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Activity Work Plan 2018-2019:

Alcohol and Other Drugs Funding

1. Strategic Vision for Drug and Alcohol Treatment Funding

The WQPHN will continue to develop systems and capabilities to ensure effective corporate, clinical and program governance and consumer engagement to support better primary mental health and care and drug and alcohol treatment services for the state's most remote and isolated populations. WQPHN's strategic vision for drug and alcohol treatment funding is, like mental health and suicide prevention, founded on the delivery of a comprehensive primary health care system.

The Western Queensland Health Needs Assessment presents a sobering critique of mental health and drug and alcohol treatment services within our catchment:

- diluted by low population numbers and dispersed over a large geography to the point of ineffective or uncertain coverage;
- impeded in delivering effective, efficient care by the separation between State and Commonwealth funded services; and,
- facing some of the highest substance abuse morbidity and mortality in Australia.
- Chronic shortage of detox and treatment facilities within catchment
- Fundamental lack of clinical knowledge and community awareness around methamphetamine (ATP use and behaviours)
- Paucity of health intelligence regarding drug use patterns, behaviours and co-morbidity characteristics

WQPHN's Strategic vision for Drug and Alcohol Treatment Services (as described in the *MH&DA Regional Plan*) has resulted in the implementation of four (4) mainstream contracted treatment services and four (4) AICCHSs providing social and emotional wellbeing services and treatment services. It is envisaged that Western Queensland will see enhanced consolidation and improvements in the provision of the commissioned services; the systems for referral; the information sharing opportunities; capacity building of community; and improved access to services. The activities described in the updated AODs AWP 2018-19 ensures compliance with Performance Indicator under the four Performance Domains described as program management, access, effectiveness, and appropriateness are at the core of WQPHN Commissioning Activities.

Supporting the Strategic Plan for AODs are the building blocks of stepped care identified in a co-design and co-commissioning approach as described in the WQPHN *MH&DA Regional Plan 2017-2020*. This approach includes a comprehensive range of Mental Health services; evidence based, systems-based, region wide approach to Suicide Prevention; an electronic referral system and the development of a unique alliance with the four AICCHSs; called *Nukal Murra*. The future direction for WQPHN *MH&DA Regional Plan 2017-2020* is described in the nine (9) building blocks underpinning all the activities and engagement of the AODS AWP 2018-19.

They are:-

- Stepped Care
- Community Controlled Strategy
- HHS Clinical Support and Shared Care
- General Practice Capacity
- Increased Access Using Digital Technology
- Joint Planning and Monitoring
- Clinical Governance
- Place Based Commissioning
- Consumers and Carers

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

Proposed Activities	
Activity Title <i>(e.g. Activity 1, 2, 3 etc.)</i>	<p>2018-19 DA-1 Commissioned Drug and Alcohol Treatment Services align with key stakeholder priorities and PHN Performance Framework</p> <p>DA1.1 Ensure allocated funding for commissioned services is expended on in-scope activities DA1.2 Expand integrated referral pathways to support better treatment for drug and alcohol addictions DA1.3 Review established partnerships and collaborations to ensure joint planning; co-design and co-commissioning</p>
Existing, Modified, or New Activity	2018-19 Modified
Needs Assessment Priority Area <i>(e.g. Priority 1, 2, 3, etc.)</i>	<p>Workforce support and capability</p> <p>Inter-sectoral collaboration and integration</p> <p>Joint planning</p> <p>Multi disciplinary team based care</p> <p>Clinical pathways</p>
Description of Drug and Alcohol Treatment Activity	As identified in the WQPHN HNA 2016, with the exception of brief interventions provided through general practice (by GPs), the Hospital and Health Services are the only providers of Drug and Alcohol treatment services in the South West and Central West regions of the WQPHN. These treatment services are predominantly focused on drug and alcohol counselling, but as solo positions, they have very limited capacity to service large geographical areas. The ACCHO organisations in the South West do not fund or provide specialist drug and alcohol treatment services. There is no

Aboriginal Community Controlled Health Organisation in the Central West. While the capacity of the NWHHS to deliver drug and alcohol services from Mt Is has increased in recent years, these are not well connected to GPs, the ACCHO organisation and the NGO provider of residential rehabilitation services in the North West.

