



Australian Government
Department of Health



An Australian Government Initiative

Updated Activity Work Plan 2016-2018: Primary Mental Health Care Funding

Western NSW PHN 107

Overview

This Activity Work Plan is an update to the 2016-17 Activity Work Plan submitted to the Department in May 2016.

1. (a) Strategic Vision

The strategic reform and re-alignment of mental health and suicide prevention services in Western NSW will be framed within the distinct service profiles across the Region. The Region covers, semi-rural, rural and remote areas and encompasses two Local Health Districts. The development of a cohesive primary health mental health and suicide prevention framework will require enhanced partnership and co-design processes that enable the unique service need and service development to respond to the challenges in each of the three domains. It is also apparent that implementation of a primary care response will be diminished if it is not developed as a continuum that ultimately has a set of complementary steps in both secondary and tertiary mental health service domains. Currently the primary, secondary and tertiary service domains for mental health in Western NSW remain poorly connected, poorly accessible and poorly planned.

The Western NSW Primary Health Network (WNSW PHN) will take a lead role in the coordination of Regional mental health and suicide prevention planning by co-designing and implementing an evidence based primary health stepped care model. In identifying 'local' need the WNSW PHN Region will be increasing the sophistication of needs assessment and conceptualising the Region as clusters of service domain that have both geographic and demographic similarity. To achieve this the exact number of clusters will be identified and an Integrated Mental Health Atlas inclusive of suicide statistics and responsive to drug and alcohol morbidity will be used a key planning tool.

The Stepped Care model will have three fundamental elements:

1. Clearly identifiable steps
2. Coordinated movement across steps
3. Self – correcting levels of care

The Primary Health Stepped Care model will have an interface with the Commonwealth Digital Gateway and will engage a range of technologies and information dissemination that provides a comprehensive range of self-help options to people with a mental illness or suicide enquiry in a primary health setting. The model will provide a series of indicators for providers and consumers that enable the step up and step down movement across the identified steps. The progressive movement up the steps will have a relationship to increasing levels of acuity. Hence the movement from self-help will increase the guidance and navigation assistance that the person will experience both in service access, and in dealing with their personal primary health journey. Ultimately this continuum of care will lead to the interface with both secondary and tertiary care, with the return from that level of care efficiently managed back into primary care at the point that most meets the persons' current service profile on the identified steps.

The partnership for co-design and implementation of the Primary Health Stepped Care model will be achieved through the Stepped Care Integration Planning Executive Group (SCIPEG). This Group has representation from Peak industry bodies and the Directors of Mental Health and Drug and Alcohol in the Local Health District. Using a Collective Impact framework the representatives have ensured that the specific needs of their constituents are prominent in the co-design process.

The strategic design of the Stepped Care model has provided an opportunity to use the commissioning of new services in a way that delivers sector reform and re-alignment through the six key objectives identified by the Commonwealth.

Activity in 2016/2017 has concentrated on supporting the transition from block funded programs to flexibly commissioned regional service delivery. This process has been conducted in a manner that maintains service continuity to existing consumers, and provides a readiness period for organisations

in a commissioning environment post 2017. Current levels of service delivery have been maintained in 2016/17, and funding arrangements continued for most previously funded organisations in the transition year for up to 12 months. During the transition year the WNSWPHN has been designing the future commissioning environment by commencing the following actions.

1. Improved targeting of low intensity psychological services

The Stepped Care model will create a graded service continuum for psychological services. Commencing at Step 3 brief individual therapy for low to low moderate needs groups will be provided by General Counsellors, with greater levels of acuity being managed by more senior psychological professionals up to the point where the person may require a blended therapeutic regime in conjunction with a secondary or tertiary clinician. This will create a resource and service efficiency in the use of the flexible funds and refocus the current Access to Allied Psychological Services (ATAPS) workforce.

2. Cross sectorial early intervention for children and young people

The Stepped Care model has incorporated the current Headspace methodology across a range of primary health settings with a more integrated consultancy and cross over to Programs such as School Link and Public Mental Health services such as Child and Adolescent Community Teams.

3. Address gaps in provision of psychological services to rural and remote and hard to reach populations

The more comprehensive needs analysis through completion of the Integrated Mental Health Atlas in 2016/17 and the clearer definition of regional need through sub-regional planning zones will provide an evidence base for the implementation of the Stepped Care model. In particular, for hard to reach groups and the methodology for remote service delivery, the greater understanding of how geography and demographics need to determine the localised implementation of a primary stepped care model.

4. Management of severe and complex needs in a primary care setting through coordinated mental health packages and mental health nurses

The previous Mental Health Nursing Incentive Program (MHNIP) arrangements are constraining and limit the broad application of Mental Health Nurses into a range of primary health settings. The Stepped Care model will identify both role and function for Mental Health Nurses in an integrated model that allows greater recruitment and utilisation of this resource in primary health settings. The model will create the capacity for MHNIP Nurses to service multiple primary health settings providing clinical coordination and facilitation of community wellbeing through the use of a brokerage pool managed by the WNSW PHN.

