



Australian Government
Department of Health

phn

An Australian Government Initiative

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

The Mental Health Activity Work Plan has the following parts:

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

COUNTRY WA PHN

Overview

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

Mental Health Activity Work Plan 2016-2019

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

The Plan should:

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

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

- Develop and implement clinical governance and quality assurance arrangements to guide the primary mental health care activity undertaken by the PHN, in a way which is consistent with section 1.3 of the *Primary Health Networks Grant Programme Guidelines* available on the PHN website at http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Program_Guidelines, 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 MyHealth Record.
- Establish and maintain appropriate consumer feedback procedures, including complaint handling procedures, in relation to services commissioned under the activity.

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

1. (a) Strategic Vision

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

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

Particular challenges exist in the Country WA PHN in respect to availability and capacity of health workforce, supporting services and infrastructure, distance and remoteness and the role of the WA Country Health Service (WACHS) as provider of last resort in many circumstances. WAPHA will continue to leverage our collegiate relationship with WACHS to co-design and co-commission as appropriate.

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

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

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

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

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

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

As noted in previously submitted Mental Health Activity Work Plans, WAPHA will focus on leading the development of a stepped care model that provides communities and consumers with the necessary mix of service options, is supportive of consumer choice and informed-decision making and leverages existing local infrastructure and workforces. Our focus is on person centred care involving GPs and support services in partnership with the people they care for. WAPHA will continue to develop place based and virtual pathways for comprehensive care, enabling flexibility in design and delivery to meet local community needs.

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

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

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

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

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

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

Proposed Activities	
Priority Area	Priority Area 1: MH 1 Low intensity mental health services
Activity(ies)/Reference	<p>MH 1</p> <p>Integrated Primary Mental Health Care (IPMHC) systems have been established in each region in Country WA PHN. For people with low intensity mental health needs and those who need access to psychological therapies the following components of the IPMHC are relevant:</p> <ul style="list-style-type: none"> • Virtual Clinic – Practitioner Online Referral Treatment Service (PORTS) • Integrated Regional Community Support Services <p>(see MH7 Stepped Care for Budget of all components – including MH 1 and MH 3)</p>
Existing, Modified, or New Activity	Existing
Description of Activity	<p>The aim of this activity is to ensure that Country WA PHN regional Integrated Primary Mental Health Care (IPMHC) services, which including low intensity mental health services, are meeting their contractual obligations and to determine the degree to which they are making an impact on the mild to moderate mental health needs of the populations they serve.</p> <p>In 2017/18 the PHN was engaged in:</p> <ul style="list-style-type: none"> • Designing and contracting services to address the needs of people who require early intervention to address their mild to moderate mental health needs as outlined in the Needs Assessment 2016. • Shaping the structure of supply to: <ul style="list-style-type: none"> ○ increase access for people to mental health services ○ support self-management

- sustain engagement with GPs and other primary health care professionals
- develop the capacity of the workforce.

In 2017/18 Country PHN commissioned PORTS (Practitioner Online Referral Treatment Services) and Integrated Regional Community Support Services (RCSS) in each regional area of WA.

In 2018/2020 Country PHN will continue to monitor emerging trends and develop a quality assurance (QA) process which will be applied to contracted services. One component of this QA will be the embedding of requirements for robust clinical governance frameworks in service provider contracts.

The PHN will apply an increased focus on managing performance of contracted providers including reviewing/monitoring and evaluating services to determine:

- How well targeted and efficient services are – Using a diverse range of data collection methods (i.e. provider reports, referral agency feedback, patient opinion and the Primary Mental Health Care Minimum Data Set (MDS)) for each of the commissioned Mental Health services will provide the PHN with a variety of information to assess improvements to health outcomes, help shape future service provision and/or seek alternative commissioning activity. The PHN will use the data to determine the degree to which those in receipt of services reflect the populations most in need, as outlined in the Needs Assessment 2017/18 and the *Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia 2017*.
- How effective services and systems are in relation to:
 - Patient experience
 - Patient health outcomes, with particular focus on the efficacy of treatment to deliver a positive client outcome
 - Service/system integration
 - Service sustainability including provider experience/governance.

The Needs Assessment 2017 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps that WAPHA has developed with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.

