



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); and
 - ii) *Indigenous Australians' Health Programme* funding (quarantined to support Objective 6 – see pages 2-3) (PHN: Indigenous Mental Health Flexible Activity).
- 2) The updated Budget for 2016-2018 for (attach an excel spreadsheet using template provided):
 - a) Primary Mental Health Care (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity); and
 - b) *Indigenous Australians' Health Programme* (quarantined to support Objective 6) (PHN: Indigenous Mental Health Flexible Activity).

Northern Sydney PHN

When submitting this Mental Health Activity Work Plan (referred to as the Regional Operational Mental Health and Suicide Prevention Plan in the 2015-16 Schedule for Operational Mental Health and Suicide Prevention, and Drug and Alcohol Activities) to the Department of Health, the Primary Health Network (PHN) must ensure that all internal clearances have been obtained and it has been endorsed by the CEO.

Additional planning and reporting requirements including documentation, data collection and evaluation activities for those PHNs selected as lead sites will be managed separately.

The Mental Health Activity Work Plan must be lodged to Mike Hanlon via email Mike.Hanlon@health.gov.au on or before 17 February 2017.

1. (a) Strategic Vision

Please provide a strategic vision statement (no more than 500 words) on the PHN's approach to addressing the mental health and suicide prevention priorities for the period covering this Work Plan (2016-17), including governance arrangements, that demonstrates how the PHN will achieve the six key objectives of the PHN mental health care funding underpinned by:

- *a **stepped care approach**; and*
- *evidence based **regional mental health and suicide prevention planning**.*

Northern Sydney PHN Strategic Vision for Mental Health

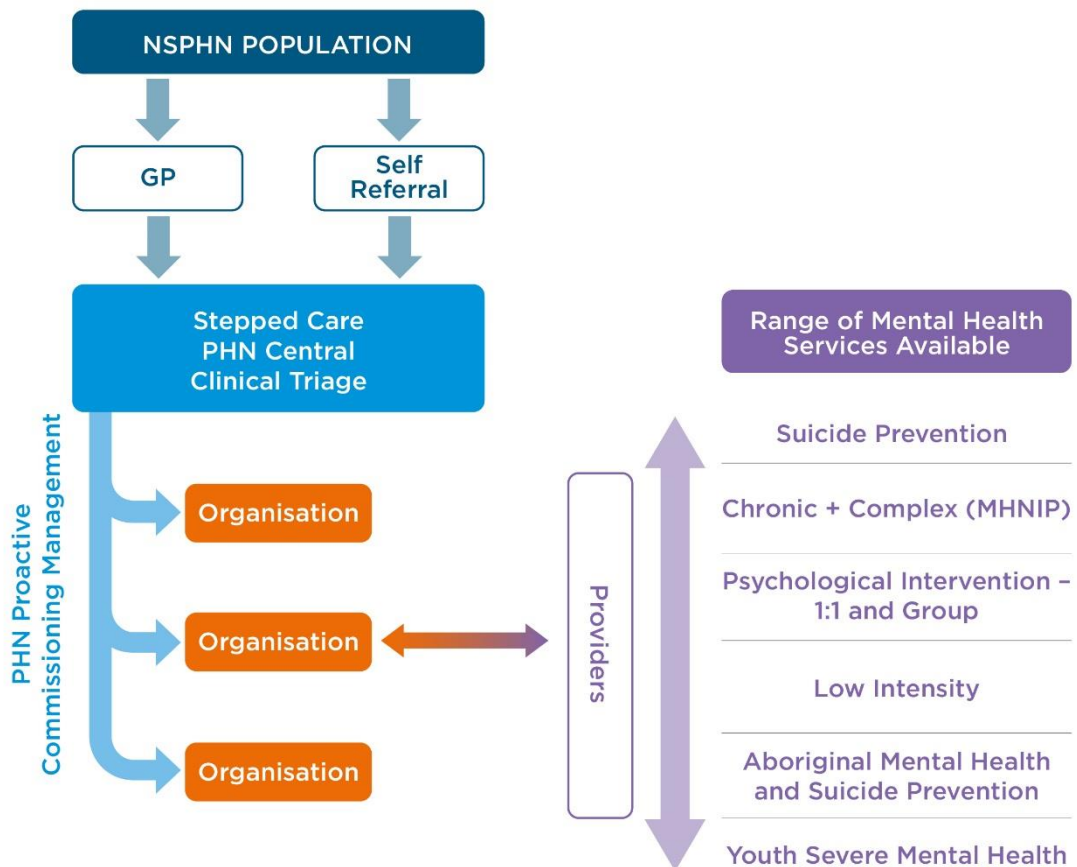
Throughout the process of developing the regional Mental Health and Suicide Prevention Needs Assessment and subsequent Activity Work Plan, NSPHN has worked with key stakeholders to identify the priority underserved populations in the region, to review the provision of existing primary mental health services and subsequently identify and prioritise opportunities for sector reform and improvement.

