



Australian Government
Department of Health



An Australian Government Initiative

Activity Work Plan 2019-2021: National Psychosocial Support measure

This Activity Work Plan template has the following parts:

1. The National Psychosocial Support Activity Work Plan for the financial years 2019-20 and 2020-2021. Please complete the table of planned activities funded under the following:
 - Psychosocial Support Schedule, Item B.3 – National Psychosocial Support Measure
2. The Indicative Budget for the financial years 2019-20 and 2020-21. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
 - Psychosocial Support Schedule, Item B.3 – National Psychosocial Support Measure

North Western Melbourne PHN

When submitting this Activity Work Plan 2019-2021 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and has been endorsed by the CEO.

Overview

This National Psychosocial Support Activity Work Plan covers the period from 1 July 2019 to 30 June 2021. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 24 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

Important documents to guide planning

The following documents will assist in the preparation of your Activity Work Plan:

- Activity Work Plan guidance material;
- PHN Needs Assessment Guide;
- PHN Program Performance and Quality Framework;
- Primary Health Networks Grant Programme Guidelines;
- The Fifth National Mental Health and Suicide Prevention Plan; and
- Clause 3, Financial Provisions of the Standard Funding Agreement.

Formatting requirements

- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables, or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

1. (a) Planned activities for 2019-20 to 2020-21

– National Psychosocial Support Measure

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2021.

Proposed Activities	
ACTIVITY TITLE	NPS 1: Delivery of Psychosocial Support Services Homelessness Pilot
Existing, Modified, or New Activity	Existing Reference: 2018-2019 Activity Work Plan, 'Commissioning of Services' and 'Delivery of Services', pages 8 - 14.
Aim of Activity	The Psychosocial Support Services Homelessness Pilot, funded under the NPS measure, seeks to address the risk of people experiencing homelessness and severe, episodic mental illness missing out on services and supports. The pilot will operate across the LGAs of Yarra and Melbourne, which are areas of identified high need in the NWMPHN catchment.
Description of Activity	The pilot will target support to people experiencing primary and secondary homelessness and severe and episodic mental illness, providing assertive outreach, drop-in services, individual support, after-hours support, and brokerage funding. After the 12-month pilot phase, activity will be transitioned to the regional Psychosocial Support Services. Learnings from the pilot will support, and be incorporated within, the new regional service model. This will seek to ensure a level of cost effectiveness and strategies for engaging homeless people (what works, what doesn't, staff ratios, etc.) relative to the rollout of the full range of NPS services. The service will seek to build effective integration with the LHNs and appropriate referral pathways. The pilot will be supported and enabled by a steering group, with a mix of Commonwealth and State funded mental health service representatives, to ensure that gaps and/or duplications in systems are addressed and effective integration is realised.
Target population cohort	People with severe, episodic mental illness who are experiencing homelessness in Yarra and Melbourne LGAs and are not eligible for assistance through the NDIS.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No However, based on data and anecdotal evidence, it is recognised that a number of our homeless community are Aboriginal people. This service will ensure that they are supported appropriately and with cultural sensitivity.
Coverage	The activity will be focussed on the LGAs of Yarra and City of Melbourne.

