



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

The Mental Health Activity Work Plan template has two parts:

- 1) The updated Annual Mental Health Activity Work Plan for 2016-2018, which will provide:
 - a) A strategic vision which outlines 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 updated Budget for 2016-2018 for (attach an excel spreadsheet using template provided):
 - 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) (PHN: Indigenous Mental Health Flexible Activity).

North Western Melbourne PHN

When submitting this Mental Health Activity Work Plan (referred to as the Regional Operational Mental Health and Suicide Prevention Plan in the 2015-16 Schedule for Operational Mental Health and Suicide Prevention, and Drug and Alcohol Activities) to the Department of Health, the Primary Health Network (PHN) must ensure that all internal clearances have been obtained and it has been endorsed by the CEO.

Additional planning and reporting requirements including documentation, data collection and evaluation activities for those PHNs selected as lead sites will be managed separately.

The Mental Health Activity Work Plan must be lodged to <name of Grant Officer> via email <email address> on or before 17 February 2017.

Overview

This Activity Work Plan is an update to the 2016-17 Activity Work Plan submitted to the Department in May 2016. However, activities can be proposed in the Plan beyond this period.

Mental Health Activity Work Plan 2016-2018

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) Provide an update on 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 2016-18 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.

1. (a) Strategic Vision

North Western Melbourne PHN's vision is to improve the health of everyone in our region. Our mission is to strengthen primary health care and connect services across the system. *Equity, respect, collaboration* and *innovation* are the guiding values that we apply to everything we do and every interaction we have.

NWMPHN recognises the current barriers and constraints perceived by those with mental ill-health and those who support them within our region and beyond. NWMPHN has developed a System of Care that responds to current barriers and constraints, and will support us ensuring that the health and well-being of our most vulnerable communities is improved in a coordinated and accountable manner.

In the area of mental health activity and commissioning, we will do this by:

- identifying and understanding the priority needs in our region – through interpretation of our needs assessment findings and through ongoing consultation with the sector, current recipients of services and the community;
- supporting, developing, innovating, coordinating and measuring service responses to address priorities – leading to increased service delivery within the mental health and the drug and alcohol treatment sector especially in targeted areas of need such as to our young people, Aboriginal community, CALD, refugee and asylum seekers, LGBTI community, homelessness and beyond;
- strengthening and supporting general practice and the system as a whole – to ensure targeted, coordinated and appropriate workforce development and networking occurs as a fundamental activity;
- demonstrating a commitment to quality, safety, efficiency, genuine value and innovation in everything we do – leading to the commissioning of additional mental health services of excellence, based on evidence;
- working closely and collaboratively with government (Commonwealth, State and Local), general practice and other primary health care service providers, Local Hospital Networks, mental health services, Non-Government Organisations, the private sector and patients, consumers and carers – ensuring that services meet needs and support gaps in the existing system as a whole.
- through the development of the NWMPHN System of Care, modelling a continuum of primary mental health services within a person-centred stepped care approach so that a range of service types are available within local regions to better match with individual and local population need, making the best use of available workforce and technology; and
- developing evidence based regional mental health and suicide prevention plans and undertaking service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration.

Each of these key principles informs NWMPHN's strategic vision for the 2016 to 2019 Mental Health Treatment Activity Work Plan.