The key underserved, hard-to-reach and at-risk populations in the NSPHN region are identified as follows:

- Aboriginal and Torres Strait Islander people;
- children and young people;
- people experiencing, or at risk of, homelessness;
- people experiencing perinatal anxiety and depression;
- people with intellectual disability and co-existing mental illness;
- people from culturally and linguistically diverse (CALD) backgrounds;
- people at risk of suicide or self-harm; and
- people who identify as lesbian, gay, bisexual, transgender, and/or intersex
- Older people

The vision for NSPHN is to create an integrated mental health system that provides efficient and streamlined access to the most appropriate level and type of treatment for users of the service, whilst providing support to general practice and the wider mental health sector to navigate this system efficiently and effectively.

A proposed model for a mental health system redesign for the Northern Sydney region is outlined below:



This system will allow the PHN and commissioned organisations to accurately deliver a dynamic and responsive suite of Mental Health interventions based on the principles of stepped care - enabling users to be proactively managed and matched to the right care, provided in the right place, by the right provider.

Commissioning Co-design and Consultation

The NSPHN held seven mental health and suicide prevention commissioning co-design sessions in September 2016 with participation from more than 200 people representing a broad cross-section of the local community and service sector. This included General Practice, Allied Health, Non-Government Organisations (local and state), people with lived experience and consumers. The NSPHN Board, Clinical and Community Councils were represented extensively throughout these sessions.

The insight and knowledge of people using services, their families and communities has shaped the outcomes of our intended commissioned service delivery and has required the promotion of a shared role in co-design in:

- Identifying and recognising local assets as well as needs;
- Deciding what services are needed, how they are shaped and the role people will play in delivering them; and

- Interpreting the results of those services

The feedback from those co-design sessions was combined with existing information from the regional needs assessment, relevant literature and Department of Health guidance material to inform the key features for these mental health services. This information was presented to the NSPHN Mental Health & AOD Advisory Committee to further refine and hone the key service features for commissioned mental health services for underserved, hard-to-reach and at-risk groups. The NSPHN Mental Health & AOD Advisory Committee includes representation from the following:

- NSPHN Board
- NSPHN Clinical Council
- NSPHN Community Council
- Northern Sydney Local Health District
- General Practice
- Allied Health
- NSW Family and Community Services
- Non-Government mental health and alcohol and other drugs (AOD) service providers
- Consumers
- Carers
- Macquarie University

During the commissioning co-design sessions and consultation with NSPHN Mental Health Advisory Committee, we looked to create an agreed vision for primary mental health services across the region to:

- Work with community, providers and clinicians to **agree the vision** to align our commissioning approach and outcomes
- To utilise the opportunity to promote **local engagement**

We have worked closely with local and state sector and consumer experience and expertise to design the most appropriate solutions to:

- Understand current provision of services and evidence base – **challenging the norm**
- Move to **outcomes** and developing the market to respond
- Maximise the **innovation and delivery** of solutions – being creative about gaps

The NSPHN has commissioned mental health services in a two stage approach.

Stage 1 services included:

- Psychological Services for Underserved Groups
- Aboriginal Mental Health Services
- Low Intensity Mental Health Services

Stage 2 services include:

- Community Based Suicide Prevention Services
- Services for Young People with, or at risk of, Severe Mental Illness
- Services for People with Severe and Complex Mental Illness



As per the NSPHN Commissioning Framework, we will reach further clarity on exact services to be implemented once we have completed the whole procurement stage of our commissioning approach. This will include vital consideration of the innovative responses to tender from the market, how these responses compliment and align to the strategic vision for PHN based mental health services and contribute to creating the best and workable Mental Health primary health care system within the Northern Sydney region.

The Northern Sydney PHN looks forward to working together with the market, with our health partners, including general practice, the wider community to respond to this regional issue.