	Using the Outcome Maps, the MDS and provider and client reported outcomes, the PHN will evaluate the performance of services to determine whether and to what extent a reshaping of the structure of supply is required.
Target population cohort	The contracted services focus on financially disadvantaged and vulnerable people including those in remote locations.
Consultation	In monitoring and evaluating the effectiveness of services WAPHA will consult with a range of state-wide and regional peak bodies and representational groups, as well as service providers and community members.
Collaboration	Country WA PHN will work with WA Country Health Services (WACHS) and the WA MHC as co-commissioning bodies in managing performance where appropriate. WAPHA is currently working with commissioned providers, community mental health teams, General Practice and consumer and carer groups to develop and strengthen strategic partnerships, co-commission where appropriate with the state health services and better utilise existing funding where possible. The aim is to secure effective and sustainable local and virtual primary mental health service provision, supporting GPs and the consumer with care closer to home.
Duration	<ul style="list-style-type: none"> • July 2018: Implementation of Model Outcome Maps including two Mandatory Indicators for each Outcome. • July 2018: Annual Report 2017/2018 – analysis of MDS. • January 2019: Six Month Review – analysis of MDS and Outcome Maps. • July 2019: Annual Report 2018/2019 – analysis of MDS and Outcome Maps.
Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and South West.
Commissioning method	As the PHNs are operating within the monitoring and evaluation component of the commissioning framework the commissioning of services is not relevant. Should the service evaluations highlight a

	need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate commissioning method.
Approach to market	Not applicable (N/A)
Decommissioning	N/A
Performance Indicator	<p>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. <p>Note: It is anticipated approximately 60% of the stepped care services will be offered via low intensity interventions. A true identification of the client numbers and the associated costs will be known as the service develops.</p>
Local Performance Indicator target (where possible)	<p>The Needs Assessment 2017 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps developed in consultation with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.</p> <p>Country WA PHN has worked with contracted services to ensure that the measurement of outcomes is achievable.</p> <p>New Outcomes Maps will include pre and post mental health clinical outcome measures as a means of measuring the efficacy of treatment services. Additional indicators will be used to measure patient, system and provider outcomes in line with the Quadruple Aim referenced in the WAPHA Outcomes Framework.</p>
Local Performance Indicator Data source	As identified in Outcomes Maps.

Proposed Activities	
Priority Area	Priority Area 2: Youth mental health services
Activity(ies)/Reference	<p>MH 2 Youth mental health services include:</p> <ul style="list-style-type: none"> • headspace • Low intensity/psychological therapies through regional IPMHC (MH 1/MH 3) • Youth severe services (Integrated Care Coordination) • Youth Focus Telehealth (Described in NP 3 funded from Flexible Funding) • Mental health services for children (0-11) and their families.
Existing, Modified, or New Activity	Existing
Description of Activity	<p>This activity aims to ensure youth mental health services are meeting their contractual obligations and are making an impact on the mental health needs of young people and their families.</p> <p>In 2017/18 the PHN was engaged in:</p> <ul style="list-style-type: none"> • Designing and contracting services to address the mental health needs of children and young people as outlined in the Needs Assessment 2016. • Shaping the structure of supply to: <ul style="list-style-type: none"> ○ increase access to services ○ support self-management ○ sustain engagement with GPs and other primary health care professionals ○ develop the capacity of the workforce. <p>In 2017/18 Country PHN funded headspace in five of Country WA PHN Regions. In the Pilbara, the design of a headspace service has been contracted and will begin to be implemented in 2018/19. No headspace service exists in the Wheatbelt.</p> <p>Regional IPMHC services contracted in each region of WA will compliment headspace services where these exist and will be the sole provider in the Wheatbelt. Further planning and co-design</p>

opportunities are being explored in the Wheatbelt to support improved access for young people within this region.

Regional IPMHC services also provide services to children and their families, through face to face brief interventions or psychological therapies as required.

Integrated Care Coordination services have been procured in each region.

Telehealth services have been contracted to increase the accessibility and diversity of mental health services in Country WA PHN and will aim to reduce the rates of self-harm and suicide in young people, particularly in areas without access to headspace services.

In 2018-2020, the PHN will continue to monitor emerging trends and apply an increased focus on managing performance of contracted providers to ensure best outcomes are achieved and meet the needs of the community as identified in the 2017/2018 Mental Health Needs Assessment. The PHN will seek to determine:

- How well targeted and efficient services are.
Using the MDS for the Mental Health Program to determine the degree to which those in receipt of services reflect the populations most in need as outlined in the Needs Assessment 2017. Commissioned youth mental health services will also utilise information gathered through third party monitoring such as the headspace HAPI data capture system, the headspace Model Integrity Framework compliance information and hYEPP evaluation process.
- How effective services and systems are in relation to:
 - Patient experience
 - Patient health outcomes
 - Service/system integration
 - Service sustainability including provider experience/governance.

The Needs Assessment 2017 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps that WAPHA has developed with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.