The WQ HNA showed limited availability and capacity of drug and alcohol treatment services, and near absence of Indigenous specific services in Western Queensland. The focus in the 2017-18 year was to develop, strengthen and integrate specialist and primary care drug and alcohol treatment within primary health care service system to meet the needs of Indigenous and non-Indigenous residents of WQPHN. Four Drug and Alcohol Treatment Services have been contracted to meet the needs across the region.

The data from the HNA helped to inform the planning and assessment activities of the *MH&DA Regional Plan* and strategic approaches highlighted in the *Implementation Plan*.

2018-19

DA1.1 Ensure allocated funding for commissioned service is expended on in-scope activities consistent with :-

- DoH SFA Schedule: Drug and Alcohol Treatment Activities - Version March 2015
- Guidance for PHN: Commissioning for Alcohol and Other Drug Treatment Services 2.0 May 2017 p24;
- Approved Budget and AWP and 6 & 12-month Reports. WQPHN will continue to monitor and evaluate contracted services to determine progress and expectation of service delivery and to identify issues, gaps, underperformance or areas for improvement.

Measure: *Performance Domain 1: Program Management KPI 1.1 and Access 2.1,2.2,2.3,2.4)*

DA1.2 Support and expand the adoption of integrated referral pathways to support better treatment for drug and alcohol addictions

An integral element of the *MH&DA Regional Plan 2017-2020* is the implementation of referral pathways for better management of drug and alcohol addictions. The referral pathways, through a web-based e-referral tool (refeRHealth) will be expanded to improve care coordination and local strategies to support recovery through better integration with social care provider networks. The WQPHN work with general practice will focus on building greater visibility to locally based specialised services and where appropriate shared care planning pathways to promote more effective referral, particularly for dual diagnosis patients.

Measure: *Performance Domain 4: Appropriateness 4.1 (refeRHealth Report: Number and type of referrals in stepped care approach)*

	<p>DA1.3 Review established partnerships and collaborations to ensure joint planning; co-design and co-commissioning including the local Drug & Alcohol needs assessment (annual review) and planning processes to develop an inter-sectoral model that:</p> <ul style="list-style-type: none"> • develops a specific Western Queensland AOD sub-plan to augment the <i>MH&DA Regional Plan 2017-2020</i> to ensure appropriate specialist AOD skills, experience and the most up-to-date AOD evidence is available to guide implementation planning and evaluation; • develops the skills of the primary care, D&A and mental health workforce to manage people with complex co-morbidities; • Continues representation on the Qld NT MHAOD PHNs Working Group <p><i>MH&DA Regional Plan 2017-2020</i> endorsed by key regional stakeholders (eg; WQPHN Board, Boards of SWHHS, CWHHS, NWHHS) with support from QMHC, QAIHC was completed by the 21 representatives of the WQPHN Mental Health Planning Consortium. This Regional Plan outlines the nine building blocks for implementing the Mental Health Alcohol & Other Drugs activities within a stepped care framework.</p> <p>Measure: Performance Domain 1: Program Management KPI 1.3: PHN data</p>
Target population cohort	Whole of population, with an emphasis of better support for people who identify within a general practice population
Consultation	The WQPHN has established a MHSP and AOD planning consortia with representation from Specialist AOD stakeholders to assist the development and implementation of the <i>Regional Plan</i> . The WQPHN also seeks input from the three Clinical Chapters which meet bi-monthly across the catchment, and Clinical Council and Consumer Advisory Council. WQPHN has also a joint planning protocol with HHSs and QAIHC and maintains strong links with QNADA and other QPHNs as part of the implementation of AOD.
Collaboration	<p>WQPHN has formally established a Planning Consortia with excellent representation from consulted with HHSs, Qld Health, ACCHOs (QAIHC), and other key stakeholders who are collaborating on the development on the <i>MH&DA Regional Plan</i>. The Planning Consortia will be supported through collaboration with the 3 x Clinical Chapters and Consumer Advisory Council.</p> <p>This collaboration draws on the strengths of the unique WQPHN governance model (and joint protocol) in which the 3 Hospital and Health Services in the WQPHN are the members of the WQPHN company.</p> <p>2018-19</p> <p>Mental Health Alcohol & Other Drugs Planning Consortia: QNADA</p>

