PRIMARY pulse

APRIL 2017

Making mental health personal

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A new voice for primary health care

Welcome to the first edition of Primary Pulse, our new quarterly magazine focusing on the key issues and partnerships shaping health in the North Western Melbourne PHN region.

Adj/Associate Professor Chris Carter | CEO

NORTH AND WESTERN MELBOURNE is a highly diverse area with a multitude of services, providers, health organisations and distinct communities each forming a part of many overlapping local health systems.

Primary Pulse aims to make sense of this complexity through analysis of the key health issues facing our region, and the work being done to make our health system more efficient, responsive and effective for the community it serves.

This edition begins this task with an in-depth look at our new mental health system of care, a feature story on the new tools available to help primary care lead blood-borne virus treatment, and an overview of the major collaborations driving innovation in health care in our region.

You'll also find an update on how we are working with the community to ensure we are funding services which meet their needs and expectations.

Three-pronged approach to better health

Engaging with our health community and the general public is of paramount importance, as our main role is to work with others to improve the health system so it better meets community needs.

Our approach to achieving this has been refined over our first 18 months as a PHN, focusing on three main functions: that of an improver, a director of funds and a targeter of needs.

As an **improver** we strengthen access to, and the quality of, general practice and primary health care.

- This includes activities like quality improvement, accreditation, data management and general practice support, as well as programs like HealthPathways.

As a **director of funds** we attract and aggregate resources for the region, and allocate these fairly and efficiently.

- PHNs occupy a unique position between federal, state and local governments, able to coordinate programs and funding from across the different levels to deliver the best outcomes for the community.

As a **targeter of needs** we understand and identify health needs, establish priorities, and plan, advocate and collaborate to meet them.

- Our regional Health Needs Assessment is our flagship project in this space, supported by a web of formal and informal collaborations, partnerships and ongoing engagement.

This approach will provide structure and focus to support our work, while allowing us to be flexible enough to adapt to new challenges and opportunities. It also helps with clearly defining what is and what isn't our role as a Primary Health Network, both for ourselves and our community.

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Acknowledgments

North Western Melbourne PHN acknowledges the people of the Kulin Nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to the owners past and present.

In this issue

Vale Jeff Cheverton

Jeff Cheverton passed away suddenly at the beginning of March. He was 49. We are all deeply saddened by his passing, as are so many people he touched in his life and work.

Most recently our Executive Director of Commissioning, Jeff was a shining light in health throughout his career. He inspired all who knew him through his enthusiasm, drive and commitment to improving the lives of others.

We plan to create a permanent recognition of his life and work and will let you know more as it is developed.

We will all miss Jeff very much and our hearts go out to his partner Rod and his family.

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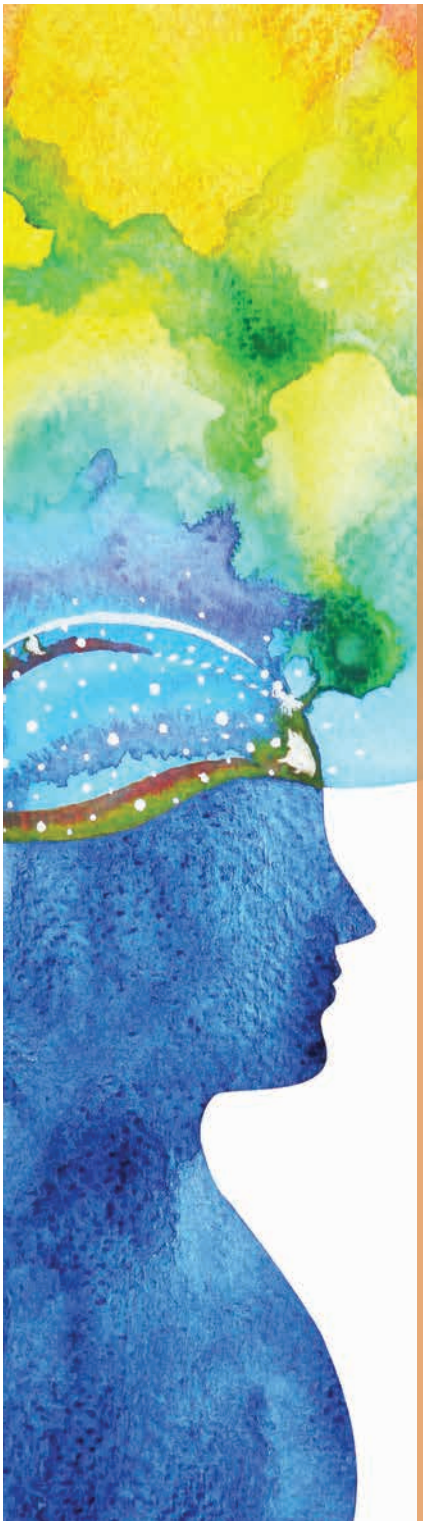


