

WA Primary Health Alliance Alcohol and Other Drugs Strategy 2021-2023

Introduction

WA Primary Health Alliance (WAPHA) is funded by the Australian Government to operate the three Primary Health Networks (PHNs) in Western Australia (WA): Perth South, Perth North and Country WA.

WAPHA is responsible for planning, guiding and directing investment towards primary health services, including alcohol and other drug and mental health services.

WAPHA has two key objectives:

- To improve the efficiency and effectiveness of primary health care services for patients, particularly those at risk of poor health outcomes.
- To improve the coordination of care to ensure patients receive the right care, in the right place, at the right time.

WAPHA does not directly provide alcohol and other drug services, but rather commissions services from a wide range of providers including community managed organisations and health service providers. In addition to its role as a commissioner of specialist alcohol and other drug treatment services in areas of high need¹, WAPHA is committed to building the capability and capacity of the primary health care sector to recognise and respond to the needs of people experiencing harm from alcohol and other drug use.

This Alcohol and Other Drugs Strategy has been prepared as an internal resource to support WAPHA staff to make informed commissioning decisions and understand our alcohol and other drug priorities. It provides an overview of WAPHA's remit in reducing harm from alcohol and other drug use, in line with the guidance set by the Australian Government, including the National Drug Strategy 2017-2026, and WAPHA's Strategic Plan: Better Health, Together 2020-2023. Within the WA context, WAPHA recognises that we are one of several funders of alcohol and other drug treatment services and acknowledge that State investment is guided by the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.

WAPHA seeks to achieve improved health and social outcomes for individuals, families, and communities at risk of, or currently affected by, alcohol and other drug use.

Activities are delivered with the aims of:

- increasing drug and alcohol treatment service availability; 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.

1 PHN Needs Assessments www.wapha.org.au/service-providers/health-planning/

WAPHA's Strategic Plan – Better Health, Together 2020-2023

The Alcohol and Other Drugs Strategy draws upon, and aligns with, WAPHA's strategic direction and priorities.

WAPHA's Alcohol and Other Drugs Strategy has been developed to complement our Strategic Plan

Below is our commitment to our Strategic Priorities in the context of alcohol and other drugs.

Commission services in a planned and targeted way

WAPHA will be strategic and more precise in how we allocate finite resources and commission services to ensure we maximise outcomes for consumers.² This Alcohol and Other Drugs Strategy provides a blueprint and explains the factors we will take into account when determining how, for who and where we commission alcohol and other drug treatment services.

Promote and prioritise an integrated health system

Our Alcohol and Other Drugs Strategy highlights our commitment towards a collaborative approach to reducing harm from alcohol and drug use. It describes how we intend to collaborate with other funders, general practitioners (GPs), service providers, consumers and communities to create a more unified health system that is responsive to people impacted by alcohol and other drug use, including co-occurring physical and mental health conditions.

Continuously improve primary health care practice

Through the implementation of regular monitoring, evaluation and continuous improvement, WAPHA will work to ensure a safe and high-quality primary health care service system. Our Alcohol and Other Drugs Strategy outlines priorities focused on developing primary health care practice to provide culturally appropriate services to meet the needs of individuals, families and significant others experiencing harm from alcohol and other drug use.

Empower people in our communities

Our Alcohol and Other Drugs Strategy describes how we aim to engage and advocate for people and communities across WA to help them be active participants in their own health and wellbeing, improving health literacy, self-management and promoting early intervention and harm reduction activities.

² For the purpose of this document, and with recognition of the contextual nature of primary health terminology, we have used the terms consumer, patient and individual interchangeably to describe a person who uses, has used or may use a primary health care service or program.

WAPHA's Strategic Context

This Strategy is designed to be read in conjunction with WAPHA's other strategic documents.

Our approach to alcohol and other drugs as a PHN priority area of focus.

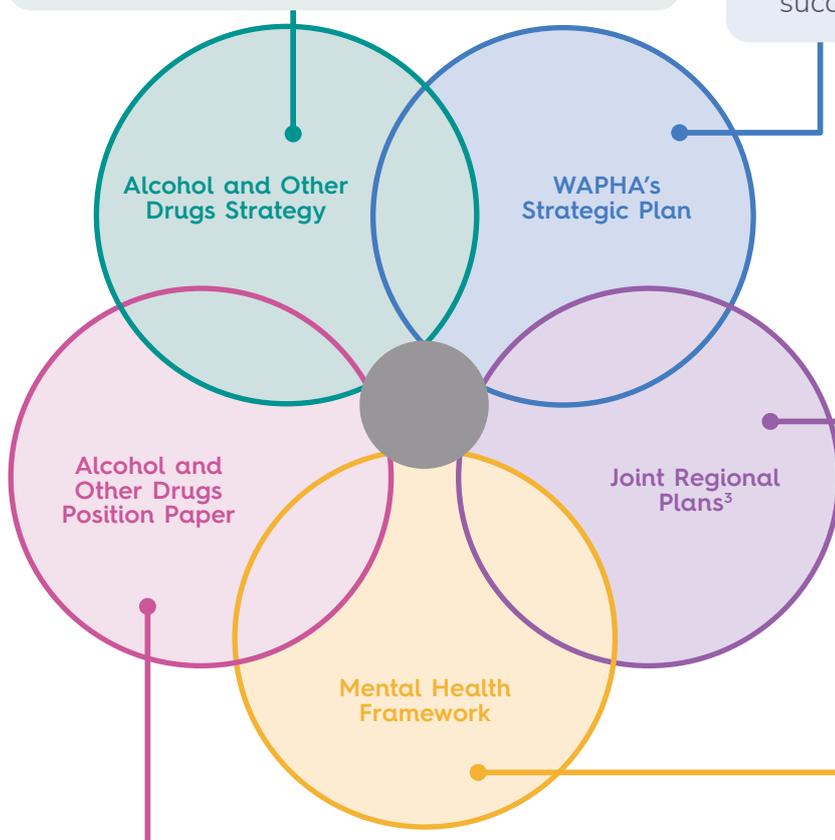
- Provides an overview of WAPHA's commissioning strategy for reducing harm from alcohol and drug use.
- Explains the principles that underpin our approaches.
- Outlines our core priorities.
- Assists WAPHA staff to ensure procurement aligns with Australian Government guidance.

Our vision and direction for the next three years.