	3 x Clinical Chapters Consumer Advisory Council 3 x HHSs – Joint Protocol and the Maranoa Accord 4 x ACCHOs and other key stakeholders as identified
Indigenous Specific	Yes. The regional planning and resultant model targets the entire WQPHN. A significant segment of the WQPHN population identifies as Indigenous therefore the regional model will be tailored to address, and support the needs of the demographics of each region.
Duration	2018-19 <ul style="list-style-type: none"> • <i>MH&DA Regional Plan 2017-2020</i> and AOD stock-take, will be reviewed in line with the WQPHN Strategic Plan and SFA Schedule: Drug and Alcohol Treatment Activities annually AOD sub-plan to augment the <i>MH&DA Regional Plan 2017-2020</i> will be developed by December 2018 • The Commissioned treatment services are being monitored and evaluated via half-yearly outcomes-based reporting requirements; as specified in related Contracts/Agreements - 2019. • Adoption of referHealth web-based referral tool will be expanded to all AOD providers by December 2018
Coverage	Whole of WQPHN
Commissioning method	2018-19 <i>Commissioning for Better Health: A Bushman's Guide to Commissioning in Western Queensland</i> outlines the 8 principles for commissioning for better health in Western Queensland. It also demonstrates WQPHN's commissioning principles and procurement decisions are linked to the WQPHN Strategic Plan 2016-2020.
Approach to market	2018-19 WQPHN is cognisant of fragmenting an already fragile market, acknowledging a stretched workforce working in rural and remote locations. In this environment, WQPHN has opted to use a variety of commissioning approaches including Direct Engagement; EOI and Open Tender where appropriate.

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	2018-19 DA-2 Expanding training, education and facilitation to provide evidenced-based and practice-informed service provision and build on effective multi-faceted and cross agency responses to provide holistic support through an efficient referral mechanism. DA2.1 Provide access to resources and education for GPs and other AOD health professionals DA2.2 Develop in partnership a <i>System Navigation, Early Intervention and Telephone Counselling Support Program</i> DA2.3 Implement <i>Cultural Competency Framework</i> to build capacity within the local primary care workforce DA2.4 Expand the referHealth web-based portal - facilitating access to appropriate treatment, information and support service through a stepped care approach
Existing, Modified, or New Activity	2018-19 Modified Existing
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	2018-19 Workforce support and capability Multi-disciplinary team based care Clinical pathways
Description of Drug and Alcohol Treatment Activity	2018-19 DA 2.1. Providing access to resources and education for GP and other AOD health professional (e.g. mental illness, drug or alcohol addiction, chronic disease) in collaboration with QNADA to promote resources and training opportunities <u>Measure: Performance Domain 3: Effectiveness 3.1: PHN Data</u> DA 2.2 Place an emphasis on evidence-informed youth alcohol and drug practice guidelines, tools and resources through a social media campaign in collaboration with QNADA, <i>Sunshine Coast, Central Queensland and Wide Bay PHN; Darling Downs & West Morten PHN and Northern Queensland PHN</i> . WQPHN will continue to contribute to the

