



**Australian Government**  
**Department of Health**

**phn**

An Australian Government Initiative

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

The Mental Health Activity Work Plan includes the following parts:

- 1) The updated Annual Mental Health Activity Work Plan for 2016-2019, which provides:
  - a) A strategic vision which outlines the approach to addressing the mental health and suicide prevention priorities of each PHN;
  - b) A description of planned activities funded under the Primary Mental Health Care Schedule which incorporates:
    - i) Primary Mental Health Care funding (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity); and
    - ii) *Indigenous Australians' Health Programme* funding (quarantined to support Objective 6 – see pages 2-3) (PHN: Indigenous Mental Health Flexible Activity).

***Perth North PHN***

## Overview

This Activity Work Plan is an update to the 2016-18 Activity Work Plan submitted to the Department in February 2017. However, activities can be proposed in the Plan beyond this period.

### Mental Health Activity Work Plan 2016-2019

The template for the Plan requires PHNs to outline activities against each and every one of the six priorities for mental health and suicide prevention. The Plan should also lay the foundation for regional planning and implementation of a broader stepped care model in the PHN region. This Plan recognises that 2016-17 is a transition year and full flexibility in programme design and delivery will not occur until 2018-19.

The Plan should:

- a) Provide an update on the planned mental health services to be commissioned from 1 July 2016, consistent with the grant funding guidelines.
- b) Outline the approach to be undertaken by the PHN in leading the development with regional stakeholders including LHNs of a longer term, more substantial *Regional Mental Health and Suicide Prevention plan* (which is aligned with the Australian Government Response to the Review of Mental Health Programmes and Services (available on the Department's website). This will include an outline of the approach to be undertaken by the PHN to seek agreement to the longer term *regional mental health and suicide prevention plan* from the relevant organisational signatories in the region, including LHNs.
- c) Outline the approach to be taken to integrating and linking programmes transitioning to PHNs (such as headspace, and the Mental Health Nurse Incentive Programme services) into broader primary care activities, and to supporting links between mental health and drug and alcohol service delivery.
- d) Have a particular focus on the approach to new or significantly reformed areas of activity – particularly Aboriginal and Torres Strait Islander mental health, suicide prevention activity, and early activity in relation to supporting young people presenting with severe mental illness.

In addition, PHNs will be expected to provide advice in their Mental Health Activity Work Plan on how they are going to approach the following specific areas of activity in 2016-19 to support these areas of activity:

- Develop and implement clinical governance and quality assurance arrangements to guide the primary mental health care activity undertaken by the PHN, in a way which is consistent with section 1.3 of the *Primary Health Networks Grant Programme Guidelines* available on the PHN website at [http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Program\\_Guidelines](http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Program_Guidelines), and which is consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce.
- Ensure appropriate data collection and reporting systems are in place for all commissioned services to inform service planning and facilitate ongoing performance monitoring and evaluation at the regional and national level, utilising existing infrastructure where possible and appropriate.
- Develop and implement systems to support sharing of consumer clinical information between service providers and consumers, with appropriate consent and building on the foundation provided by my Health Record.
- Establish and maintain appropriate consumer feedback procedures, including complaint handling procedures, in relation to services commissioned under the activity.

Value for money in relation to the cost and outcomes of commissioned services needs to be considered within this planning process.

## 1. (a) Strategic Vision

Current national and state policy directions, together with strong provider and consumer appetite for mental health sector reform, are well-aligned to achieve real and sustainable change and improved mental health outcomes for Western Australians. WA Primary Health Alliance's (WAPHA's) whole-of-state model has begun to realise unique benefits and opportunities in working with our system partners to deliver an integrated mental health system for Western Australians. We will continue to lead a collaborative approach with our strategic partners across the health and social care system.

WAPHA will continue to identify and develop opportunities to steward shared planning, funding and governance within an integrated health commissioning process. We will further strengthen our relationship with WA Health, Area Health Services and the WA Mental Health Commission (MHC) and continue to explore collaborative approaches to service mapping, gap identification, co-design and co-investment.

WAPHA's vision is improved health equity in Western Australia. Our mission is to build a robust and responsive person centred primary health care system through innovation and meaningful partnerships to operate effectively at a local and state-wide level. Courage, humility, respect, wisdom and integrity are the guiding values that we apply to everything we do and every interaction we have.

WAPHA has identified five strategic priorities to guide our work across the WA health system:

- Health equity and access
- Person-centred models of care
- Integrated and outcomes focussed commissioning
- Strong partnerships
- Primary care capability.

Our commissioning effort and resources are focussed on a small number of high impact activities that can demonstrate our success in facilitating changes to the health system. These changes will lead to improved health outcomes across the life course continuum, deliver better value to the community and meet one or more of the five priority areas, identified through the Perth North PHN Needs Assessment.

The PHN Needs Assessment is an evolutionary process. An update to our baseline Needs Assessment was undertaken during 2017, with a purposeful integrated mental health, suicide prevention and AOD focus (submitted to the Commonwealth November 2017). This process brought together the findings of the quantitative health and service needs analysis and tested these against the experiences and opinions expressed by consumers, carers and service providers, which were obtained through wide and targeted stakeholder engagement. The Needs Assessment will further inform our Regional Mental Health, AOD and Suicide Prevention Strategy, due for completion in 2018.

WAPHA has developed an Integrated Primary Mental Health Care approach that responds to current barriers and constraints, and will support us ensuring that the health and well-being of our most vulnerable communities is improved in a system-wide, coordinated and accountable manner.

As noted in previously submitted Mental Health Activity Work Plans, WAPHA will focus on leading the development of a stepped care model that provides communities and consumers with the necessary mix of service options, is supportive of consumer choice and informed-decision making, and leverages existing local infrastructure and workforces. Our focus is on person centred care involving GPs and support services in partnership with the people they care for. WAPHA will

continue to develop place based and virtual pathways for comprehensive care, enabling flexibility in design and delivery to meet local community needs.

Our focus is on early intervention, and reducing the need for long term treatment by commissioning targeted activities that, among other things, seek to integrate and interface with parallel service systems. WAPHA has adopted a place based approach that is consistent with the findings in our Needs Assessments. Our approach is premised on the principle of early intervention, support and self-management, emphasising skill development, and responses that are short-term and highly focused.

We are committed to ongoing investment in the capacity of consumers and family/carers to articulate their requirements across the spectrum of care and to ensure their participation in all aspects of commissioning (assessment, co-design, delivery and review). We will continue to invest in capacity building that enables strong participation.

WAPHA has taken a leadership role in cultivating a primary care workforce that is fit for purpose in response to new models of primary health care. We are committed to building capacity for workforce innovation and reform and supporting providers to adapt to new structures and new ways of working.

