Australian Government
Department of Health

phn
An Australian Government Initiative

Primary Health Networks Primary Mental Health Care Funding

- **Annual Mental Health Activity Work Plan 2016-2017**
- **Annual Primary Mental Health Care Funding Budget 2016-2017**

WESTERN NSW PRIMARY HEALTH NETWORK 107

Introduction

Overview

In the 2015-16 financial year, PHNs are required (through the recent mental health Schedule which provided operational funding to PHNs this financial year) to prepare a Mental Health Activity Work Plan by May 2016. This Plan is to cover activities funded under two sources:

- the Primary Mental Health Care flexible funding pool (which will provide PHNs with approximately $1.030 billion (GST exclusive) over three years commencing in 2016-17); and

- *Indigenous Australians' Health Programme* - an additional $28.25 million (GST exclusive) will be available annually under this programme and further quarantined to specifically support Objective 6 (detailed below): Enhance and better integrate Aboriginal and Torres Strait Islander mental health.

This is to be distinguished from the *Regional Mental Health and Suicide Prevention Plan* to be developed in consultation with Local Hospital Networks (LHNs) and other regional stakeholders which is due in 2017 (see Mental Health PHN Circular 2/2016).

Objectives

The objectives of the PHN mental health funding are to:

- improve targeting of psychological interventions to most appropriately support people with or at risk of mild mental illness at the local level through the development and/or commissioning of **low intensity mental health services**;

- support region-specific, cross sectoral approaches to early intervention for **children and young people** with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group;

- address service gaps in the provision of psychological therapies for people in **rural and remote areas and other under-serviced and/or hard to reach populations**, making optimal use of the available service infrastructure and workforce;

- commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with **severe and complex mental illness** who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses;

- encourage and promote a systems based regional approach to **suicide prevention** including community based activities and liaising with Local Hospital Networks (LHNs) and other providers to help ensure appropriate follow-up and support arrangements are

in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide, including Aboriginal and Torres Strait Islander people; and

- enhance access to and better integrate **Aboriginal and Torres Strait Islander mental health** services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services. For this Objective, both the *Primary Health Networks Grant Programme Guidelines – Annexure A1 - Primary Mental Health Care* and the *Indigenous Australians' Health Programme – Programme Guidelines* apply.

Objectives 1-6 will be underpinned by:

- evidence based **regional mental health and suicide prevention** plans and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration; and

- a continuum of primary mental health services within a person-centred **stepped care approach** so that a range of service types, making the best use of available workforce and technology, are available within local regions to better match with individual and local population need.

Activities eligible for funding

- commission evidence-based clinical primary mental health care services in line with a best practice stepped care approach;

- develop and commission cost effective low intensity psychological interventions for people with mild mental illness, making optimal use of the available workforce and technology;

- the phased implementation of approaches to provide primary mental health care to people with severe and complex mental illness which offer clinical support and care coordination, including services provided by mental health nurses;

- establish joined up assessment processes and referral pathways to enable people with mental illness, particularly those people with severe and complex mental illness, to receive the clinical and other related services they need. This will include provision of support to GPs in undertaking assessment to ensure people are referred to the service which best targets their need;

- develop and commission region-specific services, utilising existing providers, as necessary, to provide early intervention to support children and young people with, or at risk of, mental illness. This should include support for young people with mild to moderate forms of common mental illness as well as early intervention support for young people with moderate to severe mental illness, including emerging psychosis and severe forms of other types of mental illness;

- develop and commission strategies to target the needs of people living in rural and remote areas and other under-serviced populations; and

- develop evidence based regional suicide prevention plans and commission activity consistent with the plans to facilitate a planned and agile approach to suicide prevention. This should include liaison with LHNs and other organisations to ensure arrangements are in place to provide follow-up care to people after a suicide attempt.

Each PHN must make informed choices about how best to use its resources to address the objectives of the PHN mental health funding.

