



Australian Government

Department of Health

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An Australian Government Initiative

Updated Activity Work Plan 2017-2018

- Primary Mental Health Care Funding

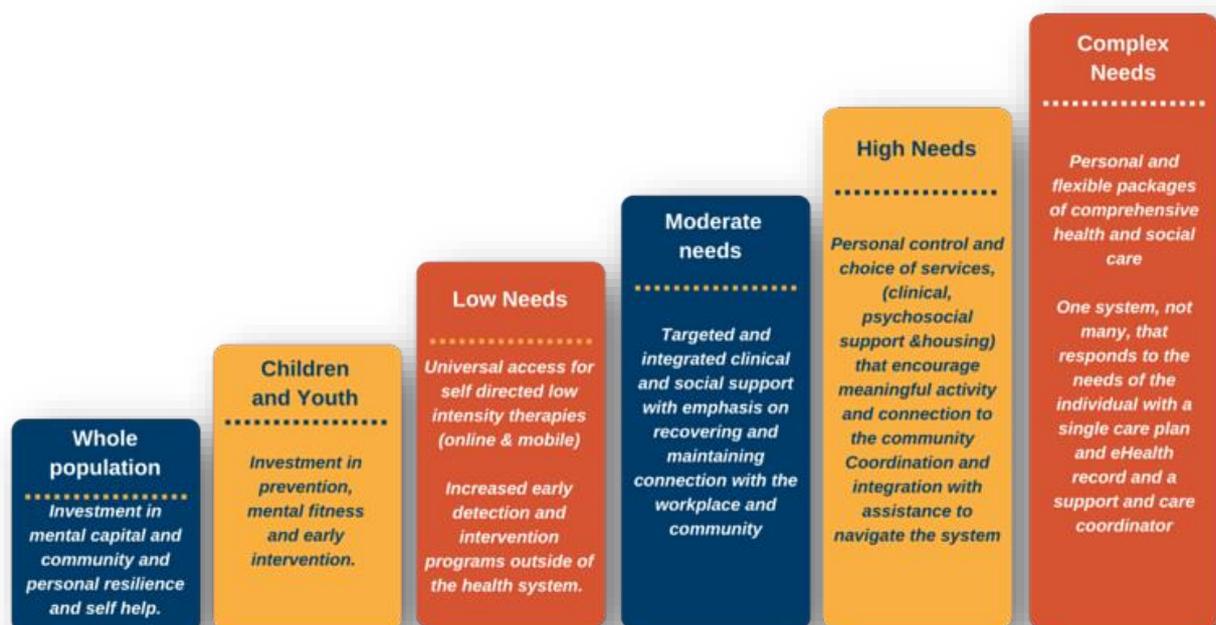
Central Queensland, Wide Bay, Sunshine Coast PHN

1. (a) Strategic Vision

In response to the National Mental Health Commission’s *Review of Mental Health Programmes and Services, Contributing lives, thriving communities*, a key focus for the Central Queensland, Wide Bay, Sunshine Coast PHN (the PHN) is the development of a continuum of primary mental health services across the region, within a person-centred, culturally appropriate, stepped care approach. The intent is to ensure that a range of service types are available within local regions to better match with individual and local needs whilst maximising and leveraging existing system infrastructure and workforce.

Stepped care model

Central to the success of mental health reform is the power of local decision-making in relation to the planning and assessment of community need and services gaps. These decisions will guide the purchase of services, resources and supports required to implement an integrated stepped care approach (Fig. 1) to mental health service delivery.



The PHN has developed the *Strategic Regional Mental Health and Suicide Prevention Service Planning and Collaboration Framework (The Framework)*, which will provide the strategic direction for the region.

This approach is utilised to organise the provision of services for people requiring mental health services so that service intensity is in line with the severity of a mental health condition.

Fundamental to the stepped care approach are the development and maintenance of integrated care pathways to ensure mobility between steps to ensure there is coordination between mental health services e.g. general practice, non-government organisations, State Government.

Governance and collaboration

Our PHN will be building on 2016-17 foundational planning work undertaken through the Regional Mental Health, Alcohol and Other Drugs Council (Regional MHAOD Council) and local level Strategic Collaboratives. The governance framework underpinning that work is outlined in Fig 2.

These groups have provided evidence of the strategic and resource benefits gained by working collaboratively, through their contributions to service mapping, gap identification, co-design and co-investment.

In 2017 our PHN completed an Australian first to jointly undertake planning using the *National Mental Health Service Planning Framework* with the Queensland Health Branch of Mental Health, Alcohol and Other Drug Services and the three Hospital and Health Services located in Central Queensland, Wide Bay and Sunshine Coast. This planning was made possible through the assistance of the Queensland Centre for Mental Health Research based within the University of Queensland. The final report has provided rigorous and evidence based estimates and recommendations that are guiding resource allocation for our PHNs resourcing of commissioned services and future planning needs into 2020.