WAPHA has taken an outcomes based commissioning approach and has developed a commissioning outcomes framework with relevant resources and tools available to support our diverse service providers in an approach that is, to many, new and challenging. We are implementing solutions that will assist us to automate and standardise the collection of WAPHA's common mandated measures in a way that is user friendly for both providers and patients. This will allow WAPHA to efficiently and accurately consolidate the data and will inform our ongoing Integrated Primary Mental Healthcare commissioning and associated activities. Underpinning WAPHA's activities is the Quadruple Aim of primary care, four distinctive areas in which the organisation aims to achieve system reform and enhancement.

Our aim is that by the end of the activity plan period, we have enabled the collaborative commissioning and transformation of services across the PHN via a stepped care model that is cohesive and well-integrated into primary care.

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

Proposed Activities	
Priority Area	<b>Priority Area 1: MH 1 Low intensity mental health services</b>
Activity(ies) / Reference	<p>The following two elements of the Perth North PHN Stepped Care Model (see Priority 7 for full description) will deliver low intensity mental health services:</p> <p>MH 1.1 – Practitioner Online Referral and Treatment Service (PORTS)</p> <p>MH 1.2 – Face to face psychological therapies</p>
Existing, Modified, or New Activity	Existing
Description of Activity	<p>The aim of this activity is to ensure that equitable access to low intensity mental health services is provided to financially disadvantaged and vulnerable people.</p> <p>In 2017/18 the PHN was engaged in:</p> <ul style="list-style-type: none"> <li>• Designing and contracting services to address the needs of people who require early intervention to address their mild to moderate mental health needs as outlined in the Needs Assessment 2016. Services were commissioned to deliver virtual and face-to-face psychological services across the PHN.</li> <li>• Shaping the structure of supply to: <ul style="list-style-type: none"> <li>○ increase access for people to mental health services</li> <li>○ support self-management</li> <li>○ sustain engagement with GPs and other primary health care professionals</li> <li>○ develop the capacity of the workforce.</li> </ul> </li> </ul> <p>In 2017/18 Perth North PHN commissioned PORTS (Practitioner Online Referral Treatment Services) and face to face services for people for whom virtual services were considered inappropriate.</p> <p>In 2018-2020, the PHN will continue to monitor emerging trends and develop a quality assurance (QA) process which will be applied to contracted services. One component of this QA will be the embedding of requirements for robust clinical governance frameworks in service provider contracts.</p>

	<p>The PHN will apply an increased focus on managing performance of contracted providers including reviewing/monitoring and evaluating services to determine:</p> <ul style="list-style-type: none"> <li>• How well targeted and efficient services are – Using a diverse range of data collection methods (i.e. provider reports, referral agency feedback, patient opinion and the Primary Mental Health Care Minimum Data Set (MDS)) for each of the commissioned Mental Health services will provide the PHN with a variety of information to assess improvements to health outcomes, help shape future service provision and/or seek alternative commissioning activity. The PHN will use the data to determine the degree to which those in receipt of services reflect the populations most in need, as outlined in the Needs Assessment 2017/18 and the <i>Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia 2017</i>.</li> <li>• How effective services and systems are in relation to: <ul style="list-style-type: none"> <li>○ Patient experience</li> <li>○ Patient health outcomes, with a particular focus on the efficacy of treatment to deliver a positive client outcome</li> <li>○ Service/system integration</li> <li>○ Service sustainability including provider experience/governance.</li> </ul> </li> </ul> <p>WAPHA has developed an Outcomes Framework to ensure that a consistent approach is applied to evaluating contract performance, informing future commissioning and assessing patient impact and outcomes in relation to the Needs Assessment.</p>
Target population cohort	The services have been designed to provide equitable access to financially disadvantaged and vulnerable people.
Consultation	<p>In monitoring and evaluating the effectiveness of services WAPHA will consult with a range of state-wide and regional peak bodies and representational groups, as well as service providers and community members.</p> <p>WAPHA is currently working with commissioned providers to develop and strengthen strategic partnerships, co-commission where appropriate with the state health services and better utilise existing funding where possible. The aim is to secure effective and sustainable local and virtual primary care mental health service provision, supporting GPs and the consumer with care closer to home.</p>
Collaboration	Perth North PHN will work with the WA MHC as co-commissioning bodies in managing performance where appropriate.

	WAPHA is currently working with commissioned providers to develop and strengthen strategic partnerships, co-commission where appropriate with the state health services and better utilise existing funding where possible. The aim is to secure effective and sustainable local and virtual primary mental health service provision, supporting GPs and the consumer with accessible care.
Duration	<ul style="list-style-type: none"> <li>• July 2018: Implementation of the WAPHA Outcomes Framework.</li> <li>• July 2018: Annual Report 2017/2018 – analysis of MDS.</li> <li>• January 2019: Six Month Review – analysis of MDS and Outcome Maps.</li> <li>• July 2019: Annual Report 2018/2019 – analysis of MDS and Outcome Maps.</li> </ul>
Coverage	Throughout the Perth North PHN region.
Commissioning method	As the PHNs are operating within the monitoring and evaluation component of the commissioning framework the commissioning of services is not relevant. Should the service evaluations highlight a need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate commissioning method.
Approach to market	Not applicable (N/A)
Decommissioning	N/A
Performance Indicator	<p><b>Priority Area 1 - Mandatory performance indicators:</b></p> <ul style="list-style-type: none"> <li>• Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services.</li> <li>• Average cost per PHN-commissioned mental health service – Low intensity services.</li> <li>• Clinical outcomes for people receiving PHN-commissioned low intensity mental health services.</li> </ul> <p>These performance indicators will be measured using the:</p> <ul style="list-style-type: none"> <li>• Primary Mental Health Care Minimum Data Set (MDS)</li> <li>• Outcomes Framework</li> <li>• Provider performance reports.</li> </ul> <p>Note: it is anticipated approximately 60% of the stepped care services will be offered via low intensity interventions. A true identification of the client numbers and the associated costs will be known as the service develops.</p>

Local Performance Indicator target	Will be determined by the Outcomes Map and indicators agreed between WAPHA and the provider. Outcomes Maps will include pre and post mental health clinical outcome measures as a means of measuring the efficacy of treatment services. Additional indicators will be used to measure patient, system and provider outcomes in line with the Quadruple Aim referenced in the WAPHA Outcomes Framework.
Local Performance Indicator Data source	As identified in the Outcomes Maps.

