of Drug and Alcohol Treatment and support services
Existing, Modified, or New Activity	This is an existing activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	1. Comprehensive review of Drug and Alcohol Treatment Service provision.
Description of Drug and Alcohol Treatment Activity	The peak body, the Association of Alcohol and Drug Agencies NT (AADANT), will deliver the comprehensive review of Drug and Alcohol Treatment Service provision. This review will inform the NT PHN Comprehensive Regional Needs Assessment, which will be guided by an expert Alcohol, and Other Drug (AOD) Working Group. The AOD Working Group will be integral to the development of the regional needs assessment, and will provide advice and expertise in AOD treatment responses, regional support and coordination, for the delivery of the Comprehensive Needs Assessment.

	<p>Members of the AOD Working Group will include representatives from the original group that provided input into NT PHN's AOD Needs Assessment, and will include representatives from the NT AOD peak body AADANT, Aboriginal Medical Services Alliance NT (AMSANT), and the NT Government Department of Health (NTG DOH) - AOD and mental health services and a youth sector representative. The AOD Working Group will provide local expertise from the AOD sector within the NT and support access to national research and current reviews through their national collaborations and partnerships. The Working Group will leverage off existing works and local needs assessment undertaken by a range of bodies including AADANT and Menzies School of Health Research.</p> <p>The regional needs assessment will be developed alongside the Mental Health and Suicide Prevention Regional Needs Assessment, and will be informed through consultation with a range of key stakeholders inclusive of: clients of services, families, service providers and community members. The regional needs assessment will identify service gaps within the community and inform priorities for the allocation of available funding. This activity will examine the balance and mix of services required, drawing on both evidence based best practice, current research and consultation. It will recognise the specific needs of both Aboriginal and non-Aboriginal communities.</p>
Target population cohort	This activity is targeted at the Alcohol and Drug Sector. Individuals and/or groups requiring drug and alcohol treatment or are at risk of drug and alcohol abuse, and their families.
Consultation	<p>This activity will be informed by stakeholder engagement and consultation and will be delivered by AADANT. An Advisory Group has been formed to provide cross-sectorial expertise, advice and feedback throughout the project.</p> <p>This activity will use a range of sector stakeholder consultation tools including:</p> <ul style="list-style-type: none"> • Online Questionnaires • Site Visits • Telephone Interviews • Regional Forums <p>The forums will provide an opportunity for AOD Services and a range of related sectors to come together to explore service sector improvements and opportunities to collaborate with other sectors to improve referral pathways and integrated responses.</p>

Collaboration	<p>This activity will be guided by an Advisory Group which will be established and maintained by AADANT and will have representatives from a range of stakeholders within the NT. Representatives will provide strategic advice and foster collaboration from the sectors they represent in supporting and informing this project. Members of the Advisory Group will include representatives from NT PHN, NT Department of Health, Commonwealth Department of Prime Minister and Cabinet, NT Mental Health Peak Body, AMSANT and the Youth Sector.</p> <p>A broader AOD Needs Assessment requires collaboration with a diverse range of stakeholders including NTG DOH -- Mental Health and Drugs and Alcohol Branch, AMSANT, Aboriginal Community Controlled Health Services (ACCHS), AADANT, the NT Mental Health Coalition (NTMHC), mental health and AOD service providers and clients. All parties will engage in information sharing processes through designated working group meetings and other forums.</p>
Indigenous Specific	<p>No, however nearly two thirds of service users are Aboriginal and Torres Strait Islander people in the NT. The services are provided through a mix of Aboriginal Controlled Sector services and mainstream services. Components of this activity will review service provision available for Aboriginal and Torres Strait Islander people.</p>
Duration	<p>This is a six-month activity.</p> <p>1 January 2017 – 30 June 2017.</p>
Coverage	<p>This activity is applicable for the entire NT PHN region, with a population of 229,711 (ABS). It is anticipated that most meetings will occur in Darwin Urban locations. Travel to regional communities inclusive of Alice Springs, Katherine, Tennant Creek and Nhulunbuy will occur during the consultation and engagement focus of the needs assessment.</p> <p>ABS Stat. reference code: 710 and 705.</p>
Commissioning method	<p>This activity will involve the direct commissioning of the NT Alcohol and Drug Peak Body – AADANT to undertake the comprehensive review. A number of deliverables will be required and have been documented in the contract, with progress against these being monitored throughout the project.</p> <p>The comprehensive review of alcohol and drug services will inform that Alcohol and Drug Needs Assessment, which will be delivered by NT PHN who will work with the established NT PHN AOD Working</p>