The Regional MHAOD Council and Strategic Collaboratives are informing and working with the Queensland Mental Health Commission, the Queensland Suicide Taskforce and broader mental health sector to align planning and activities to the 5th National Mental Health Plan.

In addition to the established governance processes in place, co-design forums and workshops were held in 2016-17 with a range of stakeholder including:

- People with lived experience
- Consumers
- Carer/family members
- Aboriginal and Torres Strait Islander people
- Public mental health service providers
- NDIS
- Alcohol and other drugs services
- Private practitioners
- NGO and community-based service providers
- Child and youth services
- Older person representatives
- General Practice Liaison Officers

Legend
 Influencing
 — Reporting

Mental Health, Alcohol and Other Drugs Services Governance Framework

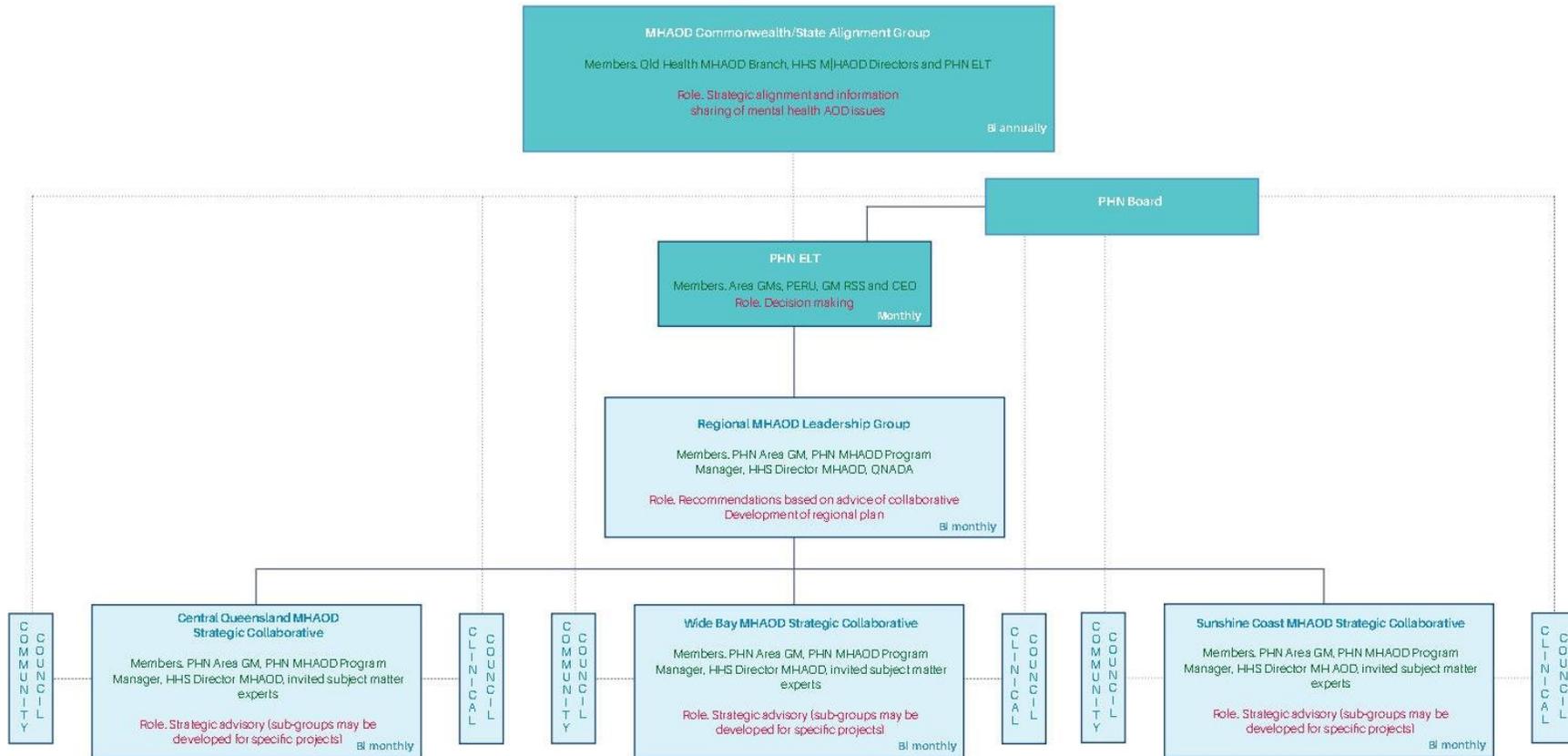


Fig 2

Planning framework

In collaboration with Hospital and Health Services (HHSs) and other stakeholders. Our PHN is, expected to complete its first draft of the *Joint Regional Mental Health and Suicide Prevention Service Plan (The Plan)* by November 2017. The aim of the plan is to develop a resource for the PHN as well as services in the region to support the integrated delivery of mental health and suicide prevention services. The plan will identify priorities and encourage innovation through:

- Guiding and supporting a regional model of the stepped care approach;
- Establishing processes of integration with state services;
- Identifying and developing new treatment pathways;
- Capitalising on the available workforce and resources; and
- Communicating the targeted investment made by the PHN through commissioned services

The plan's structure will consider priorities identified in the initial Needs Assessment, consumer and care journey mapping, pathways for suicide prevention within the context of the mental health system.