During 2017 and onwards, the NSPHN will proactively manage commissioned services in the mental health space. The NSPHN will support commissioned clinical structures, processes, and services to promote and develop best practice, and to enhance optimum outcomes for stakeholders, consistent with the NSPHN vision of ***achieving together - better health, better care.***

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

Note 1: For Priority Area 1, 2, and 5-8 use Template 1 below.

Note 2: For Priority Areas 3 and 4, please use Template 2 on page 9.

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>1.1. Explore and develop commissioning opportunities to facilitate access to low intensity mental health services (e.g. coaching services, group programs and e-mental health programs).</p> <p>1.2. Work with local service sector including GPs and allied health providers to promote appropriate referral to low intensity services.</p>
Existing, Modified, or New Activity	Existing Activity (updated)
Description of Activity	<p>1.1. Commission low intensity mental health services and support implementation</p> <p>Following co-design and extensive consultation, NSPHN released an open RFP for low intensity mental health services to service adults across the Northern Sydney PHN region. Commissioned low intensity services will provide:</p> <ul style="list-style-type: none"> • Brief, structured versions of existing evidence-based psychological treatments (e.g. CBT-based health and wellbeing coaching delivered by peers or other paraprofessionals) • Guided self-help • Psychoeducation • Sign posting to available online support interventions

	<p>NSPHN will work with commissioned services to support successful establishment of the low intensity mental health services and ensure that they operate within the stepped care framework and effectively meet the needs of identified underserved populations.</p> <p>1.2. Work with consumers and local service sector including GPs and allied health providers to promote appropriate referral and access to low intensity services.</p> <p>Northern Sydney PHN will continue to work with local service providers to ensure referral pathways are clear and the efficacy of low intensity mental health services for people with/at risk of mild mental illness are understood. NSPHN will work with commissioned providers to ensure that referral pathways are designed from a stepped care perspective, with clear advice and guidance available for practitioners on when and how to refer someone to a more intensive level of support.</p> <p>The PHN will utilise Health Pathways as a knowledge tool across the primary healthcare.</p> <p>An element of this activity will include supporting GPs and allied health providers to undertake e-Mental Health in Practice (eMHPrac) training. Northern Sydney PHN will also undertake education and promotion activities to develop awareness and understanding of low intensity mental health services amongst consumers and carers.</p>
<p>Target population cohort</p>	<p>Within the stepped care framework, low intensity mental health services aim to reach people residing within the NSPHN region who:</p> <ul style="list-style-type: none"> • are at risk of the onset of mental illness • have mild mental health conditions • have moderate to severe mental health conditions at risk of relapse and can make use of low intensity services to build resilience. <p>Commissioned low intensity mental health programs will link to and complement commissioned psychological services for underserved and hard-to-reach groups. The following priority underserved groups are in scope:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people • Women with or at risk of perinatal depression • People at risk of or experiencing homelessness

	<ul style="list-style-type: none"> • Individuals from culturally and linguistically diverse (CALD) backgrounds • People who identify as lesbian, gay, bisexual, transgender, and/or intersex • Older people • Young people
Consultation	<p>NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the needs assessment process and co-design consultations. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of 6 times a year and includes representation from:</p> <ul style="list-style-type: none"> • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District – Mental Health Drug & Alcohol • Family and Community Services • NGO Mental Health and AOD Service Providers • Lived experience • Carers • the local Aboriginal community
Collaboration	<p>Northern Sydney PHN will work in collaboration with relevant stakeholders including General Practice, community allied health providers, Northern Sydney LHD and commissioned low intensity mental health service providers to establish referral pathways and effective communication processes.</p> <p>Training and promotion of low intensity mental health services will be supported by NSPHN in collaboration with commissioned service providers, accredited mental health training providers, eMHPrac and relevant academic organisations.</p>
Duration	<p>Planning of commissioned mental health services commenced with co-design workshops in September 2016, and has also been informed by NSPHN’s Mental Health & AOD Advisory committee, and</p>