5. Suicide prevention

Suicide prevention will have indicators for information, care and action in every Step of the Stepped Care model, with advanced training and community development partnerships in the implementation of national campaigns. The Black Dog Institute's Systems Model for Suicide Prevention will be used as a framework to conduct a suicide audit and develop a multi-agency approach to supporting community initiatives and primary health settings.

6. Aboriginal and Torres Strait Islander service integration

The integration of mental health and suicide prevention service delivery outcomes for Aboriginal people further across a range of primary health settings will require the development and implementation of cultural safety benchmarks to inform future commissioning. The design and implementation of the Stepped Care model will reflect this, with the cultural safety required at each Step being identified and implemented through the commissioning process.

The relationship between service development and planning and the commissioning of services will be an ongoing active dialogue between the PHN Clinical Councils, Community Councils and the Aboriginal Health Council.

The role of the Aboriginal Health Council in formulating culturally competent and safe service delivery benchmarks for commissioned services will continue to be a prominent feature of the WNSW PHN forward commissioning commitment to best practice to the Aboriginal and Torres Strait Islander regional population. The Aboriginal Health Council will also continue to take a central guidance role in the development and monitoring of all programs that are commissioned to meet the needs of Aboriginal and Torres Strait Islander people, and will be the central point of advice for the WNSW PHN in implementation of these programs in the community.

Our Strategic Plan

Vision

Supporting, strengthening and shaping a world class, person-centred primary health.

Purpose

Social justice, access and equity in quality primary health.



1. (b) Planned activities funded under the Primary Mental Health Care Schedule

Proposed Activities	
Priority Area	Priority Area 1: Low intensity mental health services
Activity(ies) / Reference	1.1 Low intensity intervention program
Existing, Modified, or New Activity	Modified
Description of Activity	<p><u>The activity will be implemented in two parts in 2017/18:</u></p> <ol style="list-style-type: none"> 1. Development of an early intervention strategy was completed in 2016/17, identifying low intensity interventions relevant to early interventions and these interventions will be commissioned in 2017/18. <p>Low intensity interventions have the capacity to help people identify and manage stress and other early indicators of mental illness. An early intervention strategy will specifically identify and commission low intensity services and supports that can target early signs of mental health, as well as promote mental health literacy.</p> <p>The results of this strategy will help people to identify and manage early signs of deteriorating mental health, helping to avoid and/or limit the development and impact of serious episodes of mental illness, and to reduce the need for higher levels of care (eg hospitalisation).</p> <ol style="list-style-type: none"> 2. WNSW PHN has engaged Non-Government Organisations (NGO's) in a co-design process around low intensity mental health services in 2016/17. <p>This process has led to an identification of the resources that NGO's need to build their capacity to support low intensity interventions, and/or a suite of interventions that the sector identifies as necessary and appropriate for commissioning. In 2017/18 the WNSW PHN will support those resources and/or commission those interventions.</p> <p>This activity will strengthen the NGO sector's capacity to deliver low intensity services and to utilise low intensity mental health interventions within the stepped care model.</p>

Target population cohort	<p>People experiencing low levels of psychological distress and/or other mental health related issues that have the potential to develop into serious mental illness.</p> <p>Clients receiving a mental health service through an NGO.</p>
Consultation	<p>Consultation has occurred though 2016/17 to develop the strategy, and included the WNSW PHN community and clinical councils, the Local Health District (LHD) and a range of service providers including private practice, Mental Health Nursing Incentive Programs (MHNIPs) and NGOs.</p>
Collaboration	<p>This activity will have specific links to the LHD, Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Medical Services (AMSs) so that low intensity services targeting early intervention are consistent with and supportive of existing early intervention services.</p> <p>This will be a specific co-design process with the NGO sector in our region.</p>
Duration	2016-2018
Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	<p>Commissioning will include procurement of interventions where possible, education to service providers and promotion of early intervention and early intervention resources to the primary health sector.</p> <p>Commissioning will include procurement of interventions where necessary, education to NGOs and promotion of low intensity services and resources to NGOs and the broader primary health sector.</p>
Approach to market	<p>Where intervention resources are identified these will be procured by direct engagement. An education strategy may be commissioned, and this could include either an open tender to provide that education, or direct engagement, depending on the specific content required and market capacity to deliver.</p> <p>Where low intensity resources are identified these will be procured by direct engagement. An education strategy may be commissioned, and this could include either an open tender to provide that education, or direct engagement, depending on the specific content required and market capacity to deliver.</p>
Decommissioning	No services to be decommissioned.

