

Western Victoria Primary Health Network AOD Co-design and Regional Re-design 2018-2020

Context Paper

phn
WESTERN VICTORIA

An Australian Government Initiative

Together with our partners and communities, Western Victoria PHN identifies priority health care needs, improves access through government funding, and co-designs localised solutions to improve health care systems across western Victoria.

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Overview of Western Victoria PHN

Western Victoria Primary Health Network (PHN), established on the 1st of July 2015, is a not-for-profit organisation responsible for delivering the following two objectives set by the Commonwealth Government:

Increase the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes; and
Improve coordination of care to ensure patients receive the right care, in the right place, at the right time.

Western Victoria PHN is committed to quality and accessible primary health care for Western Victoria.



Figure 1 –Western Victoria PHN region
Western Victoria PHN has four regional centres located in Horsham, Ballarat, Geelong and Warrnambool.

AOD Co-design and Re-design

The purpose of this paper is to describe the context and process for the commissioning of Alcohol and other Drug (AOD) services in Western Victoria. This paper should be read in conjunction with the Western Victoria Primary Health Network Aboriginal and Torres Strait Islander Mental Health and AOD Context paper which describes AOD initiatives specifically for Aboriginal and Torres Strait people.

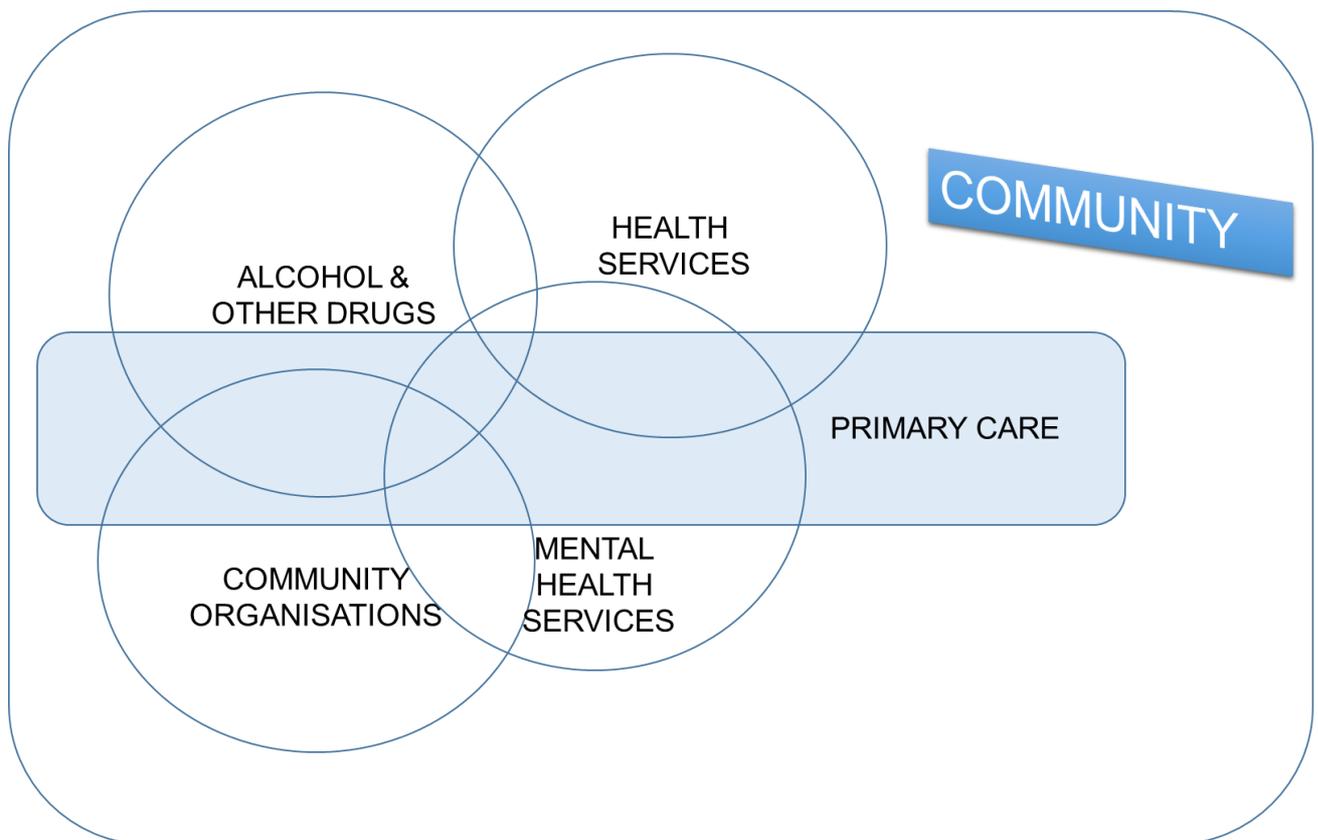
It is the intention of the Western Victoria PHN to improve the coordination of AOD services and integrate them in the system more broadly by engaging local service providers to co-design, with their communities, models of care that effectively and efficiently meet local needs. The purpose of this process is to ensure through partnerships, a comprehensive representation of stakeholders in identifying the population and service needs and gaps; and to design responsive models for each of the four sub-regions of Western Victoria PHN. The outcome of this process will determine all Western Victoria PHN activities including the recommissioning of existing PHN funded AOD services commencing in June 2019.

