



Australian Government

Department of Health



An Australian Government Initiative

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

The Mental Health Activity Work Plan template has two parts:

- 1) The updated Annual Mental Health Activity Work Plan for 2016-2018, which will provide:
 - a) A strategic vision which outlines the approach to addressing the mental health and suicide prevention priorities of each PHN.
 - b) A description of planned activities funded under the Primary Mental Health Care Schedule which incorporates:
 - i) Primary Mental Health Care funding (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity).
 - ii) *Indigenous Australians' Health Programme* funding (quarantined to support Objective 6 – see pages 2-3) (PHN: Indigenous Mental Health Flexible Activity).

Perth South PHN

Overview

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

Mental Health Activity Work Plan 2016-2018

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

The Plan should:

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

In addition, PHNs will be expected to provide advice in their Mental Health Activity Work Plan on how they are going to approach the following specific areas of activity in 2016-18 to support these areas of activity:

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

The WA Primary Health Alliance (WAPHA) exists to facilitate a better health system for all Western Australians. The Strategic Vision for Primary Mental Health Care will be an essential component of, and substantial contributor to, WAPHA's overarching Strategic Vision for achieving improved outcomes for patients and delivering better value to our community.

The primary health care system in WA is fragmented and lacks strong, integrated general practitioner (GP) led care at its core. Through collaboration with the three WA PHNs, WAPHA is committed to addressing the many access barriers that exist for people trying to navigate the current system – particularly those at risk of poor health outcomes.

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, deliver better value to the community and meet one or more of the following five priority areas, identified through the Needs Assessments:

- Keeping people well in the community.
- People with multiple morbidities especially chronic co-occurring physical conditions, mental health conditions and drug and alcohol treatment needs.
- Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage.
- System navigation and integration to help people get the right services at the right time and in the right place.
- Capable workforce tailored to these priorities.

The Perth South PHN Needs Assessment highlights the current barriers and constraints experienced by people with mental health conditions and those who support them. The PHN is committed to ensuring that the health and well-being of our most vulnerable people and communities is improved in a coordinated and patient-centred manner.

The PHN will direct primary mental health care funding towards integrated models of care addressing unmet healthcare and related need in the PHN. The PHN priority is to plan and commission for the optimal mix and level of regional, community-based mental health and suicide prevention services. In 2016-17, the PHN will also ensure existing service continuity where it is clinically appropriate.

In the 12 months of this Activity Work Plan the PHN intends to demonstrate improvement in equity, access and effectiveness of mental health and suicide prevention services, better enabling patients to stay well in the community. The founding principles of this plan include:

- Transitioning from a programmatic based approach to supporting an integrated, holistic and stepped care approach.
- Reducing fragmented care by:
 - Embedding a consumer centred approach into mental health and suicide prevention planning and commissioning activities,
 - Facilitating more clearly defined pathways and alignment between general primary care, relevant social service and different disease specific health care services.
 - Supporting the provision of person-centred, integrated and coordinated care for vulnerable and disadvantaged people in identified priority locations of greatest health needs.

- Supporting the provision of equitable access to a broad range of connected and co-ordinated services to meet the needs of individuals with co-occurring physical and mental co-morbidities and/or problematic use of alcohol or drugs.
- Increasing the provision of timely access to mental health treatment through improving mental health screening and treatment within General Practice.
- Recognising the different ‘needs-based groups’ that exist within the population experiencing mental health problems, disorders and conditions and those who are at risk of suicide or serious self-harm.
- Undertaking an evidence based approach to develop co-ordinated packages or “bundles” of care for people with mild to moderate mental disorders (defined by burden of disease) with or without complex needs.
- Implementing a place-based health approach to commissioning whereby local activities are implemented to engage the community, social and mental health and health care providers, local government and other key stakeholders to knit together services to more effectively meet the needs of those people with, or at risk of, mental health issues.
- Investing in training of primary care practitioners in trauma informed care and practice.
- Implementing all mental health activity within the framework of a stepped care approach to better target appropriate referral to mental health and related services. Mental health and suicide prevention activity of the PHN will be evidence-based, staged and comprising a hierarchy of interventions, from low to high intensity, which are matched to the individual’s needs. The PHN’s approach to stepped care will be to develop an integrated shared-care approach with the primary care sector, principally led by general practitioners allowing individuals with severe and persistent mental illness (SPMI) with complex care needs (“severe and complex”) to be managed in a coordinated way in primary care settings. The implementation of a comprehensive stepped care approach is intended to ensure people get the right clinical service at the right level of intensity and the right time, linked to other non-health supports as required.

Building on the experiences of the PHN’s Lead Site project as they emerge, activities throughout the region will be commissioned within an integrated systems approach for primary mental health care, the WAPHA Mental Health Primary Care model. The model incorporates the European Alliance Against Depression Multilevel Approach to the Prevention of Suicidal Behaviour in Nuremberg as detailed in Mental Health Primary Care: The WAPHA framework for Integrated Primary Mental Health Care¹ which identifies a ‘whole of community’ response is essential. The model confirms that four key, evidence based components of response are essential. These include Primary and mental health care services. community awareness. engagement of community facilitators and stakeholders. targeted activities working with high-risk individuals and their families. The Nuremberg research found that not only must all components be present in a community, but they must be delivered in a ‘joined-up’ manner.

The PHN will aim to facilitate an integrated primary mental health care system that is based on the identified and agreed needs of the local population. This will be guided by the PHN’s annual needs assessments, detailed service mapping and reference to evidence-based practice and on-going and proactive stakeholder engagement. These processes are critical in the PHN’s identification of gaps, duplication and opportunities that will inform the regional planning and integration of mental health and suicide prevention services, to align service provision (capability and capacity) with local need.

Regionally co-designed and implemented responses will be enabled through the PHN’s place-based teams and ongoing partnerships with the WA Mental Health Commission (MHC), Area Health Services (AHS), Aboriginal Health organisations, National Disability Insurance Scheme (NDIS) providers,

¹ Western Australian Primary Health Alliance, Mental Health Primary Care: [The WAPHA framework for Integrated Primary Mental Health Care](#), October 2016

community based primary health care, mental health and social care organisations, consumer groups and other service providers. These responses will make the best use of available workforce and services and will include a strong commitment to capacity building within the region.

A collaborative and culturally appropriate Indigenous specific response is integrated throughout the PHN Primary Mental Health Activity Plan to better support Aboriginal people.

Regional mental health and suicide prevention planning undertaken by the PHN will leverage the expertise and local knowledge of members of the Clinical Commissioning and Community Engagement Committees, the Mental Health Expert Advisory Group and the Aboriginal Mental Health Advisory Group. Members of these groups have interdisciplinary expertise relevant to mental health and suicide prevention planning.

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Definitions applied

Clinical governance - the systems and processes that organisations use to audit care, train staff, obtain feedback from clients and manage clinical risk to ensure that the services provided are safe and good quality.

Co-design - where service users, providers and commissioners are equal partners in the design of systems and services that affect them.

Co-production - In practice, involves people who use services being consulted, included and working together from the start to the end of any things that affect them. *(Often used as the operational description of how co-design is achieved, but also gets used interchangeably).*

Collective impact - an approach that brings a range of organisations together to focus on an agreed common change agenda that results in long-lasting benefits.

CREMs – clinician reported experience measures.

Evidence based care - care that research has shown is effective in providing the desired result.

HealthPathways - an online management tool to assist general practitioners (GPs) provide consistent conditions-specific care and referrals. Each pathway provides GPs with up to date information about local referral pathways.

Multidisciplinary team - A term used to describe a variety of different health professionals working together. (Also called inter-professional or interdisciplinary team).

Outcome based commissioning - planning and purchasing services based on **what** positive differences are made, over **how** they are done. This is a key concept in reforming our health services.

An example would be where a government replaces a block contract to 2000 counselling sessions a year, with a contract to deliver an agreed level of improvement in clinical outcomes for a group of people in a region, facilitating for people to receive the right treatment to meet their needs. Counselling might be the right answer in some cases, but probably in fewer cases than before, and most importantly that decision is directed much more by the outcomes that the patient wants.

Person centred care - when decisions about the way health care is designed and delivered puts the needs and interests of the person receiving the care first. (Also called Consumer Centric Care).

Place based approach - a way of addressing issues within a defined place, community or region in a systemic way.

PREMs - Patient reported experience measures.

Primary care - the first point of contact with health care provided in the community most commonly with a GP. Does not require and external referral at point of entry.

PROMs - Patient reported outcome measures.

Quadruple aim - is widely accepted as a compass to optimise health system performance. The Quadruple aim includes – enhancing patient experience, improving population health, reducing costs and improving healthcare provider experience and satisfaction.

Secondary care - care provided by a specialist often in a clinic or hospital requiring an external referral.

Shared care - care provided by a team of people in a coordinated way.

An example would be arrangements between a local hospital and GP for pregnancy care where some appointments are with the GP, and some are at the hospital.

Stepped care - A key concept in mental health. In this model the care is “stepped” up or down in intensity and scope, depending on the severity and complexity of the patient’s needs, rather than care “dosing” according to diagnosis and service specification.

For example, someone suffering depression related to a specific incident in their life such as sickness or job loss, will require a different level of care to a person with long-term chronic depression or psychiatric conditions. With a stepped care approach, all patients with depression start with low intensity intervention, usually ‘watchful waiting’, as around half will recover spontaneously within 3 months. Progress is monitored by a mental health professional and only those who don’t recover sufficiently move up to higher intensity intervention – which might involve guided self-help. There are two more levels or steps: brief one-on-one therapy. then for those still badly impacted by depression, longer-term psychotherapy and antidepressant medication.

Systems approach - a way of tackling issues by looking at all the services that exist and the connections between them and making changes that can affect the whole system rather than just individual parts within it.

Social determinants of health - the conditions within which people are born, develop, grow and age – they include social, economic, cultural and material factors surrounding people's lives, such as housing, education, availability of nutritional food, employment, social support, health care systems and secure early life.