	Group to gain strategic direction for the project. The comprehensive needs assessment will be delivered in a report that will be developed with regular consultation and feedback from the AOD Working Group.
Approach to market	<p>The procurement approach of direct engagement was identified and a single tender approach was undertaken. This outcome was arrived at using the Commonwealth Governments Commissioning Flow Chart. (Designing and contracting Services Guidance) AADANT were identified as the preferred provider due to their knowledge and engagement with the drug and alcohol sector in the NT and their already established relationships and partnerships.</p> <p>AADANT will be monitored and evaluated through the following performance indicators outlined in the contract:</p> <ul style="list-style-type: none"> • A Progress Report to the NT PHN (30/03/17) • Complete a review of AOD Services on a regional basis • Organise and deliver three forums linking sectors within regional areas (all Forums delivered by 15/05/17 with written reports provided to NT PHN). • Final Report to be provided to NT PHN
Decommissioning (if applicable)	Not Applicable

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	2.1 Establishing and Strengthening partnerships within the AOD sector and across relevant sectors
Existing, Modified, or New Activity	This is an existing activity.
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	2. Integration and partnership
Description of Drug and Alcohol Treatment Activity	This activity will focus on establishing and strengthening partnerships at the regional level to facilitate improvements to AOD planning and service provision, and to promote new and innovative approaches to AOD service delivery. Utilising the regional needs assessment processes, a number of key partnerships will

	<p>be developed to collaborate on meeting identified needs from the assessment. NT PHN will build on current collaborations and work in a coordinated way to increase the integration of the sector and address gaps in services through a collaborative approach. This activity is in line with the aims of the funding and will work to improve the effectiveness of drug and alcohol treatment services by increasing the coordination between various sectors and improving sector efficiency.</p> <p>NT PHN will consolidate partnerships among system partners, including NT health peak bodies and other key stakeholders (NTG DOH - Mental Health and Drugs and Alcohol Branch, AMSANT, ACCHS, AADANT) via steering committee and advisory group participation.</p> <p>NT PHN will develop partnerships that advance integration of the AOD sector and mental health care through the development of agreed Care Pathways involving general/specialist/acute/allied health sectors.</p> <p>This will include engagement with non-health peak sectors, such as housing and education, and explore options for strengthening referral pathways between services. Developing cross-sectorial opportunities across the youth services sector and the AOD sector has been identified by both NT PHN and the NT's AOD peak body, AADANT, as a priority. These areas will be actioned initially.</p> <p>NT PHN has commissioned AADANT to engage with a range of stakeholders and sectors to explore opportunities for integration and collaboration. AADANT will deliver regional forums, which will be organised in partnership with local alcohol and other drug service providers and other key stakeholders. These forums will provide a platform for participants to develop strategies to support cross-sectorial collaboration on a service system level.</p> <p>Working in partnership through this project, NT PHN will ensure uniform and collaborative approaches are incorporated into future commissioning and service delivery planning, particularly care coordination for clients with complex needs and service delivery in remote areas. This will include aligning and sharing of Key Performance Indicators with system partners under the PHN Performance Framework.</p>
Target population cohort	The population cohort for this activity is the AOD and related service sectors. This could include representatives from the youth sector, mental health sector, primary health sector, Aboriginal Community controlled Health Services and/or homeless sector.
Consultation	This activity will be informed by stakeholder engagement and consultation and will be delivered by AADANT. A cross sector Advisory Group has been formed to provide expertise, advise and feedback throughout the project.

	<p>This activity will deliver regional forums that target cross sector services to promote referral pathways and strengthen partnerships.</p> <p>The forums will provide an opportunity for AOD Services and a range of related sectors, to come together to promote cross-sector referral pathways, collaborative case management practice and interagency partnerships.</p>
Collaboration	<p>This activity will be guided by the AADANT Advisory Group. The Advisory Group will have representatives from the NT Department of Health – Alcohol and Drug Directorate, the Commonwealth Department of Prime Minister and Cabinet, the NT Mental Health Coalition (peak body for the Mental Health – NGO Sector), AMSANT and other sectors as relevant.</p> <p>This activity requires collaboration with a diverse range of stakeholders including NTG DOH - Mental Health and Drugs and Alcohol Branch, AADANT, ACCHS and drug and alcohol treatment service providers. Collaboration and partnership development will be developed and strengthened at regular existing health steering committees, forums and through the establishment of strategic working groups as required. Party roles will be defined through this process.</p>
Indigenous Specific	NO
Duration	<p>January 2017 – June 2017 – These forums will be delivered during this time period and the outcomes and actions will be provided to NT PHN. The initial focus will be to develop an understanding of the key stakeholders in the regional areas, and engage with them in collaboration activities.</p> <p>Ongoing maintenance, monitoring and review of strategic partnerships to increase sector coordination and improving responses will continue throughout the timeframe of the Drug and Alcohol Treatment Funding 2017 – 2019.</p>
Coverage	This activity will be inclusive of the whole of NT PHN region.
Commissioning method	This activity will involve the direct commissioning of the NT Alcohol and Drug Peak Body – AADANT to undertake the comprehensive review. A number of deliverables will be required and have been documented in the contract with progress against these being monitored throughout the project.
Approach to market	The procurement approach of direct engagement was identified and a single tender approach was undertaken. This outcome was arrived at using the Commonwealth Governments Commissioning Flow

