



Australian Government
Department of Health



An Australian Government Initiative

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

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

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

Country WA PHN

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 February 2017. 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.

1. Strategic Vision for Drug and Alcohol Treatment Funding

WAPHA's vision is improved health equity in Western Australia. Our mission is to build a robust and responsive person centred primary health care system through innovation and meaningful partnerships to operate effectively at a local and state-wide level. Courage, humility, respect, wisdom and integrity are the guiding values that we apply to everything we do and every interaction we have.

Underpinning all of WAPHA's activities is the Quadruple Aim of primary care, four distinctive areas in which the organisation aims to achieve system reform and enhancement.

WAPHA has identified five strategic priorities to guide our work across the WA health system:

- Health equity and access
- Person-centred models of care
- Integrated and outcomes focussed commissioning
- Strong partnerships
- Primary care capability.

WAPHA is a key stakeholder in the commissioning and development of services to support those affected by alcohol and drug use. We are responsible for working collaboratively with Governments and their health agencies and networks in planning and commissioning to better meet the needs of West Australians.

WAPHA recognises that long-term sustainable solutions to address health and social issues require action on system wide issues. WAPHA supports a comprehensive and integrated approach to addressing harm from alcohol and other drugs that recognises whole of person needs and considers underlying social determinants of health.

Current national and state policy directions, together with strong provider and consumer appetite for mental health sector reform, are well-aligned to achieve real and sustainable change and improved health outcomes for West Australians. WAPHA's whole-of-state model has begun to realise unique benefits and opportunities in working with our system partners to deliver a more integrated health system in WA.

Critical to achieving integration is better communication and connectivity between stakeholders. WAPHA values strong alliances within and across traditional boundaries, and seeks to facilitate authentic engagement between consumers, carers, service providers, industry, government and the communities they serve.

WAPHA will continue to lead collaborative responses and steward shared planning, funding and governance within an integrated health commissioning process. We will strengthen our relationships with WA Health, WA County Health Service (WACHS), Area Health Services (AHS), the WA Mental Health Commission (MHC) and peak bodies, and continue to explore joint approaches to service mapping, gap identification, co-design and co-investment.

Given WAPHA's position within the health and community services context, our interest in addressing alcohol and drug use particularly lies in:

- intervening earlier in the care continuum
- facilitating greater access to evidence informed treatment and supports for those at risk

- connecting vulnerable people to primary care, particularly those with co morbidity;
- improving health literacy and increasing self-management
- sustaining positive treatment outcomes
- preventing relapse.

WAPHA recognises the integral and unique roles that both specialist and generalist services play in addressing alcohol and drug related harm. We will continue to actively look for opportunities to close the gaps in service provision and improve communication between all those involved in someone's care.

Implicit in this is the need to build the capability of the workforce to recognise and respond to problems associated with alcohol and drug use, particularly for those who also experience mental and physical health issues. We are committed to looking broader than traditional settings for opportunities to improve support and will seek to use the skills and experience of the specialist sector to build capability within communities.

Across the WA population, it is recognised that some people experience disproportionate levels of alcohol and drug related harm compared with others. In prioritising responses, WAPHA is guided by the findings of our Needs Assessments which identify areas of high need and vulnerable populations.

The PHN Needs Assessment is an evolutionary process. An update to our baseline Needs Assessment was undertaken during 2017, with a purposeful integrated mental health, suicide prevention and alcohol and drug focus (submitted to the Commonwealth November 2017). This process brought together the findings of the quantitative health and service needs analysis and tested these against the experiences and opinions expressed by consumers, carers and service providers, which were obtained through wide and targeted stakeholder engagement. The Needs Assessment will further inform our Regional Mental Health, AOD and Suicide Prevention Strategy, due for completion in 2018.