Proposed Activities	
Priority Area	Priority Area 1: Low intensity mental health services
Activity(ies) / Reference	1.2 Digital coaching to support low intensity mental health interventions
Existing, Modified, or New Activity	New
Description of Activity	Digital coaching occurs through an application based program used on smart phones and tablets. The consumer interacts with this app to engage in education, health promotion, and case management (ie reminders for medication, appointments, health plan activities). In 2016/17 WNSW PHN has explored this technology and will begin the development of the clinical scripting of this software for mental health. In 2017/18 WNSW PHN will continue to develop the clinical scripting and begin trials, with the potential roll out across the region beginning in 2017/18 continuing into 2018/19.
Target population cohort	Consumers with low to medium intensity mental health issues
Consultation	Stakeholders and consumers will be engaged during the trial of this activity.
Collaboration	The clinical scripting process will be coordinated by WNSW PHN but will require clinical coordination. The WNSW PHN will engage the Western NSW Local Health District (WNSW LHD) to lead a clinical working party and oversee the trial and implementation of this service. In addition, the PHN will seek to engage an independent evaluation.
Duration	2016-2018
Coverage	Trial likely to be conducted with selected service providers (eg general practice and NGOs) Broader implementation whole of WNSW PHN region.
Commissioning method (if relevant)	This activity will be commissioned in three parts – Clinical scripting, trial and review, broader implementation if trial successful.
Approach to market	Direct engagement with software developer
Decommissioning	No services to be decommissioned.

Proposed Activities	
Priority Area	Priority Area 2: Youth mental health services
Activity(ies) / Reference	2.1 headspace services
Existing, Modified, or New Activity	Existing
Description of Activity	Core headspace activity will be maintained in 2017/18 through the centres at Bathurst, Orange, Dubbo and Broken Hill. WNSW PHN will work with the centres to improve sector integration and incorporate headspace services into a stepped care model of youth mental health services for the region.
Target population cohort	Young people aged 12-25 in those centres and surrounding communities.
Consultation	Consultation will continue with a range of youth focussed services to ensure that headspace services are integrated with other youth services in the community
Collaboration	Key stakeholders will be LHD and NGO provided clinical services, including Child and Adolescent Mental Health Services (CAMHS) and Like Minds and community mental health. This collaboration will focus on improving referral pathways and integrated service delivery.
Duration	2016-2018
Coverage	Headspace centres provide services to Bathurst, Orange, Dubbo and Broken Hill.
Commissioning method (if relevant)	These existing services are commissioned.
Approach to market	N/A
Decommissioning	No Services to be decommissioned.

Proposed Activities	
Priority Area	Priority Area 2: Youth mental health services
Activity(ies) / Reference	2.2 Implement framework for access for children and young people in remote and hard to reach localities with local and remote service providers
Existing, Modified, or New Activity	Modified
Description of Activity	Having developed the framework in 2016/17, WNSW PHN will engage service providers to implement and monitor measures that will improve access to services for young people in remote and hard to reach localities.
Target population cohort	Children and young people (up to 25yo) in remote and hard to reach localities
Consultation	This will have occurred during 2016/17 to identify the necessary framework for children and young people to access services, and will involve both youth focussed services and other generic services that access or have the capacity to access youth in rural and remote including remote clinics, Royal Flying Doctor Service (RFDS) and community health services.
Collaboration	Implementation and the roles played in implementation will depend on the final framework developed in 2016/17.
Duration	2016-2018
Coverage	This is a whole of WNSW PHN region activity. Although remoteness is more prevalent in the west, there are many small rural communities that experience barriers to access across all areas of the region.
Commissioning method (if relevant)	Commissioning activity will depend on the developed plan. While this is likely to focus on better integration of resources and the development of referral pathways it may also include the provision of specific resources or services.
Approach to market	If specific resources are required, this is likely to be by direct engagement (eg increasing an existing provider's capacity) or an open tender if a new level of service delivery is required.
Decommissioning	No services will be decommissioned

Proposed Activities	
Priority Area	Priority Area 2: Youth mental health services
Activity(ies) / Reference	2.3 Early psychosis services for youth in rural and remote primary health setting and a grief and trauma intervention service for children and young people with specialist need, victims, refuge, survivors of sexual abuse and remote communities
Existing, Modified, or New Activity	Modified
Description of Activity	<p>There are two components to this activity:</p> <ol style="list-style-type: none"> 1. Having developed the framework in 2016/17, WNSW PHN will engage service providers to implement and monitor measures that will improve access to and or provide early psychosis services for young people in rural and remote primary health settings. 2. In 2016/17 WNSW PHN will identify and co design a suite of specific resources, interventions and services for young people with specialist need requiring grief and trauma counselling support. During 2017/18 the WNSW PHN will implement and/or commission these resources, interventions and services.
Target population cohort	<p>Children and young people (up to 25yo) in remote and hard to reach localities</p> <p>Young people in remote communities who require support in relation to grief and trauma</p>
Consultation	<p>This will have occurred during 2016/17 to identify the necessary framework for children and young people to access early psychosis services, and will involve both youth focussed services and other generic services that access or have the capacity to access youth in rural and remote including remote clinics, RFDS and community health services.</p> <p>In 2016/17 the WNSW PHN will consult with all available grief and trauma providers and a range of youth focussed services to identify the need and required interventions.</p> <p>WNSW PHN will continue to consult with these agencies to implement grief and trauma service for youth in 2017/18</p>
Collaboration	Implementation and the roles played in implementation will depend on the final framework developed in 2016/17.