<p>Consultation</p>	<p>Informed by the NWMPHN needs assessment, comprehensive consultation has taken place with key stakeholder groups, organisations, and individuals, from mid-2018 to the present, to understand the most pressing needs of the NPS cohort.</p> <p>Specific to this activity (NPS homelessness trial), homeless and psychosocial service providers with a footprint in Yarra and City of Melbourne were invited to a consultation session in late 2018 to discuss the specific issues and needs. This consultation supported and informed a pilot to enable an action learning approach to leverage existing relationships with consumers via homeless service providers. This will in turn support engagement and access to necessary psychosocial supports, for this target community. Cohealth and Melbourne City Mission were identified by stakeholders as two agencies with the capacity to deliver this activity and a partnership between the two was established to plan and deliver this trial.</p>
<p>Collaboration</p>	<p>Cohealth has been contracted to deliver this service and will be working in partnership with Melbourne City Mission.</p> <p>In addition, a stakeholder network has been identified for the homelessness trial and includes representation from:</p> <ul style="list-style-type: none"> • Launch Housing – involved in codesign meetings and targeted sector dialogue. • Vincent Care- Involved in targeted sector dialogue. • St Mary’s House of Welcome – Codesign involvement. • Council for the Homeless Person – Assisted with codesign and supported the consultation of a lived experience focus group (the PESP Team). • Central City Community Health Senior Leaders Meeting – representatives of inner Melbourne Homelessness and Housing networks assisted with the co-design activities. • Tenant’s Union of Victoria (TUV) assisted with the targeted sector dialogue. • St Vincent Area Mental Health Service – participated in codesign. • Local Area Service Network (LASN) leaders of the network engaged in the co-design and assisted in the targeted sector dialogue. <p>Other stakeholders that will be involved with the continuing monitoring and support of this activity will include:</p> <ul style="list-style-type: none"> • Regional NPS commissioned providers across NWMPHN • Brotherhood of St Lawrence (NDIS Local Area Coordinator), and • Victorian Government funded psychosocial service providers.
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 1/11/2018</p> <p style="padding-left: 40px;">Activity end date: 30/04/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: March 2019</p> <p style="padding-left: 40px;">Service delivery end date: March 2020</p>

	Any other relevant milestones?
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input checked="" type="checkbox"/> Other approach (please provide details) <p><i>Targeted sector dialogue (18 December 2018):</i> All sector providers of relevant services in Yarra and City of Melbourne were invited to participate and agree to select an agency to lead the pilot. Cohealth (lead) and Melbourne City Mission (MCM) were approved by all attending agency representatives.</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.

Proposed Activities -

ACTIVITY TITLE	NPS2: Delivery of Psychosocial Support Services (NPS measure) - Western Region
Existing, Modified, or New Activity	New Activity
Aim of Activity	<p>The aim of this activity is to build psychosocial functional capacity of people with severe mental illness and associated psychosocial functional impairment, who are not more appropriately supported through the NDIS.</p> <p>The activity will also aim to:</p> <ul style="list-style-type: none"> • improve access to psychosocial support services, mental health outcomes and equity in service access for the target cohort, and • reduce the avoidable need for more intense and acute health services and enhance appropriate/optimal use of the health systems. <p>The commissioning approach will seek to ensure there is no duplication of support available from existing programs, including those that will be transitioning to the NIDS.</p>
Description of Activity	<p>The commissioning of activity to provide a tiered level of support (informed by identified needs) to the eligible cohort of people with severe mental illness and associated psychosocial impairment.</p> <p>A range of psychosocial support and capacity building activities will be provided by a multidiscipline workforce, including peer workers.</p> <p>The design, implementation and continuing management of this activity will seek to avoid duplication and complement State funded psychosocial activities. The alignment with and integration to stepped mental health services and other necessary supports will also be developed.</p> <p>A range of enablers are recognised as potentially being important to this activity and include: Digitally Enhanced Care Pathways, workforce development and quality improvement, health literacy, consumer participation and organisational governance and accountability.</p>
Target population cohort	People with severe mental illness who have an associated level of reduced psychosocial functional capacity, and are not eligible for assistance through the NDIS, and who are not receiving psychosocial services through programs such as Partners in Recovery (PIR), Day to Day Living (D2DL) or the Personal Helpers and Mentors (PHaMs).
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>

Coverage	The western areas of the NWMPHN catchment, which are part of the Psychosocial Support Services – Western Region, are the LGAs of Brimbank, Melton, Maribyrnong, Wyndham, Moorabool, and Hobsons Bay.
Consultation	<p>NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory Councils and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations, State Government and other experts.</p> <p>Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of Commissioning including co-design to support positive consumer experience.</p> <p>Comprehensive consultation on NPS has taken place with key stakeholder groups, service provider organisations, and individuals, from mid-2018 to the present.</p> <p>A multi-stakeholder workshop (including carers and consumer representatives) was jointly convened by the three Melbourne PHNs (North Western, Eastern and South Eastern) in September 2018. The purpose of the workshop was to provide an opportunity for stakeholders to collaboratively explore the components of the NPS, share knowledge around key elements, identify potential gaps in service delivery and confirm key principles for successful program design.</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>For this activity collaboration options include:</p> <ul style="list-style-type: none"> • Psychosocial services providers (MHCSS organisations) • Local Hospital Networks • CALD communities • Victorian Department of Health and Human Services (DHHS) • NDIS and Local Area Coordinators (Brotherhood of St Lawrence).
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 1/04/2019</p> <p style="padding-left: 40px;">Activity end date: 1/06/2021</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: March 2019</p> <p style="padding-left: 40px;">Service delivery end date: June 2021</p> <p>Any other relevant milestones?</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p>