- Provides an overview of WAPHA's vision, mission and values.
- Outlines a set of four strategic priorities – our significant commitments for the next three years.
- Outlines a set of four drivers of success – the pivotal enablers for our strategic success.
- Provides guidance on our path for successful implementation.

Our approach to working with our partners to achieve a more integrated system.

- Provides a mechanism to address fragmentation of services, duplication and inefficiencies in service provision.
- Guides a partnership approach to achieve greater connectedness across the mental health system, inclusive of the alcohol and other drug sector and primary health care.



The background and evidence that informs our priorities.

- Communicates in more detail the rationale and scope of our alcohol and other drug activities in alignment with Australian Government guidance.
- Describes WAPHA's remit within the context of State activities and the broader policy context including the National Drug Strategy 2017-2026, National Ice Action Strategy, National Preventive Health Strategy 2021-2030, Primary Health Care 10 Year Plan and the National Aboriginal and Torres Strait Islander Health Plan.

What we currently do and why in the context of Mental Health.

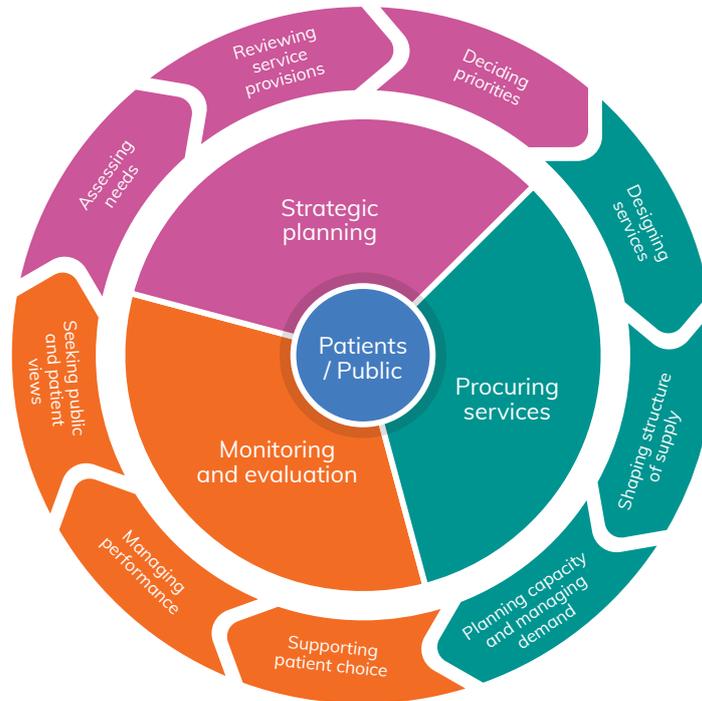
- Communicates the scope of our mental health activities (inclusive of alcohol and other drug co-morbidity) in alignment with Australian Government guidance.
- Provides a location-based framework for how we will apply our approach to investing in mental health services.

³ The first action from the Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan). Governments require Local Hospital Networks (LHNs) and Primary Health Networks (PHNs) to jointly develop and publicly release joint regional mental health and suicide prevention plans.

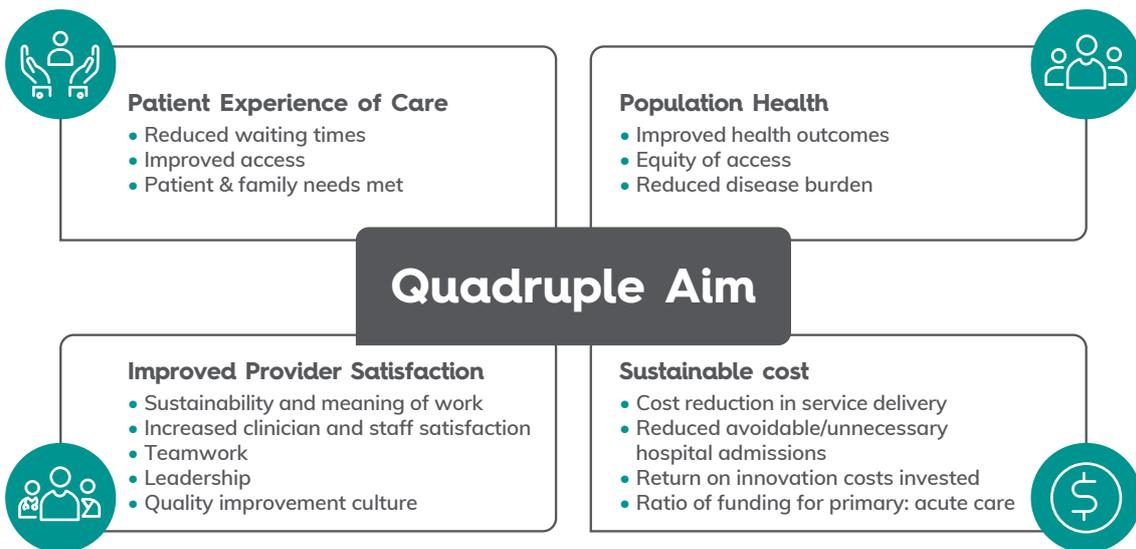
Commissioning for Better Health

Commissioning for Better Health⁴ guides our approach to commissioning to ensure that the services we fund are evidence-based and targeted to meet the needs of people at risk of poor health outcomes. We direct our investment to support local primary health care services be more efficient and effective, easy to navigate, well connected and close to home.

In line with PHN Commissioning Resources, WAPHA's Procurement Policy⁵ and approved Activity Work Plans⁶ we commission services in a manner that seeks to achieve our strategic objectives, provides value for money, and results in positive outcomes for service users.



We are also guided by the Quadruple Aim, a well-regarded framework for optimising health system performance. It outlines four principles that governments, health care planners and providers need to concurrently focus on when designing and examining primary health care delivery. PHNs, the Australian Government and State/Territory Governments now accept the Quadruple Aim to measure, monitor and evaluate services and models of care.



