# Western NSW - Commonwealth Psychosocial Support 2019/20 - 2023/24 Activity Summary View



## PAE - 1 - Psychosocial Access Enablers



## **Activity Metadata**

Applicable Schedule \*

Commonwealth Psychosocial Support

**Activity Prefix \*** 

PAE

**Activity Number \*** 

1

**Activity Title \*** 

Psychosocial access enablers

Existing, Modified or New Activity \*

Existing



## **Activity Priorities and Description**

Program Key Priority Area \*

Mental Health

**Other Program Key Priority Area Description** 

Aim of Activity \*

This activity supports the achievement of service delivery as identified in Activity PSD1.

**Description of Activity \*** 

There are 3 key elements to this activity.

**Rural Loading** 

WNSW PHN covers a geographical area of over 433,000 square kilometres, with the whole region classified as either regional,

rural, remote, or very remote. In order to facilitate the provision of access to services across the whole of population and region, a rural loading has been applied to commissioning of service delivery as specific in Activity PSD1. This loading is essential in successfully commissioning providers to deliver services across the WNSW PHN region and acknowledges the significant increased costs of delivering services across a dispersed populations which limited services exist.

#### **Service Navigation**

WNSW PHN will enable the delivery of service navigation supports across the region to provide information, advice and referral assistance to consumers, their families and carers. These support will work in partnership with the providers commissioned to deliver services across the 3 Lots (as detailed in Activity PSD1) and all other key stakeholders across the one region.

This activity will aim to ensure:

- consumers, families and carers having a better understanding of the service options available across a range of service domains
- consumers having increased choice in accessing a broader range of relevant health and support services to achieve recovery goals and manage their conditions on a day to day basis in the community
- support for consumers to access and engage with dedicated and specialised support services to meet their social needs, particularly access to safe and appropriate housing
- General Practitioners (GPs), program managers and service provider staff having a better understanding of services available in their regions to support the social, mental and physical health needs of with severe mental illness and promote effective multi disciplinary care
- Increase the local knowledge of psychosocial consumer referral pathways, available supports, service gaps and emerging issues and implement strategies to mitigate against identified barriers (where possible).
- help is provided to consumers, together with their families and carers, to access the supports needed to promote mental and physical health; and
- consumers are assisted with accessing stable, safe and appropriate housing.

#### **NDIS Testing Support**

The provision of NDIS testing support has been incorporated into the service delivery activity (PSD1) and in part of the services to be delivered by commissioned service providers. It is expected that upto 30% of clients will require assistance with NDIS testing, however those clients requiring more intense supports (ie. 12 months +) will be strongly encouraged and supported to test.

Capacity and Strengths Based Assessments

The requirement for delivery of capacity and strengths-based assessments to be undertaken by commissioned service providers has been incorporated in Activity PSD1.

Commissioned service providers will be expected to use the Recovery Assessment Scale – Domains and Stages (RAS-DS) tool to undertake a capacity and strengths-based assessment of consumers within six months of Program commencement to assess suitability, identify support needs and goals and the period of time they will likely require supports.

Based on the assessment and determination of eligibility, an individualised support plan will be developed together with the consumer, which should outline the following:

- the consumer's strengths and existing supports
- the consumer's recovery goals and support needs
- activities to be undertaken to achieve recovery goals and meet support needs
- services to be referred to, if needed; and
- a care/crisis plan in the event the consumer becomes unwell or crisis occurs, noting a family member or carer may play a critical role in supporting a consumer in such events. This care plan should also include information such as treating GP and/or other services to better facilitate whole of person care.

#### **Needs Assessment Priorities \***

#### **Needs Assessment**

## WNSWPHN Needs Assessment 2021/22-2024/25

#### **Priorities**

Priority	Page reference
Mental Health	48



## **Activity Demographics**

#### **Target Population Cohort**

All adult residents of WNSW PHN with severe mental illness and associated reduced psychosocial functional impairment who are not accessing assistance through the NDIS.