	Using the Outcome Maps, provider and client reported outcomes and the MDS the PHN will evaluate the performance of services to determine whether and to what extent a reshaping of the structure of supply is required.
Target population cohort	<p>The contracted services aim to provide equitable access to services to children and young people.</p> <p>In terms of Performance Management information will be sought from the following:</p> <ul style="list-style-type: none"> • Clients of youth mental health services. • Contracted services • Service System.
Consultation	In monitoring and evaluating the effectiveness of services WAPHA will consult with a range of state-wide and regional peak bodies and representational groups, as well as service providers and community members.
Collaboration	<p>WAPHA will work with the WA MHC as co-commissioning bodies in managing performance where appropriate.</p> <p>WAPHA is currently working with commissioned providers to develop and strengthen strategic partnerships, co-commission where appropriate with the state health services and better utilise existing funding where possible. The aim is to secure effective and sustainable local and virtual primary mental health service provision, supporting GPs and the consumer with accessible care.</p> <p>The PHN will collaborate with headspace National Office and Orygen to support the ongoing provision of youth mental health services.</p>
Duration	<ul style="list-style-type: none"> • July 2018: Implementation of Model Outcome Maps including two Mandatory Indicators for each Outcome. • July 2018: Annual Report 2017/2018 – analysis of MDS. • January 2019: Six Month Review – analysis of MDS and Outcome Maps. • July 2019: Annual Report 2018/2019 – analysis of MDS and Outcome Maps.
Coverage	County WA PHN

Commissioning method (if relevant)	As the PHNs are operating within the monitoring and evaluation component of the commissioning framework the commissioning of services is not relevant. Should the service evaluations highlight a need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate commissioning method.
Approach to market	N/A
Decommissioning	N/A
Performance Indicator	<p>Priority Area 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)	<p>The Needs Assessment 2017/18 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps developed in conjunction with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.</p> <p>Country WA PHN has worked with contracted services to ensure the measurement of outcomes is achievable.</p>
Local Performance Indicator Data source	As outlined in Outcomes maps.

Proposed Activities	
Priority Area	Priority Area 5: Community based suicide prevention activities
Activity(ies)/Reference	<p>5.1 Suicide Prevention General Population</p> <p>5.2 Suicide Prevention Aboriginal Population</p> <p>(All aspects of Stepped Care have suicide prevention capacity. See Activity 7)</p>
Existing, Modified, or New Activity	Existing Services
Description of Activity	<p>The aim of this activity is to take a lead role in the development of a whole of community suicide prevention plan and work in partnership with the WA MHC to commission suicide prevention services in high-risk communities. The PHN will also ensure that suicide prevention services/activities and Aboriginal specific suicide prevention services within Country WA PHN are aligned with regional IPMHC services, are meeting their contractual obligations and having the desired impact on those people assessed as being at mild to moderate risk of suicide.</p> <p>In 2017/18 the PHN was engaged in:</p> <ul style="list-style-type: none"> • Designing and contracting services to develop a collaborative and integrated approach between services and service providers with regards to community-based suicide prevention activities. This included exploring opportunities for implementation of an adapted version of the European Alliance Against Depression Framework. Where appropriate, alignment was also sought with the ATSSISPEP approach. Access via telephone is available to the postvention service (ARBOR). • Shaping the structure of supply to: <ul style="list-style-type: none"> ○ increase access to services ○ support self-management ○ sustain engagement with GPs and other primary health care professionals ○ develop the capacity of the workforce. <p>In 2017/18 Country PHN funded regional IPMHC services, suicide specific services and suicide prevention services for Aboriginal people, continuing the contracts for services previously funded under</p>

the National Suicide Prevention Program where it was considered these programs were able to deliver services which addressed the identified community needs.

In areas where suicide rates have been high, WAPHA has been selected to run three of the Australian Government's 12 Suicide Prevention Trial Sites.

Two of these trial sites are in Country WA PHN:

- In the Mid-west region targeting males 25-45 in the Aboriginal Communities in Geraldton, Carnarvon, Meekatharra, Mt Magnet and Morawa.
- In the Kimberley focusing on Aboriginal suicide in nine local communities.

In 2018/2020 Country PHN will focus on managing performance including reviewing/monitoring and evaluating suicide prevention services/activities to determine:

- How well targeted and efficient services are.
Using the relevant MDS to determine the degree to which those in receipt of services reflect the populations most in need as outlined in the Needs Assessment 2017.
- How effective services and systems are in relation to:
 - Patient experience
 - Patient health outcomes
 - Service/system integration
 - Service sustainability including provider experience/governance.