<b>Proposed Activities</b>	
Priority Area	<b>Priority Area 2: Youth mental health services</b>
Activity(ies) / Reference	MH 2 Youth mental health services include: <ul style="list-style-type: none"> <li>• Headspace</li> <li>• Early Psychosis Youth Service</li> <li>• Mental health services for Children (0-11 years) and families</li> </ul>
Existing, Modified, or New Activity	Existing
Description of Activity	<p>The aim of this activity is to ensure availability and accessibility of mental health services in the community for children and youth, particularly those from a vulnerable and disadvantaged background.</p> <p>In 2017/18 the PHN was engaged in:</p> <ul style="list-style-type: none"> <li>• Designing and contracting services to address the mental health needs of young people as outlined in the Needs Assessment 2016. This included the management of three headspace centre contracts, implementing and evaluating the headspace Early Youth Psychosis Program (hYEPP), commissioning a provider for several trials in perinatal, infant or children and family mental health to improve integration, model of care and system navigation.</li> <li>• Shaping the structure of supply to: <ul style="list-style-type: none"> <li>○ increase access to services</li> <li>○ support self-management</li> <li>○ sustain engagement with GPs and other primary health care professionals</li> <li>○ develop the capacity of the workforce.</li> </ul> </li> </ul>



	<p>In 2018-2020, the PHN will continue to monitor emerging trends. The PHN is committed to support initiatives that meet the needs of the most vulnerable population including child and adolescent brief intervention services, provided as a part of the integrated model of primary mental health services, using face to face clinical treatment options. The PHN will apply an increased focus on managing performance of contracted providers to ensure best outcomes are achieved and meet the needs of the community as identified in the 2017/2018 Mental Health Needs Assessment. The PHN will seek to determine:</p> <ul style="list-style-type: none"> <li>• How well targeted and efficient services are – Using a diverse range of data collection methods (i.e. provider reports, referral agency feedback, and the MDS) for each of the commissioned Mental Health services will provide the PHN with a variety of information to assess improvements to health outcomes, help shape future service provision and/or seek alternative commissioning activity. The PHN will use the data to determine the degree to which those in receipt of services reflect the populations most in need, as outlined in the Needs Assessment 2017/18.</li> <li>• Commissioned youth mental health services will also utilise information gathered through third party monitoring such as the headspace HAPI data capture system, the headspace Model Integrity Framework compliance information and hYEPP evaluation process.</li> <li>• How effective services and systems are in relation to: <ul style="list-style-type: none"> <li>○ Patient experience</li> <li>○ Patient health outcomes</li> <li>○ Service/system integration</li> <li>○ Service sustainability including provider experience/governance.</li> </ul> </li> </ul> <p>WAPHA has developed an Outcomes Framework to ensure that a consistent approach is applied to evaluating contract performance, informing future commissioning and assessing patient impact and outcomes in relation to the Needs Assessment.</p>
Target population cohort	<ul style="list-style-type: none"> <li>• Young people (12-25)</li> <li>• Children (0 – 11) and families.</li> </ul>
Consultation	<ul style="list-style-type: none"> <li>• In monitoring and evaluating the effectiveness of services WAPHA will consult with a range of state-wide and regional peak bodies and representational groups, as well as service providers and community members.</li> </ul>

Collaboration	<p>WAPHA will work with the WA MHC as co-commissioning bodies in managing performance where appropriate.</p> <p>WAPHA is currently working with commissioned providers to develop and strengthen strategic partnerships, co-commission where appropriate with the state health services and better utilise existing funding where possible. The aim is to secure effective and sustainable local primary mental health service provision, supporting GPs and the consumer with accessible care.</p> <ul style="list-style-type: none"> <li>• The PHN will collaborate with headspace National Office and Orygen to support the ongoing provision of youth mental health services</li> </ul>
Duration	<ul style="list-style-type: none"> <li>• July 2018: Implementation of the WAPHA Outcomes Framework.</li> <li>• July 2018: Annual Report 2017/2018 – analysis of MDS.</li> <li>• January 2019: Six Month Review – analysis of MDS and Outcome Maps.</li> <li>• July 2019: Annual Report 2018/2019 – analysis of MDS and Outcome Maps.</li> </ul>
Coverage	<p>Accessible youth and child mental health services are provided as part of the integrated primary mental health care model across the Perth North PHN region, with headspace centres located in:</p> <ul style="list-style-type: none"> <li>• Swan</li> <li>• Stirling</li> <li>• Joondalup (includes hYEPP hub).</li> </ul>
Commissioning method	<p>As the PHNs are operating within the monitoring and evaluation component of the commissioning framework the commissioning of services is not relevant. Should the service evaluations highlight a need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate commissioning method.</p>
Approach to market	N/A
Decommissioning	N/A
Performance Indicator	<p><b>Priority Area 2 - Mandatory performance indicators:</b></p> <ul style="list-style-type: none"> <li>• support region-specific, cross sectoral approaches to early intervention for <b>children and young people</b> with, or at risk of mental illness (including those with severe mental illness who are being managed in</li> </ul>

	<p>primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group.</p> <p>This performance indicators will be measured using the:</p> <ul style="list-style-type: none"> <li>• Mental Health Minimum Data Set</li> <li>• Outcomes Framework</li> <li>• Provider performance reports.</li> </ul>
Local Performance Indicator target	<p>The Needs Assessment 2017/18 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps developed in conjunction with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.</p> <p>Perth North PHN has worked with contracted services to ensure the measurement of outcomes is achievable.</p>
Local Performance Indicator Data source	As identified in the Outcomes maps.

<b>Proposed Activities -</b>	
Priority Area	<b>Priority Area 5: Community based suicide prevention activities</b>
Activity(ies) / Reference	MH 5.1 Community based integrated local suicide prevention approaches
Existing, Modified, or New Activity	Existing
Description of Activity	<p>The aim of this activity is for the PHN to take a lead role in the development of a whole of community suicide prevention plan and work in partnership with the WA MHC to commission suicide prevention programs in high-risk communities.</p> <p>In 2017/18 the PHN was engaged in:</p> <ul style="list-style-type: none"> <li>• Designing and contracting services to develop a collaborative and integrated approach between services and service providers with regards to community based suicide prevention activities. This included implementing an adapted version of the European Alliance Against Depression Framework, contributing to the Suicide Prevention Trial Sites and commissioning a postvention (ARBOR) and prevention (ALIVE) program.</li> </ul>