	<p>guidance from the Department of Health. Procurement of services is being undertaken by NSPHN in two stages.</p> <p>Stage one has involved procuring Low Intensity Mental Health Services, Psychological Services for Underserved Groups and Aboriginal Mental Health Services. The procurement process for these services commenced in November 2016 with the release of Requests for Proposal. Tender Evaluation Panels scored applications, and interviewed shortlisted applicants. Contracts will be awarded in February with services to commence by March.</p> <p>Stage two of procurement at NSPHN is being completed throughout January and February, with Requests for Proposal released for Community Based Suicide Prevention Services and for Services for Young People with, or at risk of, Severe Mental Illness on the 18th of January. Applications to provide these services will be assessed by a tender evaluation panel, who will interview shortlisted applicants in mid March. Upon board approval, negotiation of contracts will take place by then end of March. The expectation is that service delivery for these commissioned services will commence in April 2017.</p>
Coverage	This activity will cover the entire PHN region.
Commissioning method (if relevant)	<p>During the procurement process, NSPHN did not specify whether applicants would service the whole or part of the region, or all service users. This decision was made to enable organisations to apply to provide services in smaller areas where there may be an identified specific need, to allow for innovation in service delivery. As a result, mental health services commissioned by NSPHN may be provided to either the whole, or part of, the Northern Sydney region. Similarly, services for Low Intensity Mental Health and Psychological Services for Underserved Groups may be provided to smaller target groups.</p> <p>NSPHN's commissioning method is, therefore, to ensure that all commissioned services in the region work together and that coverage is provided across the entire region, with equitable access for all target populations</p>
Approach to market	<p>NSPHN is using a procurement approach in determining service providers for mental health services. The approach to market is through open tender, to ensure an equitable process in which all appropriate organisations may participate. While service specifications have been provided, innovative applications have been encouraged. This strategy will enable NSPHN to work with the market and</p>

	ensure that the best available mental health services are commissioned in the region. This may include services being provided by one organisation or a number of organisations.
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>Process Indicator: That commissioned services address access to services, efficiency of service delivery, cultural and clinical appropriateness of service delivery.</p> <p>Process Indicator: That commissioned services have engaged with local community in design, delivery, monitoring and evaluation of services.</p> <p>Output indicator: Proportion of Northern Sydney PHN population accessing low intensity mental health services</p> <p>Outcome indicator: clinical and non-clinical effectiveness of commissioned service delivery - to include clinician, consumer and provider feedback measurements. Commissioned services will also demonstrate that holistic approach to addressing the social, emotional wellbeing of communities.</p> <p>Outcome indicator: Proportion of Indigenous population receiving PHN commissioned mental health services where the services are culturally appropriate.</p>
Local Performance Indicator target (where possible)	Northern Sydney PHN will work with commissioned providers to identify appropriate and Local Performance Indicator targets and outcomes. This will promote innovation to address need in order to achieve desired outcomes. Data will be disaggregated across client demographics including target group, gender, age, postcode.
Local Performance Indicator Data source	Northern Sydney PHN will develop the internal and external capacity to accurately capture and utilise the most pertinent data sources that will reflect performance of commissioned services. Local Performance Indicator data sources will combine qualitative and quantitative sources.

1. Stakeholder engagement and market analysis - including, but not limited to, the Northern Sydney PHN Mental Health & AOD Advisory Committee and the Clinical and Community Councils, consumers, potential and actual commissioned providers, regional clinical leads, primary care, GP's, Allied Health, the Local Health District, Department of Health, Local Government Authorities etc.
2. Regular provider / commissioned service performance reports.
3. Feedback surveys for Service/Provider, clinician and community feedback (including consideration of Patient Reported Outcome Measure and patient Reported Experience Measures).
4. Local Health District data – where relevant and will include, but not limited to Mental Health related Emergency Department admissions, length of stay, discharge, demographic and geographic markers, uptake and capacity of mental health community programs.
5. Primary Care - develop mechanisms to monitor and measure MBS usage in general practice.
6. Other local and national data sets will likely include a combination and access to the following:
 - Australian Atlas of Health Variation
 - Australian Health Survey
 - BEACH data, 2011-15
 - Health workforce data
 - MBS Claims data
 - NSW combined admitted patient epidemiology data
 - PenCAT data
 - Australian Hospital Statistics (AIHW)
 - Potentially preventable hospitalisations data (NHPA)
 - NSW Department of Planning and Environment population projections
 - Consumer experience of service measure