	<p>Chart. (Designing and contracting Services Guidance) AADANT were identified as the preferred provider due to their knowledge and engagement with the drug and alcohol sector in the NT and their already established relationships and partnerships.</p> <p>AADANT will be monitored and evaluated through the following performance indicators outlined in the contract:</p> <ul style="list-style-type: none"> • Progress Report to the NT PHN (30/03/17) • Complete a review of AOD Services on a regional basis • Organise and deliver three forums linking sectors within regional areas (all Forums delivered by 15/05/17 with written reports provided to NT PHN) • Final Report to be provided to NT PHN
Decommissioning (if applicable)	Not applicable

Proposed Activities	
Activity Title <i>(e.g. Activity 1, 2, 3 etc.)</i>	3.1 Workforce support and capacity building strategy
Existing, Modified, or New Activity	This is an existing activity
Needs Assessment Priority Area <i>(e.g. Priority 1, 2, 3, etc.)</i>	3. Workforce Development
Description of Drug and Alcohol Treatment Activity	<p>This activity will increase the service delivery capacity of the AOD treatment sector through workforce strategy development and improved regional coordination and integration.</p> <p>Workforce strategy development will occur through consultation with peak bodies and relevant key stakeholders (AADANT, AMSANT, NTG DOH- Mental Health and Drugs and Alcohol Branch etc.) and service providers regarding initiatives required to improve the capacity of the AOD sector to effectively respond to current and emerging alcohol, tobacco and other drug issues. Collaborating with key stakeholders and partnering with the NT Government and relevant Commonwealth funded AOD initiatives, will ensure there will not be any duplication in workforce support activities. Supporting the workforce activities will be</p>

	<p>inclusive of 'in-scope' activities including increasing access to training and evidence based professional development opportunities, supporting continuous quality improvement within services and across the sector, coordination and strengthening referral pathways for clients within AOD treatment sectors and across sectors within primary health.</p> <p>This activity will be undertaken in collaboration with peak bodies (AADANT, AMSANT, NTG DOH - Mental Health and Drugs and Alcohol Branch) and regional drug and alcohol service providers. Service providers will have a direct input into the delivery of this activity through the regional planning consultation.</p>
Target population cohort	This activity is targeted at the NT Alcohol and other Drug workforce and related sectors.
Consultation	This activity has been informed by a range of stakeholder consultations and engagement processes. NT PHN has held formal meetings, and informal consultations, with a range of representatives from the AOD sector in regional areas. NT PHN has worked in collaboration with AADANT to explore workforce support and capacity building projects that can be commissioned in the NT. The ongoing design of this commissioning approach will be continuous engagement and consultation with the sector in relation to training and support provided.
Collaboration	This activity requires collaboration with a diverse range of stakeholders including NTG DOH - Mental Health and Drugs and Alcohol Branch, the Top End Health Service and Central Australia Health Service (LHNs), ACCHS, AMSANT and AADANT. Roles of parties will be determined prior 1 July 2016.
Indigenous Specific	This activity is not specifically targeted at supporting service delivery to Aboriginal and Torres Strait Islander people; however, a significant component of the work within this workforce strategy activity will be focused at supporting the workforce to increase capacity to work with Aboriginal and Torres Strait Islander people.
Duration	<p>A workforce strategy plan will be developed within a twelve month period and will be reviewed on a regular basis and modified to meet the ongoing workforce needs.</p> <p>1 January 2017 – 31 December 2017</p> <p>Activities and strategies identified in the strategy plan will be delivered throughout the duration of the funding, and will be reviewed on a regular basis to ensure the workforce is improving integration and capacity to deliver AOD treatment services.</p>

