



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

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

- The updated strategic vision of each PHN, specific to drug and alcohol treatment.
- The updated Drug and Alcohol Treatment Services Annual Plan 2016-17 to 2018-2019 which will provide:
 - a) An updated description of planned activities funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.3 Drug and Alcohol Treatment Services – Operational and Flexible Funding.
 - b) An updated description of planned activities funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.4 Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people –Flexible Funding.
 - c) A description of planned activities which are no longer planned for implementation under the Schedule – Drug and Alcohol Treatment Activities.
- 2. The updated Operational and Flexible Funding Budgets 2016-17 to 2018-19 (attach an excel spreadsheet using template provided):
 - a) Budget for Drug and Alcohol Treatment Services – Operational and Flexible Funding
 - b) Budget for Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding

Murray PHN

When submitting this Activity Work Plan 2016-17 to 2018-19 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and the document has been endorsed by the CEO.

This Activity Work Plan was approved by the Department 4 May 2017

Overview

This Drug and Alcohol Treatment Activity Work Plan covers the period from 1 July 2016 to 30 June 2019 and is an update to the Activity Work Plan submitted to the Department in May 2016. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 36 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

Important documents to guide planning

The following documents will assist in the preparation of your Activity Work Plan:

- PHN Grant Programme Guidelines: Annexure A2 – Drug and Alcohol Treatment Services;
- Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services;
- Drug and Alcohol Treatment Services Needs Assessment Toolkit;
- PHN Needs Assessment Guide;
- PHN Performance Framework;
- Primary Health Networks Grant Programme Guidelines;
- Clause 3, Financial Provisions of the Standard Funding Agreement.

Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services

The *Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services* document (available on the PHN Secure Data Portal) has been developed to assist PHNs in understanding the Department's expectations in relation to activities that are in scope for funding, and will assist in translating drug and alcohol treatment evidence into a practical approach.

The high-level activities in scope under Flexible Funding allocations include:

- Early intervention (including Brief Intervention)
- Counselling
- Withdrawal Management (with pathways to post-acute withdrawal support)
- Residential Rehabilitation (with pathways to post-acute withdrawal support)
- Day Stay Rehabilitation (and other intensive non-residential programs)
- Post treatment support and relapse prevention
- Case management, care planning, and coordination
- Supporting the workforce through activities which promote joint up assessment and referral pathways, quality improvement, evidence based treatment, and service integration.

Activities relating to planning and consultation are to be funded under the Operational Funding allocation.

Key principles underpinning activity requirements

Drug and Alcohol Treatment Activity Work Plans are also expected to satisfy the following key principles underpinning drug and alcohol activity requirements:

- i. Proposed activities are evidence-based and in-scope of funding as detailed in *Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services*.

- ii. Proposed activities are clearly aligned with priorities identified in the corresponding Needs Assessment.
- iii. The majority of total Flexible Funding available is allocated to the delivery of specialist drug and alcohol service delivery (i.e. direct treatment activities) as opposed to non-treatment activities (e.g. workforce development, also in scope of this funding).
- iv. Detailed budgets are provided outlining funding for three years (201617 to 201819) with a clearly identified allocation for each activity (including sub-activity) type.
- v. Proposed activities for Indigenous-specific and mainstream services are clearly delineated, including evidence of consultation and engagement from local key Indigenous stakeholders.
- vi. Governance arrangements are clearly articulated, and include representation from key regional stakeholders such as Local Health Networks (or equivalent), State Government and specialist drug and alcohol service providers.

This funding is intended to complement existing Commonwealth and state and territory funded drug and alcohol treatment activities. Therefore, it is expected that existing state and territory funding, strategies, and frameworks are considered in the development of your Annual Plan to ensure services are complementary and do not duplicate existing efforts.