4 www.wapha.org.au/wp-content/uploads/2019/04/Commissioning-for-Better-Health.pdf

5 WAPHA Procurement Policy 2021 (Internal Document)

6 www.wapha.org.au/service-providers/health-planning/activity-work-plans/

Context

Consumption of alcohol, prescription medication and illicit drugs is a major cause of preventable disease and illness. Alcohol plays a role in more than 200 chronic health problems (including cardiovascular disease, cancers, diabetes, overweight and obesity) and the consumption of alcohol during pregnancy can result in birth defects and behavioural and neurodevelopmental abnormalities in the infant.⁷

Like most things, alcohol and other drug use exists on a continuum and while some people may use substances without experiencing significant issues, a proportion of the population will require treatment and support to reduce use and associated harms. Just like other health problems, substance use issues can be treated, with treatment⁸ generally more effective if initiated early. For some people, treatment will be required over the course of their life (consistent with dependence being a chronic condition, like asthma or diabetes), while others may access treatment intermittently as required, and for some, brief or early support will be enough.

Many people with early and problematic use of alcohol and other drugs are likely to have contact with, or seek help from, primary health care professionals. It's important to ensure the primary care workforce is equipped to provide appropriate intervention, support and referral. Stigma and discrimination, such as the use of judgemental language and inappropriate stereotypes, is one of the barriers that prevent people who use alcohol and other drugs from getting help and can contribute to a delay in accessing treatment until problems are severe.

In addition to substance use issues, individuals may have social, psychological or other health care needs, including co-occurring mental health conditions, liver disease, chronic obstructive pulmonary disease and blood borne viruses. People who experience marginalisation, trauma and socio-economic disadvantage are at greater risk of developing alcohol and other drug use problems.

Groups that may experience disproportionate harm include Aboriginal people, people with co-occurring mental health conditions, young people, older people, culturally and linguistically diverse populations, and people identifying as gay, lesbian, bisexual, transgender or intersex.

People living in rural and remote areas can experience a range of underlying drivers of substance use, depending on their circumstances, but all are exacerbated by geographic isolation, the heightened stigma that can occur in smaller communities, longer distances from services and limited transport options to access treatment.

Continual monitoring is necessary to respond to new and emerging issues as patterns of use, workforce availability, and drugs of concern can change over time and may differ from one community to another. For example:

- Harmful use of prescription medications, illicit drugs and alcohol is increasing in **older people** (aged 60 and over).⁹ Older people can be more susceptible to problems as a result of difficulties with pain and medication management, poor health and significant life events.
- **Pharmaceutical opioids** (such as oxycontin and fentanyl) contribute to around two-thirds of opioid overdose deaths in Australia. In 2018, regional WA had the highest rate of unintentional drug overdose deaths in the country.¹⁰
- Problems relating to substance use were present in over one quarter of **suicide** deaths in Australia in 2019.¹¹
- Responses to the **COVID-19** pandemic impacted availability and consumption of alcohol and other drugs as well as access to services.



7 [Australian Institute of Health and Welfare](http://www.aihw.gov.au). www.aihw.gov.au

8 Treatment is defined as: Structured health interventions delivered to individuals (by themselves, with their families, and/or in groups) to reduce the harms from alcohol, tobacco, prescribed medications or other drugs and improve health, social and emotional wellbeing.

9 [National Drug Strategy](http://www.health.gov.au/resources/collections/national-drug-strategy). www.health.gov.au/resources/collections/national-drug-strategy

10 [Australia's Annual Overdose Report 2020 - Penington Institute](https://www.peniningtoninstitute.com.au/australias-annual-overdose-report-2020)

11 www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019

How to use the Alcohol and Other Drugs Strategy

The following six elements of this Strategy, along with the Australian Government's Guidance materials, outline the parameters for what is in scope for WAPHA. Our Alcohol and other Drug Priorities and corresponding initiatives describe the changes we seek to make to the primary health care system in alignment to the Quadruple Aim. It is important that all WAPHA's alcohol and other drug activities align with **one or more of the priorities/initiatives**. In addition to these, specific strategies aligned to our platforms and programs are outlined and are to be read in conjunction with the priorities/initiatives. All elements should inform WAPHA's operational actions.

1

Principles

Is the service/activity consistent with our guiding principles for alcohol and other drugs?

2

Partnerships

Have we defined how we will best utilise partnerships for this service/activity?

3

Priorities

Does the service/activity align with our defined priorities for alcohol and other drugs?

4

Platforms & Programs

What platforms and programs would the service/activity align with?

5

Place

Will the service/activity be delivered sustainably in a place we are targeting?

6

Performance

Have we defined how we will evaluate the performance, purpose and outcome of the service/activity?

1. Principles

1

We recognise problematic alcohol and other drug use as a **health issue**.

2

We believe every person has the right to access health care **without experiencing stigma, discrimination or judgement**.

3

All of our commissioned services are **safe, high quality, culturally responsive and appropriate to the needs and rights of the person receiving care**.

4

We commission treatment interventions that are **evidence-informed, have known effectiveness** and are based on **individual needs and goals**.

5

We orient our services around **general practice to improve the health care of consumers, carers and significant others**.

6

We work closely with key stakeholders towards achieving a **connected primary health care system**.

7

We make strategic commissioning decisions to direct our finite resources to where they will deliver the **most impact**.

2. Partnerships

Our Strategic Plan outlines mature collaborative partnerships as a key driver to our success. We work collaboratively and purposefully at a metropolitan, regional and remote level with consumers, carers, health care providers (primary, secondary and tertiary), social care services, local government and other stakeholders to understand complexities and gaps, identify what is needed to develop seamless care pathways, and work across the care continuum to improve health outcomes. At a local level, we utilise and create partnership arrangements, and promote existing networks and advisory groups to enhance integration and improve information flow across the system.

Our commitment to our partners is below:

Consumers, families, and carers

WAPHA is committed to person-centred care and recognises the requirements and needs for alcohol and other drug services are best understood by the people who use those services. WAPHA will exemplify this commitment through taking a co-design approach where possible in our commissioning and by ensuring the experience of consumers, family, carers and significant others is integral to the continuous improvement of services.

General Practice

WAPHA recognises the role of general practice in the prevention, early intervention and treatment of alcohol and drug related harm. WAPHA is committed to enabling general practice to inform service design to ensure their role is elevated and integrated where possible. This includes GPs and other members of the general practice care team, such as practice nurses and Aboriginal Health workers.

Peak bodies

WAPHA understands the importance of involving peak bodies including the WA Network of Alcohol and Drug Agencies (WANADA), Alcohol and Other Drug Consumer and Community Coalition (AODCCC) and Aboriginal Health Council of WA (AHCWA) in the design of models of care, advocacy, developing the workforce, collaboration and consultation with the members they represent, and engagement with the community sector more broadly.