Tertiary care - specialised care usually provided in hospital that usually requires referral from a primary or secondary care provider.

Wrap around care - this is a key concept within person centred care. The patient and their family form a partnership with their primary care provider team and other services “wrap around” this partnership as required.

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

Key projects underpinning proposed activities

Mental Health, Alcohol and Other Drugs Atlas of Western Australia (the Atlas) - The Atlas maps by primary function, all of the free to access mental health and Alcohol and Other Drugs (AOD) services in WA including their reach. Once completed (anticipated March 2017) the project will provide a planning tool that helps health commissioning organisations to understand current service availability by locality.

My Health Record project - My Health Record is a secure online summary of a person's health information, provided to all Australians by the Commonwealth Department of Health. The individual can control what goes into the record and who can access it. The My Health Record makes it possible for an individual to share their health information with a variety of healthcare services and providers such as GP's, hospitals and specialists. Everyone granted access to the record is able to see information about an individual's health condition, allergies, test results or medications depending on what the individual elects to share, and with whom. The benefits are significant – the electronic record is a convenient way for people to store all of their health information and also in reducing duplication and potential errors through health professionals having access to the right information all in one place.

HealthPathways – *HealthPathways* is an online system for General Practitioners (GPs) and primary health clinicians, accessed through an online portal. *HealthPathways* has been designed to be used at the point of care. It provides GPs and primary health clinicians with additional clinical information to support their assessment, treatment and management of individual patient's medical conditions, including referral processes to local specialists and services.

HealthPathways is central to the support that WA Primary Health Alliance (WAPHA) and the WA Primary Health Networks (PHNs) can provide to GPs and primary health clinicians. WAPHA administers *HealthPathways* in Western Australia. The PHNs' Primary Health Liaison Officers promote *HealthPathways*, and support GPs to implement and use the system in their practices to ensure people in Western Australia receive the right care, in the right place at the right time.

WAPHA works collaboratively with the State Government's Department of Health and the Area Health Services to set *HealthPathways* priorities and direction. Clinical pathways are selected for inclusion by a formal process based on the areas of greatest need.

Patient Opinion – WAPHA and WA PHNs will be supporting use of Patient Opinion^[1] to promote the vital role of consumer feedback in service improvement. Through a license agreement with Patient Opinion the PHN aims to encourage service and patient use of the site to inform continuous quality improvement of WAPHA funded services. The PHN is prioritising use of the site in areas where the local area health service has already adopted and is using the site. This approach seeks to assist in joining up the different areas of the health system, supporting a consistent approach to patient feedback across the whole patient journey.

My Community Directory – My Community Directory is a directory of community services, accessibly online and available to download as a printable portable document format (pdf). This sophisticated platform meets the identified needs of both community and service providers. For community, the online directory is free to access and can be searched by location, empowering people to stay well in their community and access local services where possible. For service providers, the directory supports place-based collaboration and tools in the platform support the co-ordination and navigation of place-based care for consumers. By entering a partnership agreement with My Community Directory, WAPHA and the WA PHNs will also benefit from the service mapping and search data generated from the directory. This will support service planning and contribute to the assessment of community needs.

Primary Health Exchange - Primary Health Exchange is a website to support engagement with community and wider stakeholders in PHN activities. The PHNs will continue to use the site to maintain open and transparent communication with communities around commissioning activities, including consultation to inform needs assessment and to outline anticipated timeframes. The site will continue to be used as a central hub for information and as a key communication tool between PHN committees and service providers, with communities of practice continuing to be established to encourage learning and communication across providers. Data and analysis tools within the administration side of the site will continue to be used to monitor and evaluate levels, and the nature, of engagement from stakeholders and contribute to the evaluation of associated face to face engagement activities such as workshops and focus groups.

^[1] Further information on Patient Opinion can be accessed at www.patientopinion.org.au

A note on Perth South PHN's commissioning approach for outcomes

WAPHA intends to create impetus for providers to focus on positive health outcomes by commissioning for good outcomes, rather than focussing on levels of activity, where appropriate.

The purpose of this outcomes framework is to provide an approach for understanding whether the commissioning work being done by WAPHA over the three WA PHNs, is achieving its intended aims. It is not a means for monitoring or penalising providers, rather it provides a means for monitoring and evaluating our own work in commissioning appropriate services to meet our objectives.

Wherever possible and when appropriate, we will attempt to consult with the wider community (clinicians, providers, patients and community organisations) involved with our commissioned activities to determine the most meaningful outcomes and indicators to use.

Our Outcome Domains

WAPHA emphasises the following pillars in prioritising the activities of the PHNs in line with national priorities:

- Aboriginal health
- Mental Health
- Ageing/Older people
- Population Health (in particular chronic diseases)
- eHealth
- Workforce

National headline indicators have also been prescribed and defined by the Commonwealth which reflect the Australian Government priorities. These are:

- Potentially preventable hospitalisations
- Childhood immunisation rates
- Cancer screening rates (breast, bowel and cervical)
- Mental health treatment rates, with child and adolescent rates reported separately

WAPHA has also outlined five outcome domains which align with the five priority areas determined by our health needs assessments. These outcome domains represent the system changes we intend to make within the primary health care space through our commissioning activities. Our outcome domains are:

1. Building capacity within the place
2. Increasing accessibility and reducing inequity
3. Providing care coordination: people receive the right care, in the right place at the right time
4. Delivery of services with a person-centred approach
5. Creation of locally sustainable health systems

We invite our providers to adapt this framework to their own services, so they may build their capacity to monitor and evaluate themselves. No one knows their business better than themselves, so providers will be best placed to determine the outcomes which represent the achievement of their aims and the measures and indicators which best track their performance against those outcomes.

Approach taken to prioritising activities

In November 2016, the PHN produced a 'refresh' of the Baseline Needs Assessment Report produced in March 2016 (Phase 1). The updated Report (Phase 2) consolidates the key themes and issues of the region's population health and service provision needs. In addition, it takes an alternate approach that considers place-based unmet needs for residents in the southern suburbs of metropolitan Western Australia (WA).

While a broad range of health needs were identified within the community, key stakeholders were involved in a prioritisation process to agree high level priority needs. The following needs were determined:

- Keeping people well in the community.
- People with multiple morbidities especially chronic co-occurring physical conditions, mental health conditions and drug and alcohol treatment needs.
- Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage.
- System navigation and integration to help people get the right services, at the right time and in the right place./or
- Capable workforce tailored to these priorities.

These priority needs are guiding resource allocation in the commissioning process.

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area

Priority Area	Priority Area 1: Low intensity mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>The following two elements of the Perth South WA PHN Stepped Care Model (see Priority 7 for full description) will deliver low intensity mental health services:</p> <p>MH1.1 – Practitioner Online Referral and Treatment Service (PORTS) MH1.2 – Face to face psychological therapies</p>
Existing, Modified, or New Activity	<p>Modified activity: MH 1.1 (p14)</p> <p>New activity: MH 1.2</p>
Description of Activity	<p>This activity addresses the PHN's priority needs:</p> <ol style="list-style-type: none"> 1. Keeping people well in the community (p52). 2. People with multiple morbidities especially chronic co-occurring physical conditions and mental health conditions and drug and alcohol treatment needs (p52). 3. Services designed to meet the health of vulnerable and disadvantaged people including those of Aboriginal heritage (p53). 4. System navigation and integration to help people get the right services at the right time and in the right place (p54). 5. Capable workforce tailored to these priorities (p55). <p>MH 1.1 Practitioner Online Referral Treatment Service (PORTS):</p> <ul style="list-style-type: none"> • Provides a state-wide telephone service that involves an expert-led intake assessment (Monday-Friday, 8:30am-5pm AWST, excluding WA public holidays) and high volume low intensity evidence-based structured psychological therapy (SPT) courses for individuals 16 years and older with common mental health disorders (mild to moderate anxiety and depression) across WA including rural and remote (high access). • Takes intake referrals from General Practice and equivalent and provides regular structured feedback on clinical progress using standardised assessments including PROMs. • Directs referrals to local face-to-face services as indicated. • Provides therapeutic support for problematic alcohol and other drug use.

- Delivers components of care across a range of low-bandwidth e-health modalities (apps, e-mail, moderated internet groups etc.) with demonstrated effectiveness.
- Escalates cases to local and national urgent and emergency care services in response to rising risk and expert clinical judgement based on agreed protocols.
- Has the capability to incorporate new therapeutic courses/pathways as they are developed (for example, problematic eating, problematic sleep etc.)
- Has a commitment to evidence based service development.
- Provides therapy that aligns with the WAPHA framework for Integrated Primary Mental Health Care.

MH 1.2 Face to Face Psychological Therapies:

- This activity will provide a face-to-face option for those people for whom online or telehealth delivery is not suitable (see MH1.1). These include people who have high prevalence conditions such as anxiety and depression and/or problematic alcohol and substance use. people who are experiencing financial hardship or are a Commonwealth concession card holder. people who are vulnerable or disadvantaged. people who may be from a specialised group such as children, people with perinatal mental health issues, Aboriginal or Torres Strait Islander people.
- A single service provider will receive referrals to provide a 'face-to-face' service within the Perth South PHN region for people experiencing relative disadvantage or specialised need. This includes: geographical priority areas identified in the needs assessment. people experiencing financial or other forms of disadvantage restricting their access to appropriate evidenced based low intensity interventions. groups with specialised or complex needs.
- Demand management for the face-to-face service will be the responsibility of the Service Provider however the PHN will advise on expectations and criteria for admission.
- A GP information and decision making engagement strategy will be employed so that referrals are appropriately targeted. For example, people who are least able to pay and for whom eHealth is determined and assessed as not the preferred option. The previous access criteria used for Access to Allied Psychological Services (ATAPS) will be employed.
- Sessions are not capped but are expected to apply a capitated funding model, based on previous ATAPS data. No and/or low -payment strategies may be adopted by the service provider within their proposed models in some circumstances.