WAPHA will continue to focus on a small number of high impact activities that can demonstrate our success in facilitating system change. These include:

- Monitoring and evaluating the efficiency and effectiveness of commissioned activity to ensure services are evidence informed, safe, meeting local needs and achieving positive health and wellbeing outcomes.
- Leading and contributing to State and Federal policy and strategy initiatives to address harm from alcohol and drugs.
- Continuing to advocate for, develop and implement mechanisms to improve efficiency and effectiveness of information and data sharing.
- Facilitating opportunities for Aboriginal people to lead the development and delivery of solutions targeting Aboriginal communities.
- Supporting greater engagement of consumers, carer and families in the design and delivery of services.
- Developing an enhanced role for primary care and building primary care capacity to improve support people affected by mental illness and alcohol and drug use.
- Building capacity for workforce innovation and reform and supporting providers to adapt to new structures and new ways of working.
- Using the Integrated Atlas of Mental Health, Alcohol and other Drugs (the Atlas), Needs Assessments and other planning tools to identify gaps and opportunities for improved service delivery.
- Supporting opportunities to reduce stigma and discrimination of people who use alcohol and drugs and improving the cultural competency of health and social care providers to respond appropriately.

WAPHA has taken an outcomes-based commissioning approach and has developed a commissioning framework with relevant resources and tools to support service providers in an approach that is, to many, new and challenging. During this period, WAPHA will continue to work in partnership with service providers to monitor progress against outcomes and shape services in line with emerging evidence.

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

Proposed Activities	
Activity Title	DATS 1 Community Treatment and Support Services (Previously DATS 4)
Existing, Modified, or New Activity	Existing Activity
Needs Assessment Priority Area	<p>WAPHA’s strategic priorities include:</p> <ul style="list-style-type: none"> • Health Equity and Access • Person Centred Models of Care • Integrated and Outcomes Focused Commissioning • Strong Partnerships • Primary Care Capability. <p>The following priorities from the Needs Assessment Report 2017 (pages14 – 18) apply:</p> <ul style="list-style-type: none"> • P1: Recognise and respond early to harmful patterns of use of alcohol and other drugs (AOD) particularly for at risk groups. • P 2: Increase focus on early intervention and harm reduction across the lifespan. Increase availability of primary health care/community based services for high prevalence populations and regions at increased risk. • P3 Increase access to targeted and culturally appropriate approaches to improve the social and emotional wellbeing of vulnerable and high-risk groups including Aboriginal people. • P4: Increase the range of services along the care continuum. • P7: Promote consumer and community engagement in responding to drug and alcohol treatment (DATS) needs.

	<ul style="list-style-type: none"> • P8: Support broader stakeholder engagement to enable person-centred holistic co-design and delivery of AOD treatment services.
Description of Activity	<p>The aim of this activity is to ensure Country WA Alcohol and Drug Treatment and Support Services are meeting their contractual obligations and to determine the degree to which they are having an impact on reducing harm from alcohol and drug use across the regions.</p> <p>In 2016-18 the PHN was engaged in:</p> <ul style="list-style-type: none"> • Designing and contracting services to address the needs of people who require treatment and support to address problematic alcohol and other drug use as outlined in the Needs Assessment 2016. • Shaping the structure of supply to: <ul style="list-style-type: none"> ○ Increase access to treatment and support, particularly for vulnerable and hard to reach populations ○ Enable better collaboration and integration between service providers ○ Support opportunities for better self-management ○ Sustain engagement with GPs/other primary health care professionals and mental health services ○ Develop the capacity of the workforce. <p>In 2017/18 Country WA PHN funded integrated Alcohol and Drug Treatment and Support and Mental Health services in regional areas of WA to improve responses for people with co-morbidity.</p> <p>In addition, the PHN commissioned specialist treatment services focused on meeting the needs of vulnerable groups such as women and children, youth and Aboriginal people.</p> <p>In 2018/20 Country PHN will be focused on managing performance including reviewing/monitoring and evaluating services to determine:</p> <ul style="list-style-type: none"> • How well targeted and efficient services are. <ul style="list-style-type: none"> ○ Using the National AOD Treatment Services minimum data set (MDS) and WAPHA’s progress reports for the DATS Program determine the degree to which those in receipt of services