Making mental health personal

A new system of care is putting people at the centre of mental health in north and west Melbourne.

ACCORDING TO THE AUSTRALIAN institute of Health and Welfare around $8.5 billion, or $361 per person, was estimated to be spent on mental health-related services in Australia during 2014–15.

It's a very substantial amount of money, and it was used to provide an equally substantial range of services to hundreds of thousands of people in the community.

Billions was spent across Australia providing acute care in public and private hospitals; nearly as much went into community based care. Large sums supported counselling, and prescriptions, and mental health care delivered in general practice.

But despite the amount of money being spent, and the thousands of services available, there is increasing evidence that the system is not always meeting the needs of its most important stakeholders – the people who need mental health care.

Our in-depth consultations with consumers and a broad range of mental health stakeholders have highlighted a long list of challenges inherent to the mental health system, including:

- Long wait times for referral due to excess demand
- Gaps in continuity of care
- Limited integration between services
- Limited communication between providers
- Limited understanding of the roles and skills of service providers across the sector
- Low mental health literacy among not only consumers but some primary care providers

Added to these system issues are serious barriers to access, which may be financial, cultural, linguistic, geographical or related to high levels of stigma against mental health consumers in the broader system. These barriers are often highest for the most vulnerable members of our community.

The need to provide mental health services that are person-centred and that are better integrated with other care services, has been the driving force for North Western Melbourne PHN to develop an entirely new system of care for our region.

The new Mental Health System of Care (MHSOC) has been developed in collaboration with more than 250 mental health clinicians, consumers, advocacy body representatives, carers, psychiatrists and general practitioners.

Julie Borninkhof, NWMPHN Executive Director for Mental Health and Primary Care Improvement, said the new system of care represents a fundamental shift in the way mental health care is designed, delivered and evaluated.

"The historical system put the onus on the person seeking care to be able to find services that could potentially meet their needs, and to manage their own progression through the system as those needs changed," Ms Borninkhof said.

"People might miss out on care because they were simply not aware of a service being available, or would slip through the gaps because of a lack

of integration between their first point of contact and the broader system."

Many of the key concerns with the historical system relate to complexity. With so many services, in different locations, providing differing levels of care, and with varying requirements for patients, navigating the system as it stands can be difficult even for mental health professionals.

For people trying to get help while experiencing mental health issues and symptoms, it can feel impossible.

Mental health consumer Samantha said the lack of communication between different providers and services makes it very hard to get consistent care.

"It's very frustrating, because no-one is connecting, no-one is communicating," Samantha said. "Nobody knows what is going on elsewhere and they are not interacting with each other."

The new MHSOC flips this narrative, focusing on meeting the needs of the individual rather than the requirements of a particular service.

"The new system is about looking at the person presenting as an individual, and responding with a coordinated, integrated approach that provides varying levels of support and intensity according to need," Ms Borninkhof said.

In practice this means working towards a 'no wrong door' approach to initial contact, where all primary care providers are supported to be able to link a patient with a package of treatment services tailored to their needs and circumstances.

GPs will be supported to use mental health treatment plans with their patients, where appropriate, which will then provide the basis for prioritisation and matching with an appropriate care provider on a needs basis through the centralised triaging service referdirect™.

Depending on need, services offered may range from digital self-help resources focussed on prevention and early intervention, right through to wraparound, coordinated care and multi-agency services for those with severe and complex mental illness.

Importantly, regular reviews of goals and needs will allow people to move along the care continuum as their needs change.

Mental health consumer Stephen welcomed the strong focus on the needs of the person receiving care, both in the way care is delivered and in the design of the overall system.

