



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

North Western Melbourne 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 <name of Grant Officer> via email <email address> 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

North Western Melbourne PHN's vision is to improve the health of everyone in our region, particularly through the commissioning of Alcohol and Other Drug (AOD) services to populations of need in priority locations. Our mission is to strengthen primary health care and connect services across the system. *Equity, respect, collaboration* and *innovation* are the guiding values that we apply to everything we do and every interaction we have.

NWMPHN is committed to ensuring that the health and well-being of our most vulnerable communities is improved in a coordinated and accountable and collaborative manner.

In the area of AOD Treatment Activity, we will do this by:

- identifying and understanding the priority needs in our region – through interpretation of our Health Needs Assessment findings and through ongoing consultation with the sector and current recipients of services and their families;
- supporting, developing, innovating, coordinating and measuring service responses to address priorities – leading to increased service delivery within the AOD treatment sector especially in targeted areas of need such as to our young people, Aboriginal communities, homeless, people from culturally and linguistically diverse populations, and LGBTI communities;
- collaborating with the drug and alcohol sector to undertake rigorous and transparent approaches to the redesign and commissioning of services for our regions of need and communities of disadvantage.
- strengthening and supporting general practice and the system as a whole – to ensure targeted, coordinated and appropriate workforce development and networking occurs as a fundamental activity;
- ensure robust governance and accountability exists at both the operational level and at a governance and oversight level through the implementation of both an Expert Advisory Group and the Quality and Clinical Governance Committee of the NWMPHN Board.
- demonstrating a commitment to quality, safety, efficiency, genuine value and innovation in everything we do – leading to the commissioning of additional drug and alcohol treatment services of excellence, based on evidence; and
- working closely and collaboratively with government (Commonwealth, State and Local), state peak drug and alcohol organisations, the Victorian Alcohol and Drug Association, general practice and other primary health care service providers, Non-Government Organisations, the private sector and patients, consumers and carers – ensuring that services meet needs and support gaps in the existing system as a whole.

2. (a) Planned activities: Drug and Alcohol Treatment Services – Operational and Flexible Funding

Enhance community wellbeing through commissioned, localised alcohol and other drug (AOD) treatment services	
Activity Title <i>(e.g. Activity 1, 2, 3 etc.)</i>	1.1 Reducing the impacts of AOD misuse through regional AOD treatment coordination
Existing, Modified, or New Activity	Existing Activity
Needs Assessment Priority Area <i>(e.g. Priority 1, 2, 3, etc.)</i>	<p>Areas for improvement within the service system that were identified through sector wide consultation and commissioned activity:</p> <ol style="list-style-type: none"> 1. Limited opportunity for consultation and partnership activity to engage providers and consumers to be involved in regional planning 2. Limited capacity for a coordination and prioritisation of activities and approaches.
Description of Drug and Alcohol Treatment Activity	<p>Annual evidence-based regional Needs Assessment process</p> <p>Initial service mapping has identified gaps and opportunities that have allowed us to determine priorities, and identify the strategies that will be implemented to better align funding to the region’s drug and alcohol treatment health and service needs, prioritising populations of need and locations of need. This activity will be founded in the work initially undertaken in the 2016/17 period, but will be readdressed in the subsequent two years to ensure services meet the needs of the region and gaps in the service system are reducing/ ceasing.</p> <p>Consultation and joint planning processes</p> <p>NWMPHN facilitates regular sector wide consultations to inform priorities identified in the activity work plan. These events are complemented by consultations on particular topics with service providers and consumer representatives, and specific forums such as our Regional Aboriginal Stakeholder Consultation.</p>