	<p> <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. </p> <p> <input checked="" type="checkbox"/> Open tender </p> <p> <input type="checkbox"/> Expression of Interest (EOI) </p> <p> <input type="checkbox"/> Other approach (please provide details) </p> <p> 2a. Is this activity being co-designed? Yes </p> <p> 2b. Is this activity this result of a previous co-design process? Yes </p> <p> 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No </p> <p> 3b. Has this activity previously been co-commissioned or joint-commissioned? No </p>
Decommissioning	<p> 1a. Does this activity include any decommissioning of services? No </p> <p> 1b. If yes, provide a description of the proposed decommissioning process and any potential implications. </p>
Total Planned Expenditure	<p> Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only. </p>

Proposed Activities	
ACTIVITY TITLE	NPS3: Delivery of Psychosocial Support Services (NPS measure) - Northern Region
Existing, Modified, or New Activity	New Activity
Aim of Activity	<p>The aim of this activity is to build psychosocial functional capacity of people with severe mental illness and associated psychosocial functional impairment, who are not more appropriately supported through the NDIS.</p> <p>The activity will also aim to:</p> <ul style="list-style-type: none"> • improve access to psychosocial support services, mental health outcomes and equity in service access for the target cohort, and • reduce the avoidable need for more intense and acute health services and enhance appropriate/optimal use of the health systems. <p>The commissioning approach will seek to ensure there is no duplication of support available from existing programs, including those that will be transitioning to the NIDS.</p>
Description of Activity	<p>The commissioning of activity to provide a tiered level of support (informed by identified needs) to the eligible cohort of people with severe mental illness and associated psychosocial impairment.</p> <p>A range of psychosocial support and capacity building activities will be provided by a multidiscipline workforce, including peer workers.</p> <p>The design, implementation and continuing management of this activity will seek to avoid duplication and complement state funded psychosocial activities. The alignment with and integration to stepped mental health services and other necessary supports will also be developed.</p> <p>A range of enablers are recognised as potentially being important to this activity and include: Digitally Enhanced Care Pathways, workforce development and quality improvement, health literacy, consumer participation and organisational governance and accountability.</p>
Target population cohort	People with severe mental illness who have an associated level of reduced psychosocial functional capacity, and are not eligible for assistance through the NDIS, and who are not receiving psychosocial services through programs such as Partners in Recovery (PIR), Day to Day Living (D2DL) or the Personal Helpers and Mentors (PHaMs).
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>

	If yes, briefly describe how this activity will engage with the Indigenous sector.
Coverage	The northern areas of the NWMPHN catchment, which are part of the Psychosocial Support Services – Northern Region, are the LGAs of Darebin, Hume, Moreland, Yarra, Melbourne, Moonee Ponds, and Macedon Ranges.
Consultation	<p>NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory Councils and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations, State Government and other experts.</p> <p>Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of Commissioning including co-design to support positive consumer experience.</p> <p>Comprehensive consultation on NPS has taken place with key stakeholder groups, service provider organisations, and individuals, from mid-2018 to the present.</p> <p>A multi-stakeholder workshop (including carers and consumer representatives) was jointly convened by the three Melbourne PHNs (North Western, Eastern and South Eastern) in September 2018. The purpose of the workshop was to provide an opportunity for stakeholders to collaboratively explore the components of the NPS, share knowledge around key elements, identify potential gaps in service delivery and confirm key principles for successful program design.</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>For this activity collaboration options include:</p> <ul style="list-style-type: none"> • Psychosocial services providers (MHCSS organisations) • Local Hospital Networks • CALD communities • Victorian Department of Health and Human Services (DHHS) • NDIS and Local Area Coordinators (Brotherhood of St Lawrence).
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 1/07/2018</p> <p style="padding-left: 40px;">Activity end date: 31/08/2021</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: March 2019</p> <p style="padding-left: 40px;">Service delivery end date: June 2021</p> <p>Any other relevant milestones?</p>