The Needs Assessment 2017 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps that WAPHA has developed in conjunction with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.

Using the Outcome Maps, provider and client reported outcomes and the MDS the PHN will evaluate the performance of services to determine whether and to what extent a reshaping of the structure of supply is required.

Target population cohort	<p>The services that have been contracted will provide equitable services to:</p> <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"> • WAPHA Mental Health Expert Advisory Group • WAPHA Aboriginal Health and Wellbeing Advisory Group • WA MHC • Trial site working groups and/or steering committees • WACHS regional hospitals and community mental health • Consumer groups to ensure the voice of those with lived experience is included
Collaboration	Country WA PHN will work with WACHS and Mental Health Commission where they are co-commissioning bodies in managing performance.
Duration	As per MH 1.
Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and South West.
Commissioning method	As the PHNs are operating within the monitoring and evaluation component of the commissioning framework the commissioning of services is not relevant. Should the service evaluations highlight a need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate commissioning method.
Approach to market	N/A
Decommissioning	N/A
Performance Indicator	<p>Priority Area 5 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> • Number of people who are followed up by PHN-commissioned services following a recent suicide attempt.

Local Performance Indicator target	<p>The Needs Assessment 2017 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps developed in conjunction with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.</p> <p>Country WA PHN has worked with contracted services to ensure that the measurement of outcomes is achievable.</p>
Local Performance Indicator Data source	<i>As identified in outcomes maps</i>

Proposed Activities	
Priority Area	Priority Area 6: Aboriginal and Torres Strait Islander mental health services
Activity(ies)/Reerence	<p>6.1 General Practice and Aboriginal Medical Services</p> <p>6.2 Regional approaches to Aboriginal Mental Health</p>
Existing, Modified, or New Activity	Existing
Description of Activity	<p>The aim of this activity is to ensure that regional approaches to Aboriginal Mental Health, social and emotional wellbeing services and support to Aboriginal Medical Services and Clinicians are meeting contractual obligations and to determine the degree to which they are making an impact on the mild to moderate mental health needs of the Aboriginal populations they serve.</p> <p>In 2017/18 the PHN was engaged in:</p> <ul style="list-style-type: none"> • Designing and contracting services to address the needs of Aboriginal people who require early intervention to address their mild to moderate mental health needs as outlined in the Needs Assessment 2016 and supporting the capacity development organisations to ensure they were able to provide culturally secure services to Aboriginal people. • Shaping the structure of supply to:

- increase access for people to mental health services through both mainstream services and the Aboriginal Community Controlled Health sector
- support self-management
- sustain engagement with GPs and other primary health care professionals
- develop the capacity of the workforce.

In 2018/2020 Country PHN will focus on managing performance including reviewing/monitoring and evaluating services to determine:

- How well targeted and efficient services are – using a range of data collection methods (i.e. provider reports, referral agency feedback, client feedback, pre and post clinical data) for each of the commissioned Mental Health services will provide the PHN with a variety of information to assess improvements to health outcomes, help shape future service provision and/or seek alternative commissioning activity. The PHN will use the data to determine the degree to which those in receipt of services reflect the populations most in need, as outlined in the Needs Assessment 2017 and the *Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia 2017*. The PHN will have an ongoing focus on growing the local Aboriginal workforce, particularly in the Goldfields, Midwest and Pilbara regions.
- How effective services and systems are in relation to:
 - Patient experience
 - Patient health outcomes
 - Service/system integration
 - Service sustainability including provider experience/governance.

The Needs Assessment 2017/18 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps that WAPHA has developed in conjunction with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.

Using the Outcome Maps, client and provider reported outcomes and the MDS the PHN will evaluate the performance of services to determine whether and to what extent a reshaping of the structure of supply is required.

Target population cohort	Aboriginal people at risk of suicide and/or poor mental health outcomes.
Consultation	In monitoring and evaluating the effectiveness of services WAPHA will consult with a range of state-wide and regional peak bodies and representational groups, as well as service providers and community members. This will include Regional Aboriginal Health Planning forums and their mental health subcommittees. In 17/18 the PHN is working in collaboration with the Aboriginal Health Council of WA to develop a model for Aboriginal Social and Emotional Wellbeing which can be used by WAPHA and other commissioning organisations to inform future service commissioning and/or the re-shaping of currently funded services.
Collaboration	WAPHA is currently working with commissioned providers to develop and strengthen strategic partnerships, co-commission where appropriate with the state health services and better utilise existing funding where possible. The aim is to secure effective and sustainable local and virtual primary mental health service provision, supporting GPs, Aboriginal Community Controlled Organisations and the consumer with accessible care closer to home.
Duration	As per MH 1.
Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and South West.
Commissioning method	As the PHNs are operating within the monitoring and evaluation component of the commissioning framework the commissioning of services is not relevant. Should the service evaluations highlight a need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate commissioning method.
Approach to market	N/A
Decommissioning	N/A
Performance Indicator	<p>Priority Area 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.