	<p>Advisory Group</p> <p>NWMPHN has established the AOD Expert Advisory Group (EAG) to oversee the implementation of commissioned services. The EAG is Chair by an independent expert, Dr Yvonne Bonomo, Addiction Speciality at St Vincent’s Hospital. The group meets regularly and includes representation from:</p> <ul style="list-style-type: none"> • Addiction Medicine • General Practice • AOD Nursing • Aboriginal Health • AOD peak body • Consumer organisation • Pharmacy • Emergency Services • Department of Health and Human Services <p>The group is working together to address strategic priorities and to provide advice and guidance to proposed approaches for the ongoing delivery of local services.</p>
Target population cohort	Whole of region
Consultation	One on one consultations with major AOD service providers, health service providers and consumer and carer organisations and large group engagement activities.
Collaboration	<p>Alcohol and Other Drug service providers - participate in prioritisation, planning and implementation</p> <p>Mental health service providers – participate in prioritisation and planning</p> <p>Hospital networks – participate in prioritisation and planning</p> <p>Community health organisations - participate in prioritisation and planning</p> <p>Local Government Authorities - participate in prioritisation and planning</p> <p>Primary Care Partnerships - participate in prioritisation and planning</p>

	Aboriginal Community Controlled Organisations - participate in prioritisation and planning Consumer and carer representative agencies - participate in prioritisation and planning
Indigenous Specific	NO
Duration	All activity commenced in 2016/17 and due for completion 30 June 2018.
Coverage	Entire Region
Commissioning method	N/A
Approach to market	N/A

Enhance community wellbeing through commissioned, localised alcohol and other drug (AOD) treatment services	
Activity Title (e.g. Activity 1, 2, 3 etc.)	1.2 Reducing the impacts of AOD misuse through stakeholder engagement and workforce developmet
Existing, Modified, or New Activity	Existing Activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	<p>Initial needs assessment findings indicated that there are currently 57 alcohol and drug related assessment, treatment and care coordination services operating within the NWMPHN region.</p> <p>Areas for improvement within the service system that were identified through sector wide consultation and commissioned activity:</p> <ol style="list-style-type: none"> 1 Limited skills within existing workforce to respond to the needs of the client group, particularly vulnerable populations 2 Call to improve integration and coordination of services to build relationships amongst service providers 3 Lack of skilled workforce to deliver services within the AOD sector.
Description of Drug and Alcohol Treatment Activity	<p>Continue to commission the Victorian AOD peak body Victorian Alcohol and Drug Association (VAADA) to deliver a range of activities in support of NWMPHN funded and non-funded service providers including:</p> <ul style="list-style-type: none"> - A needs assessment and workforce plan development that considers the training, mentoring and clinical supervision needs of the AOD workforce - Facilitation of network meetings/Community of Practice which includes NWMPHN funded and all other AOD service providers across the region - Delivery of skills based training to support the translation of skills gained in training to workplace practice in order to promote organisational capacity building and support retention of qualified staff - A multi-modal recruitment campaign to promote the benefits of working in the AOD sector.
Target population cohort	The AOD services system as well as mental health, primary and community service systems.

Consultation	One on one consultations with major health service providers and consumer and carer organisations and large group engagement activities.
Collaboration	<p>Alcohol and Other Drug service providers - participate in prioritisation and planning</p> <p>Mental Health and allied health service providers - participate in prioritisation and planning</p> <p>Hospital networks – participate in prioritisation and planning</p> <p>Community health organisations - participate in prioritisation and planning</p> <p>Local Government Authorities - participate in prioritisation and planning</p> <p>Primary Care Partnerships - participate in prioritisation and planning</p> <p>Aboriginal Community Controlled Organisations - participate in prioritisation and planning</p> <p>Consumer and carer representative agencies - participate in prioritisation and planning</p>
Indigenous Specific	NO
Duration	All activity commenced in 2016/17 and due for completion 30 June 2018.
Coverage	Entire Region
Commissioning method	The planned commissioning method for this activity aligns with our commissioning framework and approach as described above in the section on Strategic Vision. This framework is consistent with the guidance provided by the Department. In essence across all our activities we develop insight through data analysis, stakeholder engagement and mapping of the service system. We plan through ongoing engagement with key stakeholders and deliver collaboratively. We then review or evaluate these activities, optimally from a consumer perspective, and ensure learnings are integrated in the development of further insight as the iterative cycle continues.
Approach to market	Direct Engagement