	<ul style="list-style-type: none"> <li>• Shaping the structure of supply to: <ul style="list-style-type: none"> <li>○ increase access to services</li> <li>○ support self-management</li> <li>○ sustain engagement with GPs and other primary health care professionals</li> <li>○ develop the capacity of the workforce.</li> </ul> </li> </ul> <p>In 2018-2020, the PHN will continue to monitor emerging trends and commission activities within the resources available. The PHN will apply an increased focus on managing performance of contracted providers to ensure best outcomes are achieved and meet the needs of the community as identified in the 2017/2018 Mental Health Needs Assessment. The PHN will seek to determine:</p> <ul style="list-style-type: none"> <li>• How well targeted and efficient services are – Using a diverse range of data collection methods (i.e. provider reports, referral agency feedback, patient opinion and the MDS) for each of the commissioned Mental Health services will provide the PHN with a variety of information to assess improvements to health outcomes, help shape future service provision and/or seek alternative commissioning activity. The PHN will use the data to determine the degree to which those in receipt of services reflect the populations most in need, as outlined in the Needs Assessment 2017/18.</li> <li>• How effective services and systems are in relation to: <ul style="list-style-type: none"> <li>○ Patient experience</li> <li>○ Patient health outcomes</li> <li>○ Service/system integration</li> <li>○ Service sustainability including provider experience/governance.</li> </ul> </li> </ul> <p>WAPHA has developed an Outcomes Framework to ensure that a consistent approach is applied to evaluating contract performance, informing future commissioning and assessing patient impact and outcomes in relation to the Needs Assessment.</p>
Target population cohort	<ul style="list-style-type: none"> <li>• People at risk of suicide.</li> <li>• People who have lost loved ones to suicide.</li> </ul>
Consultation	<p>WAPHA is currently working with commissioned providers to develop and strengthen strategic partnerships, co-commission where appropriate with the state health services and better utilise existing funding where possible. The aim is to secure effective and sustainable local and virtual primary care mental health service provision, supporting GPs and the consumer with care closer to home.</p>

	<ul style="list-style-type: none"> <li>• WAPHA Mental Health Expert Advisory Group</li> <li>• WAPHA Aboriginal Health and Wellbeing Advisory Group</li> <li>• WA MHC</li> <li>• Consumer groups to ensure the voice of those with lived experience is included</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>• The PHN will work hospital emergency department, referring GPs and the Mental Health Commission</li> </ul>
Duration	<ul style="list-style-type: none"> <li>• July 2018: Implementation of the WAPHA Outcomes Framework.</li> <li>• July 2018: Annual Report 2017/2018 – analysis of MDS.</li> <li>• January 2019: Six Month Review – analysis of MDS and Outcome Maps.</li> <li>• July 2019: Annual Report 2018/2019 – analysis of MDS and Outcome Maps.</li> </ul>
Coverage	Throughout the Perth North PHN region.
Commissioning method	As the PHNs are operating within the monitoring and evaluation component of the commissioning framework the commissioning of services is not relevant. Should the service evaluations highlight a need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate commissioning method.
Approach to market	N/A
Decommissioning	N/A
Performance Indicator	<p><b>Priority Area 5 - Mandatory performance indicator:</b></p> <ul style="list-style-type: none"> <li>• Number of people who are followed up by PHN-commissioned services following a recent suicide attempt.</li> </ul>
Local Performance Indicator target	<p>The Needs Assessment 2017 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps developed in conjunction with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.</p> <p>Country WA PHN has worked with contracted services to ensure that the measurement of outcomes is achievable.</p>
Local Performance Indicator Data source	As identified in the Outcomes Maps

Proposed Activities	
Priority Area	<b>Priority Area 6: Aboriginal and Torres Strait Islander mental health services</b>
Activity(ies) / Reference	MH 6.1 – Integrated Aboriginal mental health and suicide prevention services
Existing, Modified, or New Activity	Existing
Description of Activity	<p>The aim of this activity is to support local Aboriginal communities and service providers to build and sustain cultural, social and emotional wellbeing in response to locally identified need, through the delivery of appropriately targeted social and emotional wellbeing services, integrated mental health and alcohol and drug treatment services and workforce capacity building.</p> <p>In 2017/18 the PHN was engaged in:</p> <ul style="list-style-type: none"> <li>• Designing and contracting services to address the needs of Aboriginal people focussing on cultural, social and emotional wellbeing as identified in the Needs Assessment 2016.</li> <li>• Shaping the structure of supply to: <ul style="list-style-type: none"> <li>○ increase access for people to mental health services</li> <li>○ support self-management</li> <li>○ sustain engagement with GPs and other primary health care professionals</li> <li>○ develop the capacity of the workforce.</li> </ul> </li> </ul> <p>In 2018-2020, the PHN will continue to monitor emerging trends and commission activities within the resources available. The PHN will apply an increased focus on managing performance of contracted providers to ensure best outcomes are achieved and meet the needs of the community as identified in the 2017/2018 Mental Health Needs Assessment. The PHN will seek to determine:</p> <ul style="list-style-type: none"> <li>• How well targeted and efficient services are – using a diverse range of data collection methods (i.e. provider reports, referral agency feedback, client feedback, pre and post clinical data) for each of the commissioned Mental Health services will provide the PHN with a variety of information to assess improvements to health outcomes, help shape future service provision and/or seek alternative commissioning activity. The PHN will use the data to determine the degree to which those in receipt of services reflect the populations most in need, as outlined in the Needs Assessment 2017/18 and the <i>Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia 2017</i>.</li> <li>• How effective services and systems are in relation to: <ul style="list-style-type: none"> <li>○ Patient experience</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Patient health outcomes</li> <li>○ Service/system integration</li> <li>○ Service sustainability including provider experience/governance.</li> </ul> <p>WAPHA has developed an Outcomes Framework to ensure that a consistent approach is applied to evaluating contract performance, informing future commissioning and assessing patient impact and outcomes in relation to the Needs Assessment.</p>
Target population cohort	Aboriginal people at risk of suicide and/or poor mental health outcomes.
Consultation	In monitoring and evaluating the effectiveness of services WAPHA will consult with a range of state-wide and regional peak bodies and representational groups, as well as service providers and community members. In 17/18 the PHN is working in collaboration with the Aboriginal Health Council of WA to develop a model for Aboriginal Social and Emotional Wellbeing which can be used by WAPHA and other commissioning organisations to inform future service commissioning and/or the re-shaping of currently funded services.
Collaboration	WAPHA is currently working with commissioned providers to develop and strengthen strategic partnerships, co-commission where appropriate with the state health services and better utilise existing funding where possible. The aim is to secure effective and sustainable local and virtual primary mental health service provision, supporting GPs, Aboriginal Community Controlled Organisations and the consumer with accessible care.
Duration	<ul style="list-style-type: none"> <li>● July 2018: Implementation of the WAPHA Outcomes Framework.</li> <li>● July 2018: Annual Report 2017/2018 – analysis of MDS.</li> <li>● January 2019: Six Month Review – analysis of MDS and Outcome Maps.</li> <li>● July 2019: Annual Report 2018/2019 – analysis of MDS and Outcome Maps.</li> </ul>
Coverage	Across the Perth North PHN region
Commissioning method	As the PHNs are operating within the monitoring and evaluation component of the commissioning framework the commissioning of services is not relevant. Should the service evaluations highlight a need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate commissioning method.
Approach to market	N/A
Decommissioning	N/A