Local Performance Indicator target	<p>The Needs Assessment 2017 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps developed in conjunction with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.</p> <p>Country WA PHN has worked with contracted services to ensure that the measurement of outcomes is achievable. The development of a WAPHA cultural assessment framework will place a particular focus on the provision of culturally secure care will require providers to demonstrate their competency against the framework.</p>
Local Performance Indicator Data source	<i>As identified in Outcomes Maps</i>

Proposed Activities	
Priority Area	Priority Area 7: Stepped Care
Activity(ies) / Reference	<p>7.1 Stepped Care</p> <p>In the WA context, stepped care includes the range of integrated mental health services referred to in other sections of this activity plan:</p> <ul style="list-style-type: none"> • MH1 – low intensity services (including virtual and face to face provision) • MH2 – youth mental health services • MH 3 – psychological therapies • MH 4 – services for people with severe mental illness and complex needs • MH 5 – community-based suicide prevention • MH 6 – Aboriginal mental health services
Existing, Modified, or New Activity	Existing
Description of Activity	Stepped Care is an approach to providing mental health services in which there is a range of treatment options available. People are matched with the right care for their level of need. Stepped care also allows for easier access to early intervention so that someone can get support to address issues and manage

	<p>symptoms before their health becomes worse. In Western Australian Stepped Care involves integrated care management, low intensity telephone and eHealth and community support services.</p> <p>The aim of this activity is to determine the degree to which Stepped Care is having a positive effect on the mental health of people who are disadvantaged by distance or financial hardship.</p> <p>The model was implemented in each of the regional areas of the Country WA PHN and is described in detail in the 2016-2018 updated Country PHN AWP. (Model published on WAPHA website).</p> <p>In 2018/2020 Country PHN will measure and monitor the services that fit within the stepped care framework, as outlined in the relevant activities above, with a focus on system integration.</p>
Target population cohort	As per MH 1.
Consultation	<p>The PHN is informed by the Mental Health Expert Advisory Group and the Aboriginal Health and Wellbeing Advisory Group established by WAPHA to guide the development of models of care to meet community mental health needs.</p> <p>Consultation also takes place on an ongoing basis with Area Health Services, the RCCCs, regional community engagement fora and the 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 WA 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, WAAMH, 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	As per MH 1.

Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and South West. Particular areas of focus will be informed by the Integrated Atlas of Mental Health, Alcohol and other Drugs (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.
Commissioning method (if relevant)	N/A
Approach to market	NA
Decommissioning	N/A
Performance Indicator	<p>Priority Area 7 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> Proportion of PHN flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness.
Local Performance Indicator target	<p>The Needs Assessment 2017 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps developed in conjunction with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.</p> <p>Country WA PHN has worked with contracted services to ensure that the measurement of outcomes is achievable.</p>
Local Performance Indicator Data source	N/A

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

	<p>and Other Drug Services Plan 2015-2025 as this was developed using the NMHSPF DST Tool as a fundamental basis. Thus, Commonwealth and State-based service planning in WA will share the same fundamental approach. The NMHSPF Tool provides a population assessment to identify what the needs/requirements of the region and the Atlas will provide a current State snapshot of service allocation to identify gaps and avoid duplication to assist in rational mental health services planning for coordinated commissioning between WA MHC and the PHN, including for the WAPHA Master Plan.</p>
Target population cohort	Not applicable – this activity refers to the development of a regional plan.
Consultation	<ul style="list-style-type: none"> • Consultation has taken place, and will continue, with a range of stakeholders including peak bodies, local government, local Area Health Services. • The development of the Declaration and the Master Plan have been directed and informed by a specifically established: <ul style="list-style-type: none"> ○ Consumer, Family and Carer Advisory Group ○ Steering Committee.
Collaboration	<ul style="list-style-type: none"> • The development of the Declaration and the Master Plan have been directed and informed by a specifically established: <ul style="list-style-type: none"> ○ Consumer, Family and Carer Advisory Group ○ Steering Committee. • Clear terms of reference have been developed for the Advisory Group and Steering Committee to finalise these documents by April 2018 prior to further broader collaboration across the sectors of mental health, drug and alcohol treatment services and suicide prevention.
Duration	<p>The <i>Mental Health Activity Work Plan</i> will be submitted in May 2017 and will outline the plans for 2017-2018.</p> <p>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.</p>
Coverage	Throughout the PHN region
Commissioning method	N/A