Enhance community wellbeing through commissioned, localised alcohol and other drug (AOD) treatment services	
Activity Title (e.g. Activity 1, 2, 3 etc.)	1.3 Reducing the impacts of AOD misuse through delivery of commissioned treatment services
Existing, Modified, or New Activity	Existing Activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	<p>Areas for improvement within the service system that were identified through sector wide consultation and commissioned activity:</p> <ul style="list-style-type: none"> • Lack of service responses that are culturally appropriate to vulnerable populations • While a number of AOD services currently exist for clients within many of these regions, initial scoping and mapping has indicated that these services may be misaligned in the service/ treatment approaches when compared to the predominant substance misuse for the related region.
Description of Drug and Alcohol Treatment Activity	<p>Continuation of commissioned AOD treatment services in identified locations and populations of need including:</p> <ul style="list-style-type: none"> • Muslim Youth and Families program in Broadmeadows. • Mobile health Access Point in the western suburbs targeting marginalised young people. • Q Health - LGBTIQ services in the northern suburbs. • Linking Youth and Families Together (LYFT) - in the western suburbs. <p>Commissioning of AOD treatment services for emerging issues:</p> <ul style="list-style-type: none"> • Overdose presentations in emergency departments. • High rates of death of injecting drug users in the City of Yarra. • Loss of methadone prescribing general practitioners within the region.
Target population cohort	<p>This priority will target people from locations of need including but not limited to:</p> <ul style="list-style-type: none"> • Melton • Bacchus Marsh

	<ul style="list-style-type: none"> • Broadmeadows • Werribee, and • Macedon. <p>Targeting vulnerable populations, such as:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander communities • Young people • Lesbian, Gay, Bisexual, Transgender, Intersex and Queer communities • Culturally and Linguistically Diverse communities, and • People with coexisting AOD and mental health issues.
Consultation	One on one consultations with major health service providers and consumer and carer organisations and large group engagement activities.
Collaboration	<p>Alcohol and Other Drug service providers - participate in prioritisation, planning and implementation</p> <p>Hospital networks – participate in prioritisation and planning</p> <p>Community health organisations - participate in prioritisation, planning and implementation</p> <p>Local Government Authorities - participate in prioritisation and planning</p> <p>Primary Care Partnerships - participate in prioritisation and planning</p> <p>Aboriginal Community Controlled Organisations - participate in prioritisation, planning and implementation</p> <p>Consumer and carer representative agencies - participate in prioritisation and planning</p>
Indigenous Specific	NO
Duration	All activity commenced in 2016/17 and due for completion 30 June 2018.
Coverage	Entire Region

Commissioning method	The planned commissioning method for this activity aligns with our commissioning framework and approach as described above in the section on Strategic Vision. This framework is consistent with the guidance provided by the Department. In essence across all our activities we develop insight through data analysis, stakeholder engagement and mapping of the service system. We plan through ongoing engagement with key stakeholders and deliver collaboratively. We then review or evaluate these activities, optimally from a consumer perspective, and ensure learnings are integrated in the development of further insight as the iterative cycle continues.
Approach to market	Open Tender

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.*

Enhance community wellbeing and improving health outcomes for priority populations	
Activity Title <i>(e.g. Activity 1, 2, 3 etc.)</i>	2.1 Reducing the Impacts of Drug and Alcohol Misuse for Aboriginal and Torres Strait Islander people and improving health outcomes through Stakeholder Engagement and Workforce Development
Existing, Modified, or New Activity	Existing Activity
Needs Assessment Priority Area <i>(e.g. Priority 1, 2, 3, etc.)</i>	A scoping project was commissioned in 2016/17 to assess access, cultural competency and workforce development needs of the AOD service sector across the whole region working with Aboriginal and Torres Strait Islander clients. The outcome of this report (Due April 2017) will inform all activity within this work plan including identifying the skill and knowledge gaps within the workforce, and effective stakeholder engagement strategies for NWMPHN to undertake.
Description of Drug and Alcohol Treatment Activity	NWMPHN is continuing to maintain a formal relationship with the state peak body for Aboriginal health, Victorian Aboriginal Community Controlled Health Organisations (VACCHO) to ensure activity is relevant and