This document, the Mental Health Activity Work Plan template, captures the approach to those activities outlined above.

The Mental Health Activity Work Plan will help guide activity to June 2016 and outline the planned mental health services to be commissioned for the period from 1 July 2016 to 30 June 2017, although activities can be proposed in the Plan beyond this period. The Department of Health will require an update in relation to these activities in the Annual Mental Health Activity Work Plan for 2017-18.

The Mental Health Activity Work Plan template has two connected parts:

1) The Annual Mental Health Activity Work Plan for 2016-2017, which will be linked to and consistent with the broader PHN Activity Work Plan, and provide:
   a) The Strategic Vision on the approach to addressing the mental health and suicide prevention priorities of each PHN.
   b) A description of planned activities funded under the Primary Mental Health Care Schedule which incorporates:
      i) Primary Mental Health Care funding (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity); and
      ii) *Indigenous Australians' Health Programme* funding (quarantined to support Objective 6 – see pages 2-3) (PHN: Indigenous Mental Health Flexible Activity).

2) The indicative funding budget for 2016-2017 for:
   a) primary mental health care (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity); and
   b) *Indigenous Australians' Health Programme* (quarantined to support Objective 6 – see pages 2-3) (PHN: Indigenous Mental Health Flexible Activity).

Mental Health Activity Work Plan 2016-2017

The template for the Plan requires PHNs to outline activities against each and every one of the six priorities for mental health and suicide prevention. The Plan should also lay the foundation for regional planning and implementation of a broader stepped care model in the PHN region. This Plan recognises that 2016-17 is a transition year and full flexibility in programme design and delivery will not occur until 2018-19.

The Plan should:

a) Outline the planned mental health services to be commissioned from 1 July 2016, consistent with the grant funding guidelines.

b) Outline the approach to be undertaken by the PHN in leading the development with regional stakeholders including LHNs of a longer term, more substantial *Regional Mental Health and Suicide Prevention plan* (which is aligned with the Australian Government Response to the Review of Mental Health Programmes and Services (available on the Department's website). This will include an outline of the approach to be undertaken by the PHN to seek agreement to the longer term *regional mental health and suicide prevention plan* from the relevant organisational signatories in the region, including LHNs.

c) Outline the approach to be taken to integrating and linking programmes transitioning to PHNs (such as headspace, and the Mental Health Nurse Incentive Programme services) into broader primary care activities, and to supporting links between mental health and drug and alcohol service delivery.

d) Have a particular focus on the approach to new or significantly reformed areas of activity – particularly Aboriginal and Torres Strait Islander mental health, suicide prevention activity, and early activity in relation to supporting young people presenting with severe mental illness.

In addition, PHNs will be expected to provide advice in their Mental Health Activity Work Plan on how they are going to approach the following specific areas of activity in 2016-17 to support these areas of activity:

- Develop and implement clinical governance and quality assurance arrangements to guide the primary mental health care activity undertaken by the PHN, in a way which is consistent with section 1.3 of the *Primary Health Networks Grant Programme Guidelines* available on the PHN website at *http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Program Guidelines,* and which is consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce.
- Ensure appropriate data collection and reporting systems are in place for all commissioned services to inform service planning and facilitate ongoing performance monitoring and evaluation at the regional and national level, utilising existing infrastructure where possible and appropriate.
- Develop and implement systems to support sharing of consumer clinical information between service providers and consumers, with appropriate consent and building on the foundation provided by myHealth Record.
- Establish and maintain appropriate consumer feedback procedures, including complaint handling procedures, in relation to services commissioned under the activity.

Value for money in relation to the cost and outcomes of commissioned services needs to be considered within this planning process.

Activity Planning

This initial Mental Health Activity Work Plan will be informed by a specific mental health needs assessment developed by PHNs (as a complement to the broader PHN needs assessment) which should explore mental health and suicide prevention priorities against those six areas of activity which the Government has articulated for PHNs, and in consultation with key stakeholders (refer to pages 2-6, for Objectives and Activities eligible for funding, and other requirements to be reflected in the Plan).