Duration	2016-2018
Coverage	This is a whole of WNSW PHN region activity. Although remoteness is more prevalent in the west, there are many small rural communities that experience barriers to access across all areas of the region.
Commissioning method (if relevant)	Commissioning activity will depend on the developed plan. While this is likely to focus on better integration of resources and the development of referral pathways it may also include the provision of specific resources or services.
Approach to market	If specific resources are required, this is likely to be by direct engagement (eg increasing an existing provider's capacity) or an open tender if a new level of service delivery is required.
Decommissioning	No services will be decommissioned

Proposed Activities

Priority Area	Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
Activity(ies) / Reference	3.1 Mental Health Atlas
Existing, Modified, or New Activity	Existing
Description of Activity	WNSW PHN commissioned the development of the Western NSW Mental Health Atlas (Atlas) in 2016/17.
Target population cohort	Rural and remote, under-serviced and / or hard to reach groups
Consultation	A preferred supplier has been commissioned to deliver the Atlas and will undertake a comprehensive consultation to complete this work.
Collaboration	Preferred provider
Duration	2016 - 2017

Coverage	Whole of WNSW PHN region
Continuity of care	Continuity of care is not affected by this activity
Commissioning method (if relevant)	Not relevant
Approach to market	Not relevant
Decommissioning	No services to be decommissioned

Proposed Activities	
Priority Area	Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
Activity(ies) / Reference	3.2 Engaging remote farming populations
Existing, Modified, or New Activity	Modified
Description of Activity	WNSW PHN will focus on strategies for engaging remote farming populations and will develop a program in 2016/17, for implementation in 2017/18.
Target population cohort	Remote farming populations on isolated properties
Consultation	Consultation has occurred through the WNSW PHN community councils
Collaboration	Centre for Rural and Remote Mental Health (CRRMH), LHD services, RFDS, NSW Department of Primary Industries and the NSW Farmer's Association will be partners in implementing this strategy.
Duration	2016-2018.
Coverage	This is a whole of WNSW PHN region activity. Although remoteness is more prevalent in the west, there are many small rural communities that experience barriers to access across all areas of the region.

Continuity of care	Continuity of care will not be affected by this activity
Commissioning method (if relevant)	Commissioning activity will depend on the developed plan. While this is likely to focus on better integration of resources and the development of referral pathways it may also include the provision of specific resources or services.
Approach to market	If specific resources are required, this is likely to be by direct engagement (eg increasing an existing provider's capacity) or an open tender if a new level of service delivery is required.
Decommissioning	No services will be decommissioned

Proposed Activities	
Priority Area	Priority Area 3: Psychological therapies for rural and remote, under-served and / or hard to reach groups
Activity(ies) / Reference	3.3 Develop and implement new options for referral, including provisional referral pathways.
Existing, Modified, or New Activity	New
Description of Activity	WNSW PHN will review additional options for providing referral and access pathways through other service providers in rural and remote communities, and will identify and resource available suitable service providers that can act as provisional referrers to the program, increasing access in rural and remote communities, including but not limited to aboriginal communities. This will likely reflect the strategies being implemented under 3.3
Target population cohort	People in rural and remote communities who don't access existing services but are identified as needing support through other agencies.
Consultation	Consultation will occur through the CRRMH, LHD services, RFDS, NSW Department of Primary Industries and the NSW Farmer's Association, as well as the WNSW PHN community, clinical and aboriginal health councils, as well as WNSW PHN funded service providers who have been delivering Access to Allied Psychological Services (ATAPS).