Aboriginal Community Controlled Organisations / Health Services (ACCO/ACCHS) and community representatives

WAPHA fosters relationships with Aboriginal people and communities that are built on respect and trust and works closely with ACCHSs and ACCOs to facilitate culturally safe service delivery. WAPHA recognises the importance of choice for Aboriginal people in the services they access and actively supports strategies to enhance cultural appropriateness across the primary health care system.

WA Mental Health Commission (MHC) and Health Service Providers (HSPs)

WAPHA works with the MHC and HSPs to connect prevention and treatment service delivery through planned and coordinated commissioning and structured system change. This is reflected through a Memorandum of Understanding with the MHC, Partnership Protocol agreements with HSPs, and joint agreement to the WA Foundational Plan for Mental Health, Alcohol and Other Drug Services, and Suicide Prevention.

Health, Welfare and Community Service Providers

Through engagement with the diversity of local service providers, including local government, we explore opportunities to leverage current strengths and facilitate collaborative responses to achieve system level change.

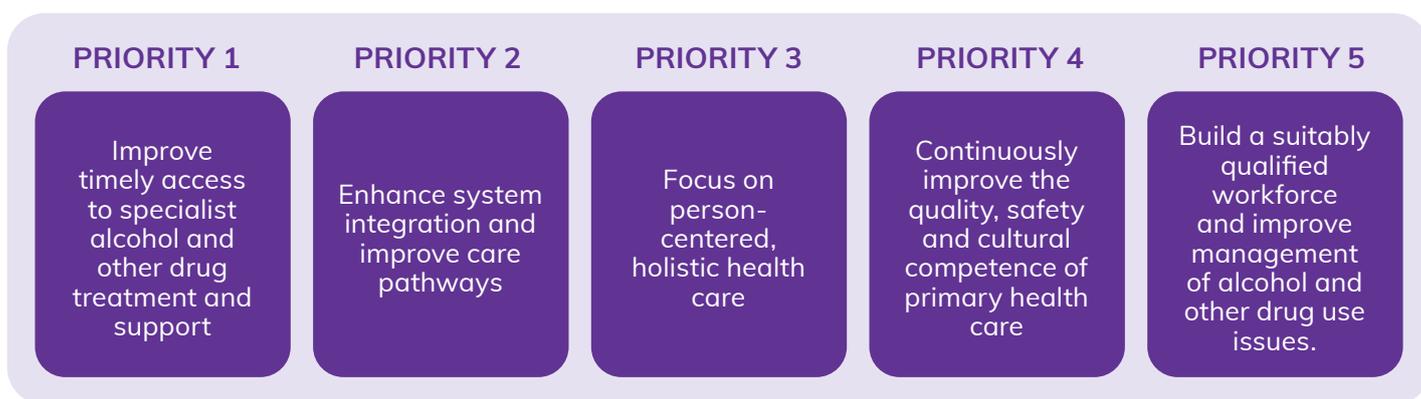
These connections are important in developing inter-agency responses to complex health and social care problems.

3. Priorities

We have identified five alcohol and other drug priorities, outlined below. These priorities underpin our commissioning, collaborative approach to systemic change and commitment to reducing harm within a preventative health context. The corresponding initiatives outline how we propose to achieve our priorities.

Each initiative is aligned to one of the strategic priorities from our strategic plan:

- Commission in a planned and targeted way
- Promote and prioritise an integrated health system
- Continuously improve primary care practice
- Empower people and communities



| Priority | Initiatives |
|---|---|
| 1. Improve timely access to specialist alcohol and other drug treatment and support | 1.1 Commission low-cost (free to consumer) alcohol and other drug treatment interventions in areas with limited-service availability but high demand that utilise technology and innovative models of care to offer convenience to service users. |
| | 1.2 Enable primary health care providers to adopt universal screening and assessment for harms associated with alcohol and other drug use (including medications) within the context of health and wellbeing and promote use of validated tools. |
| | 1.3 Increase access to brief and early alcohol and other drug treatment interventions for people with or at risk of mild to moderate harm from alcohol and other drug use to prevent escalating acuity. |
| | 1.4 Commission models of care designed to meet the needs of young people, and leverage the network of headspace services, uplifting their role in the treatment of alcohol and drug issues. |
| | 1.5 Contribute to strategies to reduce alcohol and other drug use during periods of increased risk, including pregnancy, postnatal periods and pre-conception. |
| | 1.6 Commission models of care that are inclusive of families and significant others and positively impact on intergenerational patterns of alcohol and other drug use. |
| | 1.7 Commission services that are culturally safe and appropriate for diverse groups including models of care designed to meet the needs of Aboriginal people. |
| | 1.8 Commission models of care designed to meet the needs of people with co-occurring mental health and/or physical health conditions and alcohol and other drug use issues. |

| Priority | Initiatives |
|---|---|
| 2. Enhance system integration and improve care pathways | 2.1 Utilise governance arrangements and partnership agreements with Health Service Providers, the Mental Health Commission and others to support coordinated planning and service delivery at a State and regional level. |
| | 2.2 Co-design service models and care pathways that are easy to navigate and provide a seamless experience for consumers, carers/significant others, health professionals and the service sector. |
| | 2.3 Drive cooperation, coordination and collaboration between general practice, mental health services, alcohol and other drug specialists and social care services through use of patient experience data, fostering partnerships, promotion of transparent referral mechanisms, and development of care pathways (including utilisation of HealthPathways). |
| | 2.4 Contribute to the development of local health region alcohol and other drug plans in consultation with key stakeholders to leverage what exists and support place-based approaches to planning, delivery and evaluation of strategies and services. |
| | 2.5 Work with key partners and commissioned service providers to improve referrals and feedback between primary care practitioners and alcohol and other drug specialist treatment providers. ¹² |
| | 2.6 Work with key partners to support quality use of medicines including safer prescribing practices and access to medication assisted treatment of alcohol and other drug dependence. |
| 3. Focus on person-centered, holistic health care | 3.1 Orient the commissioning of alcohol and other drug treatment services to support people to connect and remain engaged with primary care (including general practice and allied health) and facilitate improvements in alcohol and other drug health literacy. |
| | 3.2 Ensure commissioned alcohol and other drug services implement best practice approaches to treatment and support of people with co-occurring physical and mental health issues. |
| | 3.3 Ensure that WAPHA's programs and services designed to target chronic and other health conditions consider opportunities to address alcohol and other drug use as part of their model/s of care. |
| | 3.4 Capture and utilise patient experience data and outcomes, to inform continuous improvement (maintaining consumer privacy and ensuring data usage does not contribute to stigma). |
| | 3.5 Contribute to the elimination of Hepatitis C and reduction of other blood borne viruses by supporting initiatives to increase screening and treatment within primary care settings. |
| | 3.6 Leverage existing evidence informed resources and campaigns designed to prevent and reduce harms from alcohol and other drug use by encouraging promotion and application in general practice settings. |
| | 3.7 Contribute to improving the visibility and uptake of harm-reduction strategies and promote their role in reducing stigma and encouraging people to seek help. |