Measuring Improvements

Each mental health priority area has one or more mandatory performance indicators. In addition to the mandatory performance indicators, PHNs may select a local performance indicator. These will be reported on in accordance with the Primary Mental Health Care Schedule.

Mental Health Activity Work Plan Reporting Period and Public Accessibility

The Mental Health Activity Work Plan will help guide activity to June 2016 and outline the planned mental health services to be commissioned for the period from 1 July 2016 to 30 June 2017.

A mental health focussed activity work plan is to be provided to the Department annually. This mental health activity plan will complement the broader PHN Activity Plan as part of the annual reporting mechanism and will build on the initial Mental Health Activity Work Plan delivered in 2016.

Once approved, the Annual Mental Health Activity Work Plan component (Section 1(b) of this document) must be made available by the PHN on their website as soon as practicable. The Annual Mental Health Activity Work Plan component will also be made available on the Department of Health's website (under the PHN website). Sensitive content identified by the PHN will be excluded, subject to the agreement of the Department.

It is important to note that while planning may continue following submission of the Mental Health Activity Work Plan, PHNs must not commit or spend any part of the funding related to this Activity Work Plan until it is approved by the Department.

Further information

The following may assist in the preparation of your Mental Health Activity Work Plan:

- The requirements detailed in the Primary Mental Health Care Schedule;
- PHN Needs Assessment Guide;
- Mental Health PHN Circulars;
- Primary Health Networks Grant Programme Guidelines – Annexure A1 – Primary Mental Health Care; and
- *Indigenous Australians' Health Programme – Programme Guidelines.*

Please contact your Grants Officer if you are having any difficulties completing this document.

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 PHN will now 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 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 commissioned.

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 a commencing 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 form 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 establishment of a Stepped Care Integration Planning Executive Group. This Group will have representation from either Peak industry bodies such as the NSW Mental Health Coordinating Council or from Organisational Executive positions such as the Directors of Mental Health and Drug and Alcohol in the Local Health District.

Using a Collective Impact framework the representatives will ensure that the specific needs of their constituents are prominent in the co-design process.

The strategic design of the Stepped Care model will provide 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 will concentrate on supporting the transition from block funded programs to flexibly commissioned regional service delivery. This process will be 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 will be maintained, and funding arrangements continued for most currently funded organisations in the transition year for up to 12 months. During the transition year the WNSW PHN will be envisioning and 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 ATAPS workforce.

2. **Cross sectorial early intervention for children and young people**

   The Stepped Care model will incorporate 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, the sharper definition of regional need through sub-region identification 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 current 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 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 competence benchmarks to inform future commissioning. The development and design 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 active dialogue between the PHN Clinical Councils, Community Councils and the Aboriginal Health Council. These bodies have been established to provide the PHN with best practice feedback from the general and clinical community and from the range of Aboriginal and Torres Strait Islander groups and communities in the Region. In establishing performance benchmarks that have community validity and achieve meaningful outcomes these councils will be consulted and input into the development of the commissioning environment in the Region.

The role of the Aboriginal Health Council in formulating culturally competent and safe service delivery benchmarks for commissioned services will 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 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 PHN in implementation of these programs in the community.

The commissioning of new initiatives and the realignment and transition of existing programs will begin the reaffirmation of the central role of GPs, GP Practices and ACCHOs as the central plank for enhancing primary health settings in a Stepped Care framework.