	In line with Northern Sydney PHN's commissioning approach, data collection will commence at the beginning of any commissioning activity in order to identify what the initial gaps are and to accurately inform desired outcomes of commissioned activity. The iterative collection and use of relevant data sources will further support the development, quality improvement, monitoring and evaluation of commissioned activities.
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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)	<p>2.1 Work with local headspace centres to maximise impact of services delivered.</p> <p>2.2 Improve the integration of headspace centres with broader mental health care services, physical health care services, AOD services and social and vocational support services.</p> <p>2.3 Commission early intervention models of services for young people with/at risk of severe mental illness.</p> <p>2.4 Review existing youth mental health promotion programs operating in the Northern Sydney region including <i>UConnectHealth</i> and <i>GPs in Schools</i> with a focus on supporting coordination, equitable distribution and impact across the region.</p>
Existing, Modified, or New Activity	Existing activity (updated)
Description of Activity	<p>2.1 Work with local headspace centres to maximise impact of services delivered.</p> <p>Northern Sydney will build upon the existing relationship developed with Northern Sydney LHD as the lead agents of headspace Brookvale and headspace Chatswood to continue the activity of headspace centres in line with the 2015-16 activity and the program objectives. This will involve regularly scheduled contract meetings and review of key performance indicators. Northern Sydney PHN will work with the headspace centres to develop and review annual activity work plans and undertake continuous improvement activities.</p>

	<p>2.2 Improve the integration of local headspace centres with broader mental health care services, physical health care services, AOD services and social and vocational support services.</p> <p>As an element of ongoing needs assessment and service review processes, Northern Sydney PHN will review gaps in service provision for the cohort of young people eligible for headspace services and identify current and potential linkages between headspace centres and broader health, mental health, AOD and social and vocational support services. Northern Sydney PHN will support the local headspace centres to build and strengthen relationships with other relevant service providers, enabling a more holistic service response for young people. In line with this, NSPHN will work with headspace Chatswood to explore service options for young people residing in the Hornsby region who currently find it difficult to access the centre.</p> <p>2.3 Commission early intervention models of service for young people with/at risk of severe mental illness.</p> <p>Northern Sydney PHN has consulted with Northern Sydney LHD, the local service sector and Orygen, the National Centre of Excellence in Youth Mental Health to develop a model of service for young people with, or at risk of severe mental illness. Throughout 2017-18, NSPHN will work with commissioned providers to ensure successful implementation of Integrated Clinical Case Management services for this cohort.</p> <p>2.4 Review existing youth mental health promotion programs operating in PHN region including UConnectHealth and GPs in Schools with a focus on supporting coordination and equitable distribution across the region.</p> <p>A review of PHN-funded primary care programs focused on mental health and physical health delivered in local schools identified a need to further align and coordinate activities to support an equitable distribution across the whole region. Northern Sydney PHN will work with relevant stakeholders to develop this activity and promote a coordinated approach for the region, focusing on consistent messaging, emphasising referral pathways and ensuring equitable access across the region.</p>
Target population cohort	<p>This activity will be targeted towards young people aged 12-25, residing in the NSPHN region who:</p> <ul style="list-style-type: none"> - Experience or are at risk of mild to moderate mental illness - Experience or are at risk of severe mental illness

<p>Consultation</p>	<p>NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the needs assessment process and co-design consultations. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of 6 times a year and includes representation from:</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of 6 times a year and includes representation from:</p> <ul style="list-style-type: none"> • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District – Mental Health Drug & Alcohol • Family and Community Services • NGO Mental Health and AOD Service Providers • Lived experience • Carers • the local Aboriginal community
<p>Collaboration</p>	<p>This activity will be led by Northern Sydney PHN and undertaken in collaboration with General Practice, community allied health providers, NSLHD, local headspace management and staff, headspace NSW and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, youth services, educational facilities and employment services.</p> <p>Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.</p>
<p>Duration</p>	<p>Planning of commissioned mental health services commenced with co-design workshops in September 2016, and has also been informed by NSPHN’s Mental Health & AOD Advisory committee, and guidance from the Department of Health. Procurement of services is being undertaken by NSPHN in two stages.</p>