<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input checked="" type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
<p>Total Planned Expenditure</p>	<p>Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.</p>

Proposed Activities

ACTIVITY TITLE	NPS4: Extended Transition Arrangements for Commonwealth Community Mental Health Clients
Existing, Modified, or New Activity	New Activity
Aim of Activity	<p>The aim of this activity is to provide an extension of support and continuity for clients transitioning to the NDIS or other supports from the following Commonwealth community mental health programs:</p> <ul style="list-style-type: none"> • Personal Helpers and Mentors (PHaMS) • Partners in Recovery, and (PIR) • Support for Day to Day Living in the Community (D2DL). <p>These three programs will conclude on 30 June 2019.</p> <p>This builds on the Government’s earlier commitments for the National Psychosocial Support Measure and Continuity of Support for any community mental health clients found ineligible for the NDIS.</p> <p>These efforts are being implemented with the aim that people currently accessing support will continue to do so during this period of transition.</p>
Description of Activity	<p>The contracting of activity is designed to meet both the current psychosocial support needs of individuals as well as requiring agencies to provide additional intensive NDIS application and transition coordination and assistance.</p> <p>The design, implementation and continuing management of this activity will seek to avoid duplication and complement state funded psychosocial activities. The alignment with and integration to stepped mental health services and other necessary supports will also be developed.</p> <p>Services will be assisted to provide supportive (warm) and planned referral of consumers who are determined as ineligible for the NDIS to the designated Continuity of Support (CoS) service or other support options as requested by the consumer.</p> <p>A range of enablers are recognised as potentially being important to this activity and include: Digitally Enhanced Care Pathways, workforce development and quality improvement, health literacy, consumer participation and organisational governance and accountability.</p>

Target population cohort	People with severe mental illness who have an associated level of reduced psychosocial functional capacity, who are active consumers of PIR, D2DL or PHaMS service as of 30 June 2019. Consumers of these services who are not yet receiving NDIS funded services, are waiting to be informed of their eligibility for NDIS support or who have not yet tested their eligibility for the NDIS.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No If yes, briefly describe how this activity will engage with the Indigenous sector.
Coverage	The entire NWMPHN catchment.
Consultation	NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory Councils and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations, State Government and other experts. Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of Commissioning including co-design to support positive consumer experience. Comprehensive consultation on NPST has taken place with key stakeholder groups, service provider organisations, and individuals, from April 2019 to the present. NWMPHN has identified the current providers of services scheduled for extension and communicated with each of them (fifteen current or past Commonwealth Mental Health funded provider agencies in total). A workshop was convened with the providers to understand the current situation and proposed approach to be taken to action the extension measure. This workshop was followed up with individual meetings with representatives from each of ten providers, who are intending to continue service delivery from July 2019, to get understanding of their consumers and circumstances. Five agencies confirmed that they either no longer deliver these services in our catchment or intend to transfer to other providers the small number of consumers they currently support, before the end of June 2019. These agencies confirmed that they do not intend to continue to provide these services post July 2019.
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.

	<p>For this activity collaboration options include:</p> <ul style="list-style-type: none"> • The ten current providers of PIR, D2DL and PHaMS in the NWMPHN region • Local Hospital Networks • Homelessness, AoD and Mental Health network liaison (Making Links Forum) • Local Mental Health Alliances • Victorian Department of Health and Human Services (DHHS) • Victorian PHN network • NDIS and Local Area Coordinators (Brotherhood of St Lawrence).
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 8/04/2019</p> <p style="padding-left: 40px;">Activity end date: 31/07/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: 1/07/2019</p> <p style="padding-left: 40px;">Service delivery end date: July 2020</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input checked="" type="checkbox"/> Direct engagement.</p> <p>There is an expectation from the Department that in most circumstances current Commonwealth Mental Health providers are contracted to continue to provide NPST to their transitioning consumer groups.</p> <p>It is likely that the contracts entered into under this arrangement will be relatively short (five to six Months) to support a focus on transitioning to either NDIS, CoS, or alternative supports better suited to an individual's needs.</p> <p><input type="checkbox"/> Open tender</p>

	<input type="checkbox"/> Expression of Interest (EOI) 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications.
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.