| Priority | Initiatives |
|--|---|
| 4. Continuously improve the quality, safety and cultural competence of primary health care | 4.1 Demonstrate and promote the use of appropriate and non-judgmental language regarding substance use disorders, addictions and about those who use alcohol and other drugs. |
| | 4.2 Facilitate the development of cultural competence and capability within commissioned services and primary care (whole of practice). |
| | 4.3 Ensure that WAPHA's commissioning policies, processes and practices reinforce the application of evidence-based and culturally appropriate guidelines and tools for alcohol and other drug treatment and support. |
| | 4.4 Monitor and evaluate commissioned services to determine progress towards achieving expected outcomes in an efficient and cost-effective manner and identify service issues, gaps, underperformance and areas for improvement. |
| | 4.5 Ensure commissioned service providers are appropriately accredited in line with the National Quality Framework and activities are underpinned by sound clinical governance and the National Treatment Framework. |
| | 4.6 In collaboration with the WA Mental Health Commission, WA Network of Alcohol and Drug Agencies and commissioned service providers improve data collection and reporting systems, and mechanisms to demonstrate outcomes and inform quality improvement. |
| 5. Build a suitably qualified workforce and improve management of alcohol and other drug use issues. | 5.1 Contribute to the development of the peer workforce and promote models of practice that include peer workers in designated roles and as members of multidisciplinary teams. |
| | 5.2 Develop workforce capability to meet the alcohol and other drug treatment needs of Aboriginal people, including supporting the employment and training of Aboriginal people to work in the sector and supporting Aboriginal organisations to achieve appropriate accreditation. |
| | 5.3 In partnership with key stakeholders, support primary care and allied health practitioners to access education, training, clinical advice and peer support to improve the management of alcohol and other drug issues in a primary care setting. |
| | 5.4 Contribute to workforce planning and development of existing professionals, volunteers and new entrants to ensure a sustainable and flexible workforce that is competent, culturally safe, and capable of meeting future challenges, innovation and reform. |
| | 5.5 Develop workforce capability to meet the treatment and support needs of people with co-occurring mental health conditions and substance use issues. |

4. Platforms and Programs

4.1 Platforms

WAPHA utilises various platforms to support the delivery of its commissioned services and general practice support functions. A platform refers to one of WAPHA's flagship initiatives, which serve as both a foundation upon which programs can operate and a gateway to primary health care. Platforms help integrate systems of care and ensure the needs and preferences of consumers/patients are the core focus. The table below provides an overview of platforms relevant to WAPHA's alcohol and other drug activities.

| Platform | Platform description | Strategy |
|--|---|--|
|  <p>HealthPathways WA Clinical decision support</p> | <p>An online portal that provides clinicians with clear and concise guidance for assessing, managing and referring patients (including those experiencing mental health and alcohol and other drug issues) across WA.</p> | <p>Continue to develop, update, localise and promote the use of alcohol and drug and mental health specific pathways.</p> <p>Utilise the pathways to promote available services and support education, training and other activities to improve the interface between primary care practitioners and specialists working in a community and/or acute/hospital setting.</p> |
|  <p>Practice Assist Strengthening general practice in WA</p> | <p>Practice Assist provides guidance, leadership and tools to build sustainable business models for general practices throughout WA.</p> | <p>Continue to develop, update, localise and promote the use of alcohol and drug information and resources.</p> |
| <p>Initial Assessment and Referral Service (IAR)</p> | <p>Provision of an effective, statewide system for the initial assessment and referral of individuals presenting with mental health conditions in primary health care settings.</p> | <p>Design, pilot, monitor and implement IAR (during 2020-2022)</p> <p>Embed IAR in general practice workflows and HealthPathways</p> |
|  <p>my community directory</p> | <p>An online directory of local health, social and community services across the state.</p> | <p>Continue to develop, update, localise and promote the use My Community Directory.</p> |

4.2 Programs

WAPHA's alcohol and other drug programs are aligned to our guidance and designed to meet specific health needs. The term program is used broadly in this context and refers to our long-term alcohol and other drug activities. The table below and subsequent pages outlines program scope, commissioning strategy or area of focus, and relevant guidance.

| Program | Scope | Commissioning Strategy / Areas of Focus | Guidance / Evidence |
|--|--|---|---|
| Aboriginal Treatment and Support Services | Targeted and culturally appropriate alcohol and other drug treatment and support services for Aboriginal people of all ages. | <ul style="list-style-type: none"> Review current approaches and WAPHA investment in services targeting Aboriginal people. <p>Work in partnership with Aboriginal stakeholders and key partners to:</p> <ul style="list-style-type: none"> Ensure new and existing service models are culturally appropriate, locally relevant and informed by evidence of what works. Increase the provision of services for Aboriginal people that are delivered by Aboriginal people. Facilitate opportunities for Aboriginal Community Controlled organisations to obtain appropriate accreditation to be commissioned to deliver alcohol and other drug treatment services. Facilitate opportunities for alcohol and other drug service providers and Aboriginal Community Controlled Health Services to share information and collaborate on approaches to meet the needs of Aboriginal people. Contribute to strategies to recruit, train and retain Aboriginal staff in both mainstream and Aboriginal-specific services. | <p>Guidance for Primary Health Networks: Commissioning of Alcohol and Other Drug Treatment Services (Not publicly available)</p> <p>Drug and Alcohol Treatment Information Strategy (Not publicly available)</p> <p>WAPHA Aboriginal Health Strategy (In development)</p> <p>WAPHA Cultural Competency Framework (in development)</p> <p>National Treatment Framework</p> <p>National Quality Framework</p> <p>Resources: Strong Spirit Strong Mind strongspiritstrongmind.com.au/</p> <p>AOD Knowledge Centre aodknowledgecentre.ecu.edu.au/</p> |
| Regional, Rural and Remote Services | Specialist alcohol and other drug treatment and support closer to home for people living in regional, rural and remote communities through use of technology, innovation and partnerships. | <p>Work with the Mental Health Commission and other key partners to:</p> <ul style="list-style-type: none"> Develop service models to improve access to specialist treatment. Prioritise models of care that incorporate use of available technology and the existing workforce to overcome access barriers. Prioritise strategies to enhance access to clinical advice and support for rural primary care clinicians. | <p>Guidance for Primary Health Networks: Commissioning of Alcohol and Other Drug Treatment Services (Not publicly available)</p> <p>Drug and Alcohol Treatment Information Strategy (Not publicly available)</p> <p>National Treatment Framework</p> <p>National Quality Framework</p> |