	<p>Stage one has involved procuring Low Intensity Mental Health Services, Psychological Services for Underserved Groups and Aboriginal Mental Health Services. The procurement process for these services commenced in November 2016 with the release of Requests for Proposal. Tender Evaluation Panels scored applications, and interviewed shortlisted applicants. Contracts will be awarded in February with services to commence by March.</p> <p>Stage two of procurement at NSPHN is being completed throughout January and February, with Requests for Proposal released for Community Based Suicide Prevention Services and for Services for Young People with, or at risk of, Severe Mental Illness on the 18th of January. Applications to provide these services will be assessed by a tender evaluation panel, who will interview shortlisted applicants in mid March. Upon board approval, negotiation of contracts will take place by then end of March. The expectation is that service delivery for these commissioned services will commence in April 2017.</p>
Coverage	This activity will cover the entire NSPHN region.
Commissioning method (if relevant)	<p>During the procurement process, NSPHN did not specify whether applicants would service the whole or part of the region, or all service users. This decision was made to enable organisations to apply to provide services in smaller areas where there may be an identified specific need, to allow for innovation in service delivery. As a result, mental health services commissioned by NSPHN may be provided to either the whole, or part of, the Northern Sydney region. Similarly, services for Low Intensity Mental Health and Psychological Services for Underserved Groups may be provided to smaller target groups.</p> <p>NSPHN's commissioning method is, therefore, to ensure that all commissioned services in the region work together and that coverage is provided across the entire region, with equitable access for all target populations</p>
Approach to market	NSPHN is using a procurement approach in determining service providers for mental health services. The approach to market is through open tender , to ensure an equitable process in which all appropriate organisations may participate. While service specifications have been provided, innovative applications have been encouraged. This strategy will enable NSPHN to work with the market and ensure that the best available mental health services are commissioned in the region. This may include services being provided by one organisation or a number of organisations.
Decommissioning	N/A

<p>Performance Indicator</p>	<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>Process Indicator: That commissioned services address access to services, efficiency of service delivery, cultural and clinical appropriateness of service delivery.</p> <p>Process Indicator: That commissioned services have engaged with local community in design, delivery, monitoring and evaluation of services.</p> <p>Output indicator: Early intervention models for young people implemented.</p> <p>Outcome indicator: Reduction in psychological distress in young people.</p> <p>Outcome indicator: Reduction in no. of young people presenting to ED with self-harm or suicidal thoughts.</p> <p>Outcome indicator: Patient Reported Experience Measure – to be developed with stakeholders’ including young people.</p> <p>Outcome indicator: Feedback surveys for Service/Provider, clinician and community feedback (including consideration of Patient Reported Outcome Measure and patient Reported Experience Measures).</p>
<p>Local Performance Indicator target (where possible)</p>	<p>Outcome indicator: Reduction in number of young people presenting to ED with self-harm or suicidal thoughts – exact target to be developed with stakeholders.</p> <p>Outcome indicator: Reduction in deaths from self-harm in 15-24 year olds – exact target to be developed with stakeholders.</p> <p>Northern Sydney PHN will work with commissioned providers to further identify appropriate and Local Performance Indicator targets and outcomes. This will promote innovation to address need in order to achieve desired outcomes.</p>

Local Performance Indicator Data source

Northern Sydney PHN will develop the internal and external capacity to accurately capture and utilise the most pertinent data sources that will reflect performance of commissioned services. Local Performance Indicator data sources will combine qualitative and quantitative sources.

1. Stakeholder engagement and market analysis - including, but not limited to, the Northern Sydney PHN Mental Health Advisory Committee and the Clinical and Community Councils, consumers, potential and actual commissioned providers, regional clinical leads, primary care, GP's, Allied Health, the Local Health District, Department of Health, Local Government Authorities etc.
2. Regular provider / commissioned service performance reports
3. Service/Provider, clinician and community feedback
4. Local Health District data – where relevant and will include, but not limited to Mental Health related Emergency Department admissions, Length of Stay, Discharge, demographic and geographic markers, uptake and capacity of mental health community programs
5. Primary Care - develop mechanisms to monitor and measure MBS usage in general practice.
6. Other local and national data sets will likely include a combination and access to the following:
 - Australian Atlas of Health Variation
 - Australian Health Survey
 - BEACH data, 2011-15
 - Health workforce data
 - MBS Claims data
 - NSW combined admitted patient epidemiology data
 - PenCAT data