Collaboration	Western NSW and Far West Local Health Districts, and other rural and remote service organisations will be involved in implementing this activity.
Duration	2017-2018
Coverage	This is a whole of WNSW PHN region activity. Although remoteness is more prevalent in the west, there are many small rural communities that experience barriers to access across all areas of the region.
Continuity of care	Continuity of care will not be affected by this activity
Commissioning method (if relevant)	Commissioning activity will depend on the developed plan. While this is likely to focus on better integration of resources and the development of referral pathways it may also include the provision of specific resources or services.
Approach to market	If specific resources are required, this is likely to be by direct engagement (eg increasing an existing provider's capacity) or an open tender if a new level of service delivery is required.
Decommissioning	No services will be decommissioned

Proposed Activities	
Priority Area	Priority Area 3: Psychological therapies for rural and remote, under-served and / or hard to reach groups
Activity(ies) / Reference	3.4 Psychological therapy services for under-served groups
Existing, Modified, or New Activity	Modified
Description of Activity	In 2016/17 WNSW PHN will conduct a review of ATAPs in the region, and will implement and promote a rebranded strategy to all primary health service providers and settings. These new services will be commissioned in 2016/17 for commencement in 2017/18.
Target population cohort	People in rural and remote communities who require access to psychological and other allied health supports to manage their mental health.

Consultation	Consultation will occur through WNSW PHN funded service providers who have been delivering (ATAPS), practices and other service delivery settings. .
Collaboration	Western NSW and Far West Local Health Districts, and other rural and remote service organisations will be involved in implementing this activity.
Duration	2016-2018
Coverage	This is a whole of WNSW PHN region activity.
Continuity of care	Continuity of care will not be affected by this activity
Commissioning method (if relevant)	Commissioning of this activity will occur in 2016/17 post a review of the previous program.
Approach to market	A publicly advertised tender process was conducted in the first half of the 2017 calendar year. Based on the outcome of this tender process WNSW PHN plans to extend current service provider contracts through to no later than 30 September 2017, in order to allow for an orderly transition to the new service provision model.
Decommissioning	In the transition from ATAPS to a new program, the service provision may change from existing providers, pending the outcome of the review being conducted. Ultimately service provision will continue, however the mix of existing/new service providers may change through the tender process. To assist in this process, WNSW PHN proposes the extension of existing service provider contracts through to 30 September 2017 in order to facilitate an appropriate transition of services to any new provider(s) selected from the tender process.

Proposed Activities

Priority Area	Priority Area 4: Mental health services for people with severe and complex mental illness including care packages
Activity(ies) / Reference	4.1 MHNIP Services

Existing, Modified, or New Activity	Existing
Description of Activity	<p>There are two components to this activity:</p> <ol style="list-style-type: none"> 1. WNSW PHN Commissioned new MHNIP services across the region, from January 2017. This new model removes MHNIPS from individual practices and makes them more broadly available and accessible to communities, particularly in the more remote areas in the west of the region. This will be continued in 2018/18. 2. This activity will also continue existing MHNIP service providers in the more densely populated areas in the east of the region (Bathurst, Orange, Cowra and Parkes). These MHNIPS will continue to work under the existing model, but will contribute to a co-design of the service beyond 2017/18, where the existing model may be transitioned out and replaced by the new model.
Target population cohort	People with severe and complex mental illness
Consultation	Consultation will occur through WNSW PHN community, clinical and aboriginal health councils to assess uptake and accessibility of the services.
Collaboration	<p>Current service providers will continue as our key partners delivering these services.</p> <p>Existing practices and credentialed mental health nurses currently providing MHNIP services</p>
Duration	2016 - 2018
Coverage	<p>Coverage for this component of the program is based on the WNSW PHN Hub model, ie these services provide coverage for a two hour radius from, Dubbo, Cobar, Broken Hill, Bourke and Walgett.</p> <p>The existing MHNIPs will continue to service Bathurst, Orange, Cowra and Parkes.</p>
Continuity of care	This service is continuing throughout 2017/18
Commissioning method (if relevant)	N/A
Approach to market	N/A
Decommissioning	No services to be decommissioned

Proposed Activities	
Priority Area	Priority Area 4: Mental health services for people with severe and complex mental illness including care packages
Activity(ies) / Reference	4.2 Group Therapies
Existing, Modified, or New Activity	New
Description of Activity	A framework for Group therapies for complex issues will be explored and will consider identification of target populations, availability of best practice providers and the accessibility and cost effectiveness of both residential and outreach programs. These groups could include, but not be limited to, PTSD, eating disorders and personality disorders.
Target population cohort	People with complex and challenging conditions where specific treatment services are difficult to access and where group therapies are recommended
Consultation	General Practice, NGO's, all existing mental health services including private psychology services and LHD services.
Collaboration	Stakeholders will include General Practice, NGO's, all existing mental health services including private psychology services and LHD services and will both develop the model and either refer or deliver services.
Duration	2017-2018
Coverage	Whole of WNSW PHN region
Continuity of care	Group therapies will be a specific addition to ongoing care plans
Commissioning method (if relevant)	Commissioning activity will depend on the developed plan. While this is likely to focus on better integration of resources and the development of referral pathways it may also include the provision of specific resources or services.
Approach to market	If specific resources are required, this is likely to be by direct engagement (eg increasing an existing provider's capacity) or an open tender if a new level of service delivery is required.
Decommissioning	No services will be decommissioned

