



Australian Government
Department of Health

phn

An Australian Government Initiative

Updated Activity Work Plan 2016-2019: Primary Mental Health Care Funding

North Western Melbourne PHN

15 February 2018

1. (a) Strategic Vision

North Western Melbourne Primary Health Network's vision is to improve the health of everyone in our region. Our role in achieving this vision is to strengthen primary healthcare and connect services across the system. We do this through working in a way that demonstrates our values of equity, respect, collaboration and innovation.

North Western Melbourne Primary Health Network (NWMPHN) has six key priority areas, as outlined in our 2017 Needs Assessment, based on the needs of our region. These are:

- Mental Health
- Suicide Prevention
- Alcohol and Other Drugs
- Aboriginal Health
- Children and Families
- Chronic Conditions

NWMPHN has undertaken comprehensive planning in each of these key priority areas. This AWP draws on the planning work that we have undertaken for Mental Health, Suicide Prevention and Aboriginal Health.

NWMPHN is committed to working towards the **mental health outcomes** that have been developed by the Department of Health. These outcomes, which act as our long-term outcomes for mental health, are to *"increase the efficiency and effectiveness of primary mental health services for people with or at risk of mental illness"... and ... "improve access to and integration of primary mental health care services to ensure people with mental illness receive the right care in the right place at the right time"* (Schedule: PHN program: Primary Mental Health Care).

We have identified medium term outcomes to help us to work towards these long-term outcomes. These medium-term outcomes have been articulated in NWMPHN's November 2017 Health Needs Assessment as *"people with Mental Health conditions are supported to receive access to high quality care" and "number of primary care providers in high need areas able to prevent, treat, support and manage mental health issues"*

In order to work towards the above outcomes NWMPHN has developed four focus areas in mental health:

1. Commission innovative models of care, across the stepped care model, that facilitate access to the right service, at the right time and place
2. Improving access to care through flexible models of service delivery
3. Embedding standards that improve quality of care/intervention to improve outcomes for our region
4. Developing a workforce that is flexible to meet the complex and changing needs of our region/community

These NWMPHN focus areas are the equivalent of the Activities/Reference field in the Activity Work Plan (AWP) templates. These NWMPHN focus areas have been translated into the appropriate priority areas in this Primary Mental Health Care Funding AWP.

At the same time NWMPHN is also committed to working towards the **suicide prevention outcomes** that have been developed for the Department of Health. This objective, which acts as our long-term outcome for suicide prevention, is to *"encourage and promote a regional approach to suicide prevention including community based activities and liaising with Local Hospital Networks (LHNs) and other providers to ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide"* (Schedule: PHN program: Primary Mental Health Care).

We have identified medium term outcomes to help us to work towards this long-term outcome. These medium-term outcomes have been articulated in NWMPHN's November 2017 Health Needs Assessment as *"number of providers of primary care who are able to prevent, treat, support and manage mental health, including suicide ideation issues"* and *"stronger identification of patients with suicide ideation and how to support them"*.

In order to work towards the above outcomes NWMPHN has developed four focus areas in suicide prevention:

1. Commissioning of evidence based services for people who have attempted or are at risk of suicide
2. Develop and implement strategies to address access and care navigation
3. Continue to run place based and targeted population trials in suicide prevention
4. Increase the number and range of community members and service providers who are able to respond to people who are at risk of suicide

These NWMPHN focus areas are the equivalent of Activities/Reference field in the AWP templates. These NWMPHN focus areas have been translated into the appropriate priority areas in this Primary Mental Health Care Funding AWP.

NWMPHN is utilising a synergised planning methodology that incorporates key Activity Areas including; Mental Health, Alcohol & Other Drugs and Aboriginal Health to maximise the collective impact of our work and resources. This means that the activities related to Aboriginal health are repeated across several AWPs, with the AWP budgets reflecting only the relevant funding component.

There is also an additional activity which appears in several AWPs. This is the Regional Planning for Mental Health and Suicide Prevention which is a requirement by the Commonwealth for PHNs to develop a plan for the local service system for mental health, including suicide prevention. NWMPHN has elected to also include AOD in this regional plan.