Coverage	This activity is inclusive of workers who are providing services within the whole NT PHN region.
Commissioning method	<p>This activity will be further defined in partnership with key stakeholders. Workforce capacity building activities will be delivered through a process of commissioning services by NT PHN. This may include commissioning evidence based training, continuous quality improvement training and resources, and other not yet identified workforce support activities.</p> <p>Workforce support activities will be determined and co-designed through a collaborative effective planning and prioritization process, based on an assessment of need, and guided by robust governance structures. Service planning will be evidence based and in line with an integrated, person-centred, stepped care approach, and with optimal use of available resources, including workforce and infrastructure.</p> <p>Where possible and appropriate, this activity will jointly commission services to be delivered on an output basis. NT PHN will contract providers to deliver services through a combination of market and direct engagement approaches. Commissioning of services will ensure ‘value for money’, in line with section 1.6.1 of the <i>Primary Health Networks Grant Programme Guidelines</i>. Commissioned services will be monitored and evaluated to ensure alignment with relevant Mental Health and clinical governance standards and in accordance with the PHN Performance Framework and PHN Commissioning Guidelines requirements.</p> <p>NT PHN will lead this activity in partnership with relevant stakeholders.</p>
Approach to market	<p>Based on consultations with the NT AOD Sector through formal meetings, and informal discussions, with a range of service providers and AADANT, a number of AOD workforce training and resource opportunities were identified to approach to deliver training workshops to regional areas in the NT. The aim of this workforce support is to increase the capacity of the sector to respond to the service needs and client populations. Responding to Methamphetamine use and the complexities in presentations of clients using this substance were identified as priorities through the consultation. There was an identified need for a planned investment into the NT Alcohol and Drug workforce, which is coordinated across the NT Government and the Commonwealth Government. Priorities identified through this consultation process included:</p> <ul style="list-style-type: none"> • Specialised clinical supervision and support for frontline and support staff • Localised, contextualised, ongoing and accessible drug and alcohol training for all staff • CBT Training (evidence based approach for working with people who are using methamphetamines) • Clinical skills training and supervision training

	<ul style="list-style-type: none"> • Training workshops and forums to be resources to address the following and to be delivered in regional areas in the Northern Territory <p>NT PHN will commission training from recommended training experts in the above content areas along with commissioning a broader workforce strategy project that will build on, and support, ongoing training needs identified.</p>
Decommissioning (if applicable)	Not applicable

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	4.1. Delivery of Drug and Alcohol Treatment Services (inclusive of youth targeted services and workforce support activities)
Existing, Modified, or New Activity	This is an existing activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	4. Delivery of Drug and Alcohol Treatment Services
Description of Drug and Alcohol Treatment Activity	<p>Based on the outcome of the regional planning, and through consultation with key stakeholders, a commission process will be delivered that will procure a range of Drug and Alcohol treatment services within the Northern Territory. These Drug and Alcohol Treatment Services will be within the scope of service delivery as outlined in the guidance documents for Primary Health Networks (Commissioning of Methamphetamine, Alcohol and Other Drug Treatment Services). Services will be commissioned to align with the objectives of the funding and will enhance specialist drug and alcohol service delivery to respond to increased demand using a cross-sectorial, and integrated approach.</p> <p>Initial consultation and stakeholder engagement has indicated current gaps and priorities. These include strengthening Aftercare responses, providing more focused youth services and increasing the effectiveness of referral pathways across sectors. The commissioning will align the procurement of activities against the identified needs and gaps in responses.</p> <p>4.1 Drug and Alcohol Treatment Services</p>

	<p>The Drug and Alcohol Treatment Services will be delivered within the scope of the funding, and will be provided within a stepped care model inclusive of early intervention, treatment and relapse prevention modalities. The mix of services provided will be based on the assessment of needs and gaps in services identified. Treatment services are inclusive of the following areas: Counselling, Withdrawal Management, Residential Rehabilitation Day Stay, Case Management and Aftercare.</p> <p>Youth Targeted Services NT PHN’s needs assessment highlighted the need to strengthen AOD treatment services for young people. NT PHN will commission services that deliver a focused treatment and engagement response to young people, based on evidence based practice. The locality and service delivery context of these service responses will be confirmed during the regional planning. – Addressed in Activity 7 NT PHN will procure services, establish monitoring and evaluation processes and manage the contractual requirements of the funding of these services. NT PHN will develop the deliverables as per the Department of Health’s funding schedules, and will work with the providers to meet these.</p> <p>The delivery of the above AOD treatment and support services will be determined in collaboration with key stakeholder and peak bodies including NTG DOH - Mental Health and Drugs and Alcohol Branch, LHNS, ACCHS, AMSANT and AADANT.</p>
Target population cohort	<p>The targeted population cohort has been informed by the NT PHN needs assessment and further consultation and data informed priorities. Target priority populations and services include:</p> <ul style="list-style-type: none"> • People presenting with complex problems that are requiring a more comprehensive response • People using methamphetamines in the past 12 months • Services for young people • Services that improve access to women
Consultation	<p>NT PHN has been working in a coordinated way with the peak body of Alcohol and Drug services in the NT (AADANT) and liaising with the NT Government Department of Health Alcohol and Other Drug Directorate. The Director of this Department was on an expert panel member on this commissioning process.</p>
Collaboration	<p>This activity requires collaboration with a diverse range of stakeholders and peak bodies including NTG DOH - Mental Health and Drugs and Alcohol Branch, LHNS, ACCHS, AMSANT, non-government organisations</p>