	<p>reflect the populations most in need as outlined in the Needs Assessment 2017 and the <i>Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia 2017</i>.</p> <ul style="list-style-type: none"> • How effective services and systems are in relation to: <ul style="list-style-type: none"> ○ Patient experience ○ Patient health outcomes ○ Service/system integration ○ Service sustainability including provider experience/governance. <p>The Needs Assessment 2017 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps that WAPHA has developed in conjunction with service providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.</p> <p>Using the Outcome Maps and the MDS the PHN will evaluate the performance of services to determine whether and to what extent a reshaping of the structure of supply is required.</p>
Target population cohort	The contracted services focus on individuals at risk of significant harm due to lack of ready access to primary health and social care.
Consultation	In monitoring and evaluating the effectiveness of services WAPHA will consult with a range of state-wide and regional peak bodies and representational groups, as well as service providers and consumers/community members.
Collaboration	<p>Country WA PHN is working with WACHS and the WA MHC and other relevant organisations, where they are co-commissioning bodies, in managing performance. Regional Clinical Commissioning Committees and community engagement panel and committee members are involved in the ongoing review and monitoring of services.</p> <p>WAPHA is currently working with commissioned providers to develop and strengthen strategic partnerships, co-commission where appropriate with the state health services and better utilise existing funding where possible. The aim is to secure effective and sustainable local and virtual</p>

	primary integrated mental health and drug and alcohol treatment and support, supporting GPs and the consumer with care closer to home.
Indigenous Specific	Yes and No. In some areas of Country PHN notably the Kimberley Region and with some Goldfields, Pilbara and Midwest services the service users are predominately Aboriginal.
Duration	<ul style="list-style-type: none"> • July 2018: Implementation of Model Outcome Maps including two Mandatory Indicators for each Outcome. • July 2018: Annual Report for 2017/2018 - analysis of national and local data sets. • January 2019: Six Month Review – analysis of national and local data sets and Outcome Maps. • July 2019: Annual Report 2018/2019 – analysis of national and local data sets and Outcome Maps.
Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and the South West.
Commissioning method	<p>As the PHNs are operating within the monitoring and evaluation component of the commissioning framework the commissioning of services is not relevant. Should the service evaluations highlight a need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate commissioning method.</p> <p>In terms of Performance Management, information will be sought from the following:</p> <ul style="list-style-type: none"> • people who require access to treatment and support services • organisations commissioned to provide treatment and support services • broader health and community services system.
Approach to market	Not applicable N/A
Decommissioning	(N/A)

Proposed Activities	
Activity Title	DATS 2 System Integration/Improvement and Workforce Development (previously DATS 3,5 & 6)
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area	<p>WAPHA's strategic priorities include:</p> <ul style="list-style-type: none"> • Health Equity and Access • Person Centred Models of Care • Integrated and Outcomes Focused Commissioning • Strong Partnerships • Primary Care Capability. <p>The following priorities from the Needs Assessment Report 2017 (pages14 – 18) apply.</p> <ul style="list-style-type: none"> • P5: Build capacity of generalist workforce to respond to AOD related presentations. • P6: Build capability of primary health care workforce to recognise and respond to AOD related issues.
Description of Activity	<p>The aim of this activity is to continue activities outlined in the previous activity work plans (AWP) to:</p> <ul style="list-style-type: none"> • Increase integration between AOD treatment and support services, mental health, primary care and other social support services • Enhance the ability for primary care practitioners including General Practitioners to identify, treat and effectively support patients with alcohol and drug related problems including comorbidity • Increase the capability and capacity of the mental health, social care and DATS workforce to provide effective support to people experiencing issues with alcohol and drug use. <p>In 2018-19 Country WA PHN will continue to:</p> <ul style="list-style-type: none"> • Work with the WA General Practice Education and Training (WAGPET), Rural Health West and other training providers to deliver regional education for GP registrars, general practitioners, nurses, pharmacists and health professionals. Particular focus will be given to targeting those