	<p>suitable for Aboriginal communities living in our catchment.</p> <p>Continue to commission VACCHO to determine the best approach to supporting the AOD workforce working with Aboriginal clients, to deliver commission activities which align with NWMPHN mainstream commissioned activities.</p> <p>Continue to commission targeted training, development and education to staff supporting the Aboriginal and Torres Strait Islander community and those referring to services (GPs, Allied Health, Aboriginal Speciality Services).</p> <p>Continue to support a regional Aboriginal Health Committee to inform the NWMPHN AOD Expert Advisory Group (which will include Aboriginal representation).</p> <p>This activity will remain considerate of the pressures faced by the small number of ACCHOs operating in Victoria and ensure collaboration approach through the Victorian PHN Alliance, as and where possible.</p>
Target population cohort	Stakeholder engagement and workforce development initiatives will focus on service providers within the NWMPHN catchment. It will include engagement of AOD and mental health services.
Consultation	One on one consultations with major health service providers and consumer and carer organisations and large group engagement activities.
Collaboration	<p>Aboriginal Community Controlled Organisations - participate in prioritisation and planning</p> <p>Alcohol and Other Drug service providers - participate in prioritisation and planning</p> <p>Hospital networks – participate in prioritisation and planning</p> <p>Community health organisations - participate in prioritisation and planning</p> <p>Local Government Authorities - participate in prioritisation and planning</p> <p>Primary Care Partnerships - participate in prioritisation and planning</p> <p>Consumer and carer representative agencies - participate in prioritisation and planning</p>

Indigenous Specific	YES
Duration	All activity commenced in 2016/17 and it is anticipated to complete on the 30 June 2018.
Coverage	Entire region
Commissioning method	The planned commissioning method for this activity aligns with our commissioning framework and approach as described above in the section on Strategic Vision. This framework is consistent with the guidance provided by the Department. In essence across all our activities we develop insight through data analysis, stakeholder engagement and mapping of the service system. We plan through ongoing engagement with key stakeholders and deliver collaboratively. We then review or evaluate these activities, optimally from a consumer perspective, and ensure learnings are integrated in the development of further insight as the iterative cycle continues.
Approach to market	Direct engagement

Enhance community wellbeing and improving health outcomes for priority populations

<p>Activity Title <i>(e.g. Activity 1, 2, 3 etc.)</i></p>	<p>2.2 Reducing the Impacts of Drug and Alcohol Misuse for Aboriginal and Torres Strait Islander people and improving health outcomes through Drug and Alcohol Treatment Planning</p>
<p>Existing, Modified, or New Activity</p>	<p>Existing Activity</p>
<p>Needs Assessment Priority Area <i>(e.g. Priority 1, 2, 3, etc.)</i></p>	<ol style="list-style-type: none"> 1. A scoping project was commissioned in 2016/17 to assess access, cultural competency and workforce development needs of the AOD service sector across the whole region working with Aboriginal and Torres Strait Islander clients. The outcome of this report (Due April 2017) will inform all activity within this work plan. In particular, the report will identify access gaps to inform the second and third year of this work plan. 2. The Health Needs Assessment identified that whilst a number of AOD services currently exist within the CBD region, there is greater need for services in the north and west of the region. Consultation has also indicated that staff within services that support the Aboriginal community would benefit from AOD and mental health training, as would service who undertake cultural awareness training to better meet the needs of their Aboriginal clients. 3. The HNA also identified for Aboriginal people in the region they have higher hospitalisation rates for both drinking and drug utilisation.
<p>Description of Drug and Alcohol Treatment Activity</p>	<ol style="list-style-type: none"> 1. Continue to support the NWMPHN Aboriginal Advisory Group to address strategic priorities and to provide advice and guidance to proposed approaches for the ongoing delivery of local services including the implementation of relevant commissioned AOD treatment services and to influence the work of the AOD Expert Advisory Group, which will include Aboriginal organisation representation. 2. Continue to undertake annual, and inclusive, evidence based regional Needs Assessment process in collaboration with VACCHO and VAHS. 3. Continue to work with key stakeholders and service providers to better understand service usage patterns of Aboriginal people to inform all procurement activity. 4. Continue to develop appropriate tools to support commissioning targeted Drug and Alcohol Treatment Services of Aboriginal and Torres Strait Islander people ensuring contestability, transparency and value