System context

Whole of system approach

The service system for supporting people who use alcohol and other drugs and experience harms in Western Victoria is multi-disciplinary and encompasses a broad, integrated approach including prevention, primary care, community organisations and AOD treatment services. The context for service redesign has a broad scope. Within Western Victoria, the AOD sector is made up of a diverse range of organisations providing services to clients who use alcohol and/or other drugs. These include:

- State-based AOD treatment services
- Commonwealth funded AOD services,
- PHN funded services
- Private AOD services;
- Comorbid services;
- Primary care providers such as general practice and private counselling;
- Hospitals; and
- Social and community services such as housing support services, family services, justice services, police and correctional services, and mental health services.



AOD Treatment System

In Victoria there has recently been extensive Alcohol and other Drug system reform. Recent changes have included the commissioning of Commonwealth funding through Primary Health Networks, reforms to the state based treatment system and additional State government funding for treatment services.

In 2014 the state alcohol and drug service system was re-commissioned and intake and assessment for AOD treatment services was centralised. A review of the re-commissioning found that there were unintended consequences from the process including criticisms about accessing support from services providers and consumers. (Aspex, 2015) As a result of this review in July of 2017 intake remained centralised but assessment was transferred from intake providers to treatment providers. In 2017 the State government announced intentions to provide 100 new residential rehabilitation beds alongside a range of other initiatives that provided support to people using alcohol and other drugs (State Government of Victoria, 2017). The State government anticipates that these facilities will be established in 2018 across regional Victoria. PHNs are increasingly working with State and Territory governments and their health agencies and Local Hospital Networks (LHNs) or equivalents, in planning and undertaking commissioning. PHNs are commissioning into an existing environment and collaboration will be important in ensuring that funding is leveraged and utilised to achieve optimal outcomes (Australian Government, 2017).

Western Victoria Primary Health Network role

Western Victoria PHN is a key stakeholder in the AOD sector of western Victoria through a number of activities and initiatives. Western Victoria PHN plays a significant role in increasing

the efficiency and effectiveness of services for people using alcohol and other drugs. This is done through stakeholder consultations and development of needs assessments and commissioning of Alcohol and other Drug services as well other activities that support and promote integration between services and primary care. PHNs are increasingly working with State and Territory governments and their health agencies and Local Hospital Networks (LHNs) or equivalents, in planning and undertaking commissioning. (Australian Government, 2017).

Western Victoria PHN also has a role in delivering services including facilitation of the Barwon South West Pharmacotherapy Area Based Network (PABN), delivery of Barwon South West catchment based planning and leading the implementation of real-time prescription monitoring in partnership with PHNs across Victoria.

Policy Context

Alcohol and Other Drug Treatment Services Objectives

The activities under the Drug and Alcohol Treatment Services outlined in the Commonwealth Primary Health Networks Programme Guidelines will contribute to the key objectives of Western Victoria PHN by:

- Increasing the service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by targeting areas of need: and
- Improving the effectiveness of drug and alcohol treatment services for individuals requiring support and treatment by increasing coordination between various sectors, and improving sector efficiency.

National Illicit Drug Strategy 2017-2026

The National Illicit Drug Strategy 2017-2026 informs all Commonwealth AOD initiatives.

Underpinning Strategic Principles

- Partnerships
- Coordination and Collaboration
- National direction, jurisdictional implementation
- Evidence-informed responses

(Australian Government, 2017)

Priority Actions	Priority Populations	Priority Substances
<ul style="list-style-type: none"> • Enhance access to evidence informed, effective and affordable treatment • Develop and share data and research, measure performance and outcomes • Develop new and innovative responses to prevent uptake, delay first use and reduce alcohol, tobacco and other drug problems • Increase participatory processes • Reduce adverse consequences • Restrict and/or regulate Availability • Improve national coordination 	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people • People with mental health conditions • Young people • Older people • People in contact with the criminal justice system • Culturally and linguistically diverse populations • People identifying as lesbian, gay, bisexual, transgender, and/or intersex 	<ul style="list-style-type: none"> • Methamphetamines and • other stimulants • Alcohol • Tobacco • Cannabis • Non-medical use of pharmaceuticals • Opioids • New psychoactive substances

(Australian Government, 2017)

The Strategy recognises this whole of government impact and while driving cooperation between law enforcement/policing/justice and health sectors to deliver effective responses, it also reflects the need to build and improve the collaboration between agencies responsible for alcohol, tobacco and other drug policy and service delivery, with agencies and providers working in other social service areas working with vulnerable people, including family intervention, child protection and out-of-home-care agencies.