| Program | Scope | Commissioning Strategy / Areas of Focus | Guidance / Evidence |
|----------------------------------|--|--|--|
| Specialist Treatment and Support | <p>Targeted and culturally appropriate approaches to high prevalence population groups and regions at increased risk of, exposure to, and harm from alcohol and other drugs.</p> <p>Priority target groups include:</p> <ul style="list-style-type: none"> Aboriginal people People with mental health conditions Children, parents and families Young people (between the ages of 10-24 years) Older people (over 60 years) Culturally and linguistically diverse populations People identifying as lesbian, gay, bisexual, transgender, and/or intersex <p>In scope interventions:</p> <ol style="list-style-type: none"> Interventions to reduce the immediate or short-term harms¹³ and provide opportunities for improved physical and mental health, and social and emotional wellbeing. Interventions to screen, assess and co-ordinate care. Focused on identifying and assessing harmful consumption patterns, facilitating referral to more intensive interventions and providing coordinated care and case management services. | <ul style="list-style-type: none"> Work closely with the Mental Health Commission to ensure activity complements and does not duplicate State investments. Review existing investment and identify opportunities to better leverage the existing and planned service system and add value through targeted interventions in priority locations. <p>Models of Care</p> <p>Prioritise models of care that:</p> <ul style="list-style-type: none"> Use treatment interventions demonstrated to reduce drug dependence and designed to encourage treatment engagement and compliance. Demonstrate a connection between primary care and specialist alcohol and drug treatment. Integrate e-Health treatment options into established in-person models of care to improve access. Seek to intervene early to prevent escalating acuity. <p>Develop new, or enhance existing, models of care that:</p> <ul style="list-style-type: none"> Incorporate the use of peer workers as part of treatment approaches to connect consumers with social, mental and other health supports. Offer walk-in and no-wait options to enable timely access to services. Offer in-reach / co location of alcohol and drug specialists within primary care settings. <p>Explore opportunities to:</p> <ul style="list-style-type: none"> Enable nursing and allied health workers in general practice to support people presenting with alcohol and other drug issues (e.g expand role of WAPHA commissioned social workers, non-dispensing pharmacists and Aboriginal Health workers). Support mental health specialists trained in the treatment of high prevalence disorders within alcohol and other drug service settings. | <p>Guidance for Primary Health Networks: Commissioning of Alcohol and Other Drug Treatment Services (Not publicly available)</p> <p>Drug and Alcohol Treatment Information Strategy (Not publicly available)</p> <p>National Treatment Framework</p> <p>National Quality Framework</p> <p>WAPHA Cultural Competency Framework (in development)</p> <p>WAPHA Rainbow Tick Activity Plan</p> <p>WAPHA's Aged Care Strategy (In development)</p> <p>National Drug Strategy</p> <p>Resources:</p> <p>National Health and Medical Research Council's Australian Guidelines to Reduce Health Risks from Drinking Alcohol.</p> <p>WA Mental Health Commission: Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025 (YPPA).</p> |
| | | | |

13 Primary prevention, tobacco cessation, needle and syringe programs, sobering up centres and crisis intervention centres are out of scope for WAPHA.

| Program | Scope | Commissioning Strategy / Areas of Focus | Guidance / Evidence |
|---------|---|--|---------------------|
| | <p>3. Intensive interventions¹⁴. Therapeutic and evidence-informed interventions focused on changing behaviour, enhancing physical and mental health, and social and emotional wellbeing. Includes out-patient withdrawal management (detoxification); psycho-social¹⁵ counselling, rehabilitation and pharmacotherapy.</p> | <ul style="list-style-type: none"> • Improve access to locally provided (community based) withdrawal and detoxification options including GP led models of care. • Promote multidisciplinary approaches to pain assessment and management that evaluates the role and limitations of opioids, promotes self-efficacy and raises awareness of opioid alternatives. <p>Continuity of Care</p> <ul style="list-style-type: none"> • Work in partnership with the Mental Health Commission, Health Service Providers and other stakeholders to improve entry, post-treatment transition planning and after care interventions for people who require intensive specialist treatment (residential rehabilitation, detoxification and withdrawal) and crisis intervention services. <p>Priority Groups</p> <ul style="list-style-type: none"> • Work closely with State Government partners to ensure a coordinated approach to design of services for children and young people. • In line with WAPHA's Aged Care Strategy, design models of care to support older people experiencing alcohol and other drug problems including those as a result of difficulties with pain, medication management, isolation, poor health, and significant life events. • Promote screening of women who are pregnant for use of alcohol and other drugs and work with key partners to enhance effective antenatal and postnatal care of mothers, newborns and their significant others. • In partnership with State Government and other stakeholders contribute to collaborative models that support functional recovery for people with substance use issues. | |

14 Commissioning of residential rehabilitation and in-patient detoxification and withdrawal beds are out of scope for WAPHA. Rehabilitation and community-based withdrawal provided on a non-residential basis can be considered.