In Scope AOD Treatment Type \*

Indigenous Specific \*

No

**Indigenous Specific Comments** 

## Coverage

**Whole Region** 

Yes



## **Activity Consultation and Collaboration**

## Consultation

A Needs Assessment for this cohort has been conducted in consultation with stakeholders including WNSWLHD and FWLHD, the NDIA, AMSs and ACCHOs, primary health providers (including general practice) and existing psychosocial service providers.

Additional consultation has included engagement with 2 Clinical Advisory Councils, 2 Community Advisory Councils and our Aboriginal Advisory Health Council.

#### Collaboration

Initial co-design was conducted with the Western NSW PIR Consortium members, other organisations currently receiving State or Federal psychosocial support program funding, both WNSWLHD and FWLHD, the NDIA, AMSs and ACCHOs, primary health care providers (including general practice), and consumer and carer representatives.



**Activity Start Date** 

30/06/2021

**Activity End Date** 

29/06/2024

**Service Delivery Start Date** 

01/07/2021

**Service Delivery End Date** 

30/06/2024

**Other Relevant Milestones** 

NA



## **Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** No **Open Tender:** No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

**Decommissioning details?** 

na

**Co-design or co-commissioning comments** 

na



# **PSD - 1 - Psychosocial Service Delivery**



## **Activity Metadata**

Applicable Schedule \*

Commonwealth Psychosocial Support

**Activity Prefix \*** 

**PSD** 

**Activity Number \*** 

1

Activity Title \*

**Psychosocial Service Delivery** 

Existing, Modified or New Activity \*

Existing



## **Activity Priorities and Description**

Program Key Priority Area \*

Mental Health

**Other Program Key Priority Area Description** 

## Aim of Activity \*

This activity aims to strengthen the capacity of people who have experienced mental illness to live independently, safely, and productively in their community, form meaningful connections in a supportive environment, and reduce the need for acute care.

This will be achieved through commissioning appropriate psychosocial supports for adults living across the WNSW PHN region with severe mental illness and associated psychosocial functional impairment who are not accessing services through the National Disability Insurance Scheme (NDIS).

#### **Description of Activity \***

Given the significant physical geography of the WNSW PHN region, services will be commissioned across 3 separate lots to ensure appropriate coverage and access to supports. These lots are aligned to Local Government Area (LGA) boundaries and the two Local Health District boundaries that are covered by WNSW PHN. Details of the Lots include:

Lot 1 – Far West

- Broken Hill LGA
- Central Darling LGA

- Wentworth LGA
- Balranald LGA
- Unincorporated NSW

#### Lot 2 – Western

- Bourke LGA
- Brewarrina LGA
- Walgett LGA
- Cobar LGA
- Bogan LGA
- Warren LGA
- Coonamble LGA
- Lachlan LGA

#### Lot 3 – Central West

- Warrumbungle LGA
- Gilgandra LGA
- Narromine LGA
- Dubbo Regional LGA
- Mid-Western Regional LGA
- Bathurst LGA
- Orange LGA
- Blayney LGA
- Cabonne LGA
- Oberon LGA
- Cowra LGA
- Weddin LGA
- Forbes LGA
- Parkes LGA

The commissioned services will support people with severe, often episodic, mental illness who:

- Have needs that can be appropriately met through short-term, low intensity support to live independently in the community, as determined through a capacity and strengths-based assessment tool (Recovery Assessment Scale)
- Are not restricted in their ability to fully and actively participate in the community because of their residential setting (e.g., prison or psychiatric facility)
- Are not receiving similar psychosocial supports through a state or territory government program or the NDIS, where there is potential for duplication of service offerings
- Are aged 16 years and over, noting exceptions can be made for people aged less than 16 years subject to approval by the PHN

Commissioned supports will be delivered through a range of formats, including individual support, place-based services, group activities and outreach support. A flexible approach will be taken to tailor supports to the needs of the consumer as they change over time. To facilitate greater access, supports may also be delivered using technology (e.g., telephone or video-conferencing).