Performance Indicator	<p><b>Priority Area 6 - Mandatory performance indicator:</b></p> <ul style="list-style-type: none"> <li>Proportion of Indigenous population receiving PHN-commissioned mental health services where the services were culturally appropriate.</li> </ul>
Local Performance Indicator target	<p>The Needs Assessment 2017 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps developed in conjunction with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.</p> <p>Perth North WA PHN has worked with contracted services to ensure that the measurement of outcomes is achievable. The development of a WAPHA cultural assessment framework will place a particular focus on the provision of culturally secure care will require providers to demonstrate their competency against the framework. The development of a WAPHA cultural assessment framework will place a particular focus on the provision of culturally secure care will require providers to demonstrate their competency against the framework.</p>
Local Performance Indicator Data source	As identified in the Outcomes Maps.

<b>Proposed Activities</b>	
Priority Area	<b>Priority Area 7: Stepped Care</b>
Activity(ies) / Reference	<p>MH 7.1 – Stepped Care  MH 7.2 – Integrated Community Support Services</p> <p>This activity also encompasses:</p> <ul style="list-style-type: none"> <li>MH 1.1 PORTS.</li> <li>MH 1.2 Face to face psychological services.</li> <li>MH 2.1 headspace.</li> <li>MH 2.2 headspace Early Youth Psychosis/- Severe mental illness and first episode of psychosis for young people.</li> <li>MH 2.3 Children and families’ mental health.</li> <li>MH 3.1 Psychological therapies for under-serviced and/or hard to reach groups.</li> <li>MH 4.1 Integrated Primary Health Care for people with severe and complex mental illness.</li> </ul>



	<ul style="list-style-type: none"> <li>• MH 5.1 Community-based integrated suicide prevention approach.</li> <li>• MH 6.1 Integrated Aboriginal mental health and suicide prevention services.</li> </ul>
Existing, Modified, or New Activity	Existing
Description of Activity	<p>Stepped Care is an approach to providing mental health services in which there is a range of treatment options available. People are matched with the right care for their level of need. Stepped care also allows for easier access to early intervention so that someone can get support to address issues and manage symptoms before their health becomes worse.</p> <p>The aim of this activity is to ensure accessible and appropriate care is available and determine the degree to which Stepped Care is having a positive effect on the mental health of people who are disadvantaged by distance or financial hardship. The PHN has approached stepped care by developing an integrated shared-care approach with the primary care sector, principally led by general practitioners. This activity underpins all the mental health funding objectives.</p> <p>In 2018-2020, Perth North PHN will measure and monitor the services that fit within the stepped care framework, as outlined in the relevant activities above, with a focus on system integration.</p>
Target population cohort	People with, or at risk of, mental illness, including people who are disadvantaged or vulnerable and at risk of poor health outcomes.
Consultation	<p>WAPHA is currently working with commissioned providers to develop and strengthen strategic partnerships, co-commission where appropriate with the state health services and better utilise existing funding where possible. The aim is to secure effective and sustainable local and virtual primary care mental health service provision, supporting GPs and the consumer with care closer to home.</p> <p>The PHN is informed by the Mental Health Expert Advisory Group and the Aboriginal Mental Health and AOD Advisory Group established by WAPHA to guide the development of models of care to meet community mental health needs.</p> <p>Consultation also takes place on an ongoing basis with Area Health Services, the CCC, the CEC and PHN Council.</p>
Collaboration	In establishing a continuum of primary mental health services and ensuring the PHN's plan aligns with the WA Mental Health Plan, the PHN works collaboratively with key stakeholders including but not limited to other WA PHNs, the CCC and CEC, the WA MHC, WA Department of Health, Aboriginal Health organisations, Health Professionals' Colleges and Associations, community based primary health care,

	<p>mental health, justice, social and welfare agencies, local government, WANADA, consumer groups, headspace and other service providers dealing with people with mental health issues.</p> <p>The PHN will also seek to collaborate with existing services and facilitate the linkage of mental health, suicide prevention and alcohol and other drug services to minimise duplication and maximise resources.</p>
Duration	<ul style="list-style-type: none"> <li>• July 2018: Implementation of the WAPHA Outcomes Framework.</li> <li>• July 2018: Annual Report 2017/2018 – analysis of MDS.</li> <li>• January 2019: Six Month Review – analysis of MDS and Outcome Maps.</li> <li>• July 2019: Annual Report 2018/2019 – analysis of MDS and Outcome Maps.</li> </ul>
Coverage	<p>Coverage of other elements of the stepped care model are outlined in the relevant activities.</p> <p>Place-based community support services are currently being procured across the PHN with a focus on priority regions as identified through the PHN’s needs assessment:</p> <ul style="list-style-type: none"> <li>• North West Metro: priority areas within Perth, Stirling and Wanneroo.</li> <li>• North East Metro: priority areas within Bassendean-Bayswater, Mundaring/Kalamunda and Swan.</li> </ul> <p>The location of services is informed through the Integrated Mental Health &amp; AOD Atlas (the Atlas) and discussions with existing providers, GPs and other stakeholders to identify service gaps and areas of particular need – focusing on under-serviced groups.</p>
Commissioning method	<p>The PHN in partnership with key stakeholders will identify primary community based suicide prevention and mental health gaps within the stepped care approach as part of the comprehensive regional mental health plan. These gaps will be prioritised and the PHN will collaborate with partners to identify the most appropriate commissioning approach in each case.</p>
Approach to market	<p>Procurement of the other elements of the stepped care model are outlined in the relevant activities.</p>
Decommissioning	<p>N/A</p>
Performance Indicator	<p><b>Priority Area 7 - Mandatory performance indicator:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
Local Performance Indicator target	<p>Will be determined by the Outcomes Map and indicators agreed between WAPHA and the provider.</p>