	<p>Reference Group in developing the System Navigation, Early Intervention and Telephone Counselling Support Program and the goal is to assist regional and remote communities navigate existing systems by:-</p> <ul style="list-style-type: none"> • improving awareness of existing online resources • improving response capacity of the Alcohol and Drug Information Service (ADIS) and • working with General Practice and their staff to build capacity to respond to alcohol and other drug issues <p>Measure: Performance Domain 1: Program Management 1.1 and 1.3: PHN Data</p> <p>DA 2.3 Implement WQPHN Cultural Competency Framework to build capacity within the local primary care workforce to deliver culturally appropriate services to Indigenous communities, families and individuals. Measure: Performance Domain 4: Appropriateness 4.2: PHN data</p> <p>DA 2.4 WQPHN will expand the refeRHealth web-based portal - facilitating access to appropriate treatment, information and support service through a stepped care approach. This will support greater care coordination and local strategies to support recovery through better integration with general practice and social care provider networks Measure: Performance Domain 4: Appropriateness 4.1: PHN data</p>
Target population cohort	<p>2018-19 Whole of population, with an emphasis of better support for people who identify within a general practice population</p>
Consultation	<p><u>2018-19</u></p> <p>Meeting with commissioned AOD providers and State agency QNADA to review treatment service activities and provide opportunity for shared learnings and provide feedback to ensure quality responsive, safe and effective treatment services</p> <p>Continue representation on the Qld NT PHNs MHAOD Working Group</p>
Collaboration	<p><u>2018-19</u></p> <p>Mental Health Alcohol & Other Drugs Planning Consortia: QNADA 3 x Clinical Chapters Consumer Advisory Council 3 x HHSs – Joint Protocol and the Maranoa Accord 4 x ACCHOs and other key stakeholders as identified</p>

Indigenous Specific	Yes. The regional planning and resultant model targets the entire WQPHN. A significant segment of the WQPHN population identifies as Indigenous therefore the regional model will be tailored to address, and support the needs of the demographics of each region.
Duration	2018-19 Ongoing
Coverage	Whole of WQPHN
Commissioning method	The WQPHN will seek to work collaboratively with the HHS and ACCHO (QAIHC) and other identified Q Health (State) agencies to deliver on this strategy.
Approach to market	<ul style="list-style-type: none"> • Direct engagement approach may be used in instances where there is immediate opportunity for joint delivery and shared primary health care capacity development outcomes. • Specialist organisations including Dovetail and ADIS have been identified to assist Rural QPHNs in the development of resources for clinicians and consumers <p>Commissioned services will be monitored and evaluated via quarterly outcomes-based reporting requirements as specified in related contract / agreements.</p> <p>As training and development requirements and approaches will be developed collaboratively, the planning consortia will provide a key contact point to disseminate training needs and outcomes, and to ensure strategic alignment with State based training to minimise any duplication and maximise co-design, minimise duplication and support joint clinical quality improvement outcomes. Local Clinical Chapters will also provide a key contact to promote collaborative approaches and determine local priorities.</p>
Decommissioning (if applicable)	N/A

Proposed Activities	
Activity Title <i>(e.g. Activity 1, 2, 3 etc.)</i>	<p>DA-3. Improving access to locally based integrated management for drug and alcohol addictions - Increase local availability of specialist assessment, withdrawal management and support services</p> <p>DA 3.1 In consultation with CheckUp, ADIS, the three HHS and other private providers, explore the opportunities to improve access to Visiting Specialist AOD treatment services including; assistance with outpatient withdrawal management, opiate treatment programs and allied health services (psychosocial interventions).</p> <p>DA 3.2 Collaborate with QNADA and ADIS to ensure that referral data on confidential and anonymous telephone counselling and information for individuals, parents, and concerned others, informs the stepped care and joint planning processes.</p>
Existing, Modified, or New Activity	<p>2018-19 New Existing</p>
Needs Assessment Priority Area <i>(e.g. Priority 1, 2, 3, etc.)</i>	<p>Workforce support and capability</p> <p>Inter-sectoral collaboration and integration</p> <p>Joint planning</p> <p>Multi-disciplinary team based care</p> <p>Clinical pathways</p>
Description of Drug and Alcohol Treatment Activity	<p>2018-19</p> <p>DA 3.1 In consultation with CheckUp, ADIS, the three HHS and other private providers, explore the opportunities to improve access to Visiting Specialist AOD treatment services including; assistance with outpatient withdrawal management, opiate treatment programs and allied health services (psychosocial interventions). This will include advocacy and capacity building for better access to residential rehabilitation services and local detoxification programs (community based and in local hospitals).</p>