Proposed Activities	
Priority Area	Priority Area 5: Community based suicide prevention activities
Activity(ies) / Reference	5.1 Suicide Prevention services.
Existing, Modified, or New Activity	Existing
Description of Activity	WNSW PHN commissioned a range of community based suicide prevention projects in 2016/17, based on the Black Dog Institute LifeSpan systems, and these will be continued in 2017/18
Target population cohort	General Community
Consultation	Local Suicide prevention networks, mental health services and the Black Dog Institute
Collaboration	Service delivery will continue through those agencies funded in 2016/17
Duration	This activity will continue throughout 2017/18
Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	N/A
Approach to market	N/A
Decommissioning	No services to be decommissioned

Proposed Activities	
Priority Area	Priority Area 5: Community based suicide prevention activities
Activity(ies) / Reference	5.2 GP Training and support
Existing, Modified, or New Activity	New
Description of Activity	WNSW PHN will identify and promote appropriate training and support packages for rural GPs to enable them to better manage suicide presentations, including a focus on pre and postvention
Target population cohort	General Practitioners

Consultation	This will occur through Suicide Prevention Australia and other peak suicide prevention and general practice agencies
Collaboration	Suicide Prevention Australia
Duration	2016-2018
Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	N/A
Approach to market	N/A
Decommissioning	No services will be decommissioned

Proposed Activities	
Priority Area	Priority Area 5: Community based suicide prevention activities
Activity(ies) / Reference	5.3 Western NSW Lived experience network
Existing, Modified, or New Activity	New
Description of Activity	Working with Suicide Prevention Australia and other lived experience agencies, WNSW PHN will promote and develop a lived experience network which will support people with lived experience of suicide to provide education, insight and support to health services and communities dealing with suicide.
Target population cohort	People with lived experience of suicide
Consultation	Suicide Prevention Australia and other lived experience agencies
Collaboration	Suicide Prevention Australia agencies will provide ongoing support to the network
Duration	2017-2018
Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	Partnership with Suicide Prevention Australia

Approach to market	N/A
Decommissioning	No services will be decommissioned

Proposed Activities	
Priority Area	Priority Area 5: Community based suicide prevention activities
Activity(ies) / Reference	5.4 Develop a regional suicide postvention framework
Existing, Modified, or New Activity	New
Description of Activity	Suicide Postvention includes the follow up and aftercare of someone who has attempted suicide, but more broadly needs to be applied to communities where suicide events have occurred. This can reduce the potential for cluster suicides in rural communities and strengthens the capacity and resilience of those communities. WNSW PHN will investigate suicide postvention programs that can be applied in the region, with a particular focus on aboriginal communities and young people (eg school communities).
Target population cohort	Communities and people who have experienced a suicide event
Consultation	This will occur with Suicide Prevention Australia, local suicide prevention networks, people with lived experience and suicide postvention services
Collaboration	Identified Suicide postvention services
Duration	2017-2018
Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	Commissioning activity will depend on the developed plan. While this is likely to focus on better integration of resources and the development of referral pathways it may also include the provision of specific resources or services.
Approach to market	If specific resources are required, this is likely to be by direct engagement (eg increasing an existing provider's capacity) or an open tender if a new level of service delivery is required.

Decommissioning	No services will be decommissioned
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Proposed Activities	
Priority Area	Priority Area 6: Aboriginal and Torres Strait Islander mental health services
Activity(ies) / Reference	6.1 Implement a model for Social Emotional Wellbeing (SEWB) workers to support family case management
Existing, Modified, or New Activity	Modified
Description of Activity	6.1 A SEWB workforce will be a key component in reshaping mental health service delivery to aboriginal communities. Both the needs assessment and the consultation process (see item 1 above) have identified the need for a collective model to replace the existing reliance on individual service delivery. This reflects the cultural narrative in aboriginal communities which identifies that families in particular are the critical social network required to support the individual, and that service provision must deal with the overall needs of the social network and not just the individual. The co-design of this model will include both peak bodies and the WNSW PHN Aboriginal Health Council and the establishment of a workforce in the community that can negotiate with families to provide coordinated care that meets their shared needs, regardless of the initiating individual presentation. This will be a significant sector capacity building activity, as well as a significant improvement in access and service provision for aboriginal people, and provide support for medium and high stepped care interventions.
Target population cohort	Aboriginal communities in WNSW
Consultation	WNSW PHN Aboriginal Health Council, AMS and ACCHOs
Collaboration	All AMS, ACCHO and aboriginal health focussed organisations
Duration	2016-2018
Coverage	Whole of WNSW PHN region