Local Performance Indicator Data source	As identified in the Outcomes Maps.
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Proposed Activities	
Priority Area	<b>Priority Area 8: Regional mental health and suicide prevention plans</b>
Activity(ies) / Reference	<i>MH 8 No services under this activity</i>
Existing, Modified, or New Activity	Existing Activity from previous workplan (Funded from Core Operational)
Description of Activity	<p>In WA, the PHNs are undertaking a comprehensive review of primary care mental health activity and transitioning to new models of stepped care. This will address a lack of comprehensive mental health planning for targeted interventions tailored specifically for the needs of different groups, and a fragmented mental health service system.</p> <p>During 2015/2016 WAPHA commenced the foundation work for system reform. Activities in 2016/2017 and beyond have, and will, focus on increased integration and coordination of existing services (across sectors and across funders). During 2017/18, the PHN have developed a Declaration as a Statement of Intent on the approach PHNs will incorporate into their operational work. The Declaration will be complement the development of a 'Master Plan'. The Master Plan is a foundational document to deliver a Statewide integrated approach to mental health, AoD and suicide prevention. From this during 2018/19, the PHN will develop place-based regional plans for mental health, AoD and suicide prevention.</p> <p>The DoH Mental Health Branch have the established National Mental Health Services Planning Framework based decision support tool (NMHSPF Tool) to assist with planning as used by each State, with recent modifications during 2017 to the Tool occurring to meet the needs for PHN planning. During 2017/18, PHN staff are engaged in training on how to use and apply the Tool to meet planning needs. A further initiative by the PHN is to develop a process to enable the tool to be used inter-operatively with the MH-AoD Atlas (The Concordance Output is reconciliation between the two tools of the NMHSPF Tool and the MH-AoD Atlas that is currently being developed now).</p> <p>The conclusion will be a Concordance Mapping Process which will enable using the NMHSPF Tool and MH-AoD Atlas to more holistically plan our WA mental health and AoD services into the future. This will complement the <a href="#">Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025</a> as this was developed using the NMHSPF DST Tool as a fundamental basis. Thus,</p>

	Commonwealth and State-based service planning in WA will share the same fundamental approach. The NMHSPF Tool provides a population assessment to identify what the needs/requirements of the region and the Atlas will provide a current State snapshot of service allocation to identify gaps and avoid duplication to assist in rational mental health services planning for coordinated commissioning between WA MHC and the PHN, including for the WAPHA Master Plan..
Target population cohort	Not applicable – this activity refers to the development of a regional plan.
Consultation	<ul style="list-style-type: none"> <li>• Consultation has taken place, and will continue, with a range of stakeholders including peak bodies, local government, local Area Health Services.</li> <li>• The development of the Declaration and the Master Plan have been directed and informed by a specifically established: <ul style="list-style-type: none"> <li>○ Consumer, Family and Carer Advisory Group</li> <li>○ Steering Committee.</li> </ul> </li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>• The development of the Declaration and the Master Plan have been directed and informed by a specifically established: <ul style="list-style-type: none"> <li>○ Consumer, Family and Carer Advisory Group</li> <li>○ Steering Committee.</li> </ul> </li> <li>• Clear terms of reference have been developed for the Advisory Group and Steering Committee to finalise these documents by April 2018 prior to further broader collaboration across the sectors of mental health, drug and alcohol treatment services and suicide prevention.</li> </ul>
Duration	<p>June 2018, the WAPHA Declaration and the Master Plan will be completed.</p> <p>July 2018 – July 2019, Regional Plans will be completed by PHNs subsequent to the finalisation of the Declaration and the Master Plan.</p>
Coverage	Throughout the PHN region.
Commissioning method	<p>N/A</p> <p>The Regional Plans will be developed by WAPHA staff in consultation with stakeholders.</p>
Approach to market	N/A
Decommissioning	N/A

Performance Indicator	The mandatory performance indicator for this priority is: <ul style="list-style-type: none"><li>• Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.</li></ul>
Local Performance Indicator target	N/A

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

Proposed Activities	
Priority Area	<b>Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups</b>
Activity(ies) / Reference	<p>MH 3.1 – Psychological therapies for under-serviced and/or hard to reach groups</p> <p>This activity also consists of:</p> <ul style="list-style-type: none"> <li>• MH 1.1 PORTS.</li> <li>• MH 1.2 Face to face psychological therapies.</li> <li>• MH 7.2 Integrated community support services.</li> </ul>
Existing, Modified, or New Activity	Existing
Description of Activity	<p>The PHN’s Needs Assessment identified a lack of primary mental health care access and accessibility for some disadvantaged and hard to reach groups, which the activities within this priority area aim to address.</p> <p>In 2017/18 the PHN was engaged in:</p> <ul style="list-style-type: none"> <li>• Designing and contracting services to address the psychological therapy needs of under-serviced and hard to reach groups as outlined in the Needs Assessment 2016. Services were commissioned to deliver virtual and face-to-face psychological services across the PHN, and integrated community support services.</li> <li>• Shaping the structure of supply to: <ul style="list-style-type: none"> <li>○ increase access for people to mental health services</li> <li>○ support self-management</li> <li>○ sustain engagement with GPs and other primary health care professionals</li> <li>○ develop the capacity of the workforce.</li> </ul> </li> </ul> <p>In 2017/18 Perth North PHN commissioned PORTS (Practitioner Online Referral Treatment Services) and face to face services for people for whom virtual services were considered inappropriate. These services</p>

	<p>provide clinically sound psychological assessment and treatment for people with mild to moderate mental ill-health.</p> <p>In 2018-2020, the PHN will continue to monitor emerging trends and develop a quality assurance (QA) process which will be applied to contracted services. One component of this QA will be the embedding of requirements for robust clinical governance frameworks in service provider contracts.</p> <p>The PHN will apply an increased focus on managing performance of contracted providers to ensure best outcomes are achieved and meet the needs of the community as identified in the 2017/2018 Mental Health Needs Assessment. The PHN will seek to determine:</p> <ul style="list-style-type: none"> <li>• How well targeted and efficient services are – Using a diverse range of data collection methods (i.e. provider reports, referral agency feedback, patient opinion and the MDS) for each of the commissioned Mental Health services will provide the PHN with a variety of information to assess improvements to health outcomes, help shape future service provision and/or seek alternative commissioning activity. The PHN will use the data to determine the degree to which those in receipt of services reflect the populations most in need, as outlined in the Needs Assessment 2017/18 and the <i>Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia 2017</i>.</li> <li>• How effective services and systems are in relation to: <ul style="list-style-type: none"> <li>○ Patient experience</li> <li>○ Patient health outcomes</li> <li>○ Service/system integration</li> <li>○ Service sustainability including provider experience/governance.</li> </ul> </li> </ul> <p>WAPHA has developed an Outcomes Framework to ensure that a consistent approach is applied to evaluating contract performance, informing future commissioning and assessing patient impact and outcomes in relation to the Needs Assessment.</p>
Target population cohort	Under-serviced and /or hard to reach groups.
Consultation	<ul style="list-style-type: none"> <li>• As per MH 1.</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>• As per MH 1.</li> </ul>
Duration	<ul style="list-style-type: none"> <li>• July 2018: Implementation of the WAPHA Outcomes Framework.</li> <li>• July 2018: Annual Report 2017/2018 – analysis of MDS.</li> <li>• January 2019: Six Month Review – analysis of MDS and Outcome Maps.</li> </ul>