	<p>(NGOs), general practice, and peak bodies such as the AADANT and the Northern Territory Council of Social Services (NTCOSS).</p> <p>In addition to high level collaboration, NT PHN will be working directly with service providers, carers and consumers to ensure AOD treatment initiatives are being delivered appropriately and in line with program and best practice standards. There will be a focus on the mental health, youth services and the alcohol and other drug sectors to explore opportunities to strengthen pathways and responses to enable seamless transition across services as required.</p> <p>Funding existing services to extend their capacity to respond to current demand has been developed in collaboration with NT Department of Health and key stakeholders.</p> <p>Services will be required to demonstrate ways they will work in partnership with a range of sectors and support referral pathways integrated care. NT PHN will utilise the expertise and opportunities of its Health Workforce and Planning and Partnership Branches, and Communications and Engagement and Practice Support Teams to support the integration of these programs into already established GP and allied health sector partnerships and primary care services.</p>
Indigenous Specific	NO
Duration	<p>Planning to inform the commissioning process to be completed by 1st November 2016.</p> <p>Service delivery to begin 1 March 2017 - June 2019.</p>
Coverage	<p>Services will be delivered across the entire PHN region of the NT and specifically in regional areas where determined need is identified. This will be inclusive of activities delivered by national services with the aim of NT PHN to support uptake of these resources and work with the local communities to identify strategies to do this. This will be further defined in collaboration with peak bodies and key stakeholders.</p>
Commissioning method	<p>These activities will be further defined in partnership with key stakeholders and peak bodies. These activities require the commissioning of one or more service providers to deliver culturally responsive and</p>

	<p>appropriate drug and alcohol treatment and/or support services. Services will be determined, and co-designed through a collaborative effective planning and prioritization process, based on an assessment of need, and guided by robust governance structures. Service planning will be evidence based and in line with an integrated, person-centred, stepped care approach, and with optimal use of available resources, including workforce and infrastructure.</p> <p>Where possible and appropriate, activities will be developed through co design opportunities, and jointly commissioned where needed.</p> <p>NT PHN will contract providers to deliver services through a combination of market and direct engagement approaches. Commissioning of services will ensure ‘value for money’, in line with section 1.6.1 of the <i>Primary Health Networks Grant Programme Guidelines</i>. Commissioned services will be monitored and evaluated to ensure alignment with relevant AOD Treatment Services Guidance and clinical governance standards and in accordance with the PHN Performance Framework and PHN Commissioning Guidelines requirements.</p>
Approach to market	<p>Existing alcohol and drug treatment services were invited to respond to a tender to increase their capacity and capability, to enhance service delivery to better manage ongoing and growing demand. Funding will be used to deliver in scope activities based on a foundation of harm reduction, cost effective, and evidence informed treatment options, and improved referral pathways across the drug and alcohol system.</p> <p>Preferred applicants will be required to complete the AODTMDS reporting requirements and to provide quarterly financial reports and 6 and 12 monthly activity reports to NT PHN.</p>
Decommissioning (if applicable)	Not applicable

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

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	5.1 Develop Drug and Alcohol Treatment Service Strategy for Aboriginal and Torres Strait Islander people
Existing, Modified, or New Activity	This is an existing activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	5. Health and Wellbeing/ Dual diagnosis (Strategy Development)
Description of Drug and Alcohol Treatment Activity	Utilise the AOD regional needs assessment and planning to develop a specific focus and understanding of the needs and opportunities that exist to improve service responses for Aboriginal and Torres Strait Islander people, their families and communities. Information obtained through this process and through targeted consultation with key stakeholders will be utilised to increase access to a full range of culturally responsive and appropriate programs for Aboriginal and Torres Strait Islander people accessing services. This is