Formatting requirements

- Ensure all updates are made in tracked changes to facilitate timely approval.
- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Ensure all updates are made to the previous version of your Activity Work Plan and submitted for approval. The Department will not accept updates made to a version of the Activity Work Plan (or other document) intended to supplement the original.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables, or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

1. Strategic Vision for Drug and Alcohol Treatment Funding

Murray PHN recognises the significant opportunity to strengthen and improve the service system to better support the needs of consumers and improve integration and effectiveness of the service system.

Murray PHN will invest in improving integration and coordination regionally including through strengthening engagement within the sector and across sectors (e.g. mental health). Solid approaches to consultation and planning will be enablers for engagement of stakeholders and shared commitment and investment to design and development of new models of service.

Through regional planning, Murray PHN will increase access to and the effectiveness of place-based drug and alcohol service provision. The investment in planning informed by context, needs assessment and understanding of system architecture will inform strategic investments and collaboration to strengthen relationships with Local Hospital Networks, AOD service providers in community, ACCHOs, NGOs and primary care providers. Building a regional profile to support understanding of the scale and context of issues related to alcohol and other drugs including methamphetamine will support community and service providers to better coordinate resources and targeted efforts.

Murray PHN will seek to enhance the capacity of the service sector through:

- Complementing existing drug and alcohol treatment services through investment in early intervention services
- Working with key stakeholders and partners to improve coordination of care through the development of integrated regional care pathways underpinned by a stepped care approach
- Supporting a skilled workforce through targeted and accessible workforce development activity
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Murray PHN will ensure quality of commissioned services and work with the service providers to ensure appropriate governance arrangements are in place.

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

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	Activity 1: Regional Drug and Alcohol Planning
Existing, Modified, or New Activity	1.1 Modified 1.2 Existing
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	Access Coordination of care for people with dual diagnosis Supporting models that maintain economic and social participation
Description of Drug and Alcohol Treatment Activity	<p>1.1 Review Regional Drug and Alcohol Treatment Plan</p> <p>Aim: Review Regional Drug and Alcohol Treatment Plan in light of understanding developed within the 1st 12 months of activity and learning from activities to date</p> <p>Target population: Whole of population access to the right intensity of treatment and support at the right time</p> <p>1.2 Supporting consumer and family participation</p> <p>Aims: Improve efficiency and effectiveness of drug and alcohol services for patients by increasing opportunities for consumers of drug and alcohol treatment, and their families, to meaningfully engage in service development and evaluation of current and emerging treatment services and models of care.</p>
Target population cohort	Consumers of drug and alcohol treatment services and their families

<p>Consultation</p>	<p>Murray PHN has actively engaged the state-funded specialist treatment sector in the needs assessment process by seconding key personnel from these organisations to undertake the initial stakeholder engagement consultations. Through this process, the state-funded Catchment Plans have been shared with us which have helped inform our planned activity.</p> <p>Murray PHN will use our Clinical and Community Advisory Councils to engage with existing local and state-wide networks and will provide direct governance of our planning of the commissioning processes. In undertaking regional planning we will establish a regional network of key stakeholders to support integration, unity of effort and avoid duplication.</p>
<p>Collaboration</p>	<p>Development of the comprehensive regional alcohol and drug treatment plan will be undertaken in collaboration with the local AOD treatment sector, General Practice, DHHS and other key stakeholders.</p> <p>Murray PHN is developing a consumer participation strategy which will seek to support inclusion of consumers and consideration of the diversity of service users.</p> <p>Development of regional and health issue based profiles will support opportunities for co-design and cross-sector as well as intra-sector system improvement.</p> <p>As an active member of the Victorian PHN Alliance we have been actively engaging with DHHS, have identified common areas of interest and plan to work together to look at data, outcome measures, screening tools and services for Aboriginal and Torres Strait Islander people. Through the Alliance we have also engaged with the Victorian Alcohol and Drug Association (Vaada) and Harm Reduction Victoria and will continue to do so.</p>
<p>Indigenous Specific</p>	<p>No</p>
<p>Duration</p>	<p>This activity will build on work commenced in 2015/16 and will continue during 2017/18 to support development of system improvements. The regional context and understanding will continue to be reviewed and enhanced in consultation with stakeholders for the duration of the activity.</p>