In line with Northern Sydney PHN's commissioning approach, data collection will commence at the beginning of any commissioning activity in order to identify what the initial gaps are and to accurately inform desired outcomes of commissioned activity. The iterative collection and use of relevant data

	sources will further support the development, quality improvement, monitoring and evaluation of commissioned activities.
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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)	<p>5.1 Work with NSLHD and other local service providers, including general practice and local psychologists to undertake planning of a collaborative and coordinated approach to suicide prevention.</p> <p>5.2 Develop and commission programs to provide follow up aftercare services and psychosocial support.</p> <p>5.3 Support GPs and frontline staff to better assess suicide risk and provide appropriate support.</p> <p>5.4 Work with local educational institutions, boarding houses and relevant service providers to better service Aboriginal young people at risk of self-harm and suicide.</p>
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p>5.1 Work with NSLHD and other local service providers to undertake planning of a collaborative and coordinated approach to suicide prevention</p> <p>As an activity arising out of the Northern Sydney PHN Mental Health and Alcohol and Other Drugs Advisory Committee, NSPHN will work with local stakeholders to establish a Suicide Prevention Network in the region. This network will utilise a systems approach, exploring how to best support evidence based suicide prevention activity across the region.</p> <p>5.2 Develop and commission programs to provide follow up aftercare services and psychosocial support.</p> <p>NSPHN will commission services to provide aftercare and psychosocial support to people who have had a hospital admission following a suicide attempt. These services will link clients to appropriate support services, including General Practice and psychological support providers and provide practical assistance to maintain engagement with support. Clients will be serviced for a period of up to three</p>

	<p>months to support safety and resilience planning, develop and maintain support networks and address the psychosocial issues which may be exacerbating suicide risk. This area of activity will also involve working with Emergency Department and mental health in-patient and community staff, GPs and other service providers on hospital discharge processes and post discharge pathways.</p> <p>5.3 Support GPs and frontline staff to better assess suicide risk and provide appropriate support</p> <p>Northern Sydney PHN will undertake activity to support GPs and frontline staff to better understand the indicators for suicide risk and assess and intervene where appropriate. This will include the development of co-designed and agreed Health Pathway tools for general practice to further support this area. This will also involve supporting professional development of GPs and frontline staff, the development of shared protocols for assessing suicide risk and the streamlining of referral pathways.</p> <p>5.4 Work with local educational institutions, boarding houses and relevant service providers to better service Aboriginal young people at risk of self-harm and suicide.</p> <p>The initial needs assessment highlighted elevated levels of stress, anxiety and depression in young Aboriginal and Torres Strait Islander people entering the Northern Sydney region to attend school and university. In some instances this has led to suicidal ideation, self-harm and suicide attempts. In response to this issue, Northern Sydney PHN will continue to:</p> <ul style="list-style-type: none"> • Work with school and university staff, Aboriginal Boarding House staff, NSLHD, headspace, local Aboriginal services and community leaders to quantify and further define this issue. • Co-design and commission a service response, including the provision of Aboriginal Mental Health First Aid training to frontline staff. <p>Further develop capacity within schools, universities and local services to better respond to the social and emotional wellbeing needs of Aboriginal and Torres Strait Islander young people.</p>
Target population cohort	Adults and young people residing in the NSPHN region who have attempted or are at risk of suicide.
Consultation	NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the needs assessment process and co-design consultations. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one

	<p>engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of 6 times a year and includes representation from:</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of 6 times a year and includes representation from:</p> <ul style="list-style-type: none"> • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District – Mental Health Drug & Alcohol • Family and Community Services • NGO Mental Health and AOD Service Providers • Lived experience • Carers • the local Aboriginal community
Collaboration	<p>This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, youth services, educational facilities and employment services.</p> <p>Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.</p>
Duration	<p>Planning of commissioned mental health services commenced with co-design workshops in September 2016, and has also been informed by NSPHN’s Mental Health & AOD Advisory committee, and guidance from the Department of Health.</p> <p>Stage two has involved procuring Community based suicide prevention activities. The procurement process for these services commenced in February 2017 with the release of Requests for Proposal. Tender Evaluation Panels scored applications, and interviewed shortlisted applicants. Contracts will be awarded in February with services to commence during March-June 2017.</p>