	<ul style="list-style-type: none"> Has the capacity to refer people to appropriate mainstream services as an adjunct to, or instead of this service. Will link people back to the referring GP as standard procedure as well as the use of My Health Record. <p>ATAPS Transition</p> <p>ATAPS contracts were extended to March 2017. A review of these has identified a range of specialist services and agency interdependencies requiring a strategic response. This will be addressed by continuation of individually negotiated service contracts for a further period, to enable a cross-over as new and replacement services come on-line and ensure continuity of specialist services.</p>
Target population cohort	The service will provide equitable services to financially disadvantaged and vulnerable people.
Consultation	<p>The PHN is informed by the Mental Health Expert Advisory Group (MHEAG) established by WAPHA to guide the development of needs-based models of care. Consultation has taken place with a range of stakeholders including peak bodies, local government, the Clinical Commissioning Committee and the Community Engagement Committee.</p> <p>The PHN's place-based teams enable local planning with a range of stakeholders including but not limited to WA Health, the Mental Health Commission, General Practice, South Metropolitan Health Service, East Metropolitan Health Service, WA Association for Mental Health (WAAMH), WA Mental Health Network, WA Network of Alcohol and other Drug Agencies (WANADA). Aboriginal² Medical Services and Regional Aboriginal Health Planning Forums. Aboriginal Health Council of WA (AHCWA). Mental Health consumer and carer groups including Consumers of Mental Health WA (CoMHWa), Health Consumers Council WA, Helping Minds (Mental health carers organisation) and Carers WA.</p>
Collaboration	<ul style="list-style-type: none"> Local Area Health Services – integration of primary care services with hospital services. Mental Health Commission – alignment of commissioning.
Duration	<p>Activity Start and Completion: 1 April 2017 – 30 June 2018.</p> <p>Milestones:</p> <ul style="list-style-type: none"> July – October 2016 – planning and consultation

² Within Western Australia, in line with the WA Department of Health policy, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

	<ul style="list-style-type: none"> October 2016 – February 2017 – procurement April 2017 – June 2018 – service delivery and monitoring/evaluation.
Coverage	<p>Throughout the PHN region.</p> <p>The location of community support services will also be informed by the Atlas, needs assessment and discussions with existing providers, GPs and other stakeholders to identify service gaps and areas of particular need – focusing on under-served groups.</p>
Commissioning method (if relevant)	<p>All services will be commissioned in full.</p> <p>It is intended that WAPHA will co-design this service across the three WA PHN boundaries with key stakeholders. It has been determined that there is significant benefit to be had from this collaborative co-creation with a consortium who currently deliver services that align with the essential criteria of the service model outlined above.</p>
Approach to market	<p>Existing providers</p> <p>Contracts for ATAPS have been extended until 30 June 2017. The extension enables a cross-over as new and replacement services come on-line and ensure continuity of specialist services.</p> <p>1.1 PORTS: a direct engagement approach has been made to a consortium that met the essential criteria of the service model outlined above.</p> <p>1.2 Face to Face psychological therapies</p> <p>A restricted EOI process has been undertaken.</p>
Performance Indicator	<p>Priority Area 1 - Mandatory performance indicators:</p> <ul style="list-style-type: none"> Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services. Average cost per PHN-commissioned mental health service – Low intensity services. Clinical outcomes for people receiving PHN-commissioned low intensity mental health services.
Local Performance Indicator target (where possible)	<p>Extent of collaboration between the components of the model. The baseline for this indicator is the number of PORTS and community support services.</p>

Local Performance Indicator Data source	Minimum Data Set (MDS).
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$2,813,535
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	\$0
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$1,417,736
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$0
Funding from other sources	Not applicable.

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area

Priority Area	Priority Area 2: Youth mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	MH 2.1 – Youth mental health services – headspace
Existing, Modified, or New Activity	Existing activity (p19)
Description of Activity	<p>This activity addresses the PHN's priority needs:</p> <ol style="list-style-type: none"> 1. Keeping people well in the community (p52). 2. People with multiple morbidities especially chronic co-occurring physical conditions and mental health conditions and drug and alcohol treatment needs (p52). 3. Services designed to meet the health of vulnerable and disadvantaged people including those of Aboriginal heritage (p53). 4. System navigation and integration to help people get the right services at the right time and in the right place (p54). 5. Capable workforce tailored to these priorities (p55). <p>Lead providers The PHN will work with existing lead service providers to maintain service delivery within headspace centres, in line with the existing headspace service delivery model and supporting them to further develop their model to integrate fully into a stepped care approach. The PHN will also work with other health providers to improve the integration of headspace centres into broader primary mental health care services. physical and sexual health services. drug and alcohol services. social and vocational support services.</p> <p>headspace centres will be included within WAPHA's development of child and family, and youth specific integrated care pathways and services and are in the project scope of the Atlas.</p> <p>Targeting vulnerable groups The PHN has actively supported Perth South PHN headspace centres to target services to vulnerable and disadvantaged groups and excellent results have already been observed in the first six months of contract management.</p>

	<p>Improvement Framework</p> <p>The PHN will work with existing lead service providers to develop and implement an adaptive evaluation approach to support continuous improvement and evaluation of all headspace and early youth psychosis services, including patient outcomes. The approach will be designed to integrate with the day to day operations of services, and in this way, will minimise the resources required to undertake evaluation. This approach will enable continual improvement of these services, as well as ongoing refinement of the evaluation approach as required.</p> <p>State and National Resources</p> <p>Two mental health program leads have been employed by WAPHA to provide expert advice and guidance to the PHNs on the development of child and family, adolescent and youth services, as well as working collaboratively with the sector as funding moves from program based to flexible. The Youth Mental Health Program Lead will also support the PHNs and headspace Centres in transition of contracts and centre development.</p>
Target population cohort	Young people (12-25).
Consultation	<ul style="list-style-type: none"> • The PHN is informed by the Mental Health Expert Advisory Group (MHEAG), established by WAPHA, to guide the development of a robust stepped care approach to mental health services which also includes a focus on the mental health needs of children and young people. The MHEAG includes representation from Child and Adolescent Mental Health Services (CAMHS) and headspace National. • Monthly teleconferences are held with headspace centre managers. • The PHN requires that Annual Activity Plans are developed with involvement of Youth Reference Group and Consortium membership. The approvals process (including Progress reports) ensure alignment with PHN priorities and objectives.
Collaboration	Within this activity, the PHN plans to work collaboratively with key stakeholders from other WA PHNs and their Clinical Commissioning Committee (CCC) and Community Engagement Committee (CEC), headspace national and WA headspace providers (including centre staff), the MHC, AHS, CAMHS, WA Department of Health, Aboriginal Health organisations, youth service providers, community based primary health care, mental health and social care organisations, WAAMH, WANADA, consumer groups and other service providers.

	The PHN also recognises the importance of involving young people in the development of service models and will therefore ensure that local headspace Youth Reference Groups are engaged to provide feedback and advice to the PHN through local headspace centres.
Duration	2 May 2016 – 30 June 2018.
Coverage	<p>Perth South PHN region with a focus on current headspace locations including outreach services:</p> <ul style="list-style-type: none"> • Armadale (SA3). • Fremantle (SA3). • Rockingham (SA3) with outreach to Mandurah (SA3). <p>The location of services will also be informed through the Atlas and discussions with existing providers, GPs and other stakeholders to identify service gaps and areas of particular need – focusing on under-served groups.</p>
Commissioning method (if relevant)	<p>Services will be commissioned in whole. The commissioning approach is to contract existing headspace service providers under the same or similar conditions until 30 June 2018.</p> <p>As outlined above, the PHN will work with existing lead service providers to develop and implement an adaptive evaluation approach to support continuous improvement and evaluation of all headspace and early youth psychosis services, including patient outcomes.</p>
Approach to market	Service continuity through direct engagement.
Performance Indicator	<p>The mandatory performance indicator for this priority is:</p> <ul style="list-style-type: none"> • Proportion of regional youth population receiving youth-specific PHN-commissioned mental health services. <p>See above for reference to the PHN's Improvement Framework.</p>
Local Performance Indicator target (where possible)	See above for reference to the PHN's Improvement Framework.
Local Performance Indicator Data source	headspace centres will be required to continue to collect data on the client minimum data sets on the headspace Application Platform Interface (HAPI) and report to headspace National Office. The data collected through HAPI supports reporting, monitoring, quality improvement and evidence-building

	<p>requirements of the programme, and is provided to the PHN on a quarterly and annual basis, with possible live access to MDS 3.0 via Tableau in the future.</p> <p>The PHN will support headspace centres to continue to collect data on centre services and client data.</p>
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$2,764,426
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	\$0
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$2,764,426
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$0
Funding from other sources	Not applicable.