	<ul style="list-style-type: none"> <li>July 2019: Annual Report 2018/2019 – analysis of MDS and Outcome Maps.</li> </ul>
Coverage	Throughout the Perth North PHN region.
Continuity of care	Funding to existing providers will be extended to ensure continuity of care for high priority groups of people with perinatal health issues, suicide ideation, Aboriginal people and children – this will dovetail with new programs being commissioned.
Commissioning method	As the PHNs are operating within the monitoring and evaluation component of the commissioning framework the commissioning of services is not relevant. Should the service evaluations highlight a need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate commissioning method.
Approach to market	N/A
Decommissioning	N/A
Performance Indicator	<p>Priority Area 3 - mandatory performance indicators:</p> <ul style="list-style-type: none"> <li>Proportion of regional population receiving PHN-commissioned mental health services – Psychological therapies delivered by mental health professionals.</li> <li>Average cost per PHN-commissioned mental health service – Psychological therapies delivered by mental health professionals.</li> <li>Clinical outcomes for people receiving PHN-commissioned Psychological therapies delivered by mental health professionals.</li> </ul> <p>This performance indicators will be measured using the:</p> <ul style="list-style-type: none"> <li>MDS</li> <li>Outcomes Framework</li> <li>Provider performance reports.</li> </ul>
Local Performance Indicator target	<p>The Needs Assessment 2017 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps developed in conjunction with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.</p> <p>Country WA PHN has worked with contracted services to ensure that the measurement of outcomes is achievable.</p>



Local Performance Indicator Data source	<p>As identified in the Outcomes Maps.</p> <p>Outcomes Maps will include pre and post mental health clinical outcome measures as a means of measuring the efficacy of treatment services. Additional indicators will be used to measure patient, system and provider outcomes in line with the Quadruple Aim referenced in the WAPHA Outcomes Framework.</p>
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<b>Proposed Activities</b>	
Priority Area	<b>Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups</b>
Activity(ies) / Reference	MH 3.1 Psychological Treatment Services for People with Mental Illness Living in Residential Aged Care Facilities
Existing, Modified, or New Activity	New
Description of Activity	<p><b>Rationale</b></p> <ul style="list-style-type: none"> <li>• With an increasing population, there are more people in residential aged care facilities, where there are unacceptably high rates of depression and other mental illness; and often inadequate access to treatment<sup>i</sup>.</li> <li>• More than 47% of residents of RACFs have symptoms of depression, compared to 10-15% of older people living in the community<sup>ii</sup>.</li> <li>• Mental Health Services are not routinely available to older people with mild to moderate mental health needs living in RACFs and are not within scope of the personal care or accommodation services RACFs provide.</li> </ul> <p><b>Proposed Services</b></p> <ul style="list-style-type: none"> <li>• Time limited psychological therapies provided within a stepped care framework which are responsive to the needs of older people who have mild to moderate mental illnesses on location at RACFs</li> <li>• Equitably and efficiently provided, person centred psychological services delivered within a quality framework utilising: <ul style="list-style-type: none"> <li>○ evidence-based therapies</li> <li>○ group and individual therapy sessions</li> </ul> </li> </ul>

- existing relationships and arrangements for commissioning psychological services

### Implementation

- **Phase 1: Stakeholder Engagement, Communications and Service Planning (October to January 2019)**

- Stakeholder engagement has commenced and planned to be ongoing through Phase 2 and includes GPs, Peak Bodies, State Health Service Providers, Consumer & Carer Representative Groups and Advocates, RACFs and Aboriginal services
- These discussions will inform the design and model of the measure for Phase 2 and Phase 3.

- **Phase 2: Service Implementation Trial (January to June 2019)**

- Plan to deliver as early as possible in 2019. Whilst January 1st is the target deadline, it is more realistic to assume that services are more likely to start towards the end of January.
- Perth North PHN, will leverage off existing WAPHA commissioned services that have a well-established working relationship with General Practice in the City of Stirling Area.

- **Phase 3 Expansion Program (July 2019 onwards).**

- An open and transparent procurement process will be developed to increase the number of individual residents in RACFs accessing psychological therapy services. The expansion will correlate with the increased funding year on year to all three of WA's PHNs and it is presumed that this will lead to more RACFs being included in the measure.
- Ongoing stakeholder engagement and evaluation will inform Phase 3 expansion and improvement to the safety and quality of services.
- In planning for Phase 3, the following additional analysis will be required:
  - Areas of greatest need (with may include number of RACFs, % of population over 65 in LGAs, health needs and current level of service provision, underserved areas and limited supply).
  - The role of and engagement of GPs in RACF aged care including restrictions, capability and capacity, pathways, billings (GP Management Plan), billing model, types of GP service provision.
  - Model of psychological care required in RACFs and greater integration with general practice and psycho-geriatricians, wider health services and other appropriate pathways.
  - Planning in relation to other PHN Aged Care initiatives including social isolation and loneliness measure, etc.

	<ul style="list-style-type: none"> <li>▪ Evaluation.</li> </ul>
Target population cohort	<ul style="list-style-type: none"> <li>• RACF residents with a diagnosis of a mental illness or assessed to be at risk of mental illness if they do not receive services.</li> <li>• In scope for this measure are residents with: <ul style="list-style-type: none"> <li>○ significant transition issues</li> <li>○ mild-moderate anxiety/and or depression</li> <li>○ past history of mental illness for which they received services</li> <li>○ in addition to their mental illness have a level of cognitive decline/dementia</li> <li>○ experiencing pain associated with chronic illness which compounds their mental illness</li> <li>○ complex needs including previous trauma</li> <li>○ people at risk of mental illness.</li> </ul> </li> </ul>
Consultation	<ul style="list-style-type: none"> <li>• GPs</li> <li>• Peak Bodies</li> <li>• State Health Service Providers</li> <li>• Consumer &amp; Carer Representative Groups and Advocates</li> <li>• RACFs</li> <li>• Aboriginal services</li> </ul>
Collaboration	Perth North PHN will work with RACFs, GPs, Specialist Older Persons Mental Health Services, Dementia Support Services, Severe Behaviour Response Teams, Community Visitors Programs, Older Persons Advocacy Groups
Duration	<p>A three-phase implementation strategy is planned:</p> <ul style="list-style-type: none"> <li>• Phase 1: Stakeholder Engagement, Communications and Service Planning (October to January 2019)</li> <li>• Phase 2: Service Implementation – January 2019 to June 30, 2019 (Trial)</li> <li>• Phase 3: Service Expansion – July 1, 2019 to June 30, 2021</li> </ul>
Coverage	Perth North PHN
Commissioning method	As outlined above