Coverage	Murray PHN region wide
Commissioning method	There will be no commissioning effort against this activity
Approach to market	N/A
Decommissioning (if applicable)	N/A
Proposed Activities	
Activity Title <i>(e.g. Activity 1, 2, 3 etc.)</i>	Activity 2: Treatment Services
Existing, Modified, or New Activity	2.1 Existing 2.2 Existing 2.3 New 2.4 New

<p>Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)</p>	<ul style="list-style-type: none"> • Access • Coordination of care for people with dual diagnosis • Supporting models that maintain economic and social participation
<p>Description of Drug and Alcohol Treatment Activity</p>	<p>2.1 Develop and commission brief intervention services</p> <p><i>Aim:</i> Develop evidence based models of and pathways to brief intervention services in collaboration with key stakeholders. These services will be commissioned by Murray PHN across the region and will be underpinned by the principles of accessibility, flexibility and integrated service delivery.</p> <p>2.2 Withdrawal services</p> <p><i>Aim:</i> We will support the GP workforce capacity to support community based withdrawal through workforce development activity and peer support mechanisms and support the extension of bed-based withdrawal services in rural hospitals across the Murray PHN catchment.</p> <p>Place-based/bed-based withdrawal services have developed in a select number of rural hospitals within the Murray PHN catchment and are providing a much needed service. Through engaging with these hospitals we will identify the principles and factors to success and will support additional rural hospitals to adopt this model. We will undertake this through facilitating shared learning, supporting capacity building of the GP workforce who in-reach the medical services within rural hospitals through targeted training, and improving linkages with state-funded withdrawal services and Addiction Medicine expertise. Localised pathways will be developed to support models of care and access to withdrawal services.</p> <p>2.3 Dual Diagnosis services</p> <p>Commission the development and delivery of improved access to dual diagnosis services for people who experience drug and alcohol misuse issues and sub-threshold mental health disorders and can be supported in the primary care setting.</p> <p>2.4 Youth substance mis-use</p> <p>Develop a rural model of care for young people who experience co-occurring mental health and substance misuse issues. Murray PHN investment will provide enhanced access to clinical care coordination and place -based withdrawal for this complex cohort.</p>

Target population cohort	<p>2.1 People who may have lower complexity needs that can be adequately addressed through a brief intervention and families of people who experience substance misuse issues.</p> <p>2.2 People seeking place-based withdrawal and the workforce that supports them.</p> <p>2.4 Young people in rural areas</p>
Consultation	<p>Murray PHN has actively engaged the state-funded specialist treatment sector in the needs assessment process by seconding key personnel from these organisations to undertake the initial stakeholder engagement consultations. Through this process, the state-funded Catchment Plans have been shared with us which have helped inform our planned activity. Further to this initial engagement Murray PHN has brought together contributors and service providers in each of the four regions to test the priority areas that we have identified and discuss key features of models of care for future commissioning to address the priorities.</p> <p>Murray PHN will use our Clinical and Community Councils to engage with existing local and state-wide networks and will provide direct governance of our planning of the commissioning processes.</p>
Collaboration	<p>Through our commissioning approach we will seek collaborative design of new models of care for Brief Intervention and Dual Diagnosis services. We will engage with General Practice and other points of referral to promote uptake of brief intervention services.</p> <p>We will work closely with GV Health and DHHS in the development of a model of care for place –based withdrawal</p> <p>We will work with Youth Support and Advocacy Service (YSAS) to develop rural model of care for young people who experience co-occurring mental health and substance mis-use issues.</p> <p>We will work closely with General Practice, regionally based specialist withdrawal service providers, LHNs, Pharmacotherapy Networks and Additional Medicine Specialists to develop best practice principles, guide workforce development activity and healthpathway development.</p>
Indigenous Specific	<p>No – culturally specific treatment services are addressed in the Planned Activities – Drug Treatment Services for Aboriginal and Torres Strait Islander People.</p>