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

Priority Area 1: Low intensity mental health services	
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 .
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>Activities to be undertaken under this priority area include:</p> <ul style="list-style-type: none"> 1.1 Scope and map available low intensity service options. 1.2 When available, promote broadly the Digital Mental Health Gateway. 1.3 Continue to commission of low intensity mental health services. 1.4 Continue to commission a program to educate consumers and providers on mental health literacy and available low intensity services.
Existing, Modified, or New Activity	<ul style="list-style-type: none"> 1.1 Scope and map available low intensity service options – EXISTING ACTIVITY 1.2 When available, promote broadly the Digital Mental Health Gateway – EXISTING ACTIVITY 1.3 Continue to commission of low intensity mental health services – MODIFIED ACTIVITY 1.4 Continue to commission a program to educate consumers and providers on mental health literacy and available low intensity services – MODIFIED ACTIVITY
Description of Activity	<ul style="list-style-type: none"> 1.1 Scope and map available low intensity service options will supplement the role of the digital gateway in providing an initial service ‘step’ within a primary care stepped care framework. These may be web based, phone based, face to face and group based interventions. This scoping work will be distributed to support easy access across the catchment 1.2 When available, promote broadly the Digital Mental Health Gateway to support awareness and access to the entry point for national low intensity telephone and web-based mental health services. 1.3 Continue to commission of low intensity mental health services including a number of programs to support people with or at risk of mild mental illness. This will include the commissioning of a

	<p>phone service; mental health first aid for young people in schools and headspace services; and supporting the development of peer support groups for refugee communities.</p> <p>1.4 Continue to commission a program to educate consumers and providers on mental health literacy and available low intensity services, including culturally appropriate health literate community campaign for refugee communication that will support building pathways for vulnerable communities to access mental health services.</p>
Target population cohort	While services will be available to all people, a specific focus will be on young people and refugees from locations of need.
Consultation	One on one consultation with major health service providers and consumer and carer organisations and large group engagement activities.
Collaboration	<p>Hospital networks – participate in prioritisation and planning</p> <p>Community health organisations – participate in prioritisation, planning and implementation</p> <p>State and local government authorities – participate in prioritisation and planning</p> <p>Primary Care Partnerships – participate in prioritisation and planning</p> <p>Aboriginal Community Controlled Health Organisations – participate in prioritisation, planning and implementation</p> <p>Consumer and carer representative agencies – participate in prioritisation and planning</p> <p>Mental health service providers – participate in prioritisation, planning and implementation</p> <p>Refugee service providers – participate in prioritisation, planning and implementation</p>
Duration	This activity commenced in 2016/17 and will continue to 30 June 2018.
Coverage	Entire Region
Commissioning method (if relevant)	The planning commissioning method for this activity aligns with our commissioning framework and approach as described above in the section on Strategic Vision. This framework is consistent with the guidance provided by the Department. In essence across all our activities we develop insight through data analysis, stakeholder engagement and mapping of the service system. We plan through ongoing

	engagement with key stakeholders and deliver collaboratively. We then review or evaluate these activities, optimally from a consumer perspective, and ensure learnings are integrated in the development of further insight as the iterative cycle continues.
Approach to market	<p>If you intend to use a procurement approach, please identify your intended approach to market: direct engagement; open tender; EOI; or other approach for the activity. If other, please outline.</p> <p>1.1 Activity Open tender 1.2 Activity N/A 1.3 Activity EOI 1.4 Activity Open tender</p>

Priority Area 2: Youth mental health services	
Priority Area 2 Youth Mental Health Services	Support region-specific, (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.
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>Activities to be commissioned in 2016/18 under this priority area include:</p> <p>2.1 Continue to commission of headspace centres. 2.2 Continue to commission services for children and young people with, or at risk of, severe mental illness. 2.3 Continue to commission services for hard to reach children and young people, including new cross sectoral approaches to early intervention for children and young people with, or at risk of mental illness aimed at trialling new approaches to support regions and communities of disadvantage. 2.4 Continue workforce development and networking to build Communities of Care across the region.</p>
Existing, Modified, or New Activity	<p>2.1 Existing activity 2.2 Existing activity 2.3 Modified 2.4 Existing activity</p>

Description of Activity

Activities to be undertaken in this priority:

2.1 Continue to commission headspace centres ensuring the ongoing delivery of localised services to young people through the five established centres across the north western Melbourne region. This will be supported via a region wide NWMPHN Youth Governance Group that will comprise of members from each of the current headspace lead organisations consortia and other NWMPHN youth mental health and AOD focussed providers. NWMPHN will also work with the Commonwealth on the potential establishment of a sixth headspace centre in the west of the region.