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

Proposed Activities	
Priority Area 1: Low intensity mental health services	Improve targeting of psychological interventions to most appropriately support people with or at risk of mild mental illness at the local level through the development and/or commissioning of **low intensity mental health services.**
Activities/Reference	1. Develop options paper for technology interface with digital gateway 2. Develop workforce strategy for establishing Low to High intervention capacity matched to credentialed status eg, general counsellors – low, experienced Psychologist – high 3. Identify low intensity services in Stepped Care model design and implementation 4. Develop an early intervention strategy for implementation in primary health settings 5. Develop a strategy for capacity building NGO providers and commissioning low intensity mental health services from this sector
Description of Activity(ies) and rationale (needs assessment)	The commissioning of low intensity mental health services will occur within a Stepped Care framework that will be co-designed and implemented with Key Stakeholders. In 2016/2017 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.
Collaboration	The development of low intensity mental health and psychological therapies 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 Dept. 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, ARAFMI (Carers Assoc). In addition to this the 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	Strategic activity is currently occurring and will now intensify in the first half of 2016/2017 with progressive commissioning of new initiatives and functions within the Stepped care model in 2017.
Coverage	All service initiatives within the Stepped Care framework will be commissioned across the PHN Region with variations of service type being referenced to the need profile of each Sub- Region.
Commissioning approach	A number of existing services will be commissioned to continue their current operations for a period into 2016/2017, this will establish continuity and commence a period of transition. As the Stepped Care framework is developed and key elements of the model are documented, commissioning of new initiatives and core service functions will progressively commence. Where possible the commissioning process will involve an approach to market through a call for tender executed through a range of expressions of interest advertised and supported both within Region and externally.
Local Performance Indicator Data source	For services in transition the current MBS reporting will continue with an increasing disaggregation where possible to develop a local profile. As the commissioning process is progressively implemented post transition contracts and service agreements will include localised performance data reporting requirements.

Proposed Activities	
Priority Area 2: Youth mental health services	Support region-specific, cross sectoral approaches to early intervention for **children and young people** with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group.

Activities/Reference	1. Continue current Headspace model with sector integration development 2. Develop framework for access for children and young people in remote and hard to reach localities 3. Engage grief and trauma counselling providers for input into service interventions with children and young people with specialist need, victims, refuge, survivors of sexual abuse and remote communities 4. Develop options for low intensity engagement of children under 15 in small communities 5. Develop a service framework for the commissioning of early psychosis services for youth in rural and remote primary health settings
Description of Activity(ies) and rationale (needs assessment)	The commissioning of intersectorial integration of services for children and young people will occur within a Stepped Care framework that will be co-designed and implemented with Key Stakeholders. In 2016/2017 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.
Collaboration	The development of an integrated spectrum of services to children and young people 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 Dept. 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, ARAFMI (Carers Assoc). The Group will draw down on specialist stakeholders for working parties, such as children and young people. In addition to this the 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	Strategic activity is currently occurring and will now intensify in the first half of 2016/2017 with progressive commissioning of new initiatives and functions within the Stepped care model in 2017.
Coverage	All service initiatives within the Stepped Care framework will be commissioned across the PHN Region with variations of service type being referenced to the need profile of each Sub- Region.
Commissioning approach	A number of existing services will be commissioned to continue their current operations for a period into 2016/2017, with some such as Headspace through for two years, this will establish continuity and commence a period of transition. As the Stepped Care framework is developed and key elements of the model are documented, commissioning of new initiatives and core service functions will progressively commence. Where possible the commissioning process will involve an approach to market through a call for tender executed through a range of expressions of interest advertised and supported both within Region and externally.
Local Performance Indicator Data source	For services in transition the current MBS reporting will continue with an increasing disaggregation where possible to develop a local profile. As the commissioning process is progressively implemented post transition contracts and service agreements will include localised performance data reporting requirements.