Duration	<p>Brief intervention models of care implemented in 2016/17 will be evaluated and inform further rollout of approach within General Practice in 17/18.</p> <p>Dual diagnosis models of care pilot sites will be evaluated at 6 and 12 months from commencement with the intention of scaling up accessibility to this service type in future years.</p> <p>GV Withdrawal project will complete in June 2018, evaluation will inform process for scaling model into new communities without ready access to place-based withdrawal.</p> <p>Youth Model to be developed over 12 months through 17/18.</p>
Coverage	<p>Withdrawal project will focus initially on communities in Goulburn Valley</p> <p>Brief Intervention and Dual Diagnosis commissioning will have a PHN wide focus with initial pilot sites to test new approaches and models of care.</p>
Commissioning method	<p>All treatment services will be commissioned.</p>
Approach to market	<p>GV Withdrawal project – direct approach</p> <p>New service models – open tender process</p> <p>Monitoring and evaluation requirements will be built into the contract requirements and managed through established Murray PHN performance management systems which include data and quality reporting.</p>
Decommissioning (if applicable)	<p>Not applicable</p>

Proposed Activities	
Activity Title <i>(e.g. Activity 1, 2, 3 etc.)</i>	Activity 3: Coordination and Integration
Existing, Modified, or New Activity	3.1 Existing 3.2 Existing 3.3 Existing
Needs Assessment Priority Area <i>(e.g. Priority 1, 2, 3, etc.)</i>	Coordination of care for people with dual diagnosis Integrated Care Pathways
Description of Drug and Alcohol Treatment Activity	<p>3.1 Stepped care approaches to drug and alcohol treatment</p> <p>Aim: Development of an integrated continuum of care model, underpinned by a stepped care approach that enables individuals seeking treatment to access the right level of intensity of service at the right time.</p> <p>3.2 Pathways for drug and alcohol treatment</p> <p>Aim: Develop drug and alcohol treatment health pathway which supports effective assessment, access and referral mechanisms to the most appropriate services.</p> <p>3.3 Shared care mechanisms and models of practice</p> <p>Aim: Improve integrated care principles through the development of shared-care tools and models of practice. This will be developed in conjunction with the treatment sector and other relevant service providers. To note is the planned regional health pathways work that is an enabler in the development of models of shared care and associated tools.</p>

	People seeking drug and alcohol treatment who have complex needs which require a coordinated multidisciplinary response with a particular focus on people who experience co-occurring substance misuse and mental health issues.
Target population cohort	<p>People seeking drug and alcohol treatment and support across the continuum of need.</p> <p>People seeking drug and alcohol treatment who have complex needs which require a coordinated multidisciplinary response with a particular focus on people who experience co-occurring substance misuse and mental health issues.</p>
Consultation	Engagement with key stakeholders described earlier has consolidated the PHN priorities and systems gaps identified above.
Collaboration	We will engage with the treatment sector including General Practice, LHNs and DHHS as a commissioner of state funded treatment services. We will enlist the clinical expertise in the design of health pathways and shared care tools.
Indigenous Specific	No – however stepped care principles will be applied to the design of targeted integrated services for Aboriginal and Torres Strait Islander people
Duration	This activity will continue in 17/18 and inform development of stepped care pathways over the course of this period.
Coverage	The development of AOD Healthpathways has been prioritised in 16/17 and will be localised in 17/18.
Commissioning method	No applicable to this activity.
Approach to market	N/A
Decommissioning (if applicable)	Not applicable

Proposed Activities	
Activity Title <i>(e.g. Activity 1, 2, 3 etc.)</i>	Activity 4: Building a skilled workforce
Existing, Modified, or New Activity	4.1 Existing 4.2 Existing 4.3 Existing
Needs Assessment Priority Area <i>(e.g. Priority 1, 2, 3, etc.)</i>	Health workforce
Description of Drug and Alcohol Treatment Activity	<p>4.1 Support workforce capacity building through improved access to training and education</p> <p>Aim: Increase capability of the workforce through workforce development planning and identify innovative ways that enables access for the rural workforce, taking into consideration the workforce development planning and activity undertaken by DHHS for the state funded treatment sector to prevent duplication.</p> <p>4.2 Increase GP capability in supporting patients with substance misuse issues</p> <p>Aim: Increase capability and confidence of General Practice to effectively support people with substance misuse through a multidisciplinary shared care approach.</p> <p>4.3 Increase workforce capability in dual diagnosis.</p>