These activities in mental health and suicide prevention are also linked with the work in other AWPs – particularly Alcohol and Other Drugs and the National Suicide Prevention Trial. It is important to retain this perspective when planning for and undertaking implementation, to maximise cross-organisational synergies.

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

Proposed Activities	
Priority Area	Priority Area 1: Low intensity mental health services
Activity(ies)/ Reference (e.g. Activity 1.1, 1.2, etc)	Commissioning of evidence based innovative low intensity services for people with, or at risk of, mild mental illness as part of the stepped care model. (Mental Health Priority Area Plan – 1, 1.1).
Existing, Modified, or New Activity	Modified
Description of Activity	<p>Continue the commissioning of activities that promote and support early access to information and intervention, including low intensity mental health services. Examples include:</p> <ul style="list-style-type: none"> • a telephone and web based service • programs to educate consumers, referrers and service providers on available low intensity services and how to access these • Continue to build awareness of the pathways to access mental health information, support and care, especially for those from CALD and refugee communities. <p>The approaches or mechanisms, i.e. enablers that may be used to implement this activity include: Clinical engagement through HealthPathways, care pathways, care navigation and access, e-health and health literacy and lived experience participation.</p> <p>After hours initiatives will also be considered, as appropriate. (Mental Health Priority Area Plan - 1.1)</p>
Target population cohort	<ul style="list-style-type: none"> • People with, or at risk of, mild mental illness • Whole of community
Consultation	NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; Emergency Services; and Carers and Consumers, and other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity

	<p>Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers to be involved at all stages of Commissioning including co-design to support positive consumer experience.</p> <p>NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services.</p>
Collaboration	<p>NWMPHN will collaborate with partners and stakeholders to support the planning, procurement and evaluation of innovative low intensity services to improve access and early support for people at risk of mild mental illness.</p> <p>In addition, through collaborative effort we will seek to promote awareness and community acceptability of new and existing lower intensity services.</p>
Duration	2 years, 07/2018 – 6/2020.
Coverage	NWMPHN Region
Commissioning method	All of NWMPHN’s activity aligns with the NWMPHN Commissioning Framework. This means that externally and internally delivered services follow the three-stage cycle of: developing insight; plan and deliver, and; evaluate and improve. The iteration that occurs within each stage ensures engagement, responsiveness to local need and continual improvement. Within this activity, the different components that form the activity are at various stages in the cycle.
Approach to market	NWMPHN’s approach to market will be tailored to align with the local procurement context. An approach to market may include EOI, RFT or direct negotiation.
Decommissioning	None
Performance Indicator	<p><u>Priority Area 1 Mandatory performance indicators:</u></p> <ul style="list-style-type: none"> • Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services • Average cost per PHN-commissioned mental health service – Low intensity services

	<ul style="list-style-type: none">• Clinical outcomes for people receiving PHN-commissioned low intensity mental health services
Local Performance Indicator target (data source)	<ul style="list-style-type: none">• Increase in uptake of low intensity services (compared with benchmark)• Increase in acceptability of low intensity services to referrers and other service providers measured through self-reported data (surveys)

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

Proposed Activities	
Priority Area	Priority Area 2: Child and youth mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	Commissioning of evidence based innovative models of care, across the stepped care model, that facilitate access to the right service, at the right time and place across the North Western Melbourne region (Mental Health Priority Area Plan – 1, 1.3).
Existing, Modified, or New Activity	Modified
Description of Activity	<p>Continue the commissioning of services for hard to reach children and young people, including:</p> <ul style="list-style-type: none"> • headspace centres • children and young people with, or at risk of, severe mental illness • new cross sectoral approaches to early intervention for children and young people with, or at risk of mental illness and associated physical health problems • new approaches to support communities of disadvantage, including a focus on the first 1000 days <p>The approaches or mechanisms, i.e. enablers, that may be used to implement this activity include: quality improvement in primary care practice, e-health, health literacy and lived experience participation, and workforce development.</p> <p>After hours initiatives will also be considered, as appropriate. (Mental Health Priority Area Plan 1.3)</p>
Target population cohort	To maximise the impact of our work, work in this activity may be targeted to identified cohorts or geographical locations.
Consultation	NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; Emergency Services; and Carers and Consumers, and other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity.