2.2 Continue to commission services for children and young people with, or at risk of severe mental illness with a focus on first episode psychosis or at risk of psychosis. While providers have been funded to respond to a target group services will be available to other young people as appropriate. The specific target population groups are:

- Young Aboriginal people in the region supported through assertive outreach.
- Young people who are homeless or at risk of homelessness presenting in the CBD supported by assertive outreach.
- A focus on young people aged 12- 14 years across the region who are unable to access other services. This will include the use of telehealth services to facilitate engagement.

In addition, each headspace centre was provided additional funding to support young people with or at risk of psychosis.

2.3 Commissioning of ATAPS-like services to children and young people, including new cross sectoral approaches to early intervention for children and young people with, or at risk of mental illness aimed at trialling new approaches to support regions and communities of disadvantage – see priority area 3.

2.4 Workforce development and networking to build Communities of Care – see priority area 7.

Each of these activities will be supported with communications campaigns aimed at raising both primary care and community awareness.

<p>Target population cohort</p>	<p>Youth services will be available to young people in the region. While services will be available to all young people, a specific focus will be on young people from locations of need and vulnerable population groups as listed below;</p> <p>Locations of need:</p> <ul style="list-style-type: none"> • Melton • Macedon • Bacchus Marsh • Wyndham growth corridor • Hume growth corridor <p>Targeting vulnerable populations, such as:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islanders (ATSI) • Refugees and Asylum Seekers (RAS) • Lesbian Gay Bisexual Transgender Intersex Queer (LGBTIQ) • Homeless, or at risk of homelessness • Culturally and Linguistically Diverse communities (CALD) • Young people disengaged from education or vocational activities • Young people disengaged from family • Young people with problematic alcohol or drug use • Young people experiencing family violence
<p>Consultation</p>	<p>One on one consultations with major health service providers and consumer and carer organisations and large group engagement activities.</p>
<p>Collaboration</p>	<p>Youth specific agencies, such as headspace National, Orygen and Royal Children’s Hospital - participate in prioritisation, planning and implementation</p> <p>Hospital networks – participate in prioritisation and planning</p> <p>Community health organisations - participate in prioritisation, planning and implementation</p>

	<p>Non-Government agencies - participate in prioritisation and planning</p> <p>Local Government Authorities - participate in prioritisation and planning</p> <p>Primary Care Partnerships - participate in prioritisation and planning</p> <p>Aboriginal community controlled health agencies - participate in prioritisation, planning and implementation</p> <p>Consumer and carer representative agencies - participate in prioritisation, planning and implementation</p>
Duration	This activity commenced in 2016/17 and will continue to 30 June 2018.
Coverage	Entire region
Commissioning method (if relevant)	The planned commissioning method for this activity aligns with our commissioning framework and approach as described above in the section on Strategic Vision. This framework is consistent with the guidance provided by the Department. In essence across all our activities we develop insight through data analysis, stakeholder engagement and mapping of the service system. We plan through ongoing engagement with key stakeholders and deliver collaboratively. We then review or evaluate these activities, optimally from a consumer perspective, and ensure learnings are integrated in the development of further insight as the iterative cycle continues.
Approach to market	All procurement completed in 2016/17 financial year though a mix of direct engagement and open tender.

Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups	
Priority Area	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.
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>3.1 Continue to commission mental health services targeting hard to reach groups/regions and communities of need.</p> <p>3.2 Continue to commission new mental health services aimed at trialling new approaches to support hard to reach groups and communities of disadvantage.</p> <p>3.3 Workforce development and networking to build Communities of Care across the region.</p>
Existing, Modified, or New Activity	Existing
Description of Activity	<p>The following activities will be undertaken to support those with or at risk of mild mental illness:</p> <p>3.1 Continue to commission mental health (ATAPS-like) services – This program targets hard to reach clients, those unable to afford services elsewhere; those from vulnerable communities and from regions of need (i.e. children, youth, ATSI, CALD, refugee and asylum seekers, homeless and LGBTIQ). These target groups will remain the focus of this commissioned service stream. NWMPHN will continue to utilise the current referdirect™ intake and assessment approach to ensure coordination of care, clinical governance/compliance and data management is assured. NB: this activity includes the ongoing provision of tele and video CBT to clients in the Murrumbidgee PHN region.</p> <p>3.2 Continue to commission new mental health services - historical analysis indicates that some communities do not benefit from the existing service structure and inclusion criteria set within the existing guidelines. Target and delivery parameters will be articulated to ensure that this activity meets both the region’s HNA findings and the NWMPHN’s mental health system of care. NWMPHN will utilise the current referdirect™ intake and assessment approach to ensure coordination of care, clinical governance/ compliance and data management.</p> <p>3.3 Workforce development and networking to build Communities of Care – see priority area 7.</p> <p>Each of these activities will be supported with communications campaigns aimed at raising both primary care and community awareness.</p>

Target population cohort	Hard to reach clients, those unable to afford services elsewhere and from vulnerable communities of need - children, youth, ATSI, CALD, refugee and asylum seekers, homeless and LGBTIQ.
Consultation	Ongoing one on one and group consultations with major health providers, key health and community service organisations, contracted service providers, general practitioners, consumer and carer organisations.
Collaboration	<p>Hospital networks – participate in prioritisation and planning</p> <p>Community health organisations – participate and prioritisation, planning and implementation</p> <p>Local Government Authorities – participate and prioritisation and planning</p> <p>Primary Care Partnerships – participate and prioritisation and planning</p> <p>Indigenous Community Controlled Health Agencies – participate and prioritisation, planning and implementation</p> <p>Consumer and Carer Representative Agencies – participate and prioritisation and planning</p> <p>Health and Community Service organisations – participate and prioritisation, planning and implementation.</p>
Duration	This activity commenced in 2016/17 and will continue to 30 June 2018.
Coverage	Entire region
Continuity of care	A referred eligible client is allocated to a skilled mental health practitioner who liaises with referring GP/Psychiatrist throughout the episode of care (e.g. 6-12 ATAPS sessions) to describe individual goal setting/goal achievement and strategies for treatment. These activities ensure coordinated and integrated response and treatment options between referrer and provider, with client at the centre of care.
Commissioning method (if relevant)	The planned commissioning method for this activity aligns with our commissioning framework and approach as described in our Strategic Vision. This framework is consistent with the guidance provided by the Department. In essence across all our activities we develop insight through data analysis, stakeholder engagement and mapping of the service system. We plan through ongoing engagement with key stakeholders and deliver collaboratively. We then review or evaluate these activities,

	optimally from a consumer perspective an ensure learnings are integrated into the development of further insight as the iterative cycle continues.
Approach to market	Expressions of Interest

Priority Area 4: Mental health services for people with severe and complex mental illness including care packages	
Priority Area	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.
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>Activities to be commissioned under this priority area include:</p> <ul style="list-style-type: none"> 4.1 Continue to commission Eligible Organisations across the region for existing clients. 4.2 Continue to commission innovative service models to support clinical care packages for people with severe and complex mental illness 4.3 Workforce development and networking to build System of Mental Health Care across the region.
Existing, Modified, or New Activity	Existing
Description of Activity	<p>The following activities will be undertaken to support those with severe and complex mental illness:</p> <ul style="list-style-type: none"> 4.1 Continue to commission Eligible Organisations across the region for existing clients to ensure continuity of service provision. NWMPHN utilises referdirect™ intake and assessment approach to ensure coordination of care, clinical governance, and integrity of data. 4.2 Continue to commission innovative service models to support clinical care packages for people with severe and complex mental illness through the expansion of access to the funded program to include locations and populations of need. Activity will be measured through a time allocation and could include care coordination, talking therapy and medicine management. Target and delivery parameters will be clearly articulated to ensure that this activity meets both the region’s HNA findings, the System of care and the PHN mental health