	<p><u>Measure: Performance Domain 1: Appropriateness 4.1: PHN Data</u></p> <p>DA 3.2 Collaborate with QNADA and ADIS to ensure that referral data on confidential and anonymous telephone counselling and information for individuals, parents, and concerned others, informs the stepped care and joint planning processes. As part of a stepped care approach the Specialist advice and support via telemedicine options (ADIS) will be closely aligned with general practice and multidisciplinary teams. Key activities will include promotion of services (including out-of-region addiction specialist); consultation, advice and education for general practice teams and linkages to population-based promotion and prevention programs as described in the MH&DA Regional Plan 2017-2020.</p> <p><u>Measure: Performance Domain 1: Appropriateness 4.1: PHN Data and ADIS data</u></p>
Target population cohort	<p>2018-19</p> <p>Whole of population, with an emphasis of better support for people who identify within a general practice population</p>
Consultation	<p>The WQPHN has established a MHSP and AOD planning consortia with representation from Specialist AOD stakeholders to assist the development and implementation of the <i>Regional Plan</i>. The WQPHN also seeks input from the three Clinical Chapters which meet bi-monthly across the catchment, and Clinical Council and Consumer Advisory Council. WQPHN has also a joint planning protocol with HHSs and QAIHC and maintains strong links with QNADA and other QPHNs as part of the implementation of AOD.</p>
Collaboration	<p>2018-19</p> <p>Mental Health Alcohol & Other Drugs Planning Consortia</p> <p>QNADA</p> <p>3 x Clinical Chapters</p> <p>Consumer Advisory Council</p> <p>3 x HHSs – joint Protocol Maranoa Accord</p> <p>4 x ACCHOs</p> <p>and other key stakeholders as identified</p>
Indigenous Specific	<p>2018-19</p> <p>Yes. The regional planning and resultant model targets the entire WQPHN. A significant segment of the WQPHN population identifies as Indigenous therefore the regional model will be tailored to address, and support the needs of the demographics of each region.</p>

Duration	Commencing 2017 and continuing. 2018-19 Ongoing
Coverage	2018-19 Whole of WQPHN
Commissioning method	2018-19 Commissioning for Better Health: A Bushman's Guide to Commissioning in Western Queensland document outlines the 8 principles for commissioning for better health. It demonstrates WQPHN's commissioning principles and procurement decisions are linked to the WQPHN Strategic Plan 2016-2020.
Approach to market	<ol style="list-style-type: none"> 1. Direct engagement approach via a <i>request for Proposal</i> approach will be used in consultation with QNADA to identify new treatment service providers as part of an initial 'proof of concept' approach to fast-track additional treatment services, however these will be introduced with an emphasis on co-design and co-commissioning in collaboration with nominated agencies. 2. Given the small amount of funding available and the significant costs of establishing services across a vast catchment, the commissioning focus will be toward joint planning, co-commissioning and integrated service delivery, making <i>formal open tenders</i> less likely as the emphasis will be around building relationships and building health intelligence in collaboration with QNADA and other specialist networks with outcomes focused on strengthening the local primary health care system. <p>Commissioned services will support shared KPI development and be monitored and evaluated via quarterly outcomes-based reporting requirements as specified in related contract / agreements.</p>

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.