	Aim: Develop a skilled workforce that is better equipped to support people who experience co-occurring mental health and substance misuse issues. Included within the scope of workforce will be the providers of headspace, psychological therapy services and mental health nurses and the upskilling requirements of this workforce in alcohol and other drug brief intervention approaches.
Target population cohort	Alcohol and other Drug Treatment workforce. General Practice workforce Alcohol and other Drug Treatment workforce and PHN mental health workforce including headspace, providers of psychological therapies and mental health nurses.
Consultation	Murray PHN will work with the General Practice workforce and AOD sector to identify training needs across the Murray PHN catchment paying particular attention to priority needs identified within the comprehensive needs assessment.
Collaboration	We will collaborate with the AOD treatment sector, DHHS, general practice, mental health service providers and commission the support of training providers with the relevant expertise.
Indigenous Specific	No
Duration	Workforce development will be a core element of the Regional Drug and Alcohol Treatment Plan. Regional planning in 2017/18 will identify the order of priorities for implementation over the two year planning period.
Coverage	Murray PHN catchment wide needs assessment with focused activities in locations of highest need – paying particular attention to workforce that is more geographically isolated.
Commissioning method	Murray PHN will commission the delivery of training

Approach to market	<p>Commissioning approach will include open tender and direct approach to most capable provider dependent upon the training solution and subject expertise sought.</p> <p>Contractual arrangement entered into with training organisation will include delivery KPI's and evaluation.</p>
Decommissioning (if applicable)	Not applicable

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

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2016-17 to 2018-19. These activities will be funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.4 Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding.

- Refer to PHN Grant Programme Guidelines: Annexure A2 – Drug and Alcohol Treatment Services and Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services for the list of in-scope activities.
- It is emphasised that PHNs are to consider strategies to support the workforce in delivering the proposed activities through promoting joined up assessment processes and referral pathways, and supporting continuous quality improvement, evidence based treatment and service integration.

Note: *Please copy and complete the table as many times as necessary to report on each activity.*

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	Activity 1: Integrated models of care for Aboriginal and Torres Strait Islander People
Existing, Modified, or New Activity	1.1 Modified 1.2 Existing 1.3 New 1.4 Existing
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	Integrated care pathways
Description of Drug and Alcohol Treatment Activity	1.1 Integrated planning to support integrated models of care Aim: Development of a PHN Social and Emotional Wellbeing Plan that incorporates planned activity for drug and alcohol treatment, mental health, suicide prevention - bringing the 3 operational and service delivery funding streams together through a single approach to engagement and collaborative effort.

	<p>Whilst the PHN is taking an integrated strategic and planning approach, the funding streams for AOD treatment services remain ring-fenced for the commissioning of drug treatment activity.</p> <p>1.2 Development of integrated services delivery models of care.</p> <p>Aim: To provide targeted, culturally appropriate and integrated, support and evidence based treatment services for Aboriginal and Torres Strait Islander People across the continuum of care within a Social and Emotional Wellbeing framework. Following the initial review of existing models of care we will work with ACCHOs in the development of new models of integrated care and review and/or development of shared-care mechanisms and tools to support wrap around service provision for people who are supported by multiple agencies. Workforce development planning will be intrinsic in this activity to support workforce capability and quality through learning needs assessment, professional development planning and access to a scholarship program to support minimum qualification standards in AOD and mental health.</p> <p>1.3 Commission culturally appropriate treatment services</p> <p>Aim: In collaboration with ACCHO’s commission a range of treatment services in accordance with local need and service gaps which may include; brief intervention, counselling and coordination, community based withdrawal and community based rehabilitation and relapse support.</p> <p>1.4 Supporting Aboriginal and Torres Strait Islander people who experience co-morbid substance misuse and mental health issues</p> <p>Aim: Increase workforce capability through supporting the AOD and mental health workforce who have a direct role in supporting Aboriginal and Torres Strait Islander people (i.e. ACCHO’s health and social and emotional wellbeing workforce and other mainstream organisation that have Aboriginal and Torres Strait Islander services) in culturally contextualised dual diagnosis training.</p>
Target population cohort	Aboriginal and Torres Strait Islander people seeking support and treatment for drug and/or alcohol treatment and their families across communities within Murray PHN.
Consultation	Murray PHN has been consulting with a range of key stakeholders including Aboriginal community, elders, Aboriginal health workers, ACCHO senior leaders and AOD service providers to identify priority areas and approach.