Commissioning method (if relevant)	Commissioning activity will depend on the developed plan. While this is likely to focus on better integration of resources and the development of referral pathways it may also include the provision of specific resources or services.
Approach to market	If specific resources are required, this is likely to be by direct engagement (eg increasing an existing provider's capacity) or an open tender if a new level of service delivery is required.
Decommissioning	No services will be decommissioned

Proposed Activities	
Priority Area	Priority Area 6: Aboriginal and Torres Strait Islander mental health services
Activity(ies) / Reference	6.2 Aboriginal Mental Health First Aid Training
Existing, Modified, or New Activity	Existing
Description of Activity	Aboriginal Mental Health First Aid training will be both a capacity building and service delivery exercise. Certified training will be provided to facilitators who will then promote and deliver Aboriginal Mental Health First Aid training to both the primary health sector and to communities. This will address a number of needs identified through the consultation process specifically relating to stigma and a lack of understanding and access of available services.
Target population cohort	Aboriginal community members, and aboriginal health providers
Consultation	Consultation undertaken through WNSW PHN commissioned report into aboriginal mental health and drug and alcohol services and issues in WNSW. This report has been reviewed and endorsed by the WNSW PHN Aboriginal Health Council.
Collaboration	This program will be delivered by Mental Health First Aid (train the trainer component), supported by the LHD (Regional Aboriginal Mental Health) and delivered in community by nominated staff from AMS and ACCHOs.
Duration	2016-2018

Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	Briefly outline the planned commissioning method, including whether the activity will be commissioned in whole or part.
Approach to market	EOI and Direct engagement
Decommissioning	No services will be decommissioned

Proposed Activities	
Priority Area	Priority Area 6: Aboriginal and Torres Strait Islander mental health services
Activity(ies) / Reference	6.3 Indigenous suicide prevention network
Existing, Modified, or New Activity	Existing
Description of Activity	Indigenous Suicide Prevention is also a pressing need, and WNSW PHN has an opportunity to work with the Wesley LifeForce program to establish an indigenous specific suicide prevention network(s) within the region. Wesley LifeForce is currently Department of Health funded to establish suicide prevention networks and is active in the WNSW PHN area. This funding will allow additional indigenous specific networks to be established in areas of need where sustainable community resources are identified. This indigenous specific network funding is in addition to the suicide prevention funding that has been allocated to supporting the Black Dog Institute LifeSpan systems program.
Target population cohort	Aboriginal communities
Consultation	Consultation undertaken through WNSW PHN commissioned report into aboriginal mental health and drug and alcohol services and issues in WNSW. This report has been reviewed and endorsed by the WNSW PHN Aboriginal Health Council.
Collaboration	Wesley LifeForce will identify and work with local communities to establish networks
Duration	Ongoing through 2017/18
Coverage	Whole of WNSW PHN region

Commissioning method (if relevant)	Expansion of existing program
Approach to market	Direct engagement
Decommissioning	No services will be decommissioned

Proposed Activities	
Priority Area	Priority Area 6: Aboriginal and Torres Strait Islander mental health services
Activity(ies) / Reference	6.4 youth mental health literacy program targeting stigma and access to services with a focus on promoting headspace services
Existing, Modified, or New Activity	Existing
Description of Activity	The Aboriginal youth mental health literacy program that will target stigma and access to primary health services will be implemented in six hub sites across the WNSW PHN region. This program will engage a media agency with the experience and capacity to develop youth health messages in consultation with local indigenous communities. Stigma and lack of understanding about available services has been a key barrier identified through our consultation process (item 1 above) and has been reflected in consultation with the WNSW PHN Aboriginal Health Council. We expect this program will be delivered with other key stakeholders and existing youth mental health stakeholders in the region, including headspace and other Government agencies and NGOs.
Target population cohort	Aboriginal youth
Consultation	Consultation undertaken through WNSW PHN commissioned report into aboriginal mental health and drug and alcohol services and issues in WNSW. This report has been reviewed and endorsed by the WNSW PHN Aboriginal Health Council.
Collaboration	WNSW PHN will engage a media company to deliver this project in collaboration with local youth focussed service providers and local community members
Duration	2017/18

Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	Expansion of existing program
Approach to market	Direct engagement
Decommissioning	No services will be decommissioned

Proposed Activities	
Priority Area	Priority Area 7: Stepped care approach
Activity(ies) / Reference	7.1 Co-design of a regional Stepped Care framework and model, including the articulation of stepped care in secondary and tertiary health care
Existing, Modified, or New Activity	Existing
Description of Activity	The Stepped Care model has proved very useful for understanding and identifying services and interventions as they relate to low, medium and high intensity presentation in primary health settings. The Stepped Care model can also be used to articulate service delivery in the secondary and tertiary care environments. This will support the regional mental health plan, utilising Stepped Care as the single modality for identifying all services and interventions across the whole spectrum of mental health service delivery.
Target population cohort	N/A
Consultation	The Stepped Care model will be co-designed and implemented through the establishment of a Stepped Care Integration Planning Executive Group (SCIPEG). This Group will have executive members from key partner organisations as well as representatives from peak bodies in the Mental Health Sector: Directors of Mental Health and Drug and Alcohol (LHD), College of Mental Health Nursing, NSW Consumer Advisory Group, WNSW PHN, NSW Family and Community Services, NSW Department of Education, NSW Mental Health Coordination Council, Chairs of WNSW PHN Clinical Councils, Chair of WNSW PHN Aboriginal Health Council, NSW Mental Health Commission, Network of Alcohol and other Drugs (NADA), Mental Health Carers NSW (formerly ARAFMI NSW).