	<p>Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers to be involved at all stages of Commissioning including co-design to support positive consumer experience.</p> <p>NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services.</p>
Collaboration	<p>NWMPHN will continue to collaborate with partners and stakeholders to support the planning, procurement and evaluation of Mental Health services for Children and Young People.</p> <p>The existing performance and planning meetings with headspace lead agencies will continue to inform understanding of the needs of young people and strategies to continue to better meet these.</p>
Duration	2 years, 7/2018 – 6/2020.
Coverage	NWMPHN Region
Commissioning method	All of NWMPHN’s activity aligns with the NWMPHN Commissioning Framework. This means that externally and internally delivered services follow the three-stage cycle of: developing insight; plan and deliver, and; evaluate and improve. The iteration that occurs within each stage ensures engagement, responsiveness to local need and continual improvement. Within this activity, the different components that form the activity are at various stages in the cycle.
Approach to market	NWMPHN’s approach to market will be tailored to align with the local procurement context. An approach to market may include EOI, RFT or direct negotiation.
Decommissioning	None
Performance Indicator	<p><u>Priority Area 2 Mandatory Performance Indicator:</u></p> <p>Support region-specific, cross sectoral approaches to early intervention for children and young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group.</p>
Local Performance Indicator target (data source)	<p><u>Priority Area 2 possible Local Performance Indicators:</u></p> <ul style="list-style-type: none"> • Number of episodes of care/services delivered (Provider records) • Outcome measures (change in K10/SDQ)

- Increase in acceptability of services for children and young people by referrers and other service providers measured through self-reported data (surveys).

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

Proposed Activities	
Priority Area	Priority Area 5: Community based suicide prevention activities
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>The activities to be undertaken in this Priority Area fall into four main focus areas:</p> <ol style="list-style-type: none"> 1. Commissioning of evidence based services for people who have attempted or at risk of suicide (Suicide Prevention Priority Area Plan - 1) 2. Develop and implement strategies to address access and care navigation (Suicide Prevention Priority Area Plan - 2) 3. Continue to run place based and targeted population trials in suicide prevention (Suicide Prevention Priority Area Plan - 3) 4. Increase the number and range of community members and service providers who are able to respond to people at risk of suicide (Suicide Prevention Priority Area Plan - 4)
Existing, Modified, or New Activity	Modified
Description of Activity	<p>Within these four focus areas the details of the activities are:</p> <ol style="list-style-type: none"> 1. The commissioning of a range of services and interventions including: <ul style="list-style-type: none"> • suicide prevention support • follow-up after suicide attempt (enhanced care role - headspace) • post vention support • health literacy (Suicide Prevention Priority Area Plan - 1) 2. Continue to improve access and care navigation through a number of mechanisms including the development and trialling of a primary care navigator role and through the development and promotion of care pathways. (Suicide Prevention Priority Area Plan - 2) 3. Continue with the implementation of the three trials and associated activities: <ul style="list-style-type: none"> • LGBTIQ • Macedon Ranges • Melton-Brimbank (Suicide Prevention Priority Area Plan - 3)

	<p>4. Using an evidence based approach to build capacity, with community members and service providers including general practices, first line responders, mentors and peers, increase the number of people who are able to respond to people at risk of suicide. (Suicide Prevention Priority Area Plan - 4)</p> <p>The approaches or mechanisms, i.e. enablers, that may be used to implement this activity include: health literacy and lived experience participation, after hours, quality improvement in primary care practice, workforce development, care pathways, e-health. care navigation and access.</p> <p>After hours initiatives will also be considered, as appropriate.</p>
Target population cohort	To maximise the impact of our work, work in this activity may be targeted.
Consultation	<p>NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group, Regional Suicide Prevention Reference Group and a LGBTI Suicide Prevention Taskforce have been established to support this work with membership from peak organisations in Mental Health; Aboriginal Health; Emergency Services; and Carers and Consumers, and other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity</p> <p>Consumers and people with Lived Experience are core to the work we do. Membership of the Reference Group and the Taskforce includes people with Lived Experience. We will continue to seek opportunities for consumers to be involved at all stages of Commissioning including co-design to support positive consumer experience.</p> <p>NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services.</p>
Collaboration	Each placed based Suicide Prevention trial has representation from local community, service providers and other stakeholders. NWMPHN will collaborate with partners and stakeholders to support the planning, procurement and evaluation of Suicide Prevention Activities. In addition, through collaborative effort we will seek to promote awareness and community acceptability of new services.
Duration	2 years, 7/2018 – 6/2020.
Coverage	NWMPHN region, with some activities focussed around particular sub-regions, for example, Macedon Ranges, Melton-Brimbank.