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	2018-19 <i>DA 4.1 Implement the Co-Design cultural competency framework for mainstream services and implement the community based AOD services including withdrawal management, counselling and recovery services for Aboriginal and Torres Strait Islander people</i> <i>DA 4.2 Implement Indigenous-specific services in collaboration with ACCHO (and QAIHC) to support greater companion social and emotional wellbeing services to support Aboriginal and Torres Strait Islander Patients across the region including the transitioned services in Mornington Island and Doomadgee.</i>
Existing, Modified, or New Activity	2018-19 New Activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	Cultural Competency Workforce support and capability Inter-sectoral collaboration and integration Joint planning Multi-disciplinary team based care

	Clinical pathways
Description of Drug and Alcohol Treatment Activity	<p>2018-19</p> <p>DA 4.1 Improve the cultural competency of community based AOD services including withdrawal management, counselling and recovery services for Aboriginal and Torres Strait Islander people</p> <p>Non-Treatment Services</p> <p>WQPHN is the further developing our Aboriginal and Torres Strait Islander Cultural Integrity Framework which will provide resources and training to community based AOD services specifically targeting Aboriginal and Torres Strait islander people. The Cultural Integrity Framework will consist of assessment instruments (surveys) and protocols, an analysis guide and data tools, and ideas for how to improve performance based on specific results - to be a catalyst for productive individual and organisational change.</p> <p><i>Additionally, the implementation of the Nukal Murra Social and Emotional Wellbeing Framework and the adoption of the Stay Strong App will provide clinicians with a structured mental health and substance misuse intervention tool that will assist health professionals to deliver a structured, evidence based, and culturally appropriate intervention to their Indigenous clients</i></p> <ul style="list-style-type: none"> • ensuring service providers meet culturally competent practice standards through the provision of cultural awareness training and self-assessment cultural assessment matrix. • Increase in access for Aboriginal and Torres Strait Islander people to both Indigenous and non-Indigenous services; (OCHREstream) • Number of clinicians trained in the use of the Stay Strong App; <p>Measure: Performance Domain 4: Appropriateness 4.2</p> <p><i>DA 4.2 Implement Indigenous-specific services in collaboration with AICCHSS (and QAIHC) to support greater companion social and emotional wellbeing services and treatment services to support Aboriginal and Torres Strait Islander Patients across the region including the transitioned services in Mornington Island and Doomadgee.</i></p> <p>WQPHN has established the Nukal Murra Alliance which is a formal partnership between the Western Queensland Aboriginal and Islander Community Controlled Health Services (AICCHSs), and Western Queensland Primary Health</p>

Network. The Nukal Murra Alliance supports and empowers Aboriginal and Torres Strait Islander Community Controlled Health Services (AICCHS) to jointly develop and manage specific projects to support the WQPHN Strategic Plan 2016 -2020 (Strategic Plan), the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 and the Gayaa Dhuwi Declaration 2015 (Plans). AICCHSs within the WQPHN region have been commissioned to establish Social and Emotional Wellbeing (SEWB) teams. The SEWB teams will use the Stay Strong App which is a structured mental health and substance misuse intervention tool using Indigenous specific content and imagery in a computerised (iPAD App) format. The App will assist therapists to deliver a structured, evidence based, and culturally appropriate intervention to their Aboriginal and Torres Strait Islander clients.

Treatment Services

WQPHN has engaged North West Remote Health (NWRH) to provide AOD services across the communities in North West (Mornington Island & Doomadgee) given their expertise and experience in working within these communities for many years. All non-Indigenous services providers delivering services to Aboriginal and Torres Strait Islander communities such as NWRH will also be trained in the use of the Stay Strong App to ensure consistency and alignment across the WQPHN region.