"To have a support system there, whether I need it 100% or when I do need it at the time it's there, it's not up and down, that's extremely important," Stephen said.

Kim Ryan, CEO of the Australian College of Mental Health Nurses, said the main priority of any new system of care is to reduce fragmentation and make it easier for consumers to access and understand mental health services.

"Navigating the system is not easy for those of us that understand the system, let alone for people that don't really understand how the system works," Ms Ryan said.

"With the stepped model of care I think part of the intention of what some of the PHNs are working to do now is to provide better pathways into care.

"I'm strongly of the opinion that will be achievable in some jurisdictions, but I think some jurisdictions are not as progressed in their thinking around that as others."

The historical system formally ended on 30 June 2016, with PHNs responsible for managing the transition of services and the establishment of a new system to begin from 1 July 2017.

The transitional period provides an opportunity to begin exploring some of the innovative approaches that will be part of the new system, while supporting the service sector by maintaining a level of continuity with the historical system.

This new approach can be seen in the recent announcement of new youth psychosis and alcohol and other drugs services in Melbourne's north and west, funded through NWMPHN.

All of the new services commissioned focus on the needs of vulnerable, diverse and hard-to-reach groups, such as LGBTIQ, Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities.

A range of methods will be employed to ensure the services reach the people who need them, including assertive and opportunistic outreach, delivery of services via telehealth and through non-traditional service providers like youth and community centres.

"If we can connect people, especially young people, with quality care when they are still in the early stages of illness, then we have the best chance to reduce both duration and impact of their mental health issues."

NWMPHN CEO Adj/Associate Professor Christopher Carter said early intervention is a priority for both the newly announced services and for the new system of care as a whole.

"If we can connect people, especially young people, with quality care when they are still in the early stages of illness, then we have the best chance to reduce both duration and impact of their mental health issues," A/Prof Carter said.

Public review of the new mental health system of care closed in mid-March and we are currently reviewing feedback. To find out more about NWMPHN's mental health activities please go to nwmphn.org.au/careinmind.

Regional partnerships in focus

Shared vision for the north (SVN)

Where is it?

Hume, Whittlesea and Mitchell.

What is it?

The SVN partnership focuses on the outer north growth corridor. It works to deliver regional coordination of community projects that support the improvement of health and well-being of children and families in the north.

Who's involved?

- Northern Health (auspice)
- Dianella Health
- Plenty Valley Community Health
- NorthWestern Mental Health
- Eastern Melbourne PHN
- North Western Melbourne PHN
- Nexus
- Hume Whittlesea Primary Care Partnership (PCP)
- Lower Hume PCP
- Women's Health in the North
- Victorian Department of Education
- Victorian Department of Health and Human Services – North Division
- City of Whittlesea
- Hume City Council
- Mitchell Shire

Latest activities

Healthy Children and Families: Sexual and Reproductive Health Reference Group

A working party was formed in 2016, and a GP training day on contraceptive updates was held in November 2016. 25 GPs from across the catchment attended.

SVN is currently working with PAP Screen Victoria to develop joint promotional literature on the new cervical screening procedure to commence May 2017.

Better Health Plan for the West (BHP4W)

Where is it?

Western region of Melbourne

What is it?

Through a collective impact approach, BHP4W is shaping the way local health services respond to the complex needs of one of Australia's fastest growing and most diverse regions.