The Plan will identify the specific mental health needs of Aboriginal and Torres Strait Islander people in order to better target and integrate access across the region, specifically where Indigenous people access mental health care. To facilitate this process specific engagement with Aboriginal and Torres Strait Islander community and stakeholders will be drawn on.

While we have identified some activities within the Activity Work Plan as not 'Indigenous specific', we acknowledge that the increased health needs for Aboriginal and Torres Strait Islander populations mean this group is more likely to be more highly represented in many activities. Ongoing consultation with Aboriginal and/or Torres Strait Islander communities is a priority in all PHN planning activities.

The Plan will highlight opportunities for innovative approaches to make the best use of available workforce particularly in the rural and remote areas of the catchment. Underpinning all opportunities for mental health services for the PHN region will be the establishment of Health Pathways developed by subject matter experts to guide the implementation of stepped care approaches ensuring that both service pathways and services commissioned are clinically appropriate and efficacious.

The PHN has undertaken a number of initiatives to support commissioning of the 2017-18 mental health stepped care program including:

- The PHN is working with the Australian Health and Hospitals Association (AHHA) and three other Queensland PHNs, to develop clinical quality assurance arrangements for application in mental health stepped care services. This will build on the PHN's existing clinical assurance governance arrangements and obligations for providers contracting to the PHN.
- The PHN has undertaken a significant body of work in designing data collection and reporting systems and is trialling a web based data collection portal with a current mental health service providers and GPs on the Sunshine Coast to improve data quality and information about commissioned services. The PHN aims to have built a data portal based on the trial outcomes in readiness for 2017-18 mental health service contracting to complement the National Mental Health Minimum Data Set requirements and inform service planning and facilitate ongoing performance monitoring and evaluation.

- The PHN intends to work with contracted mental health stepped care service providers and GPs to ensure sharing of consumer clinical information between service providers delivering mental health stepped care services.
- Launching Health Pathways to support integration and coordination and improve patient health outcomes.

Key milestones and timeline

June 2016 – July 2017	Recommission existing mental health services to continue services during planning, establishment and transition phases of Stepped Care
June 2016 - August 2016	Establish governance framework
July 2016 – September 2016	Undertake expression of interest for Strategic Collaborative membership and appointments
June 2016 – November 2016	Undertake comprehensive service mapping
August 2016 - January 2017	Undertake National Mental Health Service Planning Framework input required for completion of report
June 2016 – November 2016	Hold stakeholder information and co-design sessions on Stepped Care
August 2016 – April 2017	Prepare our PHN's Stepped Care approach for commissioned services
August 2016 – April 2017	Prepare our PHN IT, data, evaluation and monitoring requirements for Stepped Care
February 2017 – February 2018	Prepare communications campaign and implement phased approach for 'Change is coming', 'Change is here' and 'Access and quality services'
April 2017	Launch 'Change is coming' phase of communications campaign
21 April 2017 – 25 June 2017	Prequalifying Questionnaire opens for Mental Health Stepped Care Services
1 July 2017 – 28 February 2017	Recommission existing providers of mental health services to provide continuity of care during the transition phase of Stepped Care
2 June 2017 – 3 July 2017	Invite shortlisted providers from Prequalifying Questionnaire to participate in Stage 2 Tender for Mental Health Stepped Care
July 2017	Ratify Regional MHAOD Council Strategic Roadmap
July 2017 – October 2017	Draft Operational Guidelines for Stepped Care approach
August 2017 – September 2017	Consumer and Care Journey mapping forums to inform joint regional plan and Operational Guidelines
September 2017	Commission successful Stepped Care services
October 2017	Announce new commissioned Stepped Care Services and commence 'Change is here' communications campaign.
October 2017 – February 2018	Transition period for incoming and outgoing mental health services
October 2017 – June 2019	Contract management of Stepped Care Services
October 2017	Large regional stakeholder forum to finalise joint Regional Mental Health, Suicide Prevention, Alcohol and Other Drugs Regional Plan.
November 2017	Ratify Joint Regional Mental Health, Suicide Prevention, Alcohol and Other Drugs Regional Plan.

December 2017 – July 2018

Resource stakeholder and community listening posts for Stepped Care implementation and quality improvement.