Proposed Activities	
Priority Area 3: Psychological therapies for rural and remote, under-serviced and /or hard to reach groups	Address service gaps in the provision of psychological therapies for people in **rural and remote areas and other under-serviced and/or hard to reach populations**, making optimal use of the available service infrastructure and workforce.
Activities/Reference	1. Re-shape intake model for allocation of referrals for psychological services 2. Consult on enhancement to remote services, communities and providers 3. Document hard to reach groups using Integrated Mental Health Atlas 4. Produce graded psychological spectrum – high to low intensity 5. Consult on typology for previous ATAPS function – define high, moderate and low need

	6. Coordinate development of remote based integrated GP Clinics with improved networked communication and service provision partnerships and more efficient coordination of existing resources from a range of provider organisations, Commonwealth, State and private 7. Work actively with the PHN Community Councils to develop a strategy for engaging remote farming populations on isolated properties
Description of Activity(ies) and rationale (needs assessment)	The commissioning of psychological therapies for people in rural and remote areas and other under serviced and / or hard to reach populations will occur within a Stepped Care framework that will be co-designed and implemented with Key Stakeholders. In 2016/2017 the WNSW PHN will maintain service continuity across the sector for up to 12 months 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.
Collaboration	The development of psychological therapies for people in rural and remote areas and other under serviced and / or hard to reach populations 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 Dept. 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, ARAFMI (Carers Assoc). In addition to this the 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	Strategic activity is currently occurring and will now intensify in the first half of 2016/2017 with progressive commissioning of new initiatives and functions within the Stepped care model in 2017.
Coverage	All service initiatives within the Stepped Care framework will be commissioned across the PHN Region with variations of service type being referenced to the need profile of each Sub- Region.
Commissioning approach	The current ATAPS and MHSRRA programs with existing providers will be extended for a period of 12 months until 30 June 2017. This will provide continuity of service delivery whilst a tender process is

	developed to commission psychological services within a primary stepped care framework. It is expected that the tender will be developed and activated late 2016 with a view to finalising the commissioning of new services early 2017.
Local Performance Indicator Data source	For services in transition the current MBS reporting will continue with an increasing disaggregation where possible to develop a local profile. As the commissioning process is progressively implemented post transition contracts and service agreements will include localised performance data reporting requirements.

Proposed Activities	
Priority Area 4: Mental health services for people with severe and complex mental illness including care packages	Commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with **severe and complex mental illness** who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses.
Activities/Reference	1. Develop MHNIP Service innovation model – currently being co-designed with College of Mental Health Nursing 2. Establish trial site for model 3. Include model in Stepped Care design 4. Ensure continuity of existing MHNIP commitments whilst the Stepped Care model is developed and innovative commissioning design occurs
Description of Activity(ies) and rationale (needs assessment)	The commissioning of primary mental health care services for people with severe mental illness being managed in primary care will occur within a Stepped Care framework that will be co-designed and implemented with Key Stakeholders. In 2016/2017 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.
Collaboration	The development of primary mental health care services for people with severe mental illness being managed in primary care 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 Dept. 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, ARAFMI (Carers Assoc). In addition to this the 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	Strategic activity is currently occurring and will now intensify in the first half of 2016/2017 with progressive commissioning of new initiatives and functions within the Stepped care model in 2017.
Coverage	All service initiatives within the Stepped Care framework will be commissioned across the PHN Region with variations of service type being referenced to the need profile of each Sub- Region.
Commissioning approach	A number of existing services will be commissioned to continue their current operations for a period into 2016/2017, this will establish continuity and commence a period of transition. As the Stepped Care framework is developed and key elements of the model are documented, commissioning of new initiatives and core service functions will progressively commence. Where possible the commissioning process will involve an approach to market through a call for tender executed through a range of expressions of interest advertised and supported both within Region and externally.
Local Performance Indicator Data source	For services in transition the current MBS reporting will continue with an increasing disaggregation where possible to develop a local profile. As the commissioning process is progressively implemented post transition contracts and service agreements will include localised performance data reporting requirements.