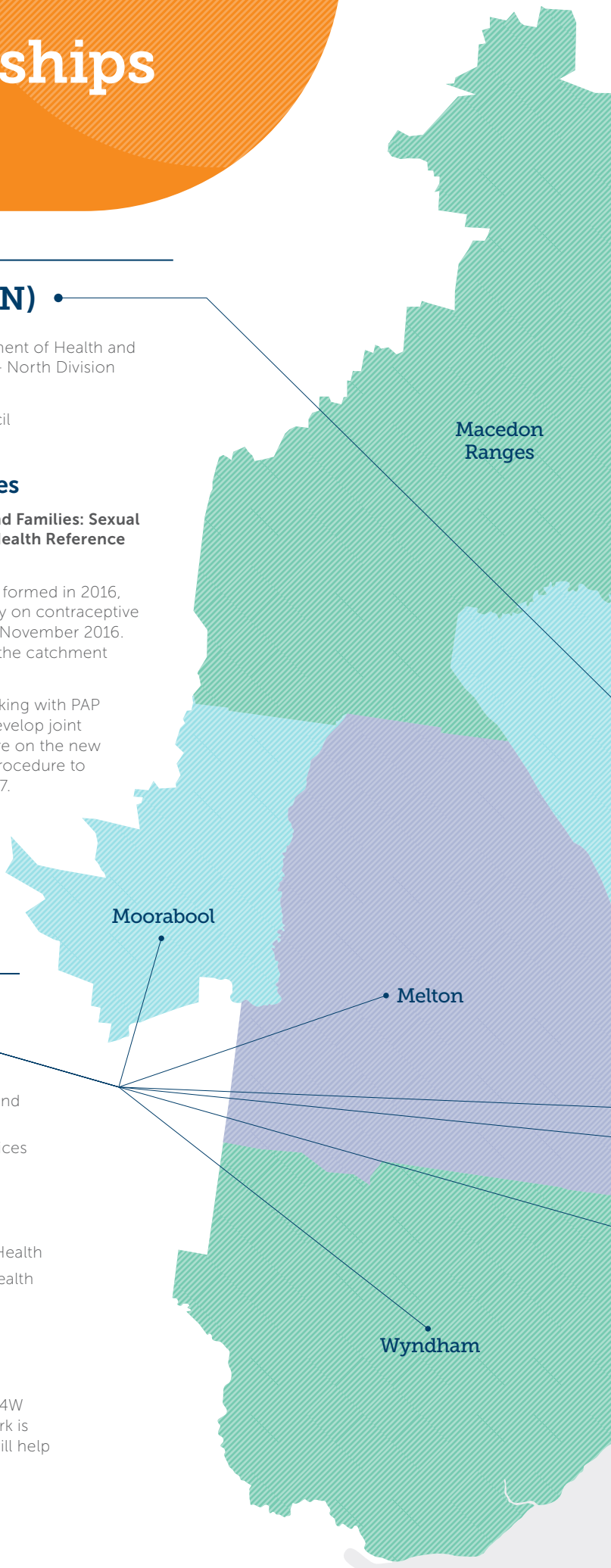
The overarching goal of BHP4W is to build a strong health system in Melbourne's west to deliver better health and improved wellbeing for local people.

Who's involved?

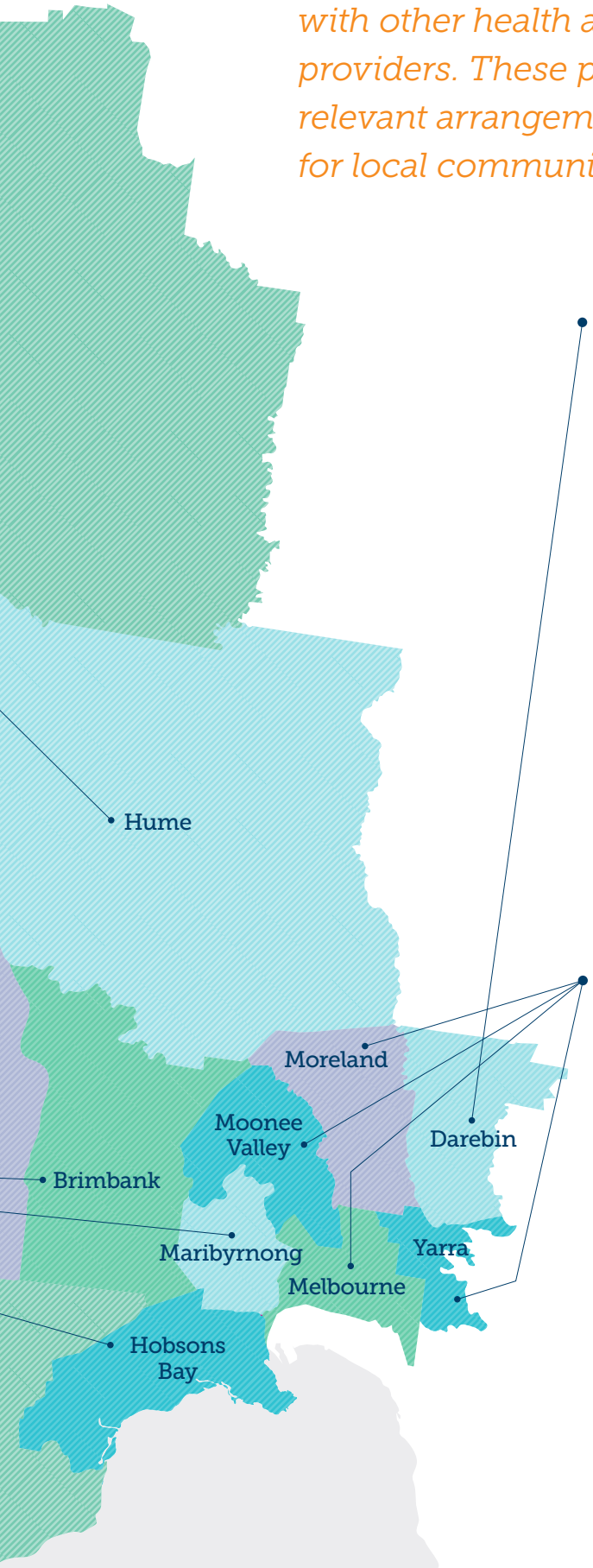
- North Western Melbourne PHN (auspice organisation)
- cohealth
- Department of Health and Human Services
- Djerriwarrh Health Services
- HealthWest Partnership
- IPC Healthcare
- LeadWest
- North Western Mental Health
- Sunbury Community Health
- Werribee Mercy
- Western Health