Collaboration	WNSW PHN will continue to collaborate with the above agencies, to develop and implement the Stepped Care model
Duration	2016-2018
Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	N/A
Approach to market	N/A
Decommissioning	No services will be decommissioned

Proposed Activities	
Priority Area	Priority Area 7: Stepped care approach
Activity(ies) / Reference	7.2 Stepped Care Service Mapping and Planning
Existing, Modified, or New Activity	New
Description of Activity	<p>There are two components to this activity:</p> <p>This will build on the work identified in 7.1. Mapping regional and local services against the Stepped Care model will provide a better understanding of over and under supply of mental health services against the steps in the model. When this is completed as local service maps, it will underpin local service planning and local service directories – all within the Stepped Care framework.</p> <p>WNSW PHN will then lead the region in planning process to identify gaps in the service delivery against the stepped care model, and co-design services and interventions against those gaps</p>
Target population cohort	N/A
Consultation	The Stepped Care model will be co-designed and implemented through the establishment of a Stepped Care Integration Planning Executive Group (SCIPEG), this Group will have executive members from key partner organisations as well as representatives from peak bodies in the Mental Health Sector: Directors of Mental Health and Drug and Alcohol (LHD), College of Mental Health Nursing, NSW Consumer

	Advisory Group, WNSW PHN, NSW Family and Community Services, NSW Department of Education, NSW Mental Health Coordination Council, Chairs of WNSW PHN Clinical Councils, Chair of WNSW PHN Aboriginal Health Council, NSW Mental Health Commission, Network of Alcohol and other Drugs (NADA), Mental Health Carers NSW (formerly ARAFMI NSW).
Collaboration	WNSW PHN will continue to collaborate with the above agencies to develop and implement the Stepped Care model
Duration	Ongoing through 2017/18
Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	N/A
Approach to market	N/A
Decommissioning	No services will be decommissioned

Proposed Activities	
Priority Area	Priority Area 8: Regional mental health and suicide prevention plan
Activity(ies) / Reference	<p>8.1 Develop a strategy to increase mental health competency across primary health settings as a key initiative in a regional mental health and suicide prevention plan.</p> <p>8.2 Commission initiatives that promote recruitment and retention of a primary health workforce within a regional mental health and suicide prevention plan.</p> <p>8.3 Co-design a Stepped Care framework with key strategic stakeholders that informs the planning and commissioning of regional mental health and suicide prevention services.</p> <p>8.4 Complete development of the Integrated Mental Health Atlas to refine the needs analysis necessary to develop an evidence based regional mental health and suicide prevention plan</p>
Existing, Modified, or New Activity	Existing

Description of Activity	The development of an evidence based regional mental health and suicide prevention plan will occur within a Stepped Care framework that will be co-designed and implemented with Key Stakeholders. In 2017/18 the WNSW PHN will maintain service continuity across the sector whilst strategically developing a Stepped Care framework against which the forward commissioning of new initiatives and core functions in the Stepped Care model will occur progressively as sector capacity increases across the next year.
Target population cohort	N/A
Consultation and collaboration	The development of an evidence based regional mental health and suicide prevention plan will occur within a Stepped Care framework. The Stepped Care model will be co-designed and implemented through the establishment of a Stepped Care Integration Planning Executive Group (SCIPEG), this Group will have executive members from key partner organisations as well as representatives from peak bodies in the Mental Health Sector: Directors of Mental Health and Drug and Alcohol (LHD), College of Mental Health Nursing, NSW Consumer Advisory Group, WNSW PHN, NSW Family and Community Services, NSW Department of Education, NSW Mental Health Coordination Council, Chairs of WNSW PHN Clinical Councils, Chair of WNSW PHN Aboriginal Health Council, NSW Mental Health Commission, Network of Alcohol and other Drugs (NADA), Mental Health Carers NSW (formerly ARAFMI NSW). In addition to this the WNSW PHN is currently identifying Sub Regions or service clusters where local collaboration and consultation on service type and need can be further refined and commissioned in those communities.
Duration	2016-2018
Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	N/A
Approach to market	N/A
Decommissioning	No services will be decommissioned