	<p>funding objectives.</p> <p>4.3 Workforce development and networking to build Communities of Care – see priority area 7</p> <p>Each of these activities will be supported with communications campaigns aimed at raising both primary care and community awareness.</p>
Target population cohort	People with severe and complex mental illness who are being managed in a primary health setting.
Consultation	One on one consultations with major health service providers, private psychiatry services, mental health nurses, carers and consumers and their eligible organisations.
Collaboration	<p>State Government Area Mental Health – participate in prioritisation and planning</p> <p>Current mental health nurses and representatives from eligible organisations – participate in prioritisation, planning, and implementation</p> <p>Australian College Mental Health Nurses – participate in prioritisation and planning</p> <p>Mental health services - participate in prioritisation, planning, and implementation</p> <p>Hospital networks – participate in prioritisation and planning</p> <p>Community health organisations - participate in prioritisation, planning, and implementation</p> <p>Local Government Authorities - participate in prioritisation and planning</p> <p>Primary Care Partnerships - participate in prioritisation and planning</p> <p>Aboriginal community controlled health agencies - participate in prioritisation, planning, and implementation</p> <p>Consumer and carer representative agencies - participate in prioritisation and planning</p>
Duration	This activity commenced in 2016/17 and will continue to 30 June 2018.
Coverage	<p>Currently (July 2016 to 30 June 2017) – Eligible organisation location LGAs – Yarra, Hume, Brimbank, Hobson’s Bay, Wyndham, Moreland, and Maribyrnong</p> <p>Proposed 2017/18 – Entire catchment.</p>

Continuity of care	NWMPHN supports continuity of client care to all eligible clients according to the current criteria cited in <i>Mental Health Nurse Incentive Program Guidelines April 2016</i> . Clients will continue to be supported by current mental health nurse providers in the new model of care.
Commissioning method (if relevant)	The planned commissioning method for this activity aligns with our commissioning framework and approach as described in our Strategic Vision. This framework is consistent with the guidance provided by the Department. In essence across all our activities we develop insight through data analysis, stakeholder engagement and mapping of the service system. We plan through ongoing engagement with key stakeholders and deliver collaboratively. We then review or evaluate these activities, optimally from a consumer perspective and ensure learnings are integrated into the development of further insight as the iterative cycle continues.
Approach to market	Expressions of Interest.

Priority Area 5: Community based suicide prevention activities.

Priority Area	Encourage and promote a systems based regional approach to suicide prevention including community based, hotspot activities and follow-up/support arrangements for people at high risk of suicide or after a suicide attempt. This will involve liaising with Local Hospital Networks (LHNs), service providers and Aboriginal and Torres Strait Islander organisations.
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	Activities to be commissioned in 2017/18 under this priority area include: <ul style="list-style-type: none"> 5.1 Planning and monitoring of community-based suicide prevention activity. 5.2 Continue to commission community-based suicide prevention activities. 5.3 Continue to commission community-based suicide prevention activities for Aboriginal and Torres Strait Islander people. 5.4 Workforce development and networking to build Communities of Care
Existing, Modified, or New Activity	<ul style="list-style-type: none"> 5.1 Planning and monitoring of community-based suicide prevention activity - modified 5.2 Continue to commission community-based suicide prevention activities - modified 5.3 Continue to commission community-based suicide prevention activities for Aboriginal and Torres Strait Islander people – modified 5.4 Workforce development and networking to build Communities of Care - existing