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area

Priority Area	Priority Area 2: Youth mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	MH 2.2 – Severe mental illness and first episode of psychosis for young people
Existing, Modified, or New Activity	Existing activity (2016-2017 Activity Work Plan p22)
Description of Activity	<p>This activity aligns with the following priorities identified in the PHN Needs Assessment:</p> <ol style="list-style-type: none"> 1: Keeping people well in the community. 3: Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage. 4: System navigation and integration to help people get the right services, at the right time and in the right place. <p>The Needs Assessment identified limited service availability for children and young people with, or at risk of, severe mental illness in the region and limited access to mental health professionals offering services to vulnerable young people, especially those experiencing early psychosis.</p> <p>Stepped Care Approach</p> <p>Regional planning will be a primary activity in 2016 -17 with the PHN using the information from the Needs Assessment, evidence based interventions and the Atlas to inform service development and promote evidence-based innovation.</p> <ul style="list-style-type: none"> • A co-design workshop was held in February 2017 with headspace centres and lead agencies to explore opportunities for co-location and building on the headspace platform. <p>The workshop emphasised the need for partnership with the tertiary sector. However, it also considered the supplemental role of primary care which is well-placed to provide functional recovery in line with the Early Psychosis Prevention and Intervention Centre (EPPIC) model.</p> <p>The concept will be further explored through consultation with the tertiary sector, young people, GPs and other stakeholders.</p>

	<ul style="list-style-type: none"> • In line with the WAPHA Mental Health Framework¹ it is proposed that this activity will leverage off and integrate with existing services, including state funded mental health services. In the Perth South PHN region, this includes Youth Reach South and the new Youth Community Assessment and Treatment Team (YCATT) which operates out of Fiona Stanley Hospital. YCATT is targeted at young adults aged 16–24 years old who are at higher risk of developing mental health issues and this focus includes emerging psychosis and young people with co-occurring physical health problems or issues related to alcohol and drugs. The PHN recognises that public health services provide assessment, case management, referral to other appropriate services and establishing links with long term community mental health supports. The PHN will continue engagement with AHS to establish service gaps, and seek to co-produce a community based service to integrate with public mental health services. • It is anticipated 2016-17 and 2017-18 funding will be combined to provide a continuous service model through to 2018-19. Combined funds 2016 (April) to 2018 (June) are 81% of the funding scheduled in 2018-19. After adjusting for scale up it is anticipated a continuous service model may be delivered. <p>HealthPathways</p> <ul style="list-style-type: none"> • In addition, the WA PHNs will support GPs through the promotion of localised child mental <i>HealthPathways</i> for use by General Practitioners, with the addition of FASD, ASD, and ADHD when these are completed. <p>State and national Resources</p> <ul style="list-style-type: none"> • The PHN is supported through the employment of mental health program leads to provide expert advice and guidance to the PHNs on the development of child and family, adolescent and youth early psychosis services. • The WA PHNs will promote the resources for clinical and non-clinical professionals available under the National Centre of Excellence for Youth Mental Health.
Target population cohort	Children and young people.
Consultation	<ul style="list-style-type: none"> • Regular consultation with local AHS. • The PHN is informed by the Mental Health Expert Advisory Group (MHEAG), established by WAPHA, to guide the development of a robust stepped care approach to mental health services which also includes a focus on the mental health needs of children and young people. The

	MHEAG includes representation from Child and Adolescent Mental Health Services (CAMHS) and headspace National.
Collaboration	<p>Within this activity, the PHN plans to work collaboratively with key stakeholders from other WA PHNs, headspace national and WA headspace providers (including centre staff), the MHC, AHS, CAMHS, WA Department of Health, Aboriginal Health organisations, youth service providers, community based primary health care, mental health and social care organisations, WAAMH, WANADA, consumer groups and other service providers</p> <p>The PHN also recognises the importance of involving young people in the development of service models and plans to seek youth representation for its Community Engagement Committee.</p>
Duration	<p>1 July 2016 – 30 June 2018.</p> <p>The PHN proposes to commission new models of care by 1 April 2017. These programs will be contracted until 30 June 2018 with the option of extending these contracts for an additional 12 or 24 months.</p>
Coverage	<p>Throughout the Perth South PHN region</p> <p>The location of services will be informed through the Atlas and discussions with existing providers, GPs and other stakeholders to identify service gaps and areas of particular need – focusing on under-served groups.</p>
Commissioning method (if relevant)	<p>It is intended the PHN's commissioning approach will be informed by its engagement with the AHS, MHC and other key stakeholders. However, the following procurement strategy is the PHN's preferred approach:</p> <ul style="list-style-type: none"> • Market testing through expression of interests and/or requests for proposals. • Co-design processes to ensure that commissioned models of care are place and consumer centric. <p>As outlined in MH 2.1, the PHN will work with service providers to develop and implement an adaptive evaluation approach to support continuous improvement and evaluation of all headspace and early youth psychosis services, including patient outcomes.</p>
Approach to market	See above.

Performance Indicator	<p>Priority Area 2 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> Support region-specific, cross sectoral approaches to early intervention for children and young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group. <p>See above for information about the Improvement Framework.</p>
Local Performance Indicator target (where possible)	See above for information about the Improvement Framework.
Local Performance Indicator Data source	See above for information about the Improvement Framework.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$709,498
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	\$0
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$1,580,080
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$0
Funding from other sources	Not applicable.

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area

Priority Area 2:	Youth mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	MH 2.3 – Children (0 – 11 years) and Families Mental Health
Existing, Modified, or New Activity	New activity
Description of Activity	<ol style="list-style-type: none"> 1. Keeping people well in the community (p52) 2. People with multiple morbidities especially chronic co-occurring physical conditions and mental health conditions and drug and alcohol treatment needs (p52) 3. Services designed to meet the health of vulnerable and disadvantaged people including those of Aboriginal heritage (p53) 4. System navigation and integration to help people get the right services at the right time and in the right place (p54) 5. Capable workforce tailored to these priorities (p55) <p>The Needs Assessment identified a brief overview of issues and priority locations for children and families, though further depth and detail is required and will be a focus for the 2017 needs assessment.</p> <p>This analysis coupled with the service availability from the Atlas will assist in informing service development and promote evidence-based innovation to fit within the WAPHA Stepped Care approach. In the meantime, based on the Needs Assessment options for the PHN's activity include:</p> <ul style="list-style-type: none"> • Supporting children, parents and families in relation to adverse experiences in early childhood to access appropriate trauma-informed interventions, including Aboriginal children and families. • Working with priority Local Government Authorities to identify perinatal and infant mental health community needs, gaps, service delivery and interventions. • Identifying and supporting the transcultural mental health and education sectors to further develop and continue to respond and address gaps and deficits in treating children who may have been affected by war traumas. • Educating and working with General Practitioners and other primary care practitioners in identifying and responding to perinatal and infant mental health, particularly in seeking support for women, their partners and families to be informed, to access appropriate care and treatment. • Trialling a "Resettlement Health Passport" with new arrived refugee families

	<ul style="list-style-type: none"> Exploring options to increase linkages between primary health care and early childhood centres as children under five years of age are frequent users. <p>HealthPathways</p> <p>In addition, the WA PHNs will support GPs through the promotion of localised <i>HealthPathways</i> for use by General Practitioners concerning:</p> <ul style="list-style-type: none"> Perinatal mental health period including: severe and persistent mental illness. medications in pregnancy. the post-partum period. foetal alcohol spectrum disorder. Child mental health including: developmental concerns in pre-schoolers. bullying and peer conflict in children. conduct disorder. Generalised Anxiety Disorder in children and adolescents. depression in children and adolescents. grief and loss in children and adolescents. Obsessive Compulsive Disorder in children and adolescents. Family and domestic violence and abuse. Housing assistance and homelessness. <p>State and national resources</p> <ul style="list-style-type: none"> The WA PHNs will promote the resources for families and health professionals available under the Centre for Perinatal Excellence. Australian Association for Infant Mental Health (WA). Perinatal Anxiety and Depression Australia (PANDA). Kidsmatter. Children of Parents with a Mental Illness (CoPMI) and Telethon Kids Institute. <p>Face to face psychological therapies</p> <ul style="list-style-type: none"> Children and their families will also be able to access face to face psychological therapies as outlined in MH 1.2.
Target population cohort	Children (0 – 11) and families.
Consultation	<ul style="list-style-type: none"> The PHN is informed by the Perinatal Mental Health Working Group and the Mental Health Expert Advisory Group (MHEAG), established by WAPHA, to guide the development of a robust stepped care approach to mental health services which also includes a focus on the mental health needs of children and families. Both groups have membership inclusive of local expert professionals, GPs, non-government and government health services.

	<ul style="list-style-type: none"> • Specific specialist consultation will occur in relation to transcultural mental health, Department of Education and Child and Adolescent Mental Health Services (CAMHS) for treating children who may have been affected by war traumas. • Children and Parent Centres and the associated Community Hubs to identify the options for increased linkages between primary health care.
Collaboration	Within this activity, the PHN plans to work collaboratively in addition to the above with key stakeholders from other WA PHNs, the MHC, AHS, CAMHS, WA Department of Health Perinatal Mental Health Sub Network Working Group, Aboriginal Health organisations, perinatal and infant service providers, community based primary health care, mental health and social care organisations, WAAMH, perinatal and infant mental health peak bodies and other service providers.
Duration	<p>1 April 2017 to 30 June 2018.</p> <p>The PHN proposes to commission new models of care from 1 April 2017. These programs will be contracted until 30 June 2018 with the option of extending these contracts for an additional 12 or 24 months.</p>
Coverage	<p>Perth South PHN region.</p> <p>The location of services will also be informed through the Atlas and discussions with existing providers, GPs and other stakeholders to identify service gaps and areas of particular need – focusing on under-served groups.</p>
Commissioning method (if relevant)	<ul style="list-style-type: none"> • The PHN will use the Needs Assessment and the MH Atlas to target planning work with local stakeholders in areas of most need. • A collaborative co-design process will be undertaken to identify possible options tailored to local needs. • Any services will be commissioned in whole.
Approach to market	The procurement approach will be determined after local consultation and planning.
Performance Indicator	<p>Priority Area 2 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> • Support region-specific, cross sectoral approaches to early intervention for children and young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group.

Local Performance Indicator target (where possible)	Local performance indicators will be agreed in partnership with providers and stakeholders.
Local Performance Indicator Data source	To be agreed. Potential sources include provider patient-level (de-identified) data. state-wide data sets. national data sets, including the MDS.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$0
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	\$0
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$100,000
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$0
Funding from other sources	Not applicable.