Latest activies

Following a review of BHP4W in 2016 a revised framework is being developed, which will help guide future activities.



We actively participate in a range of regional partnerships with other health and community organisations and providers. These partnerships enable us to establish locally relevant arrangements to achieve the most positive impact for local communities.



Better Health North East Melbourne (BHNEM)

Where is it?

Banyule, Darebin and Nillumbik.

What is it?

BHNEM aims to enhance primary health care services in community-based settings to support the management of chronic illness, including chronic mental illness, for people at risk of poor health outcomes in Melbourne's north eastern suburbs.

Who's involved?

Organisations currently part of BHNEM Governance Group include:

- Banyule Community Health
- Darebin Community Health
- healthAbility / Nillumbik Health
- Austin Health
- Department of Health and Human Services – North Division
- Eastern Melbourne PHN
- North Western Melbourne PHN

Latest activities

BHNEM is a new partnership and is currently developing its key priorities and plan of activities.

The Collaborative

Where is it?

Melbourne, Moonee Valley, Moreland and Yarra.

What is it?

The Collaborative is four leading health organisations in Melbourne, working to create joint solutions to shared health care problems.

Who's involved?

- cohealth
- The Royal Melbourne Hospital
- Merri Health
- North Western Melbourne PHN

Latest activities

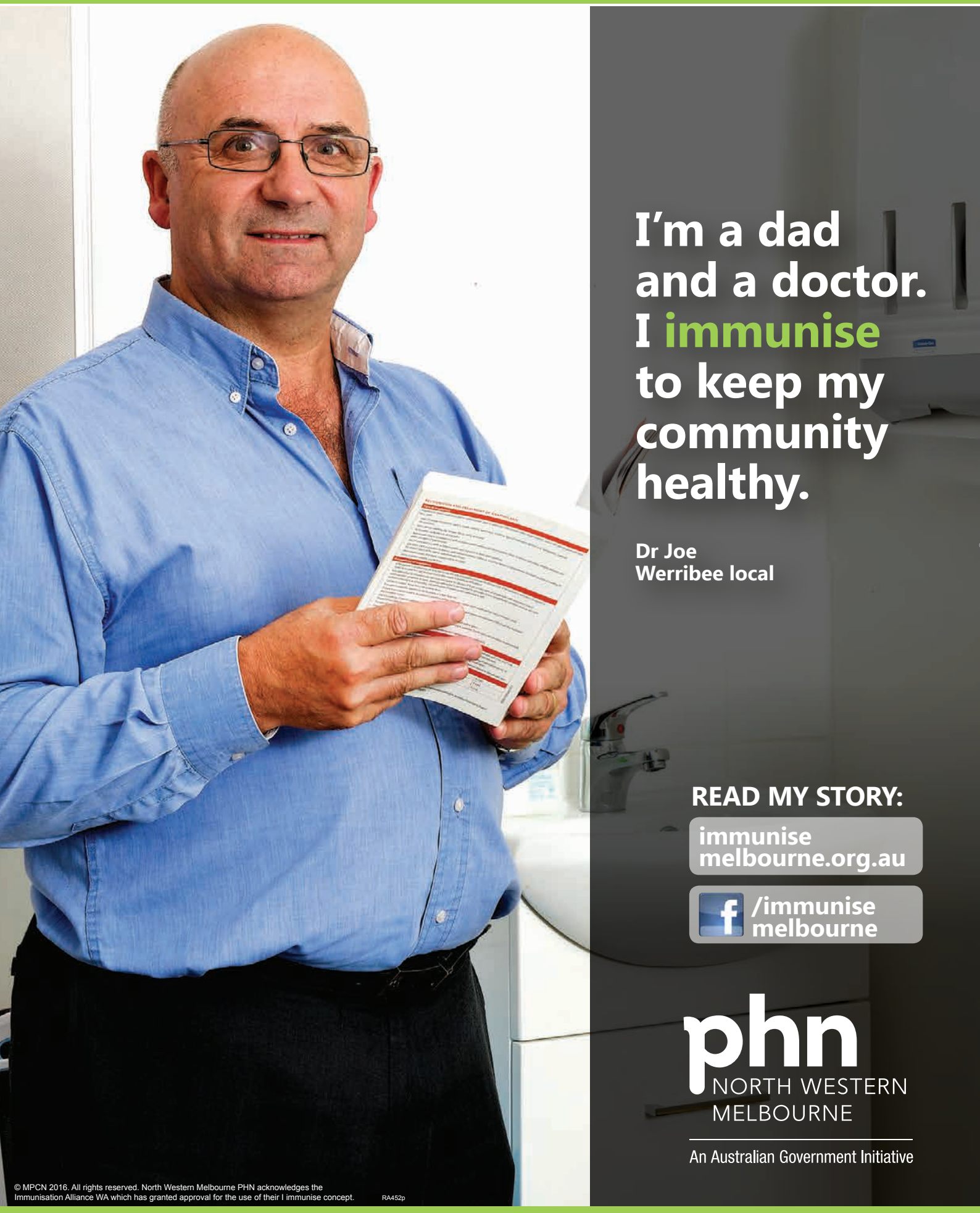
Collaborative shark tank

The Collaborative is trialing a 'shark tank' approach with staff from each organisation, generating new ideas for projects focused on the acute primary care interface.

A new chronic heart failure project (funded by DHHS via Heart Foundation & lead by RMH)

This project aims to explore the process of care transition from the acute hospital admission to the community, in older patients admitted to RMH with a primary diagnosis of chronic heart failure.