	The <i>Plan</i> will be developed by WAPHA staff in consultation with stakeholders.
Approach to market	N/A
Decommissioning	N/A
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	N/A

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

Proposed Activities	
Priority Area	Priority Area 3: MH 3 Psychological therapies for rural and remote under serviced and/or hard to reach groups
Activity(ies) / Reference	<p>Integrated Primary Mental Health Care (IPMHC) systems have been established in each region in Country WA PHN. For people with low intensity mental health needs and those who need access to psychological therapies the following components of the IPMHC are relevant:</p> <ul style="list-style-type: none"> • Virtual Clinic – Practitioner Online Referral Treatment Service (PORTS) • Integrated Regional Community Support Services <p>(see MH7 Stepped Care for Budget of all components – including MH 1 and MH 3)</p>
Existing, Modified, or New Activity	Existing
Description of Activity	<p>The PHN’s Needs Assessments identified a lack of primary mental health care access across many parts of regional and remote WA. The aim of this activity is to ensure that Country WA PHN regional Integrated Primary Mental Health Care (IPMHC) services are meeting their contractual obligations and to determine the degree to which they are making an impact on the mild to moderate mental health needs of the populations they serve.</p> <p>In 2017/18 the PHN was engaged in:</p> <ul style="list-style-type: none"> • Designing and contracting services to address the needs of people who require early intervention to address their mild to moderate mental health needs as outlined in the Needs Assessment 2016.

- Shaping the structure of supply to:
 - increase access for people to mental health services
 - support self-management
 - sustain engagement with GPs and other primary health care professionals
 - develop the capacity of the workforce.

In 2017/18 Country PHN funded PORTS and Integrated Regional Community Support Services (RCSS) in each regional area of WA. These services provide clinically sound psychological assessment and treatment for people with mild to moderate mental ill-health.

In 2018-2020, the PHN will continue to monitor emerging trends and develop a quality assurance (QA) process which will be applied to contracted services. One component of this QA will be the embedding of requirements for robust clinical governance frameworks in service provider contracts.

The PHN will apply an increased focus on managing performance of contracted providers to ensure best outcomes are achieved and meet the needs of the community as identified in the 2017/2018 Mental Health Needs Assessment. The PHN will seek to determine:

- How well targeted and efficient services are – Using a diverse range of data collection methods (i.e. provider reports, referral agency feedback, patient opinion and the MDS) for each of the commissioned Mental Health services will provide the PHN with a variety of information to assess improvements to health outcomes, help shape future service provision and/or seek alternative commissioning activity. The PHN will use the data to determine the degree to which those in receipt of services reflect the populations most in need, as outlined in the Needs Assessment 2017/18 and the *Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia 2017*.
- How well targeted and efficient services are.
- How effective services and systems are in relation to:
 - Patient experience
 - Patient health outcomes, with a particular focus on the efficacy of treatment to deliver a positive client outcome
 - Service/system integration

	<ul style="list-style-type: none"> ○ Service sustainability including provider experience/governance. <p>The Needs Assessment 2017 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps that WAPHA has developed in conjunction with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.</p> <p>Using the Outcome Maps, provider and client reported outcomes and the MDS the PHN will evaluate the performance of services to determine whether and to what extent a reshaping of the structure of supply is required.</p>
Target population cohort	The services that have been contracted will provide equitable services to financially disadvantaged and vulnerable people including those in remote locations.
Consultation	In monitoring and evaluating the effectiveness of services WAPHA will consult with a range of state-wide and regional peak bodies and representational groups, as well as service providers and community members.
Collaboration	<p>WAPHA is currently working with commissioned providers to develop and strengthen strategic partnerships, co-commission where appropriate with the state health services and better utilise existing funding where possible. The aim is to secure effective and sustainable local and virtual primary care mental health service provision, supporting GPs and the consumer with care closer to home.</p> <p>Country WA PHN will work with the WA MHC as co-commissioning bodies in managing performance where appropriate.</p>
Duration	<ul style="list-style-type: none"> ● July 2018: Implementation of the WAPHA Outcomes Framework. ● July 2018: Annual Report 2017/2018 – analysis of MDS. ● January 2019: Six Month Review – analysis of MDS and Outcome Maps. ● July 2019: Annual Report 2018/2019 – analysis of MDS and Outcome Maps.
Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and South West.