	<p>areas identified in the Needs Assessment 2017 and the <i>Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia 2017</i>.</p> <ul style="list-style-type: none"> • Support continued development and GP uptake of HealthPathways. • Identify opportunities to build capability and upskill generalist and specialist service providers to recognise and respond to alcohol and drug related issues. • Support opportunities to reduce stigma and barriers to the support and management of people with alcohol and drug use issues. • Encourage uptake of screening and brief intervention within a primary care setting. • Continue to participate in state wide and regional planning for Mental Health/Suicide Prevention and alcohol and drug use services. • Continue support for the development of networks of practitioners with an interest in alcohol and drugs and mental health. <p>As outlined in DATS 1, in 2018-19 in reviewing/monitoring and evaluating services the following outcomes will be relevant to this activity:</p> <ul style="list-style-type: none"> • Service/system integration <ul style="list-style-type: none"> ○ Service sustainability including provider experience/governance.
Target population cohort	Contracted services and supports are focused on treatment services, general practitioners and general practice staff.
Consultation	In monitoring and evaluating the effectiveness of services WAPHA will consult with a range of state-wide and regional peak bodies and representational groups, as well as service providers and consumers/community members.
Collaboration	Country WA PHN will work with WACHS and Mental Health Commission and other relevant organisations where they are co-commissioning bodies in managing performance. Regional Clinical Commissioning Committees and community engagement panel and committee members are involved in the ongoing review and monitoring of services.

	WAPHA is currently working with commissioned providers and GPs to develop and strengthen strategic partnerships, and increase the capacity of the sector to provide adequate and appropriate care in regional and remote areas. This collaborative approach aims to improve the sustainability of local primary integrated mental health and drug and alcohol treatment and support services by increasing the capability of GPs and other primary care providers.
Indigenous Specific	No, this activity is not targeted to or predominantly supporting Aboriginal and Torres Strait Islander people, although mainstream providers are supported to be more culturally sensitive to the needs of Aboriginal people.
Duration	<ul style="list-style-type: none"> • July 2018: Implementation of Model Outcome Maps including two Mandatory Indicators for each Outcome • July 2018: Annual Report for 2017/2018 - analysis of national and local data sets • January 2019: Six Month Review – analysis of national and local data sets and Outcome Maps • July 2019: Annual Report 2018/2019 – analysis of national and local data sets and Outcome Maps
Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and the South West.
Commissioning method	<p>As the PHNs are operating within the monitoring and evaluation component of the commissioning framework the commissioning of services is not relevant. Should the service evaluations highlight a need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate commissioning method.</p> <p>In terms of Performance Management, information will be sought from the following:</p> <ul style="list-style-type: none"> • GPs and other health professionals • Organisations contracted to provide treatment and support services • Stakeholders from the broader health and social support service system.
Approach to market	N/A
Decommissioning	N/A

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

Proposed Activities	
Activity Title	DATS – ATSI 1 Community Treatment and Support Services
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area	<p>WAPHA’s strategic priorities include:</p> <ul style="list-style-type: none"> • Health Equity and Access • Person Centred Models of Care • Integrated and Outcomes Focused Commissioning • Strong Partnerships • Primary Care Capability. <p>The following priorities from the Needs Assessment Report 2017 (pages14 – 18) apply:</p> <ul style="list-style-type: none"> • P1: Recognise and respond early to harmful patterns of AOD use particularly for at risk groups. • P 2: Increase focus on early intervention and harm reduction across the lifespan. Increase availability of primary health care/community based services for high prevalence populations and regions at increased risk. • P3 Increase access to targeted and culturally appropriate approaches to improve the social and emotional wellbeing of vulnerable and high-risk groups including Aboriginal people. • P4: Increase the range of services along the care continuum. • P7: Promote consumer and community engagement in responding to AOD needs. • P8: Support broader stakeholder engagement to enable person-centred holistic co-design and delivery of AOD treatment services.