Description of Activity	<p>5.1 Planning and monitoring of community-based suicide prevention activity through the establishment of a NWMPHN Regional Suicide Prevention Strategic Partnership Group (RSPSPG). The RSPSPG which will consist of representatives from organisations with expertise in relation to suicide prevention, including people with lived experience, peak organisations, NGO specialist suicide prevention services, local action groups, academics with suicide prevention research expertise and others.</p> <p>5.2 Continue to commission community-based suicide prevention activities based on consultation and local need within the identified hotspots of Melton, Brimbank, and Macedon Ranges (this activity aligns with partnership work with Victorian Department of Health and Human Services). This approach will also see continuation of commissioned delivery of Suicide Prevention Services (formerly ATAPS SPS) to individuals from across the region who are at increased risk of episodic suicidal risk.</p> <p>5.3 Continue to commission community-based suicide prevention activities for Aboriginal and Torres Strait Islander people through a contract with Victorian Aboriginal Health Service (VAHS).</p> <p>5.4 Workforce development and networking to build Communities of Care – see priority 7</p>
Target population cohort	<p>Whole of region with a focus on the following LGAs:</p> <ul style="list-style-type: none"> • Melton • Macedon Ranges • Brimbank
Consultation	<p>One on one consultations with major health service providers and consumer and carer organisations and large group engagement activities.</p>
Collaboration	<p>Hospital networks – participate in prioritisation and planning</p> <p>Community health organisations - participate in prioritisation and planning</p> <p>Local Government Authorities - participate in prioritisation and planning</p>

	<p>Primary Care Partnerships - participate in prioritisation and planning</p> <p>Indigenous community controlled health agencies - participate in prioritisation and planning</p> <p>Consumer and carer representative agencies - participate in prioritisation and planning</p> <p>Suicide Prevention organisations including people with lived experience - participate in prioritisation and planning</p> <p>Suicide Prevention Community action groups - participate in prioritisation and planning</p>
Duration	This activity commenced in 2016/17 and will continue to 30 June 2018.
Coverage	This will be a regional approach aligning NWMPHN boundaries with a focus on Melton, Brimbank and Macedon Ranges.
Commissioning method (if relevant)	The planned commissioning method for this activity aligns with our commissioning framework and approach as described above in the section on Strategic Vision. This framework is consistent with the guidance provided by the Department. In essence across all our activities we develop insight through data analysis, stakeholder engagement and mapping of the service system. We plan through ongoing engagement with key stakeholders and deliver collaboratively. We then review or evaluate these activities, optimally from a consumer perspective, and ensure learnings are integrated in the development of further insight as the iterative cycle continues.
Approach to market	The majority of procurement completed in 2016/17 financial year; 2017/18 procurement will involve direct engagement and/or EOI in identified local hotspots.

Priority Area 6: Aboriginal and Torres Strait Islander mental health services.

Priority Area	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
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	Activities to be undertaken in this priority area include: 6.1 Continue to commission community-based mental health services for Aboriginal and Torres Strait Islander people 6.2 Workforce development and networking to build communities of care
Existing, Modified, or New Activity	Existing Activity.
Description of Activity	Activities to be undertaken in this priority: 6.1 Continue to commission community-based mental health services for Aboriginal and Torres Strait Islander people through the local ACCHO – VAHS. VAHS will deliver mental health services (as well as AOD and suicide prevention) in both the north and west of the catchment. 6.2 Workforce development and networking – see priority 7 <i>Ultimately the objective of this program is to provide Aboriginal and Torres Strait Islander people with access to effective high quality health care services across the region. This includes through Aboriginal Community Controlled Health Services, wherever possible and appropriate, as well as mainstream services delivering comprehensive, culturally appropriate primary health care.</i>
Target population cohort	This priority will target people for Aboriginal and Torres Strait Islander backgrounds across the whole catchment.
Consultation	One on one consultations with Aboriginal health services, major health service providers and consumer and carer organisations and large group engagement activities.
Collaboration	Aboriginal Community Controlled Organisations – participate in prioritisation, planning and implementation Alcohol and Other Drug service providers - participate in prioritisation and planning