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

Proposed Activities	
Priority Area	Priority Area 1: Low intensity mental health services
Activity (ies) / Reference (e.g. Activity 1.1, 1.2, etc.)	<p>MHSP01.1 The PHN will commission low intensity mental health services to improve the targeting of psychological interventions for people with, or at risk of, mild mental illness as part of a stepped care approach to mental health service delivery; and</p> <p>MHSP01.2 Help to promote the Digital Mental Health Gateway.</p> <p>Due to limited markets within the region, these activities may also include market and workforce capability and development aspects; to be considered with providers as part of procurement processes.</p>
Existing, Modified, or New Activity	Modified activity
Description of Activity	<p>MHSP01.1 The PHN will define target population groups for low intensity mental health services in their regional mental health and suicide prevention planning, develop and commission appropriate low intensity mental health service models for their region; and commence educating consumers and providers on low intensity services, including targeted recipients, referral pathways and service parameters.</p> <p>MHSP01.2 The PHN will work with PHN commissioned mental health service providers, GPs and regional mental health partners to promote the Digital Mental Health Gateway when it comes on line.</p>
Target population cohort	People with, or at risk of, mild mental illness (primarily anxiety and/or depressive disorders).
Consultation	See Section 1(a) Strategic Vision, Governance and collaboration for details of the PHN's consultation and collaboration.

Collaboration	See Section 1(a) Strategic Vision, Governance and collaboration for details of the PHN's consultation and collaboration.
Duration	Activities commenced 2016-17, continuing to 30 June 2018.
Coverage	Region-wide.
Commissioning method (if relevant)	<p>At the time of writing, the PHN is nearing completion of the <i>Mental Health and Suicide Prevention Needs Assessment</i> and <i>Regional Mental Health and Suicide Prevention Service Plan (The Plan)</i>.</p> <p>In late in 2016-early 2017, the PHN considered appropriate models for the delivery of low intensity mental health services.</p> <p>In 2017 -18, the PHN will commission appropriate low intensity mental health services and will work with relevant stakeholders to establish these services in line with <i>The Plan</i>.</p>
Performance Indicator	<p>The mandatory performance indicators for this priority are:</p> <ul style="list-style-type: none"> • Proportion of regional population receiving PHN-commissioned mental health services. • Average cost per PHN-commissioned mental health service. • Clinical outcomes for people receiving PHN-commissioned low intensity mental health services.
Local Performance Indicator target (where possible)	It should be noted that the PHN is in early stages of the commissioning process and is still in the process of finalising <i>The Plan</i> . The PHN has a strong focus on consulting with consumers and health professionals working with the mental health and suicide prevention sector, selecting 'best fit' service providers to suit the need of our communities, and supporting workforce capability with chosen providers and GPs. At this stage, we are unable to provide accurate local indicator targets, however targets will be developed for contractual purposes.
Local Performance Indicator Data source	PHN-commissioned services will be required to report against the mandatory performance indicators as part of contractual arrangements. The PHN will also utilise the Primary Mental Health Care Minimum Dataset to better track and understand performance.

Proposed Activities	
Priority Area	Priority Area 2: Youth mental health services
Activity (ies) / Reference (e.g. Activity 1.1, 1.2, etc.)	<p>MHSP02.1 Maintain, enhance and establish service delivery within headspace centres, in line with the existing headspace service delivery model.</p> <p>MHSP02.2 Enhance services for young people through commissioning youth mental health services in all areas of the PHN commissioned MH stepped care framework</p> <p>MHSP02.3 Through the development of <i>The Plan</i>, identify opportunities for enhancing the integration of headspace services with broader primary mental and health care services, drug and alcohol services and social and vocational support services.</p> <p>The PHN will support the child and youth mental health workforce and GPs through promotion of the availability and use of resources for clinical and non-clinical professionals available under the National Centre of Excellence for Youth Mental Health.</p>
Existing, Modified, or New Activity	Existing and modified
Description of Activity	<p>The PHN will undertake the following activities to increase access to evidence based services and support the regional workforce in their delivery.</p> <p>MHSP02.1 During 2017-18, the PHN will engage the existing headspace lead agencies to continue operation of the five headspace centres in line with their current service delivery model.</p> <p>MHSP02.2 During 2016-17, the service needs of existing clients – targeted under the former ATAPS program – will continue to be met (refer to Activity MHSP03 – Psychological therapies for underserved groups). Into 2017/18, new contracts issued for service providers will include a focus on enhancing services for children and youth across all tiers of the MH stepped care program.</p> <p>MHSP02.3 The PHN will work with relevant partners (whose roles and responsibilities may be identified in <i>The Plan</i>) to identify opportunities for enhancing the integration of headspace services with broader primary mental and health care services, drug and alcohol services and social and vocational support services.</p>

Target population cohort	Young people with, or at risk of, severe mental illness who can be appropriately managed in the primary care setting.
Consultation	See Section 1(a) Strategic Vision, Governance and collaboration for details of the PHN's consultation and collaboration
Collaboration	See Section 1(a) Strategic Vision, Governance and collaboration for details of the PHN's consultation and collaboration. The PHN will also collaborate with headspace National Office partners and headspace lead agencies.
Duration	2017-18
Coverage	headspace sites in Rockhampton, Gladstone, Hervey Bay, Maroochydore and Bundaberg.
Performance Indicator	<ul style="list-style-type: none"> Proportion of regional youth population receiving youth-specific PHN-commissioned mental health services.
Local Performance Indicator target (where possible)	MHSP02 services will target approximately 2,655 children and youth across the population.
Local Performance Indicator Data source	PHN-commissioned services are required to report against the mandatory performance indicators as part of contractual arrangements. The PHN will gauge performance against the Primary Mental Health Care Minimum Dataset and headspace National Office Quarterly Report.