Commissioning method	All of NWMPHN's activity aligns with the NWMPHN Commissioning Framework. This means that externally and internally delivered services follow the three-stage cycle of: developing insight; plan and deliver, and; evaluate and improve. The iteration that occurs within each stage ensures engagement, responsiveness to local need and continual improvement. Within this activity, the different components that form the activity are at various stages in the cycle.
Approach to market	NWMPHN's approach to market will be tailored to align with the local procurement context. An approach to market may include EOI, RFT or direct negotiation.
Decommissioning	None
Performance Indicator	<p><u>Priority Area 5 Mandatory Performance Indicator:</u></p> <ul style="list-style-type: none"> • Number of people who are followed up by PHN-commissioned services following a recent suicide attempt
Local Performance Indicator target (data source)	<p><u>Priority Area 5 possible Local Performance Indicators:</u></p> <ul style="list-style-type: none"> • Number of workers receiving specific training in each LGA (NWMPHN training attendance record) • Number of community stakeholders receiving specific training in each LGA (NWMPHN training attendance record) • Evaluation of training programs (recall of key facts; knowledge of effective interventions; confidence in management of people at risk of suicide).

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

Proposed Activities	
Priority Area	Priority Area 6: Aboriginal and Torres Strait Islander* mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>The activities to be undertaken in this Priority Area fall into three main focus areas:</p> <ol style="list-style-type: none"> 1. Commission Aboriginal mental health services (Aboriginal Health Priority Area Plan – 1) 2. Continue to improve access integration and care navigation for the Aboriginal population in our region (Aboriginal Health Priority Area Plan – 3) 3. Evidence based workforce development to ensure that all relevant NWMPHN programs incorporate a cultural lens that addresses the specific health challenges facing Aboriginal communities (Aboriginal Health Priority Area Plan – 6)
Existing, Modified, or New Activity	Modified
Description of Activity	<p>Within these three main focus areas the details of the activities are:</p> <ol style="list-style-type: none"> 1. Aboriginal mental health services (Aboriginal Health Priority Area Plan – 1) <ul style="list-style-type: none"> • Continue the commissioning of community-based mental health services for Aboriginal people, including reviewing the effectiveness of services 2. Continue to improve access integration and care navigation for the Aboriginal population in our region (Aboriginal Health Priority Area Plan – 3) <ul style="list-style-type: none"> • Support Aboriginal Community Controlled Health Organisations (ACCHO) and other agencies to develop and implement evidence based care navigation models • Continue to review existing care pathways and develop new care pathways for the Aboriginal population in our region 3. Evidence based workforce development to ensure that all relevant NWMPHN programs incorporate a cultural lens that addresses the specific health challenges facing Aboriginal communities (Aboriginal Health Priority Area Plan – 6) <p>Consider and implement a range of strategies including:</p> <ul style="list-style-type: none"> • cultural competency development of funded providers and primary care workforce more broadly

	The approaches or mechanisms, i.e. enablers, that may be used to implement this activity include: quality improvement in primary care practice, HealthPathways, care navigation and access and workforce development.
Target population cohort	To maximise the impact of our work, work in this activity may be targeted to identified cohorts or geographical locations.
Consultation	<p>NWMPHN utilises a range of mechanisms to facilitate consultation including Community Councils and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; Emergency Services; and Carers and Consumers, and other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity.</p> <p>Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers to be involved at all stages of Commissioning including co-design to support positive consumer experience.</p> <p>NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services.</p>
Collaboration	Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches.
Duration	2 years, 7/2018 – 6/2020
Coverage	NWMPHN Region
Commissioning method	All of NWMPHN's activity aligns with the NWMPHN Commissioning Framework. This means that externally and internally delivered services follow the three-stage cycle of: developing insight; plan and deliver, and; evaluate and improve. The iteration that occurs within each stage ensures engagement, responsiveness to local need and continual improvement. Within this activity, the different components that form the activity are at various stages in the cycle.
Approach to market	NWMPHN's approach to market will be tailored to align with the local procurement context. An approach to market may include EOI, RFT or direct negotiation.