- the range and scope of non-indigenous services that can be delivered by AICCHSS providers in each location;
- Model of care alignment to recovery aspects of AOD treatment services with an emphasis on local workforce capacity and development.
- strategies for providing appropriate and effective services for Indigenous people in all locations with a focus on locations where no AICCHSS option is available; and,
- options for future review of the strategy its alignment with wider MH&SP initiatives and the WQPHN approach as plans and reforms progress

Ensure allocated funding for commissioned service is expended on in-scope activities consistent with :-

- DoH SFA Schedule: Drug and Alcohol Treatment Activities - Version March 2015
- Guidance for PHN: Commissioning for Alcohol and Other Drug Treatment Services 2.0 May 2017 p24;
- Approved Budget and AWP and 6 & 12-month Reports. WQPHN will continue to monitor and evaluate contracted services to determine progress and expectation of service delivery and to identify issues, gaps, underperformance or areas for improvement.

Measure: Performance Domain 1: Program Management KPI 1.2 and Access 2.1,2.2,2.3,2.4)
2018-19

Target population cohort	<p>2018-19</p> <p>Cultural competency is a critical priority for all service provider networks and new and existing front-line providers will be targeted to compliment the roll-out of new SEWB services.</p> <p>New services will target Aboriginal and Torres Strait Islander people of both AICCHSs and mainstream general practice networks to maximise the opportunity for greater team-based care outcomes, especially for clients with addictions, dual diagnosis or other chronic conditions.</p>
Consultation	<p>The WQPHN has established the Nukal Murra Alliance which which is a formal partnership between the Western Queensland Aboriginal and Islander Community Controlled Health Services (AICCHSs), and Western Queensland Primary Health Network. The Nukal Murra Alliance supports and empowers Aboriginal and Torres Strait Islander Community Controlled Health Services (AICCHS) to jointly develop and manage specific projects to support the WQPHN Strategic Plan 2016 -2020 (Strategic Plan), the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 and the Gayaa Dhuwi Declaration 2015 (Plans). The Alliance has informed the conceptual framework including the development of a clinically integrated SEWB to assist the efficacy of treatment services.</p> <p>The WQPHN also seeks input from the three Clinical Chapters which meet bi-monthly across the catchment, and Clinical Council and Consumer Advisory Council. WQPHN has also a joint planning protocol with HHSs and QAIHC and maintains strong links with QNADA and other QPHNs as part of the implementation of AOD.</p>
Collaboration	<p>2018-19</p> <p>The WQPHN Strategic Plan and HNA has highlighted the critical importance of building solid relationships with the AICCHS sector within its catchment, and to examine new innovative approaches to responding the unique challenges associated with improving access and participation for the regional ATSI populations. The WQPHN has established a AICCHS stakeholder reference group and is developing a co-commissioning and performance framework to guide greater harmonisation of resources, investment and clinical alignment across PHN and AICCHS programs. The collaboration will provide greater efficiency, leverage from the significant AICCHS infrastructure in local communities, and build more responsive and culturally appropriate services.</p>
Indigenous Specific	<p>2018-19</p> <p>YES</p>
Duration	<p>The development of the ATSI specific Commissioning component will be completed in line with the <i>MH&DA Regional Plan</i> and <i>Implementation plan</i> at the end of February 2016. With the Commissioning approach proposed, new services could be introduced from March 2016</p> <p>2018-19</p> <p>Ongoing</p>

Coverage	2018-19 Whole of WQPHN
Commissioning method	2018-19 Commissioning for Better Health: A Bushman's Guide to commissioning in Western Queensland document outlines the 8 principles for commissioning for better health. It demonstrates WQPHN's commissioning principles and procurement decisions are linked to the WQPHN Strategic Plan 2016-2020.
Approach to market	<p>The WQPHN will adopt a <i>direct engagement</i> approach with ACCHOs within a <i>co-commissioning construct</i> to leverage from the placed-based capability and minimise administrative overheads. Workforce support and development objectives will be critiqued in the <i>MH&DA Regional Plan</i> and aligned with clinical & referral pathways to be implemented to support better access to online and locally based treatment and counselling services and local ATSI specific recovery and support services, including connection with social care agencies and cultural healing services.</p> <p>Commissioned services will be monitored and evaluated via quarterly meetings; monthly or quarterly outcomes-based reporting requirements as specified in the contract.</p>