Proposed Activities	
Priority Area	Priority Area 5: Community based suicide prevention activities
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>MHSP05.1 Development of a <i>Regional Mental Health and Suicide Prevention Service Plan (The Plan)</i>.</p> <p>MHSP05.2 In 2017-18 the PHN will commence commissioning of community based suicide prevention activities within the context of <i>The Plan</i> and identify suicide prevention as a key principle in all PHN commissioned MH services (MHSP01, 02, 03, 04 and 06);</p> <p>MHSP05.3 The PHN will identify gaps in follow-up services for people at risk of suicide.</p> <p>MHSP05.4 2017-18 the PHN will commission locally appropriate community-based suicide prevention activities for Aboriginal and Torres Strait Islander people.</p>
Existing, Modified, or New Activity	Modified activity
Description of Activity	<p>MHSP05.1 In partnership with identified key stakeholders, the PHN is leading an integrated systems-based approach to regional planning to develop a comprehensive, community-based suicide prevention plan to be integrated in the <i>The Plan</i>.</p> <p>MHSP05.2 In 2017-18 the PHN will commence commissioning of community based suicide prevention activities within the context of <i>The Plan</i> and identify suicide prevention as a key principle in all PHN commissioned MH services (MHSP01, 02, 03, 04 and 06);</p> <p>MHSP05.3 The PHN will Work with key stakeholders and other relevant organisations to identify gaps in follow-up services for people at risk of suicide and clarify roles and responsibilities for provision of this care.</p> <p>MHSP05.4 As part of an integrated approach to the provision of culturally accessible drug and alcohol, mental health and social and emotional wellbeing services, co-create or commission new locally appropriate community-based suicide prevention activities for Aboriginal and Torres Strait Islander people.</p>
Target population cohort	Individuals at risk of suicide or following a suicide attempt and health professionals, including general practitioners.
Consultation	See Section 1(a) Strategic Vision for details of the PHN's consultation and collaboration

Collaboration	<p>See Section 1(a) Strategic Vision, Governance and collaboration for details of the PHN's consultation and collaboration.</p> <p>Consultation and advice sought from Black Dog Institute, Australian Institute for Suicide Research and Prevention.</p> <p>The PHN also has CEO representation (co-chair) on the Queensland Suicide Prevention Taskforce.</p>
Duration	2017-18.
Coverage	Region-wide.
Commissioning method (if relevant)	<p>The commissioning approach under this activity is dependent upon the focus area to ensure the most appropriate method is undertaken for differing strategies and include:</p> <ul style="list-style-type: none"> - co-design and/or service-based commissioning approaches as appropriate for the specific service(s) being commissioned. - Market sounding, with a focus on outcomes-based commissioning are taken into account. - Commissioned services are monitored and evaluated via quarterly meetings; monthly or quarterly outcomes-based reporting requirements as specified in the contract.
Performance Indicator	<p>Mandatory Indicator</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 (where possible)	<p>With the caveat that the PHN's services will be provided to people at risk of suicide, PHN commissioned services will target 227 people at high risk of, or who have recently attempted suicide.</p> <p>The target population cohort for the KPI are those individuals that have attempted suicide in a given year, which the PHN estimates to be at 2,267.</p>
Local Performance Indicator Data source	PHN-commissioned services are required to report against the mandatory performance indicators as part of contractual arrangements. The PHN will gauge performance against the Primary Mental Health Care Minimum Dataset and Suicide Prevention Minimum Dataset.

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>MHSP06.1 In consultation with local communities and key stakeholders, identify the specific mental health needs of Aboriginal and Torres Strait Islander people in the catchment in the context of a stepped care approach to inform the development of <i>The Plan</i>.</p> <p>MHSP06.2 Utilising a community development approach, work with Aboriginal and Torres Strait Islander communities to empower them to co-create locally appropriate enhanced or new models of holistic mental health support including but not limited to social and emotional wellbeing and suicide prevention.</p> <p>MHSP06.3 Engage key Aboriginal and Community Controlled peak bodies and key service providers to develop and communicate referral pathways to facilitate service integration and agility to respond to multiple health concerns as a client's needs change.</p> <p>MHSP06.4 Continue to invest in capacity development of primary health care service providers to offer culturally responsive, safe and accessible mental health and wellbeing initiatives focusing specifically on suicide prevention.</p>
Existing, Modified, or New Activity	Existing activity/modified activity
Description of Activity	<p>MHSP06.1 The PHN has held initial consultation with a range of Aboriginal and/or Torres Strait Islander health services and organisations across the region. This consultation has taken the form of working groups, reference groups and direct community consultation.</p> <p>MHSP06.2 The PHN will collaborate to develop and design culturally appropriate mental health services for Aboriginal and/or Torres Strait Islander people.</p> <p>MHSP06.3 As part of the PHN's mental health planning and governance structure, the PHN will work with peak bodies and ACCHOs to effectively carry out planning, service design, implementation and referral as appropriate.</p> <p>MHSP06.4 Initial findings from the PHN's Health Needs Assessment identified mental health workforce capability and capacity one of the main issues so training of Indigenous Health Workers, GPs and other primary and allied health professionals is paramount. The PHN will continue to work</p>