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area

Priority Area:	Priority Area 5: Community based suicide prevention activities
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	MH 5.1 – Community based integrated local suicide prevention approaches
Existing, Modified, or New Activity	Modified activity (p34)
Description of Activity	<p>This activity addresses the PHN's priority needs:</p> <ol style="list-style-type: none"> 1. Keeping people well in the community (p52). 2. People with multiple morbidities especially chronic co-occurring physical conditions and mental health conditions and drug and alcohol treatment needs (p52). 3. Services designed to meet the health of vulnerable and disadvantaged people including those of Aboriginal heritage (p53). 4. System navigation and integration to help people get the right services at the right time and in the right place (p54). 5. Capable workforce tailored to these priorities (p55). <p>Coordinated integrated regional approach to planning and commissioning</p> <p>Not all pieces of the puzzle that effect successful suicide prevention follow-up and support i.e. within the PHN's commissioning scope. Nonetheless leadership in developing a collaborative and joined up approach between services and service providers including the development of localised pathways, a point of entry, choice based triage and the building of a common agenda are well within the PHN's purview.</p> <p>The PHN will therefore take a lead role in the development of a whole of community focussed regional and local suicide prevention plan, and the commissioning of services, which embed a consumer centred approach, be funded based on need, take an evidence based regional approach to service planning and integration and provide effective early intervention across the lifespan, built on the European Alliance Against Depression framework³.</p>

³ <http://www.eaad.net/mainmenu/eaad-project/4-level-approach/>

Building on the experiences of the Perth South PHN's Lead Site project, activities throughout the region will use the European Alliance Against Depression methodology (Nuremberg Approach) which identifies a joined-up 'whole of community' response comprising four evidence based components is essential: primary and mental health care services. community awareness. engagement of community facilitators and stakeholders. targeted activities working with high-risk individuals and their families.

The planning process will consider existing State and Commonwealth health services and other funded services in the social care sector that contribute to the stepped care approaches that a suicide prevention system requires to be effective. An outcome of the first phase of this activity will be the *Regional Mental Health and Suicide Prevention Plan* which will be developed in consultation with Area Health Services, and the local Suicide Prevention Coordinator position, under the proposed activities outlined under activity MH 8.1.

The PHN will work in partnership with the MHC to commission suicide prevention to augment coordinated strategies in high risk communities.

The Needs Assessment identified the need to increase the workforce and community capacity to identify suicidal ideation. Suicide prevention is a complex issue and causes of suicide and/or suicidal ideation can stem from a complex mix of factors.

The PHN will fund the following suicide prevention programs within this activity: ARBOR and ALIVE.

ARBOR stands for Active Response Bereavement Outreach. It offers short-medium term counselling, referral, volunteer peer support and support groups to people who have lost loved ones to suicide at various locations. ARBOR accepts referrals from agencies across Perth and has an established referral relationship with the Coronial Counselling Service. The program offers in-home visits in the metropolitan area and telephone counselling in regional and remote WA.

The ALIVE program aims to decrease the incidence of suicide and self-harm behaviour in the community by providing a safe, non-judgmental support service for people at risk. ALIVE is an intensive case management service that provides a professional and assertive mental health approach including comprehensive assessment, support and, through care with a GP, linking the patient with health and social services in response to identified needs. ALIVE provides up to three months of therapeutic

	<p>support as needed, with the aim to further link people into ongoing counselling services and support programs.</p> <p>Plans for other commissioned suicide prevention services are outlined in MH 7.1.</p>
Target population cohort	<ul style="list-style-type: none"> • People at risk of suicide. • People who have lost loved ones to suicide.
Consultation	<ul style="list-style-type: none"> • The PHN is informed by the Mental Health Expert Advisory Group (MHEAG) established by WAPHA to guide the development of needs-based models of care. • We continue to engage with the Mental Health Commission and Area Health Services to ensure integration of existing services.
Collaboration	<p>The PHN will collaborate and develop partnerships with key stakeholders to assess the needs, scope options and support the change management across the sector towards more community based integrated suicide prevention approaches and ensure the PHN's plans align with the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025. These stakeholders include but are not limited to other WA PHNs their CCC and CECs, the MHC, WA Department of Health, Aboriginal Health organisations, NDIS providers, community based primary health care, mental health, justice, social and welfare agencies, local government, WANADA, consumer groups and other service providers dealing with people at risk of suicide and self-harm.</p>
Duration	<p>ATAPS transition – July 2016 – June 2017. ARBOR transition – July 2016 – June 2018. ALIVE service delivery – July 2017 – June 2018.</p> <p>The programs will be contracted until 30 June 2018 with the option of extending these contracts subject to Government funding and policy.</p>
Coverage	<p>Throughout the PHN region.</p>
Commissioning method (if relevant)	<p>All services will be commissioned in whole. Consultation and planning will be undertaken with key stakeholders. See below for approach to market.</p>
Approach to market	<p>Contracts for ATAPs program will be extended until 30 June 2017.</p> <p>Contracts for the ARBOR program will be extended until 30 June 2018. ALIVE program – direct engagement until 30 June 2018.</p>

	Monitoring and evaluation methods will be developed in consultation with service providers, consumers and general practice alongside the commissioned service agreements.
Performance Indicator	<p>The mandatory performance indicator for this priority is:</p> <ul style="list-style-type: none"> Number of people who are followed up by PHN-commissioned services following a recent suicide attempt. <p>In addition to the mandatory performance indicators, the PHN will work with key stakeholders to identify indicators that are sensitive to local conditions/circumstances, if relevant, and relate to the key outcomes domains defined within the outcomes framework.</p>
Local Performance Indicator target (where possible)	As outlined above, local performance indicators will be agreed in partnership with providers and stakeholders.
Local Performance Indicator Data source	To be agreed. Potential sources include provider patient-level (de-identified) data. state-wide data sets. national data sets including the MDS.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$442,370
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	\$352,116
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$442,369
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$572,298.50
Funding from other sources	Mental Health Commission

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area

Priority Area:	Priority Area 6: Aboriginal and Torres Strait Islander mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	MH 6.1 – Integrated Aboriginal mental health and suicide prevention services
Existing, Modified, or New Activity	Modified (p40)
Description of Activity	<p>This activity addresses the PHN's priority needs:</p> <ol style="list-style-type: none"> 1: Keeping people well in the community. 2: People with multiple morbidities especially chronic co-occurring physical conditions, mental health conditions and drug and alcohol treatment needs. 3: Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage. 4: System navigation and integration to help people get the right services, at the right time and in the right place. 5: Capable workforce tailored to these priorities. <p>Understanding health and service needs</p> <ul style="list-style-type: none"> • Engage and partner with local Aboriginal communities, Aboriginal Controlled Community Health Organisations (ACCHOs), mainstream services and other stakeholders such as the MHC, and use the Atlas, to inform the PHN's commissioning activity. • Use the European Alliance Against Depression (Nuremberg Approach) methodology which outlines the value of a joined-up 'whole of community' response (see MH5.1) • Use the ATSIPEP Report to identify evidence-based preventions, interventions and activities which can be applied in a place-based⁴ approach. <p>Partnering with Aboriginal people to enhance cultural, social and emotional wellbeing</p> <ul style="list-style-type: none"> • Work with a range of Aboriginal community organisations to support local communities to build and sustain cultural, social and emotional wellbeing in response to locally -identified needs, including the provision of Aboriginal Mental Health First Aid: • For example, [South] work with Aboriginal communities in the Armadale and Langford areas to build social and emotional resilience through a range of strategies such as a culturally appropriate

⁴ Perils of Place, Identifying hotspots of health inequality, Stephen Duckett, Grattan Institute, July 2016

	<p>healing group, identifying and upskilling local “natural helpers”, and training community members in Aboriginal Mental Health First Aid.</p> <ul style="list-style-type: none"> • PHN staff have also met with a range of stakeholders in the Murray/Waroona area to discuss the opportunity of developing a capacity building project aimed at improving Aboriginal Youth Mental Health in the area. The PHN is playing a key role in bringing together local Aboriginal community members, local government, South Metropolitan Health Service, and local service providers to discuss local service needs and options. • Work with community-based and Aboriginal-led organisations to facilitate the delivery of a Cultural, Social and Emotional Wellbeing (CSEWB) Program with Aboriginal people to address the issue of suicide and what it means for Aboriginal people as individuals, families and communities. This activity is the PHN’s implementation of the National Empowerment Project⁵. A fundamental element of the Program is that it is community-led. PHN staff will consult with local Aboriginal community members and elders and engage local Aboriginal-led groups to deliver this program in line with local needs as identified by the community. • The Program focuses on strengthening the cultural, social and emotional wellbeing of individuals, families and the community and involves several activities that have a community-wide focus. The Program is delivered in 12 one day modules which can be delivered at different intervals to meet the needs of participants: <ul style="list-style-type: none"> - Introduction – Self in Context of Social and Emotional Wellbeing. - Social and Emotional Wellbeing – Self in Context of Social and Emotional Wellbeing. - Self and Family – Self in Context of Family. - Looking After Me! Stress Management – Self in Context of Individual Well-being. - Importance of Family – Self in Context of Family. - Communication and Building Relationship - Self in Context of Family. - Parenting – Importance and Strengths of Parenting and Family. - Parenting Two – Importance and Strengths of Parenting and Family. - History and Culture – Community Life. - Our Community Future – Community Life. - Leadership – Leadership within our Communities. - Review and Participant Presentations – Celebration of Achievement.
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⁵ <http://www.nationalempowermentproject.org.au/>

	<p>Place-based community-based services</p> <ul style="list-style-type: none"> • Commission community-based services to deliver integrated mental health and AOD services, based on a local co-design process. <p>General Practice and other workforce</p> <ul style="list-style-type: none"> • Identify opportunities to improve linkages with GPs and improve the uptake of appropriate MBS items for Aboriginal people. • Use existing PHN communication tools as a mechanism to improve and strengthen practice knowledge of services, information and Aboriginal health issues including mental health. • Develop a community of practice of health providers with an interest in Aboriginal Health. • Support general cultural awareness training for GPs and other practice staff as a part of the ITC and Comprehensive Primary Care workforce capacity building activity. • Commission specific training to enhance capacity in General Practice to ensure delivery of culturally appropriate mental health care for Aboriginal people, including assessment tools identifying those with problematic mental health and AOD substance use. • Build on existing <i>HealthPathways</i> to develop specific Aboriginal mental health pathways to better support Aboriginal people in accessing and using Aboriginal services that are culturally appropriate, safe and secure. <p>Integrated Team Care (ITC) (funded from ITC funds)</p> <ul style="list-style-type: none"> • Promote mental health in general practice as an eligible chronic condition for those registered with the ITC program. • Support the ITC workforce with appropriate training to advocate and act as a conduit to other supports for those ITC patients with mental health conditions. • Provide guidance to ITC commissioned services on provision of both culturally and mentally safe workplace for their ITC workforce including opportunities to promote mental health and wellbeing of the ITC workforce through a variety of activities. <p>Connecting a marginalised and otherwise hard-to-reach cohort to services There is overrepresentation of Aboriginal people who are remanded in police custody. See Activity 3.1 for more details.</p>
Target population cohort	Aboriginal people at risk of suicide and/or poor mental health outcomes.