immunisemelbourne.org.au



I'm a dad and a doctor. I immunise to keep my community healthy.

Dr Joe
Werribee local

READ MY STORY:

immunisemelbourne.org.au

/immunisemelbourne

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Engagement in action

While much of our work as a PHN focuses on bringing together health organisations and supporting practitioners, in the end everything we do is about improving the health of our community. In this section we highlight how we are engaging community members in the design, development and delivery of services – putting people at the centre of their own care.

LISTENING TO THE VOICES of consumers and engaging them directly in decision making has led to strong outcomes in service commissioning and mental health system reform for North Western Melbourne PHN.

NWMPHN recently released a reformed mental health system of care for public review, and Executive Director for Mental Health and Primary Care Improvement Julie Borninkhof said consumer engagement shaped much of the final design.

"If we were going to reform the system, we wanted to hear the voices of the people who use that system every day," Ms Borninkhof said. "We wanted to know what they thought was broken, what they thought worked and what their priorities for change were.

"Hearing their stories had a real impact on our perspective."

Areas already highlighted as issues in the historical system, such as fragmentation and lack of communication between services, were reinforced through consumer consultation.

But the process of consultation and engagement also broadened our knowledge and understanding, particularly of how people living with mental illness care for themselves and the tools they use to navigate the system.

A number of consumers mentioned the significant role technology plays in helping them stay well, including mental health apps and other online resources. The importance of families and carers was also raised strongly throughout the consultations.