15 Psycho-social counselling can be delivered individually (one on one) or in groups and may involve family members or be delivered to family members alone.

| Program | Scope | Commissioning Strategy / Areas of Focus | Guidance / Evidence |
|--|--|---|--|
| <p>General Practice Support</p> | <p>Initiatives to build the confidence and capability of the primary care workforce to recognise and respond to alcohol and other drug use issues.</p> | <ul style="list-style-type: none"> • Work with key partners including the Royal Australian College of General Practitioners and Australian College of Rural and Remote Medicine to leverage and promote alcohol and other drug education and training for the current and future primary health care workforce. <p>Quality Improvement</p> <ul style="list-style-type: none"> • Review current approaches to engaging and supporting primary health care practitioners and general practice on the topic of alcohol and other drugs. • Develop and implement a program of data driven quality improvement activities for general practice that responds to identified needs and leverages existing materials, relationships, incentives and initiatives. • Promote universal screening, assessment and intervention for alcohol and other drug conditions for people presenting to primary care settings including general practice, allied health and community pharmacy. <p>Clinical Support and Advice</p> <ul style="list-style-type: none"> • Work with key partners and stakeholders to establish a WA alcohol and other drug community of practice for primary care practitioners utilising Project ECHO or other structured approach, building on existing programs and initiatives. • Promote the use of clinical support tools including HealthPathways, Practice Assist and Next Step's Drug and Alcohol Clinical Advisory Service¹⁶ to primary health and allied health care professionals. • Work with stakeholders to assist primary health care professionals engage with specialist alcohol and other drug service providers to improve the physical health and wellbeing of service users. | <p>No specific guidance.</p> <p>Resources:</p> <p>RACGP - Alcohol & Other Drugs GP Education Program</p> <p>ACCRM Drug and Alcohol Addiction Education Program</p> <p>NCETA Alcohol and other Drug Screening and Withdrawal Tools Collection</p> |

| Program | Scope | Commissioning Strategy / Areas of Focus | Guidance / Evidence |
|---------|-------|--|---------------------|
| | | <p>Quality Use of Medicines</p> <ul style="list-style-type: none"> • Work with key partners to support implementation of the Real Time Prescription Monitoring Service, safer prescribing practices and medication assisted treatment of opioid and other drug dependence. • In collaboration with the WA Department of Health and Mental Health Commission support engagement of primary care practitioners in community pharmacotherapy initiatives. • Contribute to strategies to prevent and respond to overdose including access to naloxone and implementation of the Take Home Naloxone Pilot. • Consider expanded role of non-dispensing pharmacists in general practice to include alcohol and other drug quality improvement activities. • Promote use of Medicare Benefits Schedule items that remunerate and target medication review and non-pharmacological management of certain conditions. • In collaboration with WA Department of Health, provide information and support to general practice regarding the prescribing of medicinal cannabis. | |

| Program | Scope | Commissioning Strategy / Areas of Focus | Guidance / Evidence |
|--|---|--|--|
| <p>Workforce Development for Health Professionals</p> | <p>Initiatives to build the confidence and capability of the primary health care workforce to recognise and respond to alcohol and other drug use issues (inclusive of generalist and specialist services).</p> | <ul style="list-style-type: none"> • In partnership with the Mental Health Commission and WA Network of Alcohol and Drug Agencies, contribute to continuous quality improvement of the alcohol and other drug sector. • Build the co-occurring confidence and capability of alcohol and other drug, mental health and generalist service providers through promotion and use of co-morbidity guidelines and benchmarking and fidelity tools¹⁷. • Work with alcohol and other drug service providers, and consumer and peer led organisations to ensure that service users, families and significant others are involved in the design and delivery of services, including training and professional development activities. • In line with WAPHA's Cultural Competency Framework assess and develop the confidence and capability of commissioned service providers to deliver culturally appropriate services (including provision of services to people who identify as Aboriginal, CALD and LGBTQI+). • Review past investment in workforce development initiatives and identify initiatives that could be leveraged (through promotion, expansion or adaptation). • In partnership with the Mental Health Commission, WA Network of Alcohol and other Drug Agencies and other key partners support service providers to obtain and retain suitable alcohol and other drug accreditation. • In partnership with the Mental Health Commission and WA Network of Alcohol and Drug Agencies contribute to initiatives to grow and develop the generalist and specialist alcohol and other drug workforce (including uptake of technology and innovative models of care). | <p>No specific guidance</p> <p>WAPHA Cultural Competency Framework (in development)</p> <p>Resources WA Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020-2025</p> |

¹⁷ For example the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index and Dual Diagnosis Capability in Mental Health Treatment (DDCMHT).

Connection to WAPHA’s Mental Health Strategy

WAPHA’s strategic approach to the commissioning of alcohol and other drugs, mental health and suicide prevention activity is cognizant of the significant overlap of people who experience substance use issues in addition to experiencing mental illness. The following programs are included in our Mental Health Strategy and the commissioning strategies/area of focus listed below are specifically pertinent to alcohol and other drug related actions.

| Program | Scope | Commissioning Strategy / Areas of Focus | Guidance / Evidence |
|--|---|---|---|
| Adult Mental Health Centre (Perth North) | The Centre is intended to provide a welcoming, low stigma soft entry point (i.e. no wrong door approach) for people who may be experiencing distress or crisis, that requires immediate assessment, short term treatment and/or connection/reconnection to other services for mental health and alcohol and other drug issues.. | <ul style="list-style-type: none"> • Work with state government partners and other stakeholders to ensure design integrates with (and does not duplicate) existing and planned alcohol and drug and mental health services for the region. | Service Model for Adult Mental Health Centres |
| Services for Children and Young People with or at Risk of Mild to Moderate Mental Illness | Early intervention mental health services for young people aged 12-25 years with, or at risk of, mild to moderate mental illness. | <ul style="list-style-type: none"> • As part of headspace program review, investigate extent of service activity to address alcohol and drug and co-morbidity and identify opportunities for improvement. • Increase linkages between commissioned alcohol and drug services and headspace. | Child and Youth Mental Health Services |
| Virtual Psychology Clinic (Telehealth & e-health assessments & interventions) | Provision of free, high quality mental health assessment and treatment to Western Australians aged 16 and over, who are experiencing challenges related to low mood, anxiety or substance use. | <ul style="list-style-type: none"> • Continued refinement of the statewide Practitioner Online Referral Treatment Service (PORTS) program including strategies to increase uptake of treatment and support for alcohol and other drug use issues. | Psychological Therapies provided by Mental Health Professionals for Underserved Groups Aboriginal and Torres Strait Islander Mental Health Services Low Intensity Mental Health Services for Early Intervention |
| Integrated Primary Mental Health Care (Portals) | <p>Provision of a stepped care approach for people with, or at risk of, mental health conditions in regional Western Australia.</p> <p>Consisting of clinical care coordination, low intensity and psychological therapy services delivered face-to-face, by telephone, and/or online.</p> | <ul style="list-style-type: none"> • As part of the development of the portals program investigate the extent to which the model and commissioned services respond to alcohol and drug use and co-morbidity and identify opportunities for improvement. | Psychological Therapies provided by Mental Health Professionals for Underserved Groups Aboriginal and Torres Strait Islander Mental Health Services Low Intensity Mental Health Services for Early Intervention |