	with Central Queensland University, University of the Sunshine Coast, University of Queensland and Health Workforce Queensland to build a skilled, culturally sensitive and sustainable workforce.
Target population cohort	Aboriginal and Torres Strait Islander people living with a mental illness.
Consultation	See Section 1(a) Strategic Vision, Governance and collaboration for details of the PHN's consultation and collaboration. The PHN will also consult with peak bodies and ACCHOs to effectively carry out planning, implementation and referral as appropriate.
Collaboration	See Section 1(a) Strategic Vision, Governance and collaboration for details of the PHN's consultation and collaboration
Duration	2017-18
Coverage	Based on LGAs with the highest proportion and/or number of Aboriginal and Torres Strait Islander people in the PHN catchment, the target areas for this activity will be: <ul style="list-style-type: none"> • Woorabinda LGA • Bundaberg LGA • Fraser Coast LGA • Gladstone LGA • Rockhampton LGA • Sunshine Coast LGA
Commissioning method (if relevant)	The commissioning approach under this activity is dependent upon the focus area to ensure the most appropriate method is undertaken for differing strategies and include: <ul style="list-style-type: none"> • Utilising co-design and/or service-based commissioning approaches as appropriate for the specific service(s) being commissioned. • Market sounding, with a focus on outcomes-based commissioning are taken into account. • Commissioned services are monitored and evaluated via quarterly meetings; monthly or quarterly outcomes-based reporting requirements as specified in the contract.
Performance Indicator	The mandatory performance indicator for this priority is:

	<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 (where possible)	<p>Taking into consideration the constraints to rapidly up-scale these services, the PHN estimates a local performance target of 4% of the target population cohort, i.e. 313 Aboriginal and Torres Strait Islander people will receive PHN-commissioned mental health services that are culturally appropriate.</p> <p>As described in the PHN Health Needs Assessment 2015-16, the PHN estimates that approximately 7,837 Aboriginal and Torres Strait Islander people in the PHN catchment are in need of mental health treatment.</p>
Local Performance Indicator Data source	<p>PHN-commissioned services are required to report against the mandatory performance indicators as part of contractual arrangements. The PHN will also utilise the Primary Mental Health Care Minimum Dataset to gauge performance.</p>

Proposed Activities	
Priority Area	Priority Area 7: Stepped care approach
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc.)	MHSP07.1 Commission a stepped care mental health service Please refer to MHSP01, MHSP02, MSHP03, MHSP04, MHSP05, and MHSP08 for a full and detailed description of all activities relating to the stepped care model.
Existing, Modified, or New Activity	New
Description of Activity	MHSP07.1 PHN will commission providers across all stepped care priorities to deliver an integrated approach to Stepped Care in accordance with stakeholder input and findings from the National Mental Health Service Planning Framework Report.
Target population cohort	As specified in the PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance (http://www.health.gov.au/internet/main/publishing.nsf/content/phn-mental_tools)
Consultation	PHN will undertake community and stakeholder engagement on the new stepped care approach including the providers appointed. This engagement will be done through our existing media channels including additional activity through community forums, networks, GP support officers, consumer and carer reference groups.
Collaboration	Broad strategic oversight and governance regarding implementation of our stepped care approach will be provided through the existing Strategic Collaboratives. Each Collaborative will work through local needs and strategies through its Localised Strategies Plan
Duration	2017-2019
Coverage	Region-wide
Commissioning method (if relevant)	The PHN Mental Health Stepped Care Tender overall will be commissioned through an open tender approach, however some elements of the service that will be commissioned via direct and limited tenders.
Performance Indicator	Stepped care mental health service provider contracts are in place.

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.)	MHSP08 – Regional Mental Health and Suicide Prevention Plan
Existing, Modified, or New Activity	Existing
Description of Activity	Please note this Priority Area is covered in detail as part of Section 1(a) Strategic Vision of this document. Please note this activity is planned to be completed by 30 June 2017.
Target population cohort	Mental health and suicide prevention service planners, funders, providers and consumers.
Consultation	See Section 1(a) Strategic Vision, Governance and collaboration for details of the PHN’s consultation and collaboration
Collaboration	See Section 1(a) Strategic Vision, Governance and collaboration for details of the PHN’s consultation and collaboration
Duration	2017-18.
Coverage	The activity covers the entire PHN region.
Performance Indicator	Mandatory Indicator: <ul style="list-style-type: none"> Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.