<p>Description of Activity</p>	<p>The aim of this activity is to ensure that regional Alcohol and Drug Treatment and Support Services are meeting their contractual obligations and to determine the degree to which they are having an impact on improving outcomes and reducing alcohol and drug related harm for Aboriginal people in priority locations.</p> <p>In 2016-18 the PHN was engaged in:</p> <ul style="list-style-type: none"> • Sharing the leadership in developing collaborative models of Drug and Alcohol treatment services with Aboriginal organisation for Aboriginal people in selected locations as outlined in the Needs Assessment 2016. • Shaping the structure of supply to: <ul style="list-style-type: none"> ○ Increase access for Aboriginal people to culturally appropriate treatment and support services ○ Enable better collaboration and integration between service providers ○ Increase opportunities to support self-management ○ Sustain engagement with GPs/other primary health care professionals including Aboriginal Medical Services and mental health services ○ Develop the capacity of the workforce. <p>In 2017/18 Country WA PHN funded Integrated Alcohol and Drug Treatment and Support and Mental Health services, targeted at Aboriginal people in regionals area of WA.</p> <p>In 2018/2020 Country PHN will be focused on managing performance including reviewing/monitoring and evaluating services to determine:</p> <ul style="list-style-type: none"> • How well targeted and efficient services are: <ul style="list-style-type: none"> ○ Using the National MDS and WAPHA's progress reports to determine the degree to which those in receipt of services reflect the populations most in need as outlined in the Needs Assessment 2017 and the <i>Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia 2017</i>. • How effective services and systems are in relation to: <ul style="list-style-type: none"> ○ Patient experience
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	<ul style="list-style-type: none"> ○ Patient health outcomes ○ Service/system integration ○ Service sustainability including provider experience/governance. <p>The Needs Assessment 2017 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps that WAPHA has developed in conjunction with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.</p> <p>Using the Outcome Maps and the MDS, the PHN will evaluate the performance of services to determine whether and to what extent a reshaping of the structure of supply is required.</p>
Target population cohort	The contracted services focus on Aboriginal people.
Consultation	In monitoring and evaluating the effectiveness of services WAPHA will consult with a range of state-wide and regional peak bodies and representational groups, as well as service providers and consumers/community members.
Collaboration	<p>Country WA PHN is working with WACHS, WA MHC and other key stakeholders where they are co-commissioning body in managing performance. The WAPHA Aboriginal Health and Wellbeing Advisory Group, Regional Clinical Commissioning Committees and community engagement panel and committee members are involved in the ongoing review and monitoring of services.</p> <p>WAPHA is currently working with commissioned providers and Aboriginal health and social care organisations to develop and strengthen strategic partnerships. Opportunities to co-commission, where appropriate, with the state health services and better utilise existing funding are also being explored. The aim is to secure effective and sustainable primary integrated mental health and drug and alcohol treatment and support to meet the needs of Aboriginal people, particularly those in targeted hot-spot areas across the PHN.</p>
Indigenous Specific	Yes, this activity is targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people.

Duration	<ul style="list-style-type: none"> July 2018: Implementation of Model Outcome Maps including two Mandatory Indicators for each Outcome. July 2018: Annual Report for 2017/2018 - analysis of national and local data sets. January 2019: Six Month Review – analysis of national and local data sets and Outcome Maps. July 2019: Annual Report 2018/2019 – analysis of national and local data sets and Outcome Maps.
Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and the South West.
Commissioning method	<p>As the PHNs are operating within the monitoring and evaluation component of the commissioning framework the commissioning of services is not relevant. Should the service evaluations highlight a need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate commissioning method.</p> <p>In terms of Performance Management, information will be sought from the following:</p> <ul style="list-style-type: none"> People who require access to treatment and support services Organisations contracted to provide treatment and support services to Aboriginal people Stakeholders from the broader health and community services.
Approach to market	N/A
Decommissioning	N/A

Proposed Activities	
Activity Title	DATS-ATSI 2 System Integration/Improvement and Workforce Development (previously DATS 3,5 & 6)
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area	<p>WAPHA's strategic priorities include:</p> <ul style="list-style-type: none"> Health Equity and Access Person Centred Models of Care