Consultation	<p>WAPHA has established a state-wide Aboriginal Mental Health and AOD Advisory Group (WAMHAAG) to inform the commissioning of mental health and AOD services for Aboriginal people across WA. The Group identified four Domain Areas to be the focus of WAPHA commissioning activity:</p> <ul style="list-style-type: none"> • Domain Area 1 - Workforce capacity & training for both Aboriginal and non-Aboriginal staff to increase clinical and cultural responsiveness for Aboriginal people. • Domain Area 2 - Services that focus on at risk Aboriginal youth and children. • Domain Area 3 – Community development activity to support further development of existing Aboriginal family/kinship/community systems of health and well-being care, mentoring and advocacy. • Domain Area 4 – Mental health and AOD treatment services and/or Coordination services to improve patient pathways in navigating the health and other social care systems for Aboriginal people with problematic AOD substance use and/or mental health issues. <p>The WAMHAAG confirmed the geographical locations identified in the three WA PHN Needs Assessment as priority locations for commissioning activity. The PHN is consulting in those priority locations with individual communities to better refine the commissioning of MH and AOD services.</p> <p>The PHN is informed by the Mental Health Expert Advisory Group (MHEAG) established by WAPHA to guide the development of needs-based models of care. Integral to this will be linking with the national digital gateway, development of localised pathways in <i>HealthPathways</i>. a point of entry, choice-based triage and referral for definitive care approach, and use of digital self-management programmes.</p>
Collaboration	<p>The PHN will work collaboratively with consumers, carers, health care providers (primary, secondary and tertiary), social services and a range of civic stakeholders to understand complexities and gaps, and identify what is needed to develop seamless pathways. Key partnerships include with local Aboriginal communities, the MHC, WAAMH, WANADA, general practice and WA AHS.</p> <p>The PHN will collaborate on commissioning activity with the MHC in their dual roles of being a commissioner (service funder) and provider of Drug and Alcohol Treatment Services (principally targeting dependency) and a commissioner of Mental Health Services. This collaboration will ensure that the PHN's plans align with the State Mental Health, Alcohol and Other Drugs Services Plan 2015-2025, noting that the PHN will focus on problematic/ harmful use, with or without complexity/significant co-morbidity. This is to ensure congruency within a stepped-care model of provision, allowing co-commissioning for a managed whole system for WA.</p>

	<p>The PHN will collaborate and develop partnerships with key stakeholders to assess the needs, scope options and support the change management for the development of tailored place-based Aboriginal suicide prevention strategies. These stakeholders include but are not limited to other WA PHNs, the CCC and CEC, MHC, WA Health, Aboriginal Health, medical and policy organisations, community based primary health care and ACCHOs, mental health, justice, social and welfare agencies, local government, WANADA, consumer groups, headspace and other service providers dealing with Aboriginal people at risk of suicide and self-harm.</p> <p>The PHN will work with Aboriginal-led organisations to facilitate delivery of the CSEWB program in line with locally identified needs.</p> <ul style="list-style-type: none"> • Langford Aboriginal Association (Gosnells, Kelmscott) • Moorditj Koort Aboriginal Health and Wellness Centre (Kwinana/Rockingham).
Duration	<p>1 July 2016 – 30 June 2018.</p> <p>The PHN is working to commission new models of care in the PHN by 1 April 2017.</p> <p>Planning and Procurement Phase – 1 July 2016 – 1 April 2017:</p> <ul style="list-style-type: none"> • Regional consultations with Aboriginal medical services and other relevant organisations to inform the Atlas – ongoing from 2015 – 16 to August 2016. • Atlas draft produced for consultation with key stakeholders – October 2016. • Working with Aboriginal Health Planning Forums and Aboriginal Mental Health and AOD Advisory Group and other relevant stakeholders to inform models of service delivery – July 2016– December 2016. • Work on finalising service models for each region and determining commissioning/procurement approach – January to February 2017. • Market testing through expression of interests and/or requests for proposals – January – March 2017.

	<p>Services commence 1 April 2017. Duration of services will vary: capacity building activities will be complete by June 2018. Other services will be commissioned to June 2018 with the possibility of extension subject to Government policy and funding.</p>
Coverage	<p>The locations of activity will be determined by the Atlas, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSIPEP) Indigenous Suicide postal code interactive map, and discussions with existing providers, GPs and other stakeholders including Aboriginal people and ACCHOs to identify areas of particular need, focusing on under-served areas.</p> <p>The CSEWB program will be delivered in the following regions:</p> <ul style="list-style-type: none"> • Gosnells (SA2). • Kelmscott (SA2.) • Kwinana (SA3). • Rockingham (SA3). • Armadale (SA3).
Commissioning method (if relevant)	<p>Services will be commissioned in whole.</p> <p>The services currently provided under the ATAPS program providing mental health counselling for Aboriginal people will be commissioned through a continuation of the current contracts as outlined elsewhere.</p> <p>Commissioning will be informed by the ATSIPEP recommendations for suicide prevention services and programs for integrated solutions regarding contemporary challenges experienced by Perth South Metro Aboriginal communities⁶. A co-design process using information from the PHN Needs Assessment, Mental Health Atlas, ATSIPEP Indigenous Suicide postal code interactive map, and community and service provider consultation in collaboration with the MHC will determine the location of new services, model of service delivery and commissioning approach. It is anticipated services will be developed using a consortia approach which will aim to support ACCHOs working with mainstream public mental health services and non-government service providers working together for better outcomes for Aboriginal people with persistent and ongoing mental health illness. Services will take into consideration the social determinants of health and will operate in accordance with the</p>

⁶ Final Report, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, Part Two A: Tools to Support Indigenous Suicide Prevention Activity (June 2016)

	<p>Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan⁷ and the WA Department of Health Aboriginal Health and Wellbeing Framework⁸.</p> <p>Monitoring and evaluation methods will be developed in consultation with service providers, consumers and general practice alongside the commissioned service agreements and WAPHA research partner Curtin University.</p>
Approach to market	<p>A range of methods will be used to approach the market:</p> <ul style="list-style-type: none"> • Place-based community-based services – an EOI process is underway (at time of writing) to commission place-based integrated Mental Health and AOD services for Aboriginal people. • CSEWB – direct engagement. • Other activities will use a direct engagement approach, based on consultation with local communities.
Performance Indicator	<p>Priority Area 6 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> • Proportion of Indigenous population receiving PHN-commissioned mental health services where the services were culturally appropriate. <p>In addition to the mandatory performance indicators, the PHN will work with key stakeholders to identify indicators that are sensitive to local conditions/circumstances, if relevant, and relate to the key outcomes domains defined within the outcomes framework and in alignment with the four Domain Areas identified by the WAMHAAG.</p> <p>For example, level of mental health specific MBS item uptake in identified general practices for Aboriginal patients across the PHN.</p>
Local Performance Indicator target (where possible)	As outlined above, local performance indicators will be agreed in partnership with providers and stakeholders.
Local Performance Indicator Data source	To be agreed. Potential sources include provider patient-level (de-identified) data. state-wide data sets. national data sets, including the MDS.

⁷ Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023, Commonwealth of Australia (2015)

⁸ WA Aboriginal Health and Wellbeing Framework 2015 – 2030, Government of Western Australia, Department of Health (2015)

Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$893,643
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	\$0
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$951,077
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$0
Funding from other sources	Not applicable.

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area

Priority Area	Priority Area 7: Stepped care approach
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<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"> • MH 1.1 PORTS • MH 1.2 Face to face psychological services • MH 2.1 headspace • MH 2.2 Severe mental illness and first episode of psychosis for young people • MH 2.3 Children and families' mental health • MH 3.1 Psychological therapies for under-served and/or hard to reach groups • MH 4.1 Integrated Primary Health Care for people with severe and complex mental illness • MH 5.1 Community-based integrated suicide prevention approach • MH 6.1 Integrated Aboriginal mental health and suicide prevention services
Existing, Modified, or New Activity	Existing (p48)
Description of Activity	<p>This activity addresses the PHN's priority needs:</p> <ol style="list-style-type: none"> 1. Keeping people well in the community (p52). 2. People with multiple morbidities especially chronic co-occurring physical conditions and mental health conditions and drug and alcohol treatment needs (p52). 3. Services designed to meet the health of vulnerable and disadvantaged people including those of Aboriginal heritage (p53). 4. System navigation and integration to help people get the right services at the right time and in the right place (p54). 5. Capable workforce tailored to these priorities (p55). <p>The PHN has approached stepped care by developing an integrated shared-care approach with the primary care sector, principally led by general practitioners as part of the WAPHA Comprehensive</p>

Primary Care Approach and the Mental Health Primary Care Model. This activity underpins all the mental health funding objectives.