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

Proposed Activities	
Priority Area	Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc.)	<p>MHSP03.1 commission psychological therapy services for people in underserved groups</p> <p>MHSP03.2 support integration of MHSP03 services with other intervention levels within the stepped care approach (MHSP01, 02, 04, 05 and 06);</p> <p>MHSP03.3 support general practitioners (GPs) referral pathways to PHN commissioned MH services ensure referral pathways are in place to enable patients to transition between services.</p>
Existing, Modified, or New Activity	Modified activity
Description of Activity	<p>MHSP03.1 The PHN is working with stakeholders through its planning processes to develop and co-design appropriate structured psychological therapies for this population cohort. Specific target groups (listed below under 'Target population cohort') have been identified in the PHN's Health Needs Assessment. Identification of these groups is being considered in Health Pathways development and appropriate targets will be built into contracts with providers.</p> <p>The PHN will commission structured psychological therapies in 2017-18. Specific workforces targeted through the Mental Health Stepped Care Tender include psychologists, mental health nurses, occupational therapists, social workers and Indigenous health workers. Transition from ATAPS services is planned with existing ATAPS providers (current ATAPS providers will be strongly encouraged to tender for these services).</p> <p>MHSP03.2 The PHN will support integration of MHSP03 services with other intervention levels within the stepped care approach (MHSP01 ,02, 04, 05 and 06) by including key priority groups in all levels of care and developing effective patient pathways with contracted service providers and GPs;</p> <p>MHSP03.3 The PHN will support general practitioners (GPs) referral pathways to PHN commissioned MH services through its practice support and engagement functions.</p>

	<p>The PHN will ensure referral pathways are in place to enable patients to transition between services by developing clear health pathways with providers.</p>
<p>Target population cohort</p>	<p>The PHN estimates the adult population within our catchment to be approximately 566,144 persons. Out of these, the PHN roughly estimates that 30% are considered disadvantaged, however less than 10% will need treatment for mild and moderate mental illness.</p> <p>Specific target populations that have been identified include:</p> <ul style="list-style-type: none"> • People from low socioeconomic groups • Rural and remote • Aboriginal and Torres Strait Islander people • LGBTI populations • CALD populations • People at risk of homelessness • Perinatal <p>The PHN’s Mental Health Stepped Care Tender and its system support structures, including Health Pathways, will be designed to ensure that groups who will be better serviced by Better Access are appropriately diverted into those streams.</p>
<p>Consultation</p>	<p>See Section 1(a) Strategic Vision, Governance and collaboration for details of the PHN’s consultation and collaboration</p>
<p>Collaboration</p>	<p>PHN will undertake community and stakeholder engagement on this activity, including the appointed providers. Engagement will occur through the PHN’s existing communications channels including regular practice visits, PHN website and weekly enewsletters, as well as additional activity through community forums, networks, consumer and carer reference groups.</p> <p>Mental health care pathways (via Health Pathways) will be developed to support general practice in providing appropriate referral and treatment pathways.</p> <p>PHN Practice Support Officers will be provided with specific education and resources about the reforms, and additional communications support will be delivered as necessary as part of the transition process.</p>

Duration	2017-18.
Coverage	Region wide
Continuity of care	The PHN is working with existing ATAPS providers to develop transition plans (should they be required).
Commissioning method (if relevant)	<p>The commissioning approach under this activity is dependent upon the focus area to ensure the most appropriate method is undertaken for differing strategies and include:</p> <ul style="list-style-type: none"> • Utilising co-design and/or service-based commissioning approaches as appropriate for the specific service(s) being commissioned. • Market sounding, with a focus on outcomes-based commissioning are taken into account. • Commissioned services are monitored and evaluated via quarterly meetings; monthly or quarterly outcomes-based reporting requirements as specified in the contract.
Performance Indicator	<p>Mandatory performance indicators</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. • Clinical outcomes for people receiving PHN-commissioned psychological therapies delivered by mental health professionals. <p>We will utilise the mandatory performance indicators as a baseline against which all Mental Health and Suicide Prevention activities will be evaluated in the short to medium term. We will develop a system that is adaptable to the changing needs of the longer term approaches.</p>
Local Performance Indicator target (where possible)	The PHN estimates that 25% of the target cohort population (3,911 individuals) will be covered by PHN-commissioned mental health services – psychological therapies delivered by mental health professionals. The organisation will use data and outcomes collected in the 2017-18 financial year to establish a baseline for this new activity.

	Although there are considerable uncertainties around the differences in costing structures across the PHN, which can impact on our proposed target, we estimate that on average the cost per PHN commissioned mental health service will be \$215. This is based on the current budget for ATAPS.
Local Performance Indicator Data source	PHN-commissioned services are required to report against the mandatory performance indicators as part of contractual arrangements. The PHN will also utilise the Primary Mental Health Care Minimum Dataset to gauge performance.