Proposed Activities	
ACTIVITY TITLE	NPS5: Community Mental Health Continuity of Support program in NWMPHN
Existing, Modified, or New Activity	New Activity
Aim of Activity	<p>This activity will provide ongoing support for clients who previously accessed services under Personal Helpers and Mentors (PHaMS), Partners in Recovery (PIR) and Support for Day to Day Living in the Community (D2DL) who are ineligible to receive services under the National Disability Insurance Scheme (NDIS). Continuity of Support (CoS) will provide these clients with supports to achieve similar outcomes to those under the PIR, D2DL and PHaMS programs. This program will provide ongoing access so that CoS clients have access to long -term, responsive support.</p> <p>This builds on the Government’s earlier commitments for the National Psychosocial Support Measure for any community mental health clients found ineligible for the NDIS.</p> <p>This also will compliment the Extended Transition Arrangements for Commonwealth Community Mental Health Clients (National Psychosocial Support Transition – NPST). This recently announced program will support the Community Mental Health consumers (D2DL, PIR and PHaMS) who are not yet receiving NDIS funded services, are waiting to be informed of their eligibility for NDIS support or who have not yet tested their eligibility for the NDIS.</p> <p>These efforts are being implemented with the aim that people currently accessing support will continue to do so during this period of transition and change.</p>
Description of Activity	<p>The commissioning of CoS will ensure clients who previously accessed support under PIR, D2DL and PHaMs programs and have been found ineligible for the NDIS, continue to receive appropriate support using a recovery and strengths-based framework. Four key aims will be incorporated into the activity:</p> <ul style="list-style-type: none"> • Increase personal capacity, confidence and self-reliance • Increase social participation • Streamline access to appropriate services • Provide flexible and responsive support at times of increased need.

		<p>A range of psychosocial support and capacity building activities will be provided by a multidisciplinary workforce, including peer workers.</p> <p>The design, implementation and continuing management of this activity will seek to avoid duplication and complement state funded psychosocial activities. The alignment with and integration to stepped mental health services and other necessary supports will also be developed.</p> <p>A range of enablers are recognised as potentially being important to this activity and include: Digitally Enhanced Care Pathways, workforce development and quality improvement, health literacy, consumer participation and organisational governance and accountability.</p>
Target population cohort		<p>People with severe mental illness who have an associated level of reduced psychosocial functional capacity, who are active consumers of PIR, D2DL or PHaMS service as of 30 June 2019. CoS will support previous clients of the Commonwealth community mental health programs PIR, D2DL and PHaMs who are <i>found ineligible</i> for supports under the NDIS. To be eligible for services under the CoS program, persons must:</p> <ol style="list-style-type: none"> 1) have accessed supports under PIR, D2DL or PHaMs as at 30 June 2019; 2) have tested for eligibility under the NDIS and received an ineligible assessment decision or, have been deemed ineligible to apply due to under age or residence requirements; 3) reside in the coverage area of the PHN where they are seeking support; 4) not be restricted in their ability to fully and actively participate in the community because of their residential settings (e.g. prison or a psychiatric facility); and 5) not be receiving or entitled to receive similar community supports through state or territory government programs.
Indigenous specific		<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>

Coverage		The entire NWMPHN catchment.
Consultation		<p>NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory Councils and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations, State Government and other experts.</p> <p>Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of Commissioning including co-design to support positive consumer experience.</p> <p>Comprehensive consultation on NPST has taken place with key stakeholder groups, service provider organisations, and individuals, from April 2019 to the present.</p> <p>A multi-stakeholder workshop (including carers and consumer representatives) was jointly convened by the three Melbourne PHNs (North Western, Eastern and South Eastern) in September 2018. The purpose of the workshop was to provide an opportunity for stakeholders to collaboratively explore the components of the NPS, CoS services and the transition issues associated with the NDIS. Other workshop planning also considered shared knowledge around key elements of psychosocial service design, identify potential gaps in service delivery.</p> <p>Engagement has also been undertaken with the fifteen current or past Commonwealth Mental Health funded provider agencies. NWMPHN has consulted with these agencies on their consumers status and needs including their expected CoS defined consumer numbers by 30 June 2019.</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>For this activity collaboration options include:</p> <ul style="list-style-type: none"> • Current providers of PIR, D2DL and PHaMS in the NWMPHN region • NWMPHN commissioned NPS providers