Collaboration	<p>This will be achieved through collaborating with ACCHO's, DHHS, VACCHO and other key stakeholders, and through coordinated effort and investment in planning and the implementation of enhanced, holistic and integrated serviced provision. Through initial discussion with DHHS we have identified commonality in the priority areas of drug and alcohol treatment, suicide prevention and mental health. We understand DHHS is currently investing in a social and emotional wellbeing framework and we will harness opportunities to work collaboratively in engaging ACCHOS and community in service model design across the continuum of care.</p> <p>Engagement with key Indigenous stakeholders is ongoing.</p>
Indigenous Specific	YES
Duration	<p>Collaborative Integrated planning will be completed in 2017 will stratify the order of priorities for implementation over the 3 year planning period.</p> <p>Culturally specific treatment services designed and commissioned in 2016/17 through Aboriginal Controlled Health Organisations and drug treatment services will continue into 2017/18.</p>
Coverage	<p>Integrated models of care to be located in communities where there is a high population of Aboriginal and Torres Strait Islander people residing. Key communities are Mildura, Robinvale, Swan Hill, Bendigo, Shepparton, Echuca and Albury/Wodonga, with smaller but significant communities in Seymour and Wangaratta.</p>
Commissioning method	Activities within this priority area will be fully commissioned.
Approach to market	<p>Commissioning will be achieved through direct approach to ACCHOs who may engage partners collaboratively but in such cases will act as lead agency.</p> <p>Monitoring and evaluation requirements will be built into the contract requirements and managed through established Murray PHN performance management systems which include data and quality reporting.</p>
Decommissioning (if applicable)	Not applicable

Consultation	We will consult with Aboriginal key stakeholders in the identification and development of appropriate materials to support cultural competency of mainstream AOD service providers.
Collaboration	<p>We will seek to identify appropriate self-audit and guidance tools to assist mainstream organisations to deliver services in a manner that is culturally inclusive and accessible. We will promote and engage providers of AOD treatment services in the benefits and use of these tools.</p> <p>We will work closely with Aboriginal organisations and community along with mainstream service providers to establish mechanisms which support integrated care.</p>
Indigenous Specific	YES
Duration	Audit and guidance tools developed and rolled-out in 2017/18
Coverage	To be used by mainstream services throughout the region however, particular focus will be given to mainstream AOD service providers in communities where there is a high population of Aboriginal and Torres Strait Islander people residing and Murray PHN commissioned services. Communities with high populations of Aboriginal and Torres Strait Islander people are Mildura, Robinvale, Kerang, Swan Hill, Bendigo, Shepparton, Echuca and Albury/Wodonga.
Commissioning method	N/A
Approach to market	N/A
Decommissioning (if applicable)	N/A

2. (c) Activities which will no longer be delivered under the Schedule – Drug and Alcohol Treatment Activities

Please use the table below to outline any activities included in the May 2016 version of your Drug and Alcohol Treatment Activity Work Plan which are not continuing from 2017-18.

Planned activities which will no longer be delivered	
Activity Title / Reference	N/A
Description of Activity	
Reason for removing activity	
Funding impact	