To support better integrated care and the establishment of effective care pathways the PHN will:

- Establish relationships and agree to terms of reference, including where appropriate memorandums of understanding and service level agreements.
- Understand comprehensive regional mental health planning and identify primary mental health service gaps within a stepped care approach.
- Review the linkages with, and between relevant services and supports.
- Establish joined up assessment processes and referral pathways to enable people with mental illness, particularly those people with severe and complex mental illness, to receive the clinical and other related services they need (see MH1.2 and MH4.1).
- Develop new approaches to broaden the service mix and improve access, with a focus on hard to reach groups as identified in the PHN's Needs Assessment (see MH1.1, MH1.2, MH2.1, MH2.2, MH2.3, MH3.1, MH5.1, and MH6.1).
- Build workforce capacity for a stepped care approach and target referral to 'soft' entry points (see MH1.1, MH1.2).
- Establish mental health specific clinical governance arrangements.
- Promote and integrate the national digital mental health gateway as a core element of the stepped care approach.
- Build general practice capacity to screen, treat and monitor at risk and co-morbid individuals and population groups (see MH1.2, MH6.1, DA4 and DAA2).

Integrated system of care – community services

The PHN is working in partnership with WAAMH and WANADA to coordinate the development, delivery and evaluation of capacity building for the general community service workforce to work with people with comorbidities of problematic use of alcohol or other drugs and mental illness.

The Stepped Care commissioning activities will be undertaken using a place based approach, integrated with Comprehensive Primary Care and focused on areas of particular need. Place based interventions will be developed with local communities to leverage the existing resources and assets to better support the wider determinants of health and wellbeing, realise more equitable health outcomes and provide better services at better value for the community. Commissioned activities will

	include community support services such as local specialist counselling, peer workers, service navigation and coordination.
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>The PHN is informed by the Mental Health Expert Advisory Group (MHEAG) 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>A workshop was held in February 2017 for service providers and other interested stakeholders to inform and seek feedback on the PHN's approach.</p> <p>Consultation also takes place on an ongoing basis with Area Health Services, the CCC, the CEC and PHN Council.</p>
Collaboration	<p>In establishing a continuum of primary mental health services and ensuring the PHN's plan aligns with the WA Mental Health Plan, the PHN will work collaboratively with key stakeholders including but not limited to other WA PHNs, the CCC and CEC, the MHC, WA Department of Health, Aboriginal Health organisations, Health Professionals' Colleges and Associations, community based primary health care, 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	<p>1 July 2016 to 30 June 2018.</p> <p>The PHN proposes to commission new models of care by 1 April 2017. These programs will be contracted until 30 June 2018 with the option of extending these contracts for an additional 12 or 24 months.</p> <p>Regionally Tailored Mental Health Services (NP 5) will be funded from July 2017 – June 2018 to allow for transition of services from this program to the PHN's integrated primary mental health care mode.</p>

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"> • South West Metro: priority areas within Fremantle, Kwinana, Cockburn, Rockingham, Peel – Mandurah, Peel – Murray and Waroona. • South East Metro: priority areas within Armadale, Gosnells and Belmont. <p>Regionally tailored mental health services will be focused on the Peel region: Perth South East – SA4. Perth South West – SA4. Mandurah – SA2. Pinjarra – SA2.</p> <p>The location of services will also be informed through the Atlas and discussions with existing providers, GPs and other stakeholders to identify service gaps and areas of particular need – focusing on under-served groups.</p>
Commissioning method (if relevant)	<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> <p>Place-based community support services are currently being procured across the PHN through an EOI process.</p> <p>Monitoring and evaluation methods will be developed in consultation with service providers, consumers and general practice alongside the commissioned service agreements.</p>
Performance Indicator	<p>The mandatory performance indicator for this priority is:</p> <ul style="list-style-type: none"> • Proportion of PHN flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness.

	In addition to the mandatory performance indicators, the PHN will work with key stakeholders to identify indicators that are sensitive to local conditions/circumstances, if relevant, and relate to the key outcomes domains defined within the outcomes framework.
Local Performance Indicator target (where possible)	As outlined above, local performance indicators will be agreed in partnership with providers and stakeholders.
Local Performance Indicator Data source	To be agreed. Potential sources include provider patient-level (de-identified) data. state-wide data sets. national data sets including the MDS.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$1,347,309
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	\$0
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$1,460,000
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$0
Funding from other sources	Not applicable.

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area

Priority Area	Priority Area 8: Regional mental health and suicide prevention plan
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	MH 8.1 – Integrated mental health and suicide prevention plan
Existing, Modified, or New Activity	Existing
Description of Activity	<p>In WA, we are undertaking a comprehensive review of primary care mental health activity and transitioning to new models of stepped care. In this way, we aim to 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) to improve the timeliness, access and quality of mental health services in the region. Where appropriate new models are being tested with new services being commissioned during the latter part of 2016-2017.</p> <p>2016-2017 activities</p> <ul style="list-style-type: none"> • Establishing contracts within a clinical governance framework. • Developing and implementing a project management framework to oversee the PHN's activities. • Ensuring appropriate data collection and reporting systems are in place for all commissioned services, to inform service planning and facilitate ongoing performance monitoring and evaluation. • Developing and implementing systems to support sharing of consumer clinical information between service providers and consumers. • Establishing and maintaining appropriate consumer feedback procedures including complaint management. • Implementing a comprehensive Mental Health and Suicide Prevention Needs Assessment and development of Mental Health Activity Work Plan. • Developing a Regional Mental Health and Suicide Prevention Plan. • Scoping, planning and implementing [the commissioning of the Comprehensive Primary Care program – to provide wrap around primary care for people who have complex mental health care needs.

	<ul style="list-style-type: none"> Monitoring and reviewing the Comprehensive Primary Care program and the Local Integrated Team Care model to identify opportunities for better integrated and co-ordinated mental health services for people with complex, chronic conditions and vulnerable people without consistent access to primary health care. <p>The PHN is aware the Department of Health Mental Health Branch are commissioning a PHN specific National Mental Health Services Planning Framework (NMHSPF)-based decision support tool (DST) to assist with planning. This PHN tool will include the capability to adjust for rurality and ATSI populations. Access to a PHN-DST provides the facility to align WAPHA planning with the WA MHC Mental Health, Alcohol and Other Drug Services plan as this was also developed using the NMHSPF DST planning methodology. Thus, commonwealth and state-based service planning in WA will share the same fundamental approach to resource allocation within a co-commissioning framework, demarcating more keenly the separate Commonwealth and State responsibilities that if not addressed can lead to duplication of services and cost shifting to the detriment of patient care and community health.</p>
Target population cohort	Not applicable – this activity refers to the development of a regional plan.
Consultation	<ul style="list-style-type: none"> The PHN is informed by the Mental Health Expert Advisory Group (MHEAG) established by WAPHA to guide the development of needs-based models of care. Consultation has taken place, and will continue, with a range of stakeholders including peak bodies, local government, local Area Health Services, WA Health, the Clinical Commissioning Committee and the Community Engagement Committee.
Collaboration	<p>The PHN will work collaboratively with key stakeholders including the WAPHA Board, PHN Council, CCC and CECs. WAPHA Mental Health Advisory Group, MHC, WAAMH and other peak bodies, WA Health, Aboriginal Health organisations and councils, consumer and carer groups, consumers, their families and carers.</p> <p>Agreement for the <i>Regional Mental Health and Suicide Prevention Plan</i> will be sought from key partners through WAPHA's Mental Health Expert Advisory Group.</p>
Duration	See above for a breakdown of the work that took place in 2015-2016 and is planned in 2016-2017. The <i>Mental Health Activity Work Plan</i> will be submitted in May 2017 and will outline the plans for 2017-2018.

	It is anticipated that new models of primary care mental health services will be tested during 2016-2017 before moving to a full commissioning cycle.
Coverage	Throughout the PHN region.
Commissioning method (if relevant)	Not applicable. The <i>Plan</i> will be developed by WAPHA staff in consultation with stakeholders.
Approach to market	Not applicable.
Performance Indicator	The mandatory performance indicator for this priority is: <ul style="list-style-type: none"> Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.
Local Performance Indicator target (where possible)	Not applicable.
Local Performance Indicator Data source	Not applicable.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$0
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	\$0
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$0
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$0
Funding from other sources	Not applicable.

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

Proposed Activities - copy and complete the table as many times as necessary to report on each 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)	MH 3.1 – Psychological therapies for under-serviced and/or hard to reach groups This activity also consists of: <ul style="list-style-type: none"> • MH 1.1 PORTS. • MH 1.2 Face to face psychological therapies. • MH 7.2 Integrated community support services.
Existing, Modified, or New Activity	Modified activity p25
Description of Activity	<p>The PHN's Needs Assessment identified a lack of primary care access and accessibility for some disadvantaged and hard to reach groups.</p> <p>Face-to-Face psychological services Refer to MH 1.2.</p> <p>Access and linkages to mainstream service for Indigenous clients All providers who respond to the PHN's mental health commissioning opportunities will be required to articulate their demand management strategies, mainstream access approaches and co-payment policies. There will be a requirement for service providers to demonstrate and measure processes that link Aboriginal people to mainstream services that are culturally competent.</p> <p>Health Pathways and patient "gateway" transitions In addition to clarifying and promoting standardised clinical pathways through <i>HealthPathways</i>, the PHN will work with GPs, specialists, other health professionals, consumers and carers to identify the "gateways" in the patient's journey as they traverse the mental health sector and opportunities to</p>

reduce the chances of a patient “falling through the gaps”. Through that process, the PHN will explore the use of telehealth and other digital and e-health options to support the development of the clinical workforce and leverage the capability of specialists to build capacity in the system.

Connecting a marginalised and otherwise hard-to-reach cohort to services

The PHN is working with other public service providers to implement a system which will identify and reach vulnerable and disadvantaged people whose problematic use of alcohol and drugs and/or recurring MH conditions result in them being frequent users of Emergency Department and police/justice services.

This intervention aims to act as a circuit breaker for a cohort of people who are regular users of Emergency Departments and police/justice services. By targeting this group soon after an interaction with the justice system or hospital, the PHN aims to reduce the frequency of Emergency Department (ED) presentations and recidivism for this marginalised and otherwise hard-to-reach cohort. Two activities will be undertaken:

- The PHN will work with Area Health Services and other stakeholders to scope and implement a project aimed at secondary prevention services for this cohort of people to reduce future hospital presentations.
- It has been identified that this cohort of vulnerable and disadvantaged/hard to reach people are also frequent users of the Perth Watch House.