The delivery of commissioned services will be underpinned by the following guiding principles:

- Recovery focussed: Services will operate under a recovery framework by increasing choices and opportunities for consumers to live a meaningful, satisfying and purposeful life.
- Flexible and available: Consumers should feel comfortable contacting support workers at times of need and should play an active role in choosing the frequency of contact and setting, pace and delivery of supports.
- Regular and reliable: Regular contacts provide opportunities to build routine, continue steady progress towards goals and build confidence. Services are expected to demonstrate reliability by keeping appointments, following through on offers of support, and returning calls within reasonable timeframes.

- Proactive: Services should be proactive in initiating contact and advocating on behalf of consumers. Proactive service provision can assist in building trust and rapport and support consumers to feel comfortable with accessing services.
- Based on genuine understanding: Services should endeavour to understand the story and experience of each consumer. Training in mental health, as well as a capacity to listen without stigma or stereotyping can help ensure consumers feel heard, seen and understood.
- Respectful, authentic, positive: Services should be delivered in a manner that supports consumer engagement and promotes hope, and the development of positive, motivated, partnerships.
- Valuing the lived experience of mental illness: Recognising the importance of the peer workforce.
- Person-centred: Services should address the specific support requirements and goals of the consumer, while building on strengths to empower consumers to take an active role in their recovery journey.
- Clear and transparent: Consumers should be provided with information on the program processes and service options. Planning and delivery of programs and services should be conducted in partnership with consumers and their families and/or carers.
- Cultural safety: Services should be delivered in ways that are culturally appropriate, safe and relevant for specific groups including First Australians, people from Culturally and Linguistically Diverse communities and people who identify as LGBTIQ+.
- Strengths-based: Services should focus on the strengths, abilities and resources of consumers to build resilience and increase capabilities and wellbeing through social and environmental opportunities.
- Trauma-informed: Services will be delivered under a trauma-informed framework promoting safety, trust, choice, collaboration, respect and empowerment.
- Complementary to existing service systems: Service providers should build and maintain strong linkages and partnerships with local health and social services to streamline referral pathways, facilitate services for consumers, and build complementary support systems.
- Clinically integrated: Service providers should ensure consumers have opportunities to improve their mental health outcomes, including access to clinical mental health services. Service providers can assist consumers with accessing these services and engage in a multi-agency care team approach to ensure integrated and holistic service delivery.

Supports will be provided under a recovery-framework and should seek to provide positive consumer outcomes within an agreed period. The capacity and strengths-based assessment tool (Recovery Assessment Scale) can be used to define this period.

### **Needs Assessment Priorities \***

#### **Needs Assessment**

WNSWPHN Needs Assessment 2021/22-2024/25

## **Priorities**

Priority	Page reference
Mental Health	48



## **Activity Demographics**

### **Target Population Cohort**

All adult residents of WNSW PHN with severe mental illness and associated reduced psychosocial functional impairment who are not accessing assistance through the NDIS.

In Scope AOD Treatment Type \*

Indigenous Specific \*

No

### **Indigenous Specific Comments**

## Coverage

**Whole Region** 

Yes



## **Activity Consultation and Collaboration**

#### Consultation

A Needs Assessment for this cohort has been conducted in consultation with stakeholders including WNSWLHD and FWLHD, the NDIA, AMSs and ACCHOs, primary health providers (including general practice) and existing psychosocial service providers.

Additional consultation has included engagement with 2 Clinical Advisory Councils, 2 Community Advisory Councils and our Aboriginal Advisory Health Council

#### Collaboration

Initial co-design was conducted with the Western NSW PIR Consortium members, other organisations currently receiving State or Federal psychosocial support program funding, both WNSWLHD and FWLHD, the NDIA, AMSs and ACCHOs, primary health care providers (including general practice), and consumer and carer representatives.