	<ul style="list-style-type: none"> • Integrated and Outcomes Focused Commissioning • Strong Partnerships • Primary Care Capability. <p>The following priorities from the Needs Assessment Report 2017 (pages14 – 18) apply</p> <ul style="list-style-type: none"> • P5: Build capacity of generalist workforce to respond to AOD related presentations • P6: Build capability of primary health care workforce to recognise and respond to AOD related issues.
Description of Activity	<p>The aim of this activity is to continue activities outlined in the previous AWP to:</p> <ul style="list-style-type: none"> • Increase the integration between AOD treatment and support services, mental health, primary care, including Aboriginal Medical Services and other social and community support services • Enhance the ability for primary care practitioners including General Practitioners to identify, treat and effectively support Aboriginal patients with alcohol and drug related problems including comorbidity • Increase the capacity and capability of the mental health, social care and AOD workforce to provide effective support to Aboriginal people experiencing issues with alcohol and drug use • Provide culturally competent and effective generalist and specialist services to respond to alcohol and drug related problems experienced by Aboriginal people and communities. <p>In 2018-20 Country WA PHN will continue to:</p> <ul style="list-style-type: none"> • Work with the WA General Practice Education and Training (WAGPET), Rural Health West and other relevant training providers to deliver regional education for GP registrars, general practitioners, nurses, pharmacists, Aboriginal health workers and other health professionals targeting those areas identified in the Needs Assessment 2017 and the <i>Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia 2017</i>. • Support continued development and GP uptake of HealthPathways. • Identify opportunities to build capability and upskill generalist and specialist service providers to recognise and respond to alcohol and drug related issues.

	<ul style="list-style-type: none"> • Support opportunities to reduce stigma and barriers to the support and management of Aboriginal people with alcohol and drug use issues. • Encourage uptake of screening and brief intervention within a primary care setting • Continue to participate in state wide and regional planning for Mental Health/Suicide Prevention and AOD services. • Continue support for the development of networks of practitioners with an interest in alcohol and drugs and mental health. <p>As outlined in DATS/ATSI 1, in 2018-19 in reviewing/monitoring and evaluating services the following outcomes will be relevant to this activity:</p> <ul style="list-style-type: none"> • Service/system integration • Service sustainability including provider experience/governance.
Target population cohort	Contracted services and supports are focused on treatment services, general practitioners and general practice staff.
Consultation	In monitoring and evaluating the effectiveness of services WAPHA will consult with a range of state-wide and regional peak bodies and representational groups, as well as service providers and consumers/community members.
Collaboration	<p>Country WA PHN will work with WACHS and Mental Health Commission where they are co-commissioning bodies in managing performance. The WAPHA Aboriginal Health and Wellbeing Advisory Group, Regional Clinical Commissioning Committees and community engagement panel and committee members are involved in the ongoing review and monitoring of services.</p> <p>WAPHA is currently working with commissioned providers, Aboriginal health organisations and GPs to develop and strengthen strategic partnerships, and increase the capacity of the sector to provide adequate and appropriate care to Aboriginal people in targeted areas. This collaborative approach aims to improve the sustainability of local primary integrated mental health and drug and alcohol treatment and support services to provide culturally secure services for Aboriginal people by increasing the capability of GPs and other primary care providers.</p>

Indigenous Specific	Yes, this activity is targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people.
Duration	<ul style="list-style-type: none"> • July 2018: Implementation of Model Outcome Maps including two Mandatory Indicators for each Outcome. • July 2018: Annual Report for 2017/2018 - analysis of national and local data sets. • January 2019: Six Month Review – analysis of national and local data sets and Outcome Maps. • July 2019: Annual Report 2018/2019 – analysis of national and local data sets and Outcome Maps.
Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and the South West.
Commissioning method	<p>As the PHNs are operating within the monitoring and evaluation component of the commissioning framework the commissioning of services is not relevant. Should the service evaluations highlight a need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate commissioning method.</p> <p>In terms of Performance Management, information will be sought from the following:</p> <ul style="list-style-type: none"> • GPs and other health professionals including Aboriginal Community Controlled Health Organisations • Organisations contracted to provide treatment and support services to Aboriginal people • Stakeholders from the broader health and social support service system.
Approach to market	N/A
Decommissioning	N/A