The Perth Watch House has a throughput in the region of 1,200 individuals per month from throughout Perth. All watch-house detainees have a brief health screen and remanded individuals have access to a state public mental health specialist service. Other detainees are provided with contact details of mental health and drug and alcohol treatment services, however there is no primary health assessment and service engagement team for this marginalised and otherwise hard-to-reach cohort immediately post-exit/release. As in the prison system, there is considerable overrepresentation of Aboriginal people.

Whilst most unmet needs can be successfully managed by primary care and social services some will need access to shared-care and state-funded public services. WAPHA is proposing to co-commission (with Perth North PHN, WA Health and the MHC) a dedicated, multi-agency resourced, clinical and allied health team to coordinate and facilitate access to care and support services in order to address

	underlying, often multiple, morbidities. This service will only be provided post-custody, on or after exit. The first stage of this intervention will aim to establish, describe and quantify the health, functional and social needs of the people who are detained and examine their health service use prior to and after their arrest.
Target population cohort	Under-served and /or hard to reach groups.
Consultation	The PHN is informed by the Mental Health Expert Advisory Group (MHEAG) and the Aboriginal Mental Health and AOD Advisory Group established by WAPHA to guide the development of needs-based models of care.
Collaboration	<p>Within this activity, the PHN will work collaboratively with key stakeholders to scope, plan and potentially co-commission tailored primary care mental health services for hard to reach and under-served groups and ensure the PHN's plans align with the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.</p> <p>Key Stakeholders include but are not limited to other WA PHNs and their CCCs and CECs, the MHC, WA Department of Health, AHS Aboriginal Health organisations, NDIS providers, community based primary health care, mental health, justice, social and welfare agencies, local government, WANADA, consumer groups and other service providers dealing with hard to reach groups.</p>
Duration	<p>ATAPS Transition – June 2016 - June 2017.</p> <p>The PHN plans to commission new models of care by 1 April 2017. These programs will be contracted until 30 June 2018 with the option of extending these contracts for an additional 12 or 24 months.</p>
Coverage	Throughout the PHN region.
Continuity of care	<p>The PHN will work with ATAPS providers to identify continuity of care issues. 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.</p> <p>As outlined in MH 1.2, a proactive communication plan will be implemented to ensure GPs are clear on referral pathways. <i>HealthPathways</i> will also be updated to reflect changes in services.</p>
Commissioning method (if relevant)	All services will be fully commissioned.

Approach to market	<p>Existing providers Contracts for ATAPS will be extended to enable continuity of care for key client groups as outlined elsewhere.</p> <p>New face to face models See MH 1.2.</p> <p>Monitoring and evaluation methods will be developed in consultation with service providers, consumers and general practice and will form part of the evaluation plan within the service agreements.</p>
Performance Indicator	<p>Priority Area 3 - 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>In addition to the mandatory performance indicators, the PHN will work with key stakeholders to identify indicators that are sensitive to local conditions/circumstances, if relevant, and relate to the key outcomes domains defined within the outcomes framework.</p>
Local Performance Indicator target (where possible)	As outlined above, local performance indicators will be agreed in partnership with providers and stakeholders.
Local Performance Indicator Data source	To be agreed. Potential sources include provider patient-level (de-identified) data. state-wide data sets. national data sets including the MDS.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$119,933
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	\$0
Planned Expenditure 2017-18 (GST Exc) –	\$729,230

Commonwealth funding	
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$0
Funding from other sources	Not applicable.

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area

Priority Area	Priority Area 4: Mental health services for people with severe and complex mental illness including care packages
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	MH 4.1 – Integrated Primary Health Care for people with severe and complex mental illness
Existing, Modified, or New Activity	Modified activity (p30)
Description of Activity	<p>This activity addresses the PHN's priority needs:</p> <ol style="list-style-type: none"> 1. Keeping people well in the community (p52). 2. People with multiple morbidities especially chronic co-occurring physical conditions and mental health conditions and drug and alcohol treatment needs (p52). 3. Services designed to meet the health of vulnerable and disadvantaged people including those of Aboriginal heritage (p53). 4. System navigation and integration to help people get the right services at the right time and in the right place (p54). 5. Capable workforce tailored to these priorities (p55). <p>PHN Needs Assessment</p> <p>The Needs Assessment identified the following issues that are directly related to the needs of people with serious and complex mental illness:</p> <ul style="list-style-type: none"> • High percentage of people with a serious mental illness not accessing GPs. • Lack of timely and responsive care coordination. • Lack of best practice interventions when comorbidities are present. • Lack of understanding of the complexity and episodic nature of mental illness. <p>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, the PHN will implement a number of activities:</p>

Mental Health Nurse Incentive Program

- Re-contract the current service providers of the Mental Health Nurse Incentive Programme (MHNIP) for 12 months, ensuring continuity of care for MHNIP recipients (July 2016 – June 2017).

Mental Health Care Coordination and Management

- Develop and introduce an enhanced care management service to replace the MHNIP from 1 July 2017, using available funds. It is planned that this service will have two elements:
 - Integrated telephone-based care coordination and management service
 - Accepts referrals from General Practice or other relevant primary care support.
 - Uses the Mental Health Care Plan as the basis for all care coordination provided.
 - Coordinates care across range of available community-based options.
 - Culturally secure.
 - Face to face MH nursing service to augment the telephone-based service
 - Led by a lead agency.
 - Provides face to face MH nursing services to priority cohorts and/or in priority geographical areas as identified through the PHN's needs assessment.
- This program will be progressively scaled up from 1 May 2017. The model aims to provide a greater level and spread of support to GPs and primary health practitioners in responding to the needs of patients with severe and complex mental illness. It is expected that purchased activities will be aligned with the WAPHA Mental Health Primary Care model and the Comprehensive Primary Care program via a place-based approach where appropriate.

Stepped Care Approach

- The PHN will work with stakeholders to develop place-based activities to respond to the needs of people with severe and complex mental illness to facilitate increased management of the physical and mental health needs of this patient group within primary care. This will include using the Atlas to work locally with general practice and other stakeholders to identify the most appropriate models of care for the areas of need, considering the needs of the community and the availability of workforce and infrastructure, including linkages with the public mental health services and between primary care and community based psychiatry services.
- Evaluate innovations to implement stepped care. This may include trialling co-locating general practice and community mental health providers, developing health precincts, exploring models

	<p>which incorporate peer-workers, and investing in training of primary care practitioners regarding trauma-informed care and practice.</p> <p>HealthPathways The PHN will also continue to develop localised pathways in <i>HealthPathways</i>. a clear point of entry, choice-based triage and referral for a definitive care approach with the use of digital self-management programs.</p>
Target population cohort	People with severe and complex mental illness.
Consultation	The PHN is informed by the Mental Health Expert Advisory Group (MHEAG) and the Aboriginal Mental Health and AOD Advisory Group established by WAPHA.
Collaboration	<p>Within this activity, the PHN will work collaboratively with key stakeholders to establish a planned approach to address service gaps and build on existing workforce and infrastructure to utilise the comprehensive primary care approach in a mental health context. These stakeholders include but are not limited to other WA PHNs, their CCC and CECs, WA Department of Health, the MHC, Mental Health Professionals' Network, general practice at the local level and GP representative bodies.</p> <p>The PHN will work with Area Health Services to ensure integration with state services and will explore opportunities to co-locate services in general practice and establish consultation liaison services for GPs. The PHN will collaborate with State funded community mental health teams, the community mental health NGO sector, consumer and carer groups to ensure co-production and co-design processes are included in the development of team care arrangements.</p>
Duration	<p>MHNIP transition – 1 July 2016 – 30 June 2017.</p> <p>The PHN proposes to commission new models of care by 1 May 2017. These programs will be contracted until 30 June 2018 with the option of extending these contracts for an additional 12 or 24 months.</p>
Coverage	<p>Throughout the Perth South PHN region.</p> <p>The location of services will also be informed through the Atlas and discussions with existing providers, GPs and other stakeholders to identify service gaps and areas of particular need – focusing on under-served groups.</p>

Continuity of care	<p>A communication plan will be developed and implemented to ensure all stakeholders understand the timelines and implications of the planned changes. This will include discussions and feedback from practitioners who access the MHNIP currently.</p> <p>PHN staff will meet with practices where Mental Health Nurses are currently funded to discuss the needs of patients who may require on-going care. It is anticipated that care will be transferred to the new metro-wide services or other existing MH services.</p> <p>There will be a period of overlap between both services to appropriately transition care where required.</p>
Commissioning method (if relevant)	<p>All services will be commissioned in whole.</p> <p>Mental Health Nurse Incentive Programme (MHNIP) The services currently provided under the MHNIP programme will be commissioned through a continuation of the current contract.</p> <p>Mental Health Care Coordination and Management A market analysis has been undertaken to identify options for delivery of the service.</p>
Approach to market	<ul style="list-style-type: none"> • MHNIP – direct engagement. • Mental Health Care Coordination and Management. <ul style="list-style-type: none"> - Telephone service – direct engagement, - Face to face service – options include direct engagement, and open or restricted EOI.
Performance Indicator	<p>Priority Area 4 - mandatory performance indicators:</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. <p>In addition to the mandatory performance indicators, the PHN will work with key stakeholders and providers to identify appropriate local indicators.</p> <p>This may include indicators relating to how elements of the model are integrated with other elements of the PHN's Stepped Care model.</p>

Local Performance Indicator target (where possible)	As outlined above, local performance indicators will be agreed in partnership with providers and stakeholders.
Local Performance Indicator Data source	To be agreed. Potential sources include provider patient-level (de-identified) data. state-wide data sets. national data sets, including the MH MDS.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$411,480
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	\$0
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$1,555,495
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$0
Funding from other sources	Not applicable.