## **Activity Milestone Details/Duration**

**Activity Start Date** 

30/06/2021

**Activity End Date** 

29/06/2023

**Service Delivery Start Date** 

01/07/2021

**Service Delivery End Date** 

30/06/2023

**Other Relevant Milestones** 

NA



## **Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No Direct Engagement: No Open Tender: Yes Expression Of Interest (EOI): No Other Approach (please provide details): No
Is this activity being co-designed?
No
Is this activity the result of a previous co-design process?
Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?
No
Has this activity previously been co-commissioned or joint-commissioned?
No
Decommissioning
No
Decommissioning details?
na
Co-design or co-commissioning comments
na



# **CPS - 2 - NPS2 - Continuity of Support (CoS)**



## **Activity Metadata**

Applicable Schedule \*

Commonwealth Psychosocial Support

**Activity Prefix \*** 

**CPS** 

**Activity Number \*** 

2

**Activity Title \*** 

NPS2 - Continuity of Support (CoS)

Existing, Modified or New Activity \*

Existing



## **Activity Priorities and Description**

Program Key Priority Area \*

Mental Health

**Other Program Key Priority Area Description** 

## Aim of Activity \*

CoS will ensure clients who previously accessed support under PIR, D2DL, PHaMs or NPS-T and have been deemed ineligible to access psychosocial supports under the NDIS continue to receive appropriate support using a recovery and strengths-based framework. The four key aims when planning and commissioning services are to:

- increase personal capacity, confidence and self-reliance;
- increase social participation;
- streamline access to appropriate services; and
- provide flexible and responsive support at times of increased need.

#### **Description of Activity \***

Psychosocial services cover a range of non-clinical supports that focus on building capacity and stability in the following areas:

- social skills and connections, including family connections;
- day to day living skills;
- · financial management and budgeting;
- finding and maintaining a home;
- vocational skills and goals;
- maintaining physical wellbeing, including exercise; and

• building broader life skills including confidence and resilience.

Funded services will provide group psychosocial support activities for clients who previously accessed support under PIR, D2DL, PHaMs or NPS-T in order to achieve similar outcomes. Additional targeted individual support may be provided to clients at times of increased need, if considered appropriate.

Services will be delivered under two distinct tiers:

- Socially-based, capacity building group activities, and
- Targeted individual support for clients at times of increased need.

Clients accessing these services may require less intensive supports than the services provided through PIR, D2DL, PHaMs or NPS-T, or shorter-term periods of support in response to episodic support needs. Clients with a permanent psychosocial disability who require ongoing and higher levels of support will be encouraged and supported to re-test their eligibility for the NDIS where they may be eligible to access a tailored package of support to better meet their needs.

Service providers will be required to operate in accordance with (and where relevant, be accredited against) any service, professional, and workforce standards that may be relevant to their organisation, such as the National Standards for Mental Health Services 2010 and the National Practice Standards for the Mental Health Workforce 2013.

The delivery of activities is underpinned by the following guiding principles:

- Recovery oriented: Services will operate under a recovery framework by increasing choices and opportunities for clients to live a meaningful, satisfying and purposeful life.
- Strengths based: Services will focus on the strengths, abilities and resources of clients to build resilience and increase capabilities and increase wellbeing through social and environmental opportunities.
- Client led: Services will address the specific support requirements and goals of an individual, while building on strengths to empower clients to take an active role in their recovery journey.
- Culturally appropriate: Services will be delivered in ways that are culturally appropriate, safe and relevant.
- Trauma informed: Services will be delivered under a trauma informed framework promoting safety, trust, choice, collaboration, respect and empowerment.
- Flexible in Delivery: Services may operate differently from region to region as service providers are encouraged to tailor their service delivery model to best meet the needs of the client cohort in their region.
- Complementary to existing service systems: Services will work within the context of locally available services and supports to complement existing support systems.
- Collaborative: Service providers will build and maintain strong linkages and partnerships with local clinical and social/human services to streamline referral pathways and facilitate services for clients. In addition, planning and delivery of programs and services should be conducted in partnership with clients and their families and/or carers.
- Clinically embedded: Service providers owe duty of care to clients to ensure they receive every available opportunity to improve their mental health outcomes. Service providers are in a good position to encourage and support clients to access clinical services. Service providers can assist clients to access these services and engage in a multi-agency care approach to ensure integrated and holistic service delivery.