This strengthened the importance of including self-care through online technology in the care continuum depicted in the new system of care model, both for low intensity mental illness and to help keep people healthy when they are feeling well.

Seeking consumer perspectives had an even more direct impact on two recent request for tender processes, seeking new service partnerships in alcohol and other drugs (AOD) and in first episode youth psychosis.

"We wanted the new services to have a strong focus on vulnerable populations and locations, so we knew we needed to have a diversity of experiences and voices involved," Ms Borninkhof said. "We made a decision that each selection panel would have a consumer representative, and also a carer representative for the youth psychosis panel."

The consumers took a lead role in the process, reviewing and evaluating all submissions and spending a day with other experts to help decide which services should be funded.

"The consumer on the AOD panel in particular really challenged us around what would work and what was needed from a user perspective. It really opened our eyes."

In the end the consumers had a big part in the final decisions, with all seven new services funded being those recommended by the consumer and carer representatives.

"We're thrilled with the results, not just because we got consumers involved but because we think it has meant we have ended up with better, more innovative services being funded as a result."

Accessing hope

Great strides have been made in treating and managing blood borne viruses such as hepatitis B, C and HIV in recent times, meaning people living with these conditions can lead full, healthy lives. But is the promise of these treatments being fulfilled for patients?

UP UNTIL RECENTLY attempts to cure hepatitis C involved lengthy interferon-based treatments, along with which came serious side-effects and relatively poor success rates. Newly available hepatitis C treatments have significantly more efficacy with up to 90 per cent clearance rates for patients with minimal side-effects.

HIV treatment and care has made huge strides since the advent of highly active antiretroviral therapy (HAART) which became available in the late 1990s. HIV is now, in the main, a manageable chronic condition with a current strong community debate focussing on potential HIV eradication through the combined effects of undetectable viral load (UVL), pre-exposure prophylaxis (PrEP), and post exposure prophylaxis (PEP).

While there is no cure for hepatitis B, there is strong evidence showing that early detection, follow up and treatment of chronic hepatitis B can slow the progression to liver failure and the development of liver cancer. A very effective vaccine against hepatitis B also exists with over 90 per cent of Australian children fully immunised.

North Western Melbourne PHN CEO Adj/Associate Professor Christopher Carter said that despite these advances, many people living with these conditions are not receiving treatment.

Nearly half of the approximately 219,000 people in Australia living with chronic hepatitis B (CHB) infection remain undiagnosed.

"Nearly half of the approximately 219,000 people in Australia living with chronic hepatitis B (CHB) infection remain undiagnosed, and of those with a diagnosis 87 per cent are not receiving adequate care," Prof Carter said. "Without access to appropriate care, up to a quarter of people living with CHB will die from their condition."

Treatment rates are even lower for hepatitis C. More than 70,000 Victorians currently live with the hepatitis C virus, and before the release of new treatments only 1.3 per cent of them received treatment; left untreated, chronic hepatitis C can lead to cirrhosis, liver cancer and death.

There has been a substantial boost in treatment rates since new treatments were listed on the Pharmaceutical Benefit Scheme in March 2016, with some figures suggesting as many as 13 per cent of people living with hepatitis C received treatment in the first few months of the program.

The boost in treatment rates is an encouraging start – however as many as eight in every 10 people with hepatitis C are still not being treated.

Why people are not receiving treatment is a question with many potential answers. All three conditions may be present with no or minimal symptoms, especially in the early stages of infection, meaning many people simply do not know they have the condition.

Levinia Crooks, CEO of the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine

(ASHM) says that there are a range of systemic barriers to health care for people living with viral hepatitis or HIV.

"Widespread hepatitis C-related stigma and discrimination in the health-care sector – mostly directed towards injecting drug use – impedes access to services and impairs the quality of health-care delivery for people living with hepatitis C and other key populations," Ms Crooks said. "It directly undermines efforts to eliminate the disease."

ASHM is working on a two-year project to address stigma, discrimination and structural barriers to accessing health care and prevention services.

Training programs and policies aim to provide clinicians in training with the skills to identify and address stigma and discrimination in their own practices and in the systems in which they work.

It's not only stigma that is holding people back from treatment. A lack of access to services, especially outside of metropolitan Melbourne, and the serious side effects associated with some older treatments may also be putting patients off seeking care.