	<p>inclusive of early intervention, treatment and relapse prevention modalities aimed at the local needs of individuals, families and communities to address harmful drug and alcohol use.</p> <p>Consultation with key stakeholders and peak bodies to ensure the strategy is responsive to initiatives most suitable and in geographic locations most at need. The strategy will be informed via engagement with the Northern Territory Aboriginal Health Forum’s (NTAHF) Primary Health Care Working Group, and the Social Emotional Wellbeing Working Group. The NTAHF is a high level forum operating in the NT to provide direction and strategic planning into Aboriginal health services. A broader working group will also be established and consulted which will include membership from AMSANT, the ACCHS sector, NTG DOH and NT PHN. It may be broadened to incorporate Aboriginal drug and alcohol service providers. Collaborating with key stakeholders and partnering with the NT Government and relevant Commonwealth funded AOD initiatives will ensure there will not be any duplication in service responses developed and services will be delivering within a coordinated approach. Through these processes, an Aboriginal drug and alcohol service strategy will be developed and will subsequently inform commissioning processes to ensure appropriate service delivery.</p> <p>Target population: Individuals and/or groups requiring drug and alcohol treatment, their families and communities.</p>
Target population cohort	Aboriginal and Torres Strait islander people in the Northern Territory.
Consultation	This activity will be delivered in consultation with the NT Aboriginal Health Forum working groups and relevant stakeholders including Aboriginal Community Controlled Health Services.
Collaboration	<p>This activity requires collaboration with a diverse range of stakeholders and peak bodies including NTG DOH - Mental Health and Drugs and Alcohol Branch, LHNs, ACCHS, AMSANT, NGOs, general practice and peak bodies including AADANT and NTCOSS.</p> <p>In addition to high level collaboration, NT PHN will work directly with service providers, carers and consumers to ensure AOD treatment initiatives are being delivered appropriately and in line with program and best practice standards. There will be a focus on the mental health, youth services sector and the alcohol and</p>

	<p>other drug sector to explore opportunities to strengthen pathways and responses to enable seamless transition across services as required.</p> <p>NT PHN is well placed to support the integration of funded mental health programs into the already established primary health care sector in the NT. NT PHN will utilise the expertise and opportunities of its Health Workforce and Planning and Partnership Branches, and Communications and Engagement and Practice Support Teams to support the integration of these programs into already established GP and allied health sector partnerships and primary care services. Roles of parties will be further determined post 1 July 2016.</p>
Indigenous Specific	YES
Duration	<p>1 January 2017 – 30 June 2018</p> <p>Services will be provided until 30 June 2018</p>
Coverage	The Strategy will be developed for the region of the Northern Territory with particular focus on rural and remote communities. It will develop an understanding of services that will be delivered across the entire PHN region of the NT, and specifically in regional areas where determined need is identified.
Commissioning method	<p>This activity will be further defined in partnership with key stakeholders and peak bodies. Developing a strategy and engaging with the community to understand the needs and ways to increase capacity of the service sector working with Aboriginal and Torres Strait Islander people may require commissioning out to a health research organisation or Aboriginal Medical Services Alliance NT (AMSANT). NT PHN will commission this activity if required, and will utilise the commissioning approach of the organisation which will be developed where appropriate through co design of collaborative effective planning and prioritization process, based on an assessment of need, and guided by robust governance structures.</p> <p>NT PHN contracts providers to deliver services through a combination of market and direct engagement approaches. Commissioning of services will ensure ‘value for money’, in line with section 1.6.1 of the <i>Primary Health Networks Grant Programme Guidelines</i>. Commissioned services will be monitored, evaluated, and undertaken in accordance with the PHN Performance Framework and PHN Commissioning Guidelines requirements.</p>

Approach to market	If this activity goes to procurement, a direct engagement approach will be followed to commission the best placed service to develop the strategy. The commissioned service will be monitored and evaluated through regular reports to NT PHN and a partnership approach to work collaboratively to ensure the strategy is developed within scope.
Decommissioning (if applicable)	Not applicable

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	6.1 Provide Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people that are culturally appropriate.
Existing, Modified, or New Activity	This is an existing activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	6. Health and Wellbeing (service delivery)
Description of Drug and Alcohol Treatment Activity	This activity will increase access to a full range of culturally responsive and appropriate programs, aimed at the local needs of Aboriginal and Torres Strait Islander individuals, families and communities to address harmful drug and alcohol use. AOD treatment services will be determined in consultation with key stakeholders and peak bodies to ensure funding is allocated to initiatives most suitable and in geographic locations most at need. These services will be delivered within the scope of the funding and will be provided within a stepped care model, inclusive of early intervention, treatment and relapse prevention modalities. Services will demonstrate their capacity to deliver programs within a cultural competency framework. The Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people will be delivered within the scope of service delivery as outlined in the guidance documents for Primary Health Networks (Commissioning of Methamphetamine, Alcohol and Other Drug Treatment Services). Services will be commissioned to align with the objectives of the funding and will be delivered within an integrated and cross sectorial approach.