Needs Assessment

Alcohol and other Drugs in Western Victoria

Western Victoria is a unique region with unique needs.

- Alcohol and drug use remains an issue within the community of Western Victoria (Western Victoria Primary Health Network 2016).
- There is evidence across Victoria to suggest that whilst some people are using drugs and alcohol less, others are using them in a more harmful way (The Department of Health and Human Services, 2017).
- Within the Western Victoria PHN region, Alcohol was the most frequently reported primary drug, followed by Amphetamines and Cannabis by Victorian AOD treatment services. (AIHW, 2016).

- Over half of all adults in each LGA in Western Victoria PHN have consumed alcohol at levels which place them at increased lifetime risk of alcohol-related harm (Australian Government, 2016).
- The use of pharmaceuticals is an area of concern for the region of Western Victoria with much higher rates of opioid use (Australian Atlas of HealthCare Variation, 2015) than other Victorian regions consistent with national evidence of increasing misuse of prescription medications.

Access to treatment

- Service mapping conducted by Western Victoria Primary Health Network identified that there is access to good quality treatment for people use alcohol and other drugs with treatment services located within half of the LGAs within Western Victoria (*Western Victoria PHN* completed AOD service mapping in early 2016).
- There are still concerns however about access to these services as highlighted by a review conducted by Aspex (2015) which indicated the eligibility process for AOD treatment may not enable some people at lower levels of risk or early in their use, to access AOD state-based treatment (Aspex Consulting, 2015).
- Western Victoria Primary Health Network's needs assessment (2016) identified that despite the provision of services across the region there was a lack of knowledge amongst the service system about what was available and limited integration within primary care.

System Integration

- Consultations conducted highlighted a lack of coordination between services to support people with alcohol and drug issues (Western Victoria Primary Health Network 2016).
- It has been identified that there is a disconnect between General Practice and the AOD sector (Western Victoria Primary Health Network 2016).
- Issues with interagency service and care co-ordination has been identified as an area for workforce development across primary care and AOD sectors (Western Victoria Primary Health Network, 2016).
- Stakeholder consultations highlighted barriers to accessing treatment for Aboriginal and Torres Strait Islander people particularly when transferring between Aboriginal and Torres Strait Islander Community Controlled Organisations and non-Aboriginal and Torres Strait Islander AOD services (Western Victoria Primary Health Network, 2016).

Overview of Commissioning

Western Victoria PHN is a commissioning organisation. "Commissioning' is a continual and iterative cycle involving the development and implementation of services based on planning, procurement, monitoring, and evaluation" Commissioning is a powerful tool, allowing Western

Victoria PHN to shift the focus of human, financial and place based resources within the health system to the identified areas of greatest need.

Western Victoria PHN's strategic intent as a commissioner of services includes:

- Rebalancing health care access to reduce health inequities for the Western Victoria region.
- Improving the experience for health consumers and communities in the region utilising evidence based practice to inform the way Western Victoria PHN designs services and builds commissioning intentions within the health system.
- Increasing the focus on achieving outcomes for patients through leveraging off the current system and creating opportunities for innovative new ways of working.
- Empowering health consumers by promoting a shared and collaborative approach to engagement, providing a platform to be heard.
- Creating opportunities for co-investment and co-commissioning of services through regional alignment of other Federal Government policy initiatives, State Government and private sector.
- Fostering improved working relationships between general practice and the broader primary care system to ensure patients can access quality services closer to their home.

As a commissioner of services, Western Victoria PHN will maintain robust internal processes underpinned by honesty, integrity and open transparent communication with the community, and health system stakeholders. This system wide approach favours inclusion by actively pursuing partnerships across the health system.

Commissioning model

The following is a diagrammatic representation of the Western Victoria PHN commissioning model. The model depicted is not dissimilar to commissioning models implemented around the world used to describe the cyclical nature of needs and solution identification, procurement, contracting and performance management and evaluation.



Co-Designing the Solution

Commissioning of Drug and Alcohol programs activities and initiatives.