Approach to market	<p>Phase 1: Procurement will be a direct approach to providers. Providers have not been approached to date.</p> <p>Phase 2: Services contracted in Phase 1 that meet the required outcomes may be retained as part of the Phase 3 expansion.</p> <p>Phase 3: An open and transparent procurement process be developed to increase the number of individual residents in RACFs accessing psychological therapy services.</p>
Decommissioning	N/A
Performance Indicator	<p><b>Priority Area 1 - Mandatory performance indicators:</b></p> <ul style="list-style-type: none"> <li>• Proportion of residential aged care population receiving PHN-commissioned mental health services – Low intensity services.</li> <li>• Average cost per PHN-commissioned mental health service – Low intensity services.</li> <li>• Clinical outcomes for people receiving PHN-commissioned low intensity mental health services.</li> </ul>
Local Performance Indicator target	N/A

<b>Proposed Activities</b>	
Priority Area	<b>Priority Area 4: Mental health services for people with severe and complex mental illness including care packages</b>
Activity(ies) / Reference	MH 4.1 – Integrated Primary Health Care for people with severe and complex mental illness
Existing, Modified, or New Activity	Existing
Description of Activity	<p>The aim of this activity is to keep people with complex mental health conditions well in the community, and to effectively manage co-morbidities that are often present with people with severe and complex mental illness.</p> <p>In 2017/18 the PHN was engaged in:</p> <ul style="list-style-type: none"> <li>• Designing and contracting services to address the needs of people with severe and complex mental illness through care management as outlined in the Needs Assessment 2016, including commissioning</li> </ul>

	<p>the MH Connex Telephone and face-to-Face Mental Health Care Coordination and Management Program.</p> <ul style="list-style-type: none"> <li>• Shaping the structure of supply to: <ul style="list-style-type: none"> <li>○ increase access for people to mental health services</li> <li>○ support self-management</li> <li>○ sustain engagement with GPs and other primary health care professionals</li> <li>○ develop the capacity of the workforce.</li> </ul> </li> </ul> <p>In 2018-2020, the PHN will continue to monitor emerging trends and commission activities within the resources available. The PHN will apply an increased focus on managing performance of contracted providers to ensure best outcomes are achieved and meet the needs of the community as identified in the 2017/2018 Mental Health Needs Assessment. The PHN will seek to determine:</p> <ul style="list-style-type: none"> <li>• How well targeted and efficient services are – Using a diverse range of data collection methods (i.e. provider reports, referral agency feedback, patient opinion and the MDS) for each of the commissioned Mental Health services will provide the PHN with a variety of information to assess improvements to health outcomes, help shape future service provision and/or seek alternative commissioning activity. The PHN will use the data to determine the degree to which those in receipt of services reflect the populations most in need, as outlined in the Needs Assessment 2017/18 and the <i>Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia 2017</i>.</li> <li>• How effective services and systems are in relation to: <ul style="list-style-type: none"> <li>○ Patient experience</li> <li>○ Patient health outcomes</li> <li>○ Service/system integration (of particular priority given people with severe and complex mental illness often require treatment and support from multiple services)</li> <li>○ Service sustainability including provider experience/governance.</li> </ul> </li> </ul> <p>WAPHA has developed an Outcomes Framework to ensure that a consistent approach is applied to evaluating contract performance, informing future commissioning and assessing patient impact and outcomes in relation to the Needs Assessment.</p>
Target population cohort	People with severe and complex mental illness
Consultation	WAPHA is currently working with commissioned providers to develop and strengthen strategic partnerships, co-commission where appropriate with the state health services and better utilise existing

	<p>funding where possible. The aim is to secure effective and sustainable local and virtual primary care mental health service provision, supporting GPs and the consumer with care closer to home.</p> <ul style="list-style-type: none"> <li>• WAPHA Mental Health Expert Advisory Group</li> <li>• WAPHA Aboriginal Health and Wellbeing Advisory Group</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>• Area Health Services</li> <li>• Community mental health teams</li> <li>• Community mental health NGO sector</li> <li>• Consumer and carer groups.</li> <li>• GPs.</li> </ul>
Duration	<ul style="list-style-type: none"> <li>• July 2018: Implementation of the WAPHA Outcomes Framework.</li> <li>• July 2018: Annual Report 2017/2018 – analysis of MDS.</li> <li>• January 2019: Six Month Review – analysis of MDS and Outcome Maps.</li> <li>• July 2019: Annual Report 2018/2019 – analysis of MDS and Outcome Maps.</li> </ul>
Coverage	Throughout the Perth North PHN Region.
Continuity of care	Funding to existing providers will be extended to ensure continuity of care for people with severe and complex mental illness – this will dovetail with new programs being commissioned.
Commissioning method	Depending on the outcomes from the Needs Assessment 2017/18, performance management activities and the availability of funding, the PHN may re-shape, decommission, and/or commission new services. The procurement approach will depend on what is to be procured and the supply available.
Approach to market	A diverse range of commissioning methods will be employed including Expression of Interest, tenders and direct approach, and will be advertised via the WAPHA tendering portal and other media outlets as appropriate.
Decommissioning	The Mental Health Nurse Incentive Program (MHNIP) was decommissioned in June 2017. A provider was commissioned to manage the transition process for 11 of the 13 MHNIP sites to the MH Connex Care Coordination and Management Program from July 2017. The PHN has developed individual service level agreements with the two remaining sites.
Performance Indicator	Priority Area 4 - mandatory performance indicators:

	<ul style="list-style-type: none"> <li>• 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).</li> <li>• Average cost per PHN-commissioned mental health service – Clinical care coordination for people with severe and complex mental illness.</li> </ul> <p>This performance indicators will be measured using the:</p> <ul style="list-style-type: none"> <li>• MDS</li> <li>• Outcomes Framework</li> <li>• Provider performance reports</li> </ul>
Local Performance Indicator target	Will be determined by the Outcomes Map and indicators agreed between WAPHA and the provider
Local Performance Indicator Data source	As identified in the Outcomes Maps

<sup>i</sup> RANZCP Position Statement 22 Psychiatry Services for older people [https://www.ranzcp.org/Files/Resources/College\\_Statements/Position\\_Statements/PS-22-FPOA-Psychiatry-services-for-older-peopl-\(1\).aspx](https://www.ranzcp.org/Files/Resources/College_Statements/Position_Statements/PS-22-FPOA-Psychiatry-services-for-older-peopl-(1).aspx)

<sup>ii</sup> *Australian Institute of Health and Welfare, People's Care Needs in Aged Care 2017 cited in Draft PHN Primary Health Care Flexible Funding Pool Implementation Guidance Psychological Therapies for People with Mental Illness Living in Residential Aged Care Facilities*