Proposed Activities	
Priority Area 5: Community based suicide prevention activities	Encourage and promote a systems based regional approach to **suicide prevention** including community based activities and liaising with two Local Hospital Districts (LHDs) and other providers to help ensure appropriate follow-up and support arrangements are in place at a regional level for

	individuals after a suicide attempt and for other people at high risk of suicide, including Aboriginal and Torres Strait Islander people.
Activities/Reference	1. Include in Stepped Care design across all steps 2. Track national programs for local application 3. Community consultation on innovative projects reflecting principles identified in the Black Dog institute Systems approach to suicide prevention.
Description of Activity(ies) and rationale (needs assessment)	The commissioning of a systems based regional approach to suicide prevention will occur within a Stepped Care framework that will be co-designed and implemented with Key Stakeholders. In 2016/2017 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.
Collaboration	The development of a systems based regional approach to suicide prevention 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 Dept. 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, ARAFMI (Carers Assoc). In addition to this the 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	Strategic activity is currently occurring and will now intensify in the first half of 2016/2017 with progressive commissioning of new initiatives and functions within the Stepped care model in 2017.
Coverage	All service initiatives within the Stepped Care framework will be commissioned across the PHN Region with variations of service type being referenced to the need profile of each Sub- Region.

Commissioning approach	A number of existing services will be commissioned to continue their current operations for a period into 2016/2017, this will establish continuity and commence a period of transition. As the Stepped Care framework is developed and key elements of the model are documented, commissioning of new initiatives and core service functions will progressively commence. Where possible the commissioning process will involve an approach to market through a call for tender executed through a range of expressions of interest advertised and supported both within Region and externally.
Local Performance Indicator Data source	For services in transition the current MBS reporting will continue with an increasing disaggregation where possible to develop a local profile. As the commissioning process is progressively implemented post transition contracts and service agreements will include localised performance data reporting requirements.

Proposed Activities	
Priority Area 6: Aboriginal and Torres Strait Islander mental health services	This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding: • Enhance access to and better integrate **Aboriginal and Torres Strait Islander mental health** services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services. For this Objective, both the *Primary Health Networks Grant Programme Guidelines - Annexure A1 - Primary Mental Health Care* and the *Indigenous Australians' Health Programme – Programme Guidelines* apply.
Activities/Reference	1. Establish consultative framework and commission options paper on future models of care 2. Codesign a model for Social Emotional Wellbeing (SEWB) workers to support family case 3. Develop cultural competencies framework for MH & DA 4. Aboriginal Mental Health First Aid Training and course facilitation 5. Indigenous suicide prevention network 6. Youth mental health literacy program targeting stigma and access to services
Description of Activity(ies) and rationale (needs assessment)	The commissioning of Aboriginal and Torres Strait Islander mental health services at a local level facilitating a joined up approach with other closely connected services including social and emotional

	wellbeing, suicide prevention and alcohol and other drug services will occur within a Stepped Care framework that will be co-designed and implemented with Key Stakeholders. In 2016/2017 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. Typically, these initiatives will be placed within the WNSW PHN service delivery hubs, although other communities of need will be considered. 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 codesign 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. 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 (see item 1 above) specifically relating to stigma and a lack of understanding and access of available services. Indigenous Suicide Prevention is also a pressing need, and WNSW PHN has an opportunity to work with the preferred provider program to establish an indigenous specific suicide prevention network(s) within the region. The preferred provider is currently DoH 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.

	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.
Collaboration	The development of Aboriginal and Torres Strait Islander mental health services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services 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 Dept. 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, ARAFMI (Carers Assoc). In addition to this the 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	Strategic activity is currently occurring and will now intensify in the first half of 2016/2017 with progressive commissioning of new initiatives and functions within the Stepped care model in 2017.
Coverage	All service initiatives within the Stepped Care framework will be commissioned across the PHN Region with variations of service type being referenced to the need profile of each Sub- Region.
Commissioning approach	A number of existing services will be commissioned to continue their current operations for a period into 2016/2017, this will establish continuity and commence a period of transition. As the Stepped Care framework is developed and key elements of the model are documented, commissioning of new initiatives and core service functions will progressively commence. Where possible the commissioning

	process will involve an approach to market through a call for tender executed through a range of expressions of interest advertised and supported both within Region and externally.
Local Performance Indicator Data source	For services in transition the current MBS reporting will continue with an increasing disaggregation where possible to develop a local profile. As the commissioning process is progressively implemented post transition contracts and service agreements will include localised performance data reporting requirements.