Two streams of Alcohol and Drug treatment funding have been allocated to Western Victoria Primary Health Network:

1. Commonwealth Governments Drug and Alcohol Programs
2. Commonwealth Governments Response to the National Ice Taskforce's Final Report

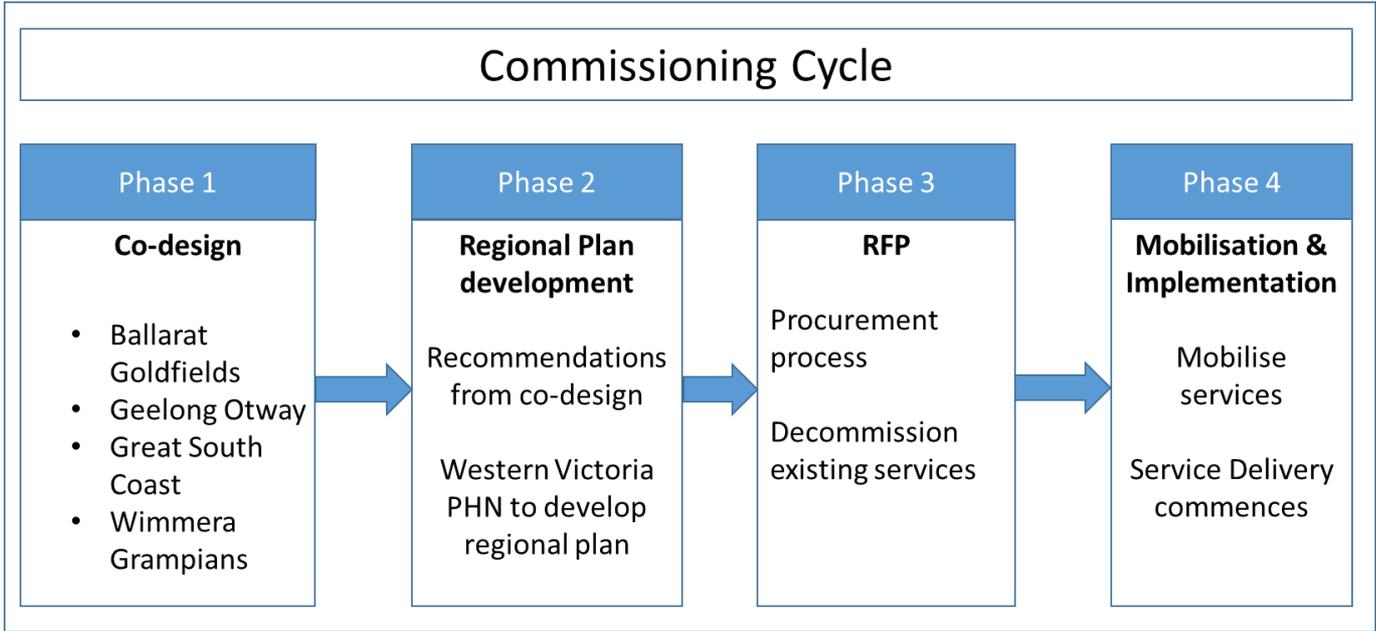
Increasing regional services capacity to design services that meet local need is a fundamental objective of commissioning through co-design for Western Victoria Primary Health Network. To inform re-design of regional Drug and Alcohol Programs Western Victoria Primary Health Network will facilitate the development of a regional AOD plan through the commissioning of lead agencies in the four regions to undertake a process of co-design with their local services and stakeholders. Partnerships will be essential in this process to ensure accurate reflections of regional needs. This process will leverage the extent to which regional services understand the needs of their communities and have the capacity to develop and design effective responses ensuring that people have access to the right treatment at the right time.

Co-Designing a Regional AOD plan

Western Victoria Primary Health Network will commission a lead agency in each of the four regions to develop a report that will be utilised to inform development of a regional plan. This plan will be used to define procurement activities for the second part of the project. All current drug and alcohol programs managed through Western Victoria Primary Health Network will cease, with new programs to be commissioned based on the regional AOD plan. Expressions of interest will be sought from AOD service providers in the four areas of Western Victoria Primary Health Network region to co-design regional models of care that integrate with existing services and meet local needs. The outcome of the co-design process undertaken by those successful in the expression of interest with regional stakeholders and subsequent recommendations will inform Western Victoria PHN procurement activities including the Drug and Alcohol programs and initiatives that support service provisions within community services and primary care.

The Four Phases of Commissioning

This process will be undertaken in four phases as outlined in the infographic below. Phase one will consist of regional co-design undertaken by a lead agency. Phase two will consist of the development of a regional plan informed by the recommendations from co-design process undertaken by the successful lead agency. Phase three will consist of a RFP being made available. Phase four will consist of de-commissioning of existing services and mobilisation of new services based on the outcomes of the lead agencies regional plan.



De-commissioning of Existing Services

In this cycle of commissioning services that currently deliver Drug and Alcohol Programs funded by the Commonwealth (previously known as Non-Government Organisation Treatment Grant Programs NGOTGP) will be de-commissioned following successful procurement of suppliers. In this process Western Victoria Primary Health Network will provide a clear de-commissioning plan to ensure those currently accessing services are transitioned.

Timelines



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