Continuity of Care	Relevant for previous plan. Transitioning of clients from ATAPS/MHSRRA services was completed prior to July 2017.
Commissioning method	As the PHNs are operating within the monitoring and evaluation component of the commissioning framework the commissioning of services is not relevant. Should the service evaluations highlight a need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate commissioning method.
Approach to market	N/A
Decommissioning	N/A
Performance Indicator	<p>Priority Area 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. <p>Note: it is anticipated approximately 60% of the stepped care services will be offered via low intensity interventions. A true identification of the client numbers and the associated costs will be known as the service develops.</p>
Local Performance Indicator target	<p>The Needs Assessment 2017 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps developed in conjunction with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.</p> <p>Country WA PHN has worked with contracted services to ensure that the measurement of outcomes is achievable.</p>
Local Performance Indicator Data source	Will be determined by the Outcomes Map and indicators agreed between WAPHA and the provider. Outcomes Maps will include pre and post mental health clinical outcome measures as a means of measuring the efficacy of treatment services. Additional indicators will be used to measure patient,

	system and provider outcomes in line with the Quadruple Aim referenced in the WAPHA Outcomes Framework.
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Proposed Activities	
Priority Area	Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
Activity(ies) / Reference	MH 3.1 Psychological Treatment Services for People with Mental Illness Living in Residential Aged Care Facilities
Existing, Modified, or New Activity	New
Description of Activity	<p>Rationale</p> <ul style="list-style-type: none"> • With an increasing population, there are more people in residential aged care facilities, where there are unacceptably high rates of depression and other mental illness; and often inadequate access to treatmentⁱ. • More than 47% of residents of RACFs have symptoms of depression, compared to 10-15% of older people living in the communityⁱⁱ. • Mental Health Services are not routinely available to older people with mild to moderate mental health needs living in RACFs and are not within scope of the personal care or accommodation services RACFs provide. <p>Proposed Services</p> <ul style="list-style-type: none"> • Time limited psychological therapies provided within a stepped care framework which are responsive to the needs of older people who have mild to moderate mental illnesses on location at RACFs • Equitably and efficiently provided, person centred psychological services delivered within a quality framework utilising: <ul style="list-style-type: none"> ○ evidence-based therapies

- group and individual therapy sessions
- existing relationships and arrangements for commissioning psychological services

Implementation

- **Phase 1: Stakeholder Engagement, Communications and Service Planning (October to January 2019)**
 - Stakeholder engagement has commenced and planned to be ongoing through Phase 2 and includes GPs, Peak Bodies, State Health Service Providers, Consumer & Carer Representative Groups and Advocates, RACFs and Aboriginal services
 - These discussions will inform the design and model of the measure for Phase 2 and Phase 3.
- **Phase 2: Service Implementation Trial (January to June 2019)**
 - Plan to deliver as early as possible in 2019. Whilst January 1st is the target deadline, it is more realistic to assume that services are more likely to start towards the end of January.
 - In Country WA PHN, RACFs with a high number of Aboriginal residents will be targeted with a focus on the use of an Aboriginal Workforce. This trial will focus on residents with high levels of unmet need.
- **Phase 3 Expansion Program (July 2019 onwards).**
 - An open and transparent procurement process will be developed to increase the number of individual residents in RACFs accessing psychological therapy services. The expansion will correlate with the increased funding year on year to all three of WA's PHNs and it is presumed that this will lead to more RACFs being included in the measure.
 - Ongoing stakeholder engagement and evaluation will inform Phase 3 expansion and improvement to the safety and quality of services.
 - In planning for Phase 3, the following additional analysis will be required:
 - Areas of greatest need (with may include number of RACFs, % of population over 65 in LGAs, health needs and current level of service provision, underserved areas and limited supply).
 - The role of and engagement of GPs in RACF aged care including restrictions, capability and capacity, pathways, billings (GP Management Plan), billing model, types of GP service provision.