	<p>Collaboration with key stakeholders through the NT Aboriginal Health Forum’s Primary Healthcare Working Group has initiated the development of a Health and Wellbeing (H&WB) Model to be delivered through Primary Health Care. This model, which is based upon the AMSANT model of Social and Emotional Wellbeing, is multidisciplinary, integrated and inclusive of strengthening the local Aboriginal workforce. The H&WB model operates from an approach of three streams of care: medical, therapeutic, and social/cultural. The model acknowledges the high level of co morbidities in the Aboriginal and Torres Strait Islander population and delivers a more holistic approach to service responses.</p> <p>The H&WB Model will incorporate the range of treatment and associated support that can be commissioned with the funding through the three streams of care as outlined below:</p> <ul style="list-style-type: none"> • Medical Stream (Withdrawal Management) • Therapeutic Stream (Counselling, Case Management, Aftercare) • Social/Cultural (Screening, Brief Intervention) <p>The workforce undertaking these activities will be supported by in scope activities which promote joined up assessment processes, referral pathways and quality improvement, evidence based treatment and service integration.</p> <p>Following from Activity 5, service provision will be determined via engagement with the NTAHF’s Primary Health Care Working Group. This will be undertaken in close collaboration with system partners, including NT Health peak bodies and other key stakeholders (NT Government Departments, AMSANT, ACCHS, AADANT etc.).</p> <p>Target population: Individuals and/or groups requiring drug and alcohol treatment.</p>
Target population cohort	Aboriginal and Torres Strait Islander people in the NT
Consultation	Comprehensive engagement and consultation has occurred in partnership with the NTAHF working groups, the Primary Health Care Working Group (PHC WG) and the Social, Emotional Wellbeing Working Group (SEWB WG). Membership of these groups include the Aboriginal Medical Services Alliance Northern Territory (AMSANT), Commonwealth Departments of Health and Prime Minister and Cabinet, Northern Territory Department of Health and the NT PHN. A series of meetings were facilitated with a clear scope to

	inform NT PHN's approach to the delivery of the NT PHN Indigenous Mental Health funding specifically in relation to: service design, equitable needs based planning and procurement approach.
Collaboration	<p>This activity was developed with substantial collaboration with the NTAHF and related Working Groups who informed the delivery of this funding model. This co design approach was integral to the commissioning of this funding and provided strategic input into the development of the model and approach to the service model. The NTAHF is the key Aboriginal health planning forum in the Northern Territory with a role in providing high-level guidance and decision making aimed at ensuring that Aboriginal people in the NT enjoy health and wellbeing outcomes equal to that of the community as a whole. Partners in the co design process worked together in partnership and collaboration to increase the effectiveness of the mental health services responses to Aboriginal people. This process provided an informed approach to the development of the service model that which will be integrated with the provision of mental health services and evidence based culturally informed practices. This process also informed decisions of the allocation of resources that included local, national and organisational priorities, contexts and requirements, governance, stakeholder engagement and partnerships.</p> <p>In addition to high level collaboration, NT PHN will be working directly with service providers, carers and consumers to ensure AOD treatment initiatives are being delivered appropriately and in line with program and best practice standards. Working in partnership with the range of service providers that currently deliver services to Aboriginal and Torres Strait Islanders is inclusive of Aboriginal community controlled organisations, ACCHS and mainstream organisations.</p>
Indigenous Specific	YES
Duration	1 January 2017 – 30 June 2019
Coverage	Services will be delivered across the entire PHN region of the NT, and specifically in regional areas where determined need is identified.
Commissioning method	The commissioning approach was based on co design to enable parties to work together to derive a solution that is better than any that could have been derived alone. It also secures different perspectives, challenges and traditional approaches and ensures better stakeholder collaboration and ownership of the outcome.

	Given that this Indigenous Alcohol and Drug funding is new to the NT, it was considered that a co-design process would ensure a systematic and effective collaborative mechanism for gaining valuable expertise and knowledge in the planning, service design and procurement approach to be undertaken in the commissioning of services.
Approach to market	<p>The Single (most capable) Provider approach was considered the most appropriate for the delivery of this activity, based on the significant PHC WG input. This allowed for a direct procurement process and dialogue with identified capable service providers. Considerations of risks and benefits of a range of approaches including an open approach versus a direct approach were undertaken with the working groups to determine this direct approach as the recommended outcome.</p> <p>Services will be monitored and evaluated through 6 and 12 month reports to the NT PHN and through the completion of the required AODTS MDS.</p>
Decommissioning (if applicable)	Not applicable