| Program | Scope | Commissioning Strategy / Areas of Focus | Guidance / Evidence |
|---|---|--|---|
| Psychological Therapies Provided by Mental Health Professionals for Underserved Groups | Evidence based treatment for people with mild to moderate mental illness. | <ul style="list-style-type: none"> Continued refinement of commissioned service models and development of workforce capability to address co-occurring mental health and substance use. | <i>Psychological Therapies provided by Mental Health Professionals for Underserved Groups</i> |
| Services for People with Severe or Complex Mental Illness | Evidence-informed, short-term, focused psychological interventions for people with severe mental illness who can be managed within primary care settings. Clinical care coordination. | <ul style="list-style-type: none"> Ensure service models incorporate focus on people experiencing co-occurring mental health and alcohol and other drug issues. | <i>Primary Mental Health Care Services for People with Severe Mental Illness</i> |
| Suicide Prevention services | Services to address the needs of people at risk of suicide, including aftercare and support following a suicide attempt. | <ul style="list-style-type: none"> Incorporate consideration of strategies to reduce harm from alcohol other drug use and include appropriate pathways to treatment in the design of suicide prevention, postvention and after care services. | <i>Regional Approach to Suicide Prevention</i> <i>An evidence-based systems approach to suicide prevention: guidance on planning, commissioning and monitoring</i> |

5. Place

The provision of health care services across WA is not uniform. This has a profound effect on health care utilisation and outcomes. The variation is largely due to misaligned governance, planning and funding and the consequence is a multiplicity of providers, with competing and overlapping objectives and incentives and little integration. The health care system is unbalanced because the drivers are. Simply funding more services in places (locations) that have higher than average rates of disadvantage, for example, will not fix the problem. It is more complex and requires a systemic, multi-level approach in partnership with others.

Given our limited resourcing and important role in supporting general practice, WAPHA must be deliberate in where it directs investment. Commissioned services that can be provided virtually (telephone, internet) will be available to people irrespective of their location, while in-person services will be developed as suites of place-based offerings.

Determining the priority locations for place-based services involves a balance of what can be achieved in terms of maximising individual benefit relative to the level of unmet need. Our place-based decision making is informed by:

- An understanding of existing service provision. We will work in partnership with stakeholders to understand the whole system before we commission.
- Iterative needs assessments, including population health analysis and consultation with clinicians, community, service providers and partner agencies. We will ensure our commissioning decisions are well-defined, justified and transparent.
- Existence of critical dependencies. We will prioritise investment in locations that offer the conditions, workforce and infrastructure conducive to making an impact.

To achieve person-centred, quality care (that is holistic), and to maximise finite resources, WAPHA has identified the following parameters (critical dependencies) that need to be present in a place:

1. A collaborative approach to system integration among stakeholders.
2. Accessible general practitioners with appropriate scope and local knowledge.
3. Access to social services e.g housing, financial and employment supports.
4. Pathways to care integration and coordination.
5. Service infrastructure to respond to specific groups e.g youth, older adults.

Where these dependencies are not in place in a location, we will work with our key partners to establish these critical conditions, so programs can be successful in the future.

We recognise that for Aboriginal people, 'place' means more than the physical location of residence. Connection to culture, family and community is central to the health and wellbeing of Aboriginal people. "Community is where we live, support family, maintain our connections to country and culture and go to school and work. These factors are important in developing a strong sense of community. We need to feel safe in our community and know we can find help, including health services close by if we need them. Maintaining and developing the connections between community and services is important in developing healthy communities."¹⁷



6. Performance

As articulated in our strategic plan, WAPHA's priorities include continuously improving primary health care practice and commissioning services in a planned and targeted way. To achieve these priorities, WAPHA is developing key frameworks to monitor, evaluate and measure the success of our programs and services.

1. **Commissioned Services Performance Management Framework** - will enable commissioned service providers to be clear on WAPHA's expectations in relation to service delivery and how performance will be measured. The Framework will support a shared understanding of performance objectives and indicators between WAPHA and service providers and support greater clarity in the commissioning process.
2. **Evaluation Framework** - will outline our approach to integrate evaluation across all elements of the commissioning cycle and evaluate the fidelity, quality, effectiveness, impact, and value for money of programs and services.

The PHN Program Performance and Quality Framework¹⁹ assists to measure how our functions and activities contribute towards achieving PHN objectives. The following performance indicators are specific to PHN alcohol and other drug activities:

- W1: Rate of drug and alcohol treatment service providers with suitable accreditation
- W2: PHN support for drug and alcohol commissioned health professionals
- IH3: Evidence that all drug and alcohol commissioned services are culturally appropriate for Aboriginal and Torres Strait Islander people
- AOD1: Rate of drug and alcohol commissioned providers actively delivering services
- AOD2: Partnerships established with local key stakeholders for drug and alcohol treatment services

WAPHA's strategy for commissioned programs and services includes:

EVALUATION

Evaluating programs and services to assess impact, identify opportunities for continuous improvement, confirm specific location demand and ensure alignment with Australian Government PHN Guidance Materials.

SERVICE PROVIDER PERFORMANCE

Assessment of service provider's performance against the WAPHA's Commissioned Services Performance Management Framework, with further consultation if required.

SYSTEM CONNECTION

Ensuring services are not operating in isolation and are connected to primary care and other services within the local health care system.

PRIORITY LOCATIONS

Assessing whether there are other locations where a service should be a priority for implementation.

BEST PRACTICE

Ensuring all services operate in line with best practice approaches.

BENCHMARKING

Develop benchmarking to inform/improve program outcomes based on regular program level evaluation.

¹⁹ V1.1 - PHN Program Performance and Quality Framework.pdf (health.gov.au)



**WA Primary
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Acknowledgement

WA Primary Health Alliance acknowledges and pays respect to the Traditional Owners and Elders of this country and recognises the significant importance of their cultural heritage, values and beliefs and how these contribute to the positive health and wellbeing of the whole community.

Disclaimer

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