Service providers will be required to provide quarterly reports to WNSW PHN on the delivery of the program. This will comply with the requirements of the PMHC MDS as adjusted to include psychosocial supports.

Performance data will be collected in line with the PHN Program Performance and Quality Framework, and the PHN National Psychosocial Support CoS schedule. External evaluations may be conducted if required.

WNSW PHN will work intensely with providers on an individual and collective basis to:

- 1. Ascertain the nature of barriers that clients and/or providers are facing in re-testing for the NDIS
- 2. Collaboratively develop a process/procedure to support clients to re-test that is suitable and responsive to the Western NSW service/primary care context and provide staff training as required (for example, with GP's)
- 3. Collaboratively develop standardise intake processes
- 4. Collaboratively develop standardised referral processes between NPSP contracted providers, state funded psychosocial support providers and the NDIA across Western NSW
- 5. Provide intensive support to improve the accuracy of reporting in the PMHC and TRIS data bases.

This work will be undertaken through internally commissioned resources and will be a joint activity under the NPS4 – Psychosocial

Support Interface – Service Navigation Measure activity.

## **Needs Assessment Priorities \***

### **Needs Assessment**

WNSWPHN Needs Assessment 2021/22-2024/25

#### **Priorities**

Priority	Page reference
Mental Health	48



## **Activity Demographics**

## **Target Population Cohort**

CoS will support previous clients of the Commonwealth community mental health programs PIR, D2DL and PHaMs who are found ineligible for supports under the NDIS. To be eligible for services under the CoS program, persons must:

- 1) have accessed supports under PIR, D2DL or PHaMs as at 30 June 2019;
- 2) have tested for eligibility under the NDIS and received an ineligible assessment decision or, have been deemed ineligible to apply due to under age or residence requirements;
- 3) reside in the coverage area of the PHN where they are seeking support;
- 4) not be restricted in their ability to fully and actively participate in the community because of their residential settings (e.g. prison or a psychiatric facility); and
- 5) not be receiving or entitled to receive similar community supports through state or territory government programs.

In Scope AOD Treatment Type \*

Indigenous Specific \*

No

**Indigenous Specific Comments** 

NA

## Coverage

**Whole Region** 

Yes

SA3 Name	SA3 Code
Blue Mountains - South	12402
Lachlan Valley	10302
Bathurst	10301
Lower Murray	10902
Lithgow - Mudgee	10303
Orange	10304
Broken Hill and Far West	10502
Dubbo	10503
Bourke - Cobar - Coonamble	10501



## **Activity Consultation and Collaboration**

### Consultation

Needs Assessment for this cohort has been, and will continue to be, conducted in consultation with both WLHD and FWLHD, the NDIA, AMS's and ACCHO's, Primary Health Providers (including general practice) and existing Commonwealth community mental health program service providers, and will include the perspective of those agencies, consumers, carers, and the community in the region.

Consultation will also include further dialogue with WNSW PHN's Western and Far West Clinical and Community Councils and Aboriginal Health Council.

## Collaboration

WNSW PHN will continue to work in partnership with Western NSW and Far West Local Health Districts to foster wider collaboration with key stakeholders.



## **Activity Milestone Details/Duration**

## **Activity Start Date**

31/03/2019

## **Activity End Date**

29/06/2023

## **Service Delivery Start Date**

July 2019

## **Service Delivery End Date**

June 2023

## **Other Relevant Milestones**

NA



## **Activity Commissioning**

Please identify	vour intended	procurement approach fo	r commissioning	g services under t	his activity:
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Not Yet Known: No

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** No **Open Tender:** No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

**Decommissioning details?** 

na

**Co-design or co-commissioning comments** 

na