Decommissioning	None
Performance Indicator	<u>Priority Area 6 – Mandatory Performance Indicator:</u> <ul style="list-style-type: none"> • Proportion of Indigenous population receiving PHN-commissioned mental health services where the services were culturally appropriate
Local Performance Indicator target (data source)	<u>Priority Area 6 possible Local Performance Indicators:</u> <ul style="list-style-type: none"> • Evidence of engagement and collaboration with key Aboriginal Stakeholders

** NWMPHN has adopted the term 'Aboriginal' to refer to local Aboriginal people, those from other states & territories and Torres Strait Islander people. This terminology is consistent with communication from the Victorian Aboriginal Community Controlled Organisation.*

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

Proposed Activities	
Priority Area	Priority Area 7: Stepped care approach
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>The activities to be undertaken fall into three focus areas:</p> <ol style="list-style-type: none"> 1. Improving access to care through flexible models of service delivery (Mental Health Priority Area Plan - 2) 2. Embedding standards that improve quality of care/intervention to improve outcomes for our region (Mental Health Priority Area Plan - 3.) 3. Developing a workforce that is adaptive and flexible to meet the complex and changing needs of our region/community (Mental Health Priority Area Plan - 4.)
Existing, Modified, or New Activity	Modified
Description of Activity	<p>Within these three focus the details of the activities are:</p> <ol style="list-style-type: none"> 1. Improving access to care through flexible models of service delivery (Mental Health Priority Area Plan - 2) <ul style="list-style-type: none"> • Develop and implement strategies to address care navigation and access, including Link-Me Trial (<i>see 2.6</i>) (2.1) • Improve the linkages between existing programs to enhance access for priority populations eg: service users with AOD dependence (2.2) • Continue to promote broadly Head to Health, the Digital Mental Health Gateway (2.3) • Continue development of a multiagency care coordination tool (2.4) • Increase visibility and navigation of mental health services utilising the NWMPHN website (2.5) • Continue the implementation of the Link-me trial lead site funding/service provision across the catchment (2.6) 2. Embedding standards that improve quality of care/intervention to improve outcomes for our region (Mental Health Priority Area Plan - 3.) <ul style="list-style-type: none"> • Develop a set of standards that commissioned agencies will need to meet in relation to diverse communities (3.1)

	<p>3. Developing a workforce that is adaptive and flexible to meet the complex and changing needs of our region/community (Mental Health Priority Area Plan - 4.)</p> <ul style="list-style-type: none"> • Grow the capacity of the workforce to build communities of care to enable the best health outcomes for people in our region (4.1) • Support development of the Mental Health workforce including new and early career professionals through development of a tailored placement program (4.2) <p>The approaches or mechanisms, i.e. enablers, that may be used to implement these activities include: healthpathways, quality improvement in primary care practice, health literacy, care pathways, care navigation, access, e-health, lived experience participation and workforce development.</p> <p>After-hours initiatives will also be considered, as appropriate.</p>
Target population cohort	To maximise the impact of our work, work in this activity may be targeted to identified cohorts or geographical locations.
Consultation	<p>NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; Emergency Services; and Carers and Consumers, and other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity.</p> <p>Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers to be involved at all stages of Commissioning including co-design to support positive consumer experience.</p> <p>NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services.</p>
Collaboration	Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches.
Duration	2 years, 7/2018 – 6/2020
Coverage	NWMPHN Region

Commissioning method	All of NWMPHN's activity aligns with the NWMPHN Commissioning Framework. This means that externally and internally delivered services follow the three-stage cycle of: developing insight; plan and deliver, and; evaluate and improve. The iteration that occurs within each stage ensures engagement, responsiveness to local need and continual improvement. Within this activity, the different components that form the activity are at various stages in the cycle.
Approach to market	NWMPHN's approach to market will be tailored to align with the local procurement context. An approach to market may include EOI, RFT or direct negotiation.
Decommissioning	None
Performance Indicator	<p><u>Priority Area 7 - Mandatory performance indicator:</u></p> <ul style="list-style-type: none"> • Proportion of PHN flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness
Local Performance Indicator target (data source)	<p><u>Priority Area 7 possible Local Performance Indicators:</u></p> <ul style="list-style-type: none"> • Occasions of service for each service type in the stepped care model • Number of sector engagement and support activities undertaken