	<p>Hospital networks – participate in prioritisation and planning</p> <p>Community health organisations - participate in prioritisation and planning</p> <p>Local Government Authorities - participate in prioritisation and planning</p> <p>Primary Care Partnerships - participate in prioritisation and planning</p> <p>Consumer and carer representative agencies - participate in prioritisation and planning</p>
Duration	This activity commenced in 2016/17 and will continue to 30 June 2018.
Coverage	Entire region
Commissioning method (if relevant)	The planned commissioning method for this activity aligns with our commissioning framework and approach as described above in the section on Strategic Vision. This framework is consistent with the guidance provided by the Department. In essence across all our activities we develop insight through data analysis, stakeholder engagement and mapping of the service system. We plan through ongoing engagement with key stakeholders and deliver collaboratively. We then review or evaluate these activities, optimally from a consumer perspective, and ensure learnings are integrated in the development of further insight as the iterative cycle continues
Approach to market	Direct Engagement
Funding from other sources	N/A

Priority Area 7: Stepped Care Approach	
Priority Area 7: Stepped Care Approach	Develop 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.
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>Activities to be undertaken in this priority area include:</p> <ul style="list-style-type: none"> 7.1 Continue the implementation of Regional Model of Care – <i>System of Care</i> 7.2 Continue development of multiagency care coordination tool. 7.3 Workforce development and networking to build Communities of Care. 7.4 Continue the evaluation of Regional Model of Care System of Care outcomes – <i>System of Care</i> 7.5 Robust clinical governance. 7.6 Continue to support the advisory, governance and steering group that support the implementation of NWMPHN’s System of Care and Mental Health Activity Work Plan.
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity (2016-17 Activity Work Plan), or a new activity.</p> <ul style="list-style-type: none"> 7.1 Continue the implementation of Regional Model of Care – <i>System of Care</i> - existing 7.2 Continue development of multiagency care coordination tool. - existing 7.3 Workforce development and networking to build Communities of Care. - existing 7.4 Continue the evaluation of Regional Model of Care <i>System of Care</i> outcomes - <i>existing</i> 7.5 Robust clinical governance – existing 7.6 Continue to support the advisory, governance and steering group that support the implementation of NWMPHN’s System of Care and Mental Health Activity Work Plan – new activity.
Description of Activity	<p>During the 2016/17 period the following activities will be undertaken:</p> <p>7.1 Continue the implementation of Regional Model of Care through the commissioning of new and continuing services that will operate in accordance with the system of care. This will ensure that data management and governance becomes more consistent and responsive to the needs of those accessing the services. Services will be commissioned in line with these requirements.</p>

7.2 Continue development of multiagency care coordination tool from a minimum viable product (MVP) developed and trailed with a small number of providers and consumers to a regional wide tool that is web based, patient centred and incorporates a referral system (linked to HealthPathways Melbourne, My HealthRecord, clinical software etc.) allows a client to be identified and assessed (dependent on severity through a generative assessment that mitigates trauma and distress), participate in planning and treatment mapping, referral initiation, treatment management (through multi provider input), recovery and goal planning and stepped care tracking (mapping the step up and down of the client as required).

7.3 Workforce development and networking to build Communities of Care and address the lack of opportunities for mental health service providers (individual or organisations) to come together to upskill around system of care, access, coordination, approach to intervention, support for very vulnerable communities (i.e. refugee and asylum seekers, ATSI, AOD, homeless and LGBTIQ). This activity will also support networking and service linkage across the region based on an annual calendar of events and activities. The workforces supported under this activity include, but are not limited to: General Practitioners and practice nurses, Aboriginal health workers, mental health nurses, allied health, pharmacy, peer support workers and speciality providers.

7.4 Continue the evaluation of the Regional Model of Care *System of Care outcomes* ensuring that it meets the needs of the client, the system and referrers from across the region and beyond.

7.5 Robust clinical governance – Embed within the stepped model of care, robust clinical governance frameworks and ensure they are functional and accountable and applicable to all providers and their related organisations.

7.6 Continue to support the advisory, governance and steering group that support the implementation of NWMPHN's System of Care and Mental Health Activity Work Plan.