While the challenges are significant, the example of HIV in Melbourne shows they can be overcome through a coordinated approach between governments, service providers, health professionals and the community.

Melbourne became a Fast Track City in 2016, joining a global network of cities committed to ending the global AIDS epidemic by 2030 through better awareness, prevention and access to treatment.

Early results are encouraging, showing Melbourne is meeting or exceeding Fast Track Targets in all areas: 90 per cent of people living with HIV know their HIV status; 94 per cent of people with diagnosed HIV infection are receiving sustained antiretroviral therapy; and 93 per cent of people receiving antiretroviral therapy have viral suppression.

Extending this success to the treatment of other blood borne viruses is the aim of the newly launched Victorian HIV Hepatitis Integrated Training and Learning (VHHITAL) program. VHHITAL provides s100 prescriber training to GPs for both HIV and hepatitis B drugs, as well as education, training and support for all primary health professionals to take an active role in BBV care.

Currently there are only 60 HIV and 10 hepatitis B s100 prescribing GPs in Victoria, the vast majority of whom are based in Melbourne. Boosting these numbers will mean more people will be able to access the care they need, at a location and environment they are comfortable in.

Increasing prescriber numbers is even more of an issue in regional and rural areas of Victoria, with very few GP prescribers of either HIV or hepatitis B drugs located outside of Melbourne.

Country regions rely on visiting specialists who don't always have the capacity to see all potential patients in their limited time in each location. Patients may also be less comfortable seeking treatment with a visiting specialist than with a trusted local GP.

While the program only officially began late last year, it is already having an impact at the community level. An excellent example is in the Murray River town of Mildura, where VHHITAL recently held an information session on viral hepatitis for local health professionals.

Inspired by the session, a local GP has set up a dedicated hepatitis clinic in the town, giving residents with hepatitis the chance to receive ongoing treatment without having to wait for infrequent specialist visits.

As well as providing the initial inspiration, VHHITAL is also delivering practical support, helping the new clinic source a fibroscan machine and assisting GPs from Mildura to attend s100 Hepatitis B prescriber training in Melbourne.

This is just the beginning – supported by partners including North Western Melbourne PHN (program lead), ASHM, Peter Doherty Institute for Infection and Immunity, Alfred Health and the Victorian PHN Alliance,

Key health partners came together for the official launch of VHHITAL in February.

VHHITAL is rapidly rolling out information sessions and organising prescriber training across Victoria.

It's not just about boosting GP prescriber numbers, though of course that is a key goal. It's about supporting all GPs, and primary care professionals in general, take on a greater role providing care for people living with BBVs.

There is an enormous opportunity to eliminate hepatitis C, prevent new transmissions of HIV and limit impact and spread of hepatitis B – and general practice has a huge part to play in turning these opportunities into reality.

Vale Jeff Cheverton

Jeff was a valued colleague and a much-loved friend. His life and work had an enormous impact not only at North Western Melbourne PHN, but right across the health sector and all over Australia.

Here is a selection of memories about Jeff written by staff at NWMPHN, as well words of condolence from the Australian Healthcare and Hospitals Association and Mental Health Australia.

"Hearing his laugh from the other side of the office"

"Overwhelming enthusiasm!"

"Hope and laughter"

"Challenging the status quo"

"Driving our vision – no matter what"

"Ordering FODMAP lunches then eating the muffins"

"Just so nice – a gentle soul"

Jeff was an active and energetic voice for mental health, LGBTIQ rights, and community based primary health care. More importantly, Jeff was funny, vibrant, mischievous and warm. His premature loss strikes a blow to the hearts of all those who knew him; many of us are still struggling to believe it is true. I am sure I speak with many others when I offer Rod and the rest of Jeff's family our deepest sympathies on this dreadful loss.

Mental Health Australia

Jeff's passing is a huge loss for the primary health care community. His enthusiasm, his drive, his 'can do' attitude and his continuing unwavering contribution to improving health and human services are not easily found or replaced. When Jeff was in the room things always became exciting and interesting, and solutions to seemingly impossible tasks suddenly became a whole lot clearer and 'do-able'. We will miss you Jeff, and our hearts go out to your partner Rod and your family.

AHHA

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