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

Proposed Activities	
Priority Area	Priority Area 8: Regional Mental Health and Suicide Prevention plan
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	Development of a Regional Mental Health and Suicide Prevention Plan, including AOD (Mental Health Priority Area Plan -5) <i>Note: This activity is also listed in the Drug and Alcohol AWP. It is funded from the PHN Mental Health and Suicide Prevention Operational and Flexible Activity.</i>
Existing, Modified, or New Activity	Modified
Description of Activity	Development of an evidence based regional mental health, suicide prevention and AOD plan, in collaboration with service providers and consumers and carers.
Target population cohort	To maximise the impact of our work, work in this activity may be targeted.
Consultation	NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; Emergency Services; and Carers and Consumers, and other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers to be involved at all stages of Commissioning including co-design to support positive consumer experience. NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services.
Collaboration	Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches.
Duration	2 years, 7/2018 – 6/2020. This includes implementation and monitoring of the plan.

Coverage	NWMPHN Region
Commissioning method	All of NWMPHN's activity aligns with the NWMPHN Commissioning Framework. This means that externally and internally delivered services follow the three-stage cycle of: developing insight; plan and deliver, and; evaluate and improve. The iteration that occurs within each stage ensures engagement, responsiveness to local need and continual improvement. Within this activity, the different components that form the activity are at various stages in the cycle.
Approach to market	NWMPHN's approach to market will be tailored to align with the local procurement context. An approach to market may include EOI, RFT or direct negotiation.
Decommissioning	None
Performance Indicator	<u>Priority 8 Mandatory Performance Indicator:</u> <ul style="list-style-type: none"> Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery
Local Performance Indicator target (data source)	<u>Priority 8 possible Local Performance Indicators:</u> <ul style="list-style-type: none"> Evidence of sector consultation activities to inform plan development- number of activities

1. (b) Planned activities funded under the Primary Mental Health Care Schedule – Template 2

Proposed Activities	
Priority Area	Priority Area 3: Psychological therapies for rural and remote, under-served and / or hard to reach groups
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	Commissioning of evidence based innovative models of care, across the stepped care model, that facilitates access to the right service, at the right time and place across the North Western Melbourne region (Mental Health Priority Area Plan – 1, 1.2)
Existing, Modified, or New Activity	Modified
Description of Activity	<p>Continue the commissioning of mental health services targeting hard to reach groups and communities of disadvantage including:</p> <ul style="list-style-type: none"> • using models such as bicultural workers • enhancing Targeted Psychological Services for hard to reach populations who may otherwise not be able to access targeted services <p>The approaches or mechanisms, i.e. enablers, that may be used to implement this activity include: care navigation and access, health literacy and lived experience participation and workforce development.</p> <p>After hours initiatives will also be considered, as appropriate (Mental Health Priority Area Plan 1.2)</p>
Target population cohort	<p>To maximise the impact of our work, work in this activity may be targeted in ways including:</p> <ul style="list-style-type: none"> • Priority populations: All • Other parameters: hard to reach groups and communities of disadvantage
Consultation	NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; Emergency Services; and Carers and Consumers, and other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity

	<p>Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers to be involved at all stages of Commissioning including co-design to support positive consumer experience.</p> <p>NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services.</p>
Collaboration	<p>Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches.</p>
Duration	<p>2 years, 7/2018 – 6/2020</p>
Coverage	<p>NWMPHN Region</p>
Continuity of care	<p>Continuity of care is assured through client centred care plans and ongoing liaison between referring GP/Psychiatrist and provider (Mental Health Clinician). Multi-disciplinary care plans, as required, are developed and used within the program. NWMPHN is also committed to the development of localised HealthPathways and Care Navigators to support individuals to access appropriate care.</p>
Commissioning method	<p>All of NWMPHN's activity aligns with the NWMPHN Commissioning Framework. This means that externally and internally delivered services follow the three-stage cycle of: developing insight; plan and deliver, and; evaluate and improve. The iteration that occurs within each stage ensures engagement, responsiveness to local need and continual improvement. Within this activity, the different components that form the activity are at various stages in the cycle.</p>
Approach to market	<p>NWMPHN's approach to market will be tailored to align with the local procurement context. An approach to market may include EOI, RFT or direct negotiation.</p>
Decommissioning	<p>None</p>
Performance Indicator	<p><u>Priority Area 3 Mandatory Performance Indicator:</u></p> <ul style="list-style-type: none"> • Proportion of regional population receiving PHN-commissioned mental health services – psychological therapies delivered by mental health professionals • Average cost per PHN-commissioned mental health service – Psychological therapies delivered by mental health professionals