	NWMPHN has engaged the service sector, peak organisations, industry bodies, academics, carers and consumers in a range of advisory and supporting entities to provide guidance across the range of activities. This includes the Mental Health Expert Advisory Group, the Mental Health Youth Services Governance Group, the Regional Suicide Prevention Strategic Partnership Group as well as the NWMPHN Aboriginal Advisory Group.
Target population cohort	Whole population, with a focus on the mental health services system as well as the primary health and community service systems.
Consultation	One on one consultation with major health service providers and consumer and carer organisations and large group engagement activities.
Collaboration	<p>List stakeholders that will be involved in implementing the activity, including Local Hospital Network or state/territory government. Describe the role of each party.</p> <p>Hospital networks – participate in prioritisation and planning</p> <p>Community health organisations – participate in prioritisation and planning</p> <p>State and local government authorities – participate in prioritisation and planning</p> <p>Primary Care Partnerships – participate in prioritisation and planning</p> <p>Aboriginal Community Controlled Health Organisations – participate in prioritisation and planning</p> <p>Consumer and carer representative agencies – participate in prioritisation and planning</p> <p>Mental health service providers – participate in prioritisation and planning</p>
Duration	All activity commenced in 2016/17 and it is anticipated to complete on the 30 June 2018.
Coverage	Entire Region
Commissioning method (if relevant)	The planning commissioning method for this activity aligns with our commissioning framework and approach as described above in the section on Strategic Vision. This framework is consistent with the guidance provided by the Department. In essence across all our activities we develop insight through data analysis, stakeholder engagement and mapping of the service system. We plan through ongoing engagement with key stakeholders and deliver collaboratively. We then review or evaluate these

	activities, optimally from a consumer perspective, and ensure learnings are integrated in the development of further insight as the iterative cycle continues.
Approach to market	<p>7.1 Implementation of Regional Model of Care – n/a</p> <p>7.2 Development of single multiagency care plan tool – direct engagement</p> <p>7.3 Workforce development and networking to build Communities of Care - EOI</p> <p>7.4 Trialling of Regional Model of Care – System of Care – open tender</p> <p>7.5 Robust clinical governance - n/a</p> <p>7.6 Continue to support the advisory, governance and steering group that support the implementation of NWMPHN’s System of Care and Mental Health Activity Work Plan.</p>

Priority Area 8: Regional mental health and suicide prevention plan	
Priority Area	Development of evidence based regional mental health and suicide prevention plan and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration.
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	8.1 Develop evidence based regional mental health and suicide prevention plans.
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p>The following activities will be undertaken:</p> <p>8.1 Ongoing development of evidence based regional mental health and suicide prevention plans – in line with all above mentioned activity, NWMPHN will work collaboratively with service providers and users to develop regional mental health and suicide prevention plans. These plans will be inclusive of alcohol and drug treatment and chronic disease considerations and activity.</p>
Target population cohort	This will be a whole of region approach aligning with NWMPHN boundaries.
Consultation	One on one consultations with major health service providers and consumer and carer organisations and large group engagement activities.
Collaboration	<p>Hospital networks – participate in prioritisation and planning</p> <p>Community health organisations - participate in prioritisation and planning</p>

	<p>Local Government Authorities - participate in prioritisation and planning</p> <p>Primary Care Partnerships - participate in prioritisation and planning</p> <p>Indigenous community controlled health agencies - participate in prioritisation and planning</p> <p>Consumer and carer representative agencies - participate in prioritisation and planning</p> <p>Suicide Prevention organisations including people with lived experience - participate in prioritisation and planning</p> <p>Suicide Prevention Community action groups - participate in prioritisation and planning</p> <p>Mental Health organisations - participate in prioritisation and planning</p>
Duration	Commissioning commenced and activity concludes 30 September 2018.
Coverage	This will be a whole of region approach aligning with NWMPHN boundaries.
Commissioning method (if relevant)	N/A
Approach to market	N/A