		<ul style="list-style-type: none"> • Local Hospital Networks • Homelessness, AoD and Mental Health network liaison (Making Links Forum) • Local Mental Health Alliances • Victorian Department of Health and Human Services (DHHS) • NDIS and Local Area Coordinators (Brotherhood of St Lawrence) • NWMPHN will work with all current PIR, D2DL and PHaMS providers in the region to support the planned transition of defined consumers to the regional CoS provider.
Activity milestone details/ Duration		<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 3/06/2019</p> <p style="padding-left: 40px;">Activity end date: 31/07/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: 1/07/2019</p> <p style="padding-left: 40px;">Service delivery end date: July 2020</p> <p>Any other relevant milestones?</p>
Commissioning method and approach to market		<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input checked="" type="checkbox"/> Direct engagement. During February 2019 open tenders were held to select the provider(s) of NPS services for the NWMPHN catchment. These services are now being delivered across two regions of the catchment by cohealth – Western and Neami</p>

		<p>National - Northern. NWMPHN intends to contract CoS provision aligned with the NPS provision. NWMPHN will support these two lead agencies to develop partnership and service delivery agreements with other psychosocial providers with the intension of providing a range of psychosocial options and specialist services delivered to priority populations and cohorts.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p>2a. Is this activity being co-designed?</p> <p>No</p> <p>2b. Is this activity this result of a previous co-design process?</p> <p>Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?</p> <p>No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned?</p> <p>No</p>
Decommissioning		<p>1a. Does this activity include any decommissioning of services?</p> <p>No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
Total Planned Expenditure		Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.

Proposed Activities

ACTIVITY TITLE	NPS6: Psychosocial support interface activities
Existing, Modified, or New Activity	New Activity
Aim of Activity	<p>The main aim of the Psychosocial support interface activity is to ensure that psychosocial services are available for those who require support and seek to ensure there is no gap in service delivery for PIR, D2DL and PHaMs Commonwealth community mental health clients. Building sector awareness and education including for General Practice will be a key focus.</p> <p>The activity will also build understanding of the barriers to NDIS assessment and through this insight work with local agencies to develop strategies to facilitate and strengthen access and integration between psychosocial supports including development of referral pathways and promotion of good practice.</p>
Description of Activity	<p>The design, implementation and continuing management of this activity will seek to avoid duplication and complement state funded psychosocial activities. The alignment with and integration to stepped mental health services and other necessary supports will also be developed.</p> <p>NWMPHN will invest in capacity to lead and support interface activities including engagement, targeted projects to support transition, awareness and access for priority client groups. This will include a broad range of activities including:</p> <ul style="list-style-type: none"> • Establishment of a stakeholder network to include consumer representative, carer representative; local hospital networks, NWMPHN commissioned psychosocial service providers; NDIA/ LAC to strengthen complementarity and access. • Planning, funding, commissioning and establishing psychosocial supports to support clients of Commonwealth community mental health programs PIR, D2DL and PHaMs that are ceasing on 30 June 2019. • Targeted projects to scope areas in which service providers may require extra support to assist their hard-to-reach clients to test NDIS eligibility, as well as promoting activities and processes that are working well. • Providing information and advice to all stakeholders on the psychosocial supports and programs available • Inform and promote referral pathways for clinicians, community