	<ul style="list-style-type: none"> ▪ Model of psychological care required in RACFs and greater integration with general practice and psycho-geriatricians, wider health services and other appropriate pathways. ▪ Planning in relation to other PHN Aged Care initiatives including social isolation and loneliness measure, etc. ▪ Evaluation.
Target population cohort	<ul style="list-style-type: none"> • RACF residents with a diagnosis of a mental illness or assessed to be at risk of mental illness if they do not receive services. • In scope for this measure are residents with: <ul style="list-style-type: none"> ○ significant transition issues ○ mild-moderate anxiety/and or depression ○ past history of mental illness for which they received services ○ in addition to their mental illness have a level of cognitive decline/dementia ○ experiencing pain associated with chronic illness which compounds their mental illness ○ complex needs including previous trauma ○ people at risk of mental illness.
Consultation	<ul style="list-style-type: none"> • GPs • Peak Bodies • State Health Service Providers • Consumer & Carer Representative Groups and Advocates • RACFs • Aboriginal services
Collaboration	Country WA PHN will work with RACFs, GPs, Specialist Older Persons Mental Health Services, Dementia Support Services, Severe Behaviour Response Teams, Community Visitors Programs, Older Persons Advocacy Groups
Duration	A three-phase implementation strategy is planned:

	<ul style="list-style-type: none"> Phase 1: Stakeholder Engagement, Communications and Service Planning (October to January 2019) Phase 2: Service Implementation – January 2019 to June 30 2019 (Trial) Phase 3: Service Expansion – July 1 2019 to June 30 2021
Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and South West.
Commissioning method (if relevant)	As outlined above
Approach to market	<p>Phase 1: Procurement will be a direct approach to providers. Providers have not been approached to date.</p> <p>Phase 2: Services contracted in Phase 1 that meet the required outcomes may be retained as part of the Phase 3 expansion.</p> <p>Phase 3: An open and transparent procurement process be developed to increase the number of individual residents in RACFs accessing psychological therapy services.</p>
Decommissioning	N/A
Performance Indicator	<p>Priority Area 1 - Mandatory performance indicators:</p> <ul style="list-style-type: none"> Proportion of residential aged care 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	N/A

Proposed Activities	
Priority Area	Priority Area 4: Mental health services for people with severe and complex mental illness including care packages

Activity(ies) / Reference	MH 4: Integrated Care Management (ICM) for people with severe and persistent mental illness
Existing, Modified, or New Activity	Existing
Description of Activity	<p>The aim of this activity is to ensure the ICM services provided as a part of regional Integrated Primary Mental Health Care systems are meeting their contractual obligations and to determine the degree to which they are making an impact on the needs of people with severe and complex mental illness in the communities they serve.</p> <p>In 2017/18 the PHN was engaged in:</p> <ul style="list-style-type: none"> • Designing and contracting ICM services in each region of WA to address the needs of people with severe and complex mental illnesses through care management as outlined in the Needs Assessment 2016. <p>In 2017/18 Country PHN contracted for an IPMHC Model in each regional area of WA which included Integrated Care Management with care providers working with state-provided acute and community mental health services, General Practices and other relevant health and social care agencies to develop wrap-around care for people with complex needs and to assist people to navigate the mental health and social care systems.</p> <p>In 2018/2020 Country PHN will focus on managing performance including reviewing/monitoring and evaluating services to determine:</p> <ul style="list-style-type: none"> • How well targeted and efficient services are. Using the MDS for the Mental Health Program to determine the degree to which those in receipt of services reflect the populations most in need as outlined in the Needs Assessment 2017 and the <i>Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia 2017</i>. • How effective services and systems are in relation to: <ul style="list-style-type: none"> ○ Patient experience ○ Patient health outcomes ○ Service/system integration (of particular priority given people with severe and complex mental illness often require treatment and support from multiple services)

	<ul style="list-style-type: none"> ○ Service sustainability including provider experience/governance. <p>The Needs Assessment 2017/18 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps that WAPHA has developed in conjunction with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.</p> <p>Using the Outcome Maps, provider and client reported outcomes and the MDS, the PHN will evaluate the performance of services to determine whether and to what extent a reshaping of the structure of supply is required.</p>
Target population cohort	The contracted services will provide services to people with severe mental illness and complex care needs, with a particular focus on financially disadvantaged and vulnerable people.
Consultation	As per MH 1.
Collaboration	As per MH 1.
Duration	As per MH 1.
Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern, South West.
Continuity of care	Relevant for previous plan. Transitioning of clients from ATAPS/MHSRRA and MHNIP services was completed prior to July 2017.
Commissioning method (if relevant)	As per MH 1.
Approach to market	As per MH 1.
Decommissioning	NA
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).

	<ul style="list-style-type: none"> • Average cost per PHN-commissioned mental health service – Clinical care coordination for people with severe and complex mental illness.
Local Performance Indicator target	<p>The Needs Assessment 2017 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps developed in conjunction with providers to ensure that for each of the four outcome areas identified above there are two mandatory indicators.</p> <p>Country WA PHN has worked with contracted services to ensure that the measurement of outcomes is achievable.</p>
Local Performance Indicator Data source	<i>As identified in Outcomes Maps</i>

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

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