Proposed Activities	
Priority Area	Priority Area 4: Mental health services for people with severe and complex mental illness
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>MHSP04.1 Formerly delivered as the 2016-17 Mental Health Nurse Incentive Programme (MHNIP) the PHN will continue to work with partners, GPs and stakeholder to identify, service gaps and opportunities for addressing the holistic health needs of people with severe mental illness who can be appropriately managed in the primary care setting.</p> <p>MHSP04.2 In the context of <i>The Plan</i>, co-design, commission and promote appropriate regional models of clinical care coordination for people with severe mental illness, including the integration of psychiatric clinical services.</p> <p>MHSP04.3 In the context of <i>The Plan</i>, the PHN, in conjunction with regional partners, will commission and promote the availability and use of regionally developed clinical care coordination services.</p> <p>In the longer term, based on findings from PHN lead sites, implement clinical care packages for people with severe and complex mental illness.</p>
Existing, Modified, or New Activity	Existing and modified activity
Description of Activity	<p>MHSP04.1 The PHN will continue to recontract MHNIP services in some areas whilst simultaneously exploring alternative models for severe and complex mental illness in the stepped care context.</p> <p>MHSP04.2 As part of the enhancement of the <i>Mental Health and Suicide Prevention Needs Assessment</i> conducted in 2016-17 and development of <i>The Plan</i>, the PHN will identify with more specificity, service gaps and opportunities for addressing the needs of people with severe mental illness. It is expected that this will facilitate exploration of the current regional service distribution of clinical care coordination services and the development of appropriate regional models of clinical care coordination for the future. Future models will take account of the existing services, workforce and infrastructure within the region, the need for some 24 hour access to support, identify appropriate clinical governance arrangements and, where appropriate, promote the use of technologies to support multi-agency care plans for people with severe and complex mental illness. The model will discuss mechanisms for integrating existing and new services into the</p>

	<p>regional model of clinical care coordination such as the development of partnerships and health pathways to support integration of services around the needs of individuals.</p> <p>MHSP04.3 In the context of <i>The Plan</i>, the PHN, in conjunction with regional partners, will commission and promote the availability and use of regionally developed clinical care coordination services.</p> <p>Based on findings from PHN lead sites trialling innovative funding models to support clinical care coordination and packaged care arrangements, the PHN will work with service providers on the staged implementation of clinical care packages for people with severe and complex mental illness.</p>
Target population cohort	Based on the NMHSPF data, the PHN estimates that an approximate number of 5,984 people across the PHN are in need of severe and complex services, such as those previously provided by the MHNIP program.
Consultation	See Section 1(a) Strategic Vision, Governance and collaboration for details of the PHN’s consultation and collaboration
Collaboration	See Section 1(a) Strategic Vision, Governance and collaboration for details of the PHN’s consultation and collaboration
Duration	2017-18
Coverage	<p>The Mental Health Nurse Incentive Program will continue to be delivered in:</p> <ul style="list-style-type: none"> • Biloela and Gladstone in Central Queensland (with outreach services provided to Emerald, Clermont, Moura, Theodore, and Baralaba); • Maryborough in Wide Bay (with outreach to Monto); • The PHN is considering tendering primary mental health care services for people with severe mental illness in Gympie and Caloundra in the Sunshine Coast.
Continuity of care	<p>Continuity of care will be achieved in areas where MHNIP is continuing.</p> <p>Pending the outcomes of PHN consideration, consultation, and model development of primary mental health care services for people with severe mental illness in the Sunshine Coast area, transition plans to ensure continuity of care may developed.</p>

Commissioning method (if relevant)	<p>The commissioning approach under this activity is dependent upon the focus area to ensure the most appropriate method is undertaken for differing strategies and include:</p> <ul style="list-style-type: none"> - Utilising co-design and/or service-based commissioning approaches as appropriate for the specific service(s) being commissioned. - Market sounding, with a focus on outcomes-based commissioning are taken into account. <p>Commissioned services are monitored and evaluated via quarterly meetings; monthly or quarterly outcomes-based reporting requirements as specified in the contract.</p>
Performance Indicator	<p>The mandatory performance indicators for this priority are:</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 (where possible)	<p>Local Performance Indicators</p> <ul style="list-style-type: none"> • Number of individuals receiving PHN-commissioned clinical care coordination mental health services. • Number of sessions delivered through PHN-commissioned clinical care coordination mental health services. <p>These are output indicators.</p> <p>We are currently in the process of redesigning the programme to extend its coverage in a sustainable way and so are unable to provide meaningful targets at this stage.</p>
Local Performance Indicator Data source	<p>PHN-commissioned services are required to report against the mandatory performance indicators as part of contractual arrangements. The PHN will also utilise the Primary Mental Health Care Minimum Dataset to gauge performance.</p>