	for money outcomes and consistent with the operational guidance for the commissioning of drug and alcohol treatment services.
Target population cohort	Regional Aboriginal AOD treatment planning initiatives will focus on service providers funded by NWMPHN, as well those that do not receive funding through us. It will include engagement of Aboriginal Community Controlled Organisations (ACCOs) AOD and mental health services, allied health and community service providers, and consumer/Aboriginal community representatives.
Consultation	One on one consultations with major health service providers and consumer and carer organisations and large group engagement activities.
Collaboration	Aboriginal Community Controlled Organisations - participate in prioritisation and planning Alcohol and Other Drug service providers - participate in prioritisation and planning Hospital networks – participate in prioritisation and planning Community health organisations - participate in prioritisation and planning Local Government Authorities - participate in prioritisation and planning Primary Care Partnerships - participate in prioritisation and planning Consumer and carer representative agencies - participate in prioritisation and planning
Indigenous Specific	YES
Duration	All activity commenced in 2016/17 and it is anticipated to complete on the 30 June 2018.
Coverage	Entire region
Commissioning method	N/A
Approach to market	N/A

Enhanced community wellbeing and improving health outcomes for priority populations

Activity Title (e.g. Activity 1, 2, 3 etc.)	2.3 Reducing the Impacts of Drug and Alcohol Misuse for Aboriginal and Torres Strait Islander people and improving health outcomes through delivery of commissioned services, especially within regions of need.
Existing, Modified, or New Activity	Existing Activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	<p>The HNA has indicated regions where service/infrastructure is needed to support Aboriginal and Torres Strait Islander people. This is particularly apparent in the north and west of the region.</p> <p>Regional consultation has also indicated the need for better GP and Allied Health education and awareness campaigns, better defined referral pathways, the need for preventative and early intervention activities, support for services in the afterhours period and investment in the connectivity required across disparate client management systems and data. These activities are required across both the general and Aboriginal focused service system.</p>
Description of Drug and Alcohol Treatment Activity	Continue to commission Victorian Aboriginal Health Service (VAHS) to deliver high quality, locally relevant and effective AOD treatment services for Aboriginal and Torres Strait Islander people that are informed by: the 2016 Needs Assessment; the NWMPHN AOD Treatment Annual Plan; relevant Indigenous-specific priorities; and the expertise of the funded agency and the NWMPHN consultation program.
Target population cohort	Aboriginal and Torres Strait Islander populations living in region, including a focus on meeting the needs of populations living in the West.
Consultation	One on one consultations with major health service providers and consumer and carer organisations and large group engagement activities.
Collaboration	<p>Aboriginal Community Controlled Organisations - participate in prioritisation, planning and implementation</p> <p>Alcohol and Other Drug service providers - participate in prioritisation and planning</p> <p>Hospital networks – participate in prioritisation and planning</p> <p>Community health organisations - participate in prioritisation and planning</p> <p>Local Government Authorities - participate in prioritisation and planning</p>

	<p>Primary Care Partnerships - participate in prioritisation and planning</p> <p>Consumer and carer representative agencies - participate in prioritisation and planning</p>
Indigenous Specific	YES
Duration	All activity commenced in 2016/17 and it is anticipated to complete on the 30 June 2018.
Coverage	Entire region
Commissioning method	The planned commissioning method for this activity aligns with our commissioning framework and approach as described above in the section on Strategic Vision. This framework is consistent with the guidance provided by the Department. In essence across all our activities we develop insight through data analysis, stakeholder engagement and mapping of the service system. We plan through ongoing engagement with key stakeholders and deliver collaboratively. We then review or evaluate these activities, optimally from a consumer perspective, and ensure learnings are integrated in the development of further insight as the iterative cycle continues.
Approach to market	Direct Engagement

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	Reducing the Impacts of Drug and Alcohol misuse for Aboriginal and Torres Strait Islander people and improving health outcomes through Stakeholder Engagement and Workforce Development
Description of Activity	Scope existing Alcohol and Drug Treatment services and organisations supporting Aboriginal Torres Strait Islander people, mapping activity in the areas of planning, workforce development, networking and consultation and education and training.
Reason for removing activity	This scoping activity will be completed by 30 June 2017.