	<ul style="list-style-type: none"> • Clinical outcomes for people receiving PHN-commissioned Psychological therapies delivered by mental health professionals
Local Performance Indicator target (data source)	<p><u>Priority Area 3 possible Local Performance Indicators:</u></p> <ul style="list-style-type: none"> • Consumer experience data collected and dashboards established for benchmarking and monitoring • Number of services delivered to identified (targeted) population groups

1. (b) Planned activities funded under the Primary Mental Health Care Schedule – Template 2

Proposed Activities	
Priority Area	Priority Area 4: Mental health services for people with severe and complex mental illness including care packages
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	Commissioning of evidence based innovative models of care, across the stepped care model, that facilitates access to the right service, at the right time and place across the North Western Melbourne region (Mental Health Priority Area Plan 1, 1.4).
Existing, Modified, or New Activity	Existing
Description of Activity	<p>Continue to commission innovative service models to support clinical care packages for people with severe and complex illness.</p> <p>The approaches or mechanisms, i.e. enablers, that may be used to implement this activity include: health literacy and lived experience participation, care navigation and access and workforce development.</p> <p>After hours initiatives will also be considered, as appropriate (Mental Health Priority Area Plan 1.4).</p>
Target population cohort	<p>To maximise the impact of our work, work in this activity may be targeted in ways including:</p> <p>Other parameters: severe and complex illness.</p>
Consultation	<p>NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations in Mental Health; Aboriginal Health; Emergency Services; and Carers and Consumers, and other Expert Advisory Groups (AOD and suicide) and Taskforces (LGBTIQ) also contribute to this activity</p> <p>Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers to be involved at all stages of Commissioning including co-design to support positive consumer experience.</p> <p>NWMPHN also consults with existing service providers and the broader sector to understand the effectiveness and impact of commissioned services.</p>

Collaboration	<p>Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches.</p> <p>NWMPHN also holds regular stakeholder events with service providers and Mental Health Nurses delivering services to people with Severe and Complex Mental Illness to inform practice and model development.</p>
Duration	2 years, 7/2018 – 6/2020.
Coverage	NWMPHN Region
Continuity of care	Continuity of care is assured through client centred care plans and ongoing liaison between referring GP/Psychiatrist and provider (Mental Health Clinician). Multi-disciplinary care plans, as required, are developed and used within the program. NWMPHN is also committed to the development of localised HealthPathways and Care Navigators to support individuals to access appropriate care.
Commissioning method	All of NWMPHN's activity aligns with the NWMPHN Commissioning Framework. This means that externally and internally delivered services follow the three-stage cycle of: developing insight; plan and deliver, and; evaluate and improve. The iteration that occurs within each stage ensures engagement, responsiveness to local need and continual improvement. Within this activity, the different components that form the activity are at various stages in the cycle.
Approach to market	NWMPHN's approach to market will be tailored to align with the local procurement context. An approach to market may include EOI, RFT or direct negotiation.
Decommissioning	None
Performance Indicator	<p><u>Priority Area 4 Mandatory Performance Indicator:</u></p> <ul style="list-style-type: none"> • Proportion of regional population receiving PHN-commissioned mental health services – Clinical care coordination for people with severe and complex mental illness (including clinical care coordination by mental health nurses) • Average cost per PHN-commissioned mental health service – Clinical care coordination for people with severe and complex mental illness

Local Performance Indicator target (data source)

Priority Area 4 possible Local Performance Indicators:

- Number of episodes of care delivered (provider records)