	<p>mental health providers and state government funded clinical mental health services to enable people within the community to access PHN funded psychosocial supports.</p> <ul style="list-style-type: none"> • Strengthen the navigation support available through NWMPHN referdirect function to support people find the mental health and/or psychosocial service or NDIS interface option/s that best meet/s their presenting needs. • Work closely with current service providers of PIR, D2DL and PHaMs to support and build options for clients to continue to receive supports and to transition to new arrangements for which they are eligible. • Build the capacity of providers of Stepped Care Mental health services to interface more effectively with the NDIS in the best interest of their shared consumers. • Build the capacity of primary health engagement teams to more effectively engage GPs and private practice in the interface with the NDIS in the best interest of their shared consumers. <p>NWMPHN will contract providers to provide enhanced support to priority client groups in test NDIS eligibility. This may include activities such as:</p> <ul style="list-style-type: none"> • Assisting clients with gathering evidence required for establishing functional/permanent disability for their NDIS application. • Support and or facilitate clients to re-test their eligibility with the NDIA if they are unhappy with their access decision or their circumstances have changed. • Collecting and managing client data received from current PIR, D2DL and PIR service providers to ensure a smooth transition for clients to new arrangements. <p>This activity will be utilised to support a flexible approach given that Melbourne’s inner, north and West have not had investment through programs such as PIR. As a consequence, it is difficult to predict demand when the program goes wider – extended availability of a previously unavailable service may cause demand spikes. The design, implementation and continuing management of this activity will seek to avoid duplication and complement state funded psychosocial activities. The alignment with and integration to stepped mental health services and other necessary supports will also be developed.</p> <p>A range of enablers are recognised as potentially being important to this activity and include: Digitally Enhanced Care Pathways, workforce development and quality improvement, health literacy, consumer participation and organisational governance and accountability.</p>
<p>Target population cohort</p>	<p>People with severe mental illness who have an associated level of reduced psychosocial functional capacity and do not meet the access criteria for NDIS, this will include consumers of PIR, D2DL or PHaMS service as of 30 June 2019.</p> <p>Consumers who may be seeking to appeal their NDIS ineligible status due to a change of circumstances and/or disclosure of previously not considered</p>

	<p>information about the permanency or level of their service need.</p> <p>Hard to reach consumers who may not previously have tested their eligibility under NDIS.</p>
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	The entire NWMPHN catchment.
Consultation	<p>NWMPHN utilises a range of mechanisms to facilitate consultation including Community Advisory Councils and Clinical Councils. The NWMPHN Mental Health Expert Advisory Group has also been established with membership from peak organisations, State Government and other experts.</p> <p>Consumers and people with Lived Experience are core to the work we do. We seek opportunities for consumers and carers to be involved at all stages of Commissioning including co-design to support positive consumer experience.</p> <p>Comprehensive consultation on psychosocial services in response to the NDIS has taken place with key stakeholder groups, service provider organisations, and individuals, from 2016 to the present.</p> <p>A multi-stakeholder workshop (including carers and consumer representatives) was jointly convened by the three Melbourne PHNs (North Western, Eastern and South Eastern) in September 2018. The purpose of the workshop was to provide an opportunity for stakeholders to collaboratively explore the components of the NPS, CoS services and the transition issues associated with the NDIS. Other workshop planning also considered shared knowledge around key elements of psychosocial service design, identify potential gaps in service delivery.</p> <p>Meetings have been held with the representatives of the LAC (Brotherhood of St Laurence) to consider the interface needs of consumers and services. NDIS representatives are being considered for future meetings</p> <p>Regular (quarterly) meetings are being held between the Victorian PHNs and DHHS to plan and align State and Commonwealth psychosocial services during the NDIS transition.</p>
Collaboration	<p>Activities under this funding will also involve engaging with a range of stakeholders (current PIR, D2DL and PHaMs service providers, consumers, carers and Local Health Networks) to ensure services are implemented in a</p>

	<p>flexible way to complement the State and Territory funded psychosocial support services already in place.</p> <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>For this activity collaboration options include:</p> <ul style="list-style-type: none"> • Rapid engagement of ten current providers of PIR, D2DI and PHaMS in the region • Local Hospital Networks • Homelessness, AoD and Mental Health network liaison (Making Links Forum) • Local Mental Health Alliances • Victorian Department of Health and Human Services (DHHS) • NDIS and Local Area Coordinators (Brotherhood of St Lawrence).
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 3/06/2019</p> <p style="padding-left: 40px;">Activity end date: 31/07/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: 1/07/2019</p> <p style="padding-left: 40px;">Service delivery end date: July 2020</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input checked="" type="checkbox"/> Not yet known-</p>

	<input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications.
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.