Proposed Activities	
Priority Area 7: Stepped care approach	• A continuum of primary mental health services within a person-centred **stepped care approach** so that a range of service types, making the best use of available workforce and technology, are available within local regions to better match with individual and local population need.
Activities/Reference	1. Establish Executive Committee to co-design Stepped Care framework and model 2. Map implementation tasks for inclusion in Regional Plan 3. Complete the Integrated Mental Health Atlas possibly inclusive of drug and alcohol and suicide prevention hot spots
Description of Activity(ies) and rationale (needs assessment)	The commissioning of a continuum of primary mental health services within a person-centred stepped care approach will occur within a Stepped Care framework that will be co-designed and implemented with Key Stakeholders. In 2016/2017 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.
Collaboration	The development of a continuum of primary mental health services within a person-centred stepped care approach 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 Dept. 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, ARAFMI (Carers Assoc). In addition to this the 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	Strategic activity is currently occurring and will now intensify in the first half of 2016/2017 with progressive commissioning of new initiatives and functions within the Stepped care model in 2017.
Coverage	All service initiatives within the Stepped Care framework will be commissioned across the PHN Region with variations of service type being referenced to the need profile of each Sub- Region.
Commissioning approach (If applicable)	A number of existing services will be commissioned to continue their current operations for a period into 2016/2017, this will establish continuity and commence a period of transition. As the Stepped Care framework is developed and key elements of the model are documented, commissioning of new initiatives and core service functions will progressively commence. Where possible the commissioning process will involve an approach to market through a call for tender executed through a range of expressions of interest advertised and supported both within Region and externally.
Local Performance Indicator Data source	For services in transition the current MBS reporting will continue with an increasing disaggregation where possible to develop a local profile. As the commissioning process is progressively implemented post transition contracts and service agreements will include localised performance data reporting requirements.

Proposed Activities	
Priority Area 8: Regional mental health and suicide prevention plan	• Evidence based **regional mental health and suicide prevention** plans and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration.
Activities/Reference	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.

	2. Commission initiatives that promote recruitment and retention of a primary health workforce within a regional mental health and suicide prevention plan. 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. 4. Complete development of the Integrated Mental Health Atlas to refine the needs analysis necessary to develop a evidence based regional mental health and suicide prevention plan
Description of Activity(ies) and rationale (needs assessment)	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 2016/2017 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.
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 Dept. 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, ARAFMI (Carers Assoc). In addition to this the 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	Strategic activity is currently occurring and will now intensify in the first half of 2016/2017 with progressive commissioning of new initiatives and functions within the Stepped care model in 2017.
Coverage	All service initiatives within the Stepped Care framework will be commissioned across the PHN Region with variations of service type being referenced to the need profile of each Sub- Region.
Commissioning approach (If applicable)	A number of existing services will be commissioned to continue their current operations for a period into 2016/2017, this will establish continuity and commence a period of transition. As the Stepped

	Care framework is developed and key elements of the model are documented, commissioning of new initiatives and core service functions will progressively commence. Where possible the commissioning process will involve an approach to market through a call for tender executed through a range of expressions of interest advertised and supported both within Region and externally. All strategic activity for commissioning will be identified within an evidence based regional mental health and suicide prevention plan.
Local Performance Indicator Data source	For services in transition the current MBS reporting will continue with an increasing disaggregation where possible to develop a local profile. As the commissioning process is progressively implemented post transition contracts and service agreements will include localised performance data reporting requirements.