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	7.1 Increase the capacity of both Aboriginal community controlled organisations (ACCOs) and mainstream services to offer evidenced based specialist alcohol and drug treatment services.
Existing, Modified, or New Activity	This is an existing activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	7. Workforce Development (Aboriginal and Torres Strait Islander Drug and Alcohol Treatment Services)
Description of Drug and Alcohol Treatment Activity	<p>7.1 Increase the capacity of both ACCOs and mainstream services to deliver evidence based specialist alcohol and drug treatment services to Aboriginal and Torres Strait Islander people.</p> <p>Ensuring there is a trained and engaged workforce is essential to delivering services. A number of gaps and opportunities in this area were identified in NT PHN's needs assessment and are prioritised to be actioned in this work plan. Developing activities that support the workforce within a framework of continuous quality improvement will be the focus of this area. A specific focus will be to increase the capacity of trained</p>

	<p>Aboriginal workers within drug and alcohol treatment services and to provide training to the generalist workforce to improve their service response for Aboriginal and Torres Strait Islanders to ensure a culturally responsive and appropriate program delivery. The focus of the activities to be delivered will be determined through consultation with a range of key stakeholders, including AMSANT and ACCHSs. It will be inclusive of training and professional development opportunities, supporting mentorship, supervision and peer consultation processes. It will focus on further developing social and emotional well-being frameworks and trauma informed care practice as it relates to drug and alcohol misuse, providing opportunities to support integration and coordination of referral pathways across the AOD treatment service sector, Aboriginal health sector and primary health care sector.</p> <p>Opportunities and actions to support the workforce will be further determined in consultation with key stakeholders and peak bodies, including AMSANT, NTG DOH and AADANT.</p> <p>Target population: Individuals and/or groups requiring drug and alcohol treatment.</p>
Target population cohort	The workforce delivering the Indigenous Alcohol and Drug services and related sectors is the target population of the workforce support activity.
Consultation	Engagement and collaboration has occurred with the SEWB WG who have been contributing to the service design model of the delivery of alcohol and drug services within a culturally informed context. Based on principles of evidence based practice and knowledge of culturally informed practice in remote communities, the group has provided a direction and resources to support this new workforce in the NT.
Collaboration	<p>Workforce support will be delivered in consultation with the SEWB WG which has a range of members from key stakeholder representatives in the NT. This Working Group will be consulted on a regular basis to provide resources and information on ways this workforce can be supported to deliver culturally informed services and responses to Aboriginal people. This activity will also be delivered in collaboration with AADANT and they will work in partnership, where appropriate, to ensure an integrated response is provided across specialised drug and alcohol sectors and the Aboriginal Community Controlled Sector.</p> <p>In addition to high-level collaboration, NT PHN will be working directly with service providers, carers and consumers to ensure AOD workforce support initiatives are being delivered appropriately, and in line with program and best practice standards. There will be a focus on the mental health, youth services sector and</p>

	<p>the alcohol and other drug sector to explore opportunities to strengthen pathways and responses to enable seamless transition across services as required.</p> <p>NT PHN is well placed to support the integration of funded alcohol and drug programs into the already established primary health care sector in the NT. NT PHN will utilise the expertise and opportunities of its Health Workforce and Planning and Partnership Branches, and Communications and Engagement and Practice Support Teams to support the integration of these programs into already established GP and allied health sector partnerships and primary care services.</p>
Indigenous Specific	YES
Duration	1 January 2017 – 30 June 2019
Coverage	Services will be delivered across the entire PHN region of the NT, and specifically in regional areas where determined need is identified. This will be inclusive of activities delivered by national services with the aim of NT PHN to support uptake of these resources and work with the local communities to identify strategies to do this. This will be further defined in collaboration with peak bodies and key stakeholders.
Commissioning method	The Single (most capable) Provider approach was considered the most appropriate for the delivery of this activity, based on the significant SEWB WG input and expertise, and knowledge of AMSANT in leading this work. This allowed for a direct procurement process and dialogue with an identified capable service provider. Consideration of risks and benefits of a range of approaches including an open approach versus a direct approach were undertaken with the NT PHN to determine this direct approach as the recommended outcome.
Approach to market	The commissioning of this activity will be through direct engagement with AMSANT, the identified preferred provider, to deliver workforce support with an evidence based culturally competent framework. The Workforce Support Project will be delivered in collaboration with the SEWB WG, of which NT PHN is a member. It will be monitored and evaluated through 6 and 12 monthly reports required by the NT PHN.
Decommissioning (if applicable)	Not applicable

2. (c) Activities which will no longer be delivered under the Schedule – Drug and Alcohol Treatment Activities

Please use the table below to outline any activities included in the May 2016 version of your Drug and Alcohol Treatment Activity Work Plan which are not continuing from 2017-18.

Planned activities which will no longer be delivered	
Activity Title / Reference	Not applicable
Description of Activity	Not applicable
Reason for removing activity	Not applicable
Funding impact	Not applicable