Coverage	This activity will cover the entire PHN region.
Commissioning method (if relevant)	<p>During the procurement process, NSPHN did not specify whether applicants would service the whole or part of the region, or all service users. This decision was made to enable organisations to apply to provide services in smaller areas where there may be an identified specific need, to allow for innovation in service delivery. As a result, mental health services commissioned by NSPHN may be provided to either the whole, or part of, the Northern Sydney region. Similarly, services for Low Intensity Mental Health and Psychological Services for Underserved Groups may be provided to smaller target groups.</p> <p>NSPHN's commissioning method is, therefore, to ensure that all commissioned services in the region work together and that coverage is provided across the entire region, with equitable access for all target populations.</p>
Approach to market	NSPHN is using a procurement approach in determining service providers for mental health services. The approach to market is through open tender , to ensure an equitable process in which all appropriate organisations may participate. While service specifications have been provided, innovative applications have been encouraged. This strategy will enable NSPHN to work with the market and ensure that the best available mental health services are commissioned in the region. This may include services being provided by one organisation or a number of organisations.
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. <p>Process Indicator: That commissioned services address access to services, efficiency of service delivery, cultural and clinical appropriateness of service delivery.</p> <p>Process Indicator: That commissioned services have engaged with local community and services in design, delivery, monitoring and evaluation of services.</p> <p>Process indicator: Documented process to ensure follow up care following suicide attempt.</p>

	<p>Output indicator: Number of frontline staff trained in Aboriginal Mental Health First Aid.</p> <p>Outcome indicator: Clinical and non-clinical effectiveness of commissioned service delivery - to include clinician, consumer and provider feedback measurements. Commissioned services should also demonstrate a holistic approach to the social, emotional wellbeing of communities.</p>
<p>Local Performance Indicator target (where possible)</p>	<p>Outcome indicator: Feedback surveys for Service/Provider, clinician and community feedback (including consideration of Patient Reported Outcome Measure and patient Reported Experience Measures).</p> <p>Northern Sydney PHN will work with potential and actual commissioned providers to identify appropriate and Local Performance Indicator targets and outcomes. This will promote innovation to address need in order to achieve desired outcomes.</p> <p><i>What level of disaggregation will apply to this target and be reported to the Department? (eg. target group, gender, age)</i></p>
<p>Local Performance Indicator Data source</p>	<p>Northern Sydney PHN will develop the internal and external capacity to accurately capture and utilise the most pertinent data sources that will reflect performance of commissioned services. Local Performance Indicator data sources will combine qualitative and quantitative sources.</p> <ol style="list-style-type: none"> 1. Stakeholder engagement and market analysis - including, but not limited to, the Northern Sydney PHN Mental Health Advisory Committee and the Clinical and Community Councils, consumers, potential and actual commissioned providers, regional clinical leads, primary care, GP's, Allied Health, the Local Health District, Department of Health, Local Government Authorities etc. 2. Regular provider / commissioned service performance reports 3. Service/Provider, clinician and community feedback 4. Local Health District data – where relevant and will include, but not limited to Mental Health related Emergency Department admissions, Length of Stay, Discharge, demographic and geographic markers, uptake and capacity of mental health community programs 5. Primary Care - develop mechanisms to monitor and measure MBS usage in general practice. 6. Other local and national data sets will likely include a combination and access to the following:

	<ul style="list-style-type: none"> • Australian Atlas of Health Variation • Australian Health Survey • BEACH data, 2011-15 • Health workforce data • MBS Claims data • NSW combined admitted patient epidemiology data • PenCAT data <p>In line with Northern Sydney PHN's commissioning approach, data collection will commence at the beginning of any commissioning activity in order to identify what the initial gaps are and to accurately inform desired outcomes of commissioned activity. The iterative collection and use of relevant data sources will further support the development, quality improvement, monitoring and evaluation of commissioned activities.</p>
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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)	6.1 Commission services to meet the identified mental health needs of Aboriginal people in the region. 6.2 Support providers in the region to accurately record and document Aboriginal status. 6.3 Facilitate access to culturally appropriate and trauma-informed mental health services.
Existing, Modified, or New Activity	Existing (updated)
Description of Activity	6.1 Commission services to meet the identified mental health needs of Aboriginal people in the region. In November 2016, NSPHN released an open RFP inviting organisations to apply to provide Aboriginal and Torres Strait Islander Mental Health Services. Applicants were asked to outline how they would: <ul style="list-style-type: none"> • deliver culturally appropriate mental health and suicide prevention services to Aboriginal and Torres Strait Islander people within the NSPHN region

	<ul style="list-style-type: none"> • improve the quality of culturally safe mental health services • increase the number of Aboriginal and Torres Strait Islander people accessing mental health services <p>NSPHN is currently in the contracting phase with the successful provider. Throughout 2016-17, NSPHN will work with the commissioned provider to establish and implement services. Throughout 2017-18, NSPHN will proactively work with the commissioned provider to ensure successful service delivery.</p> <p>6.2 Support providers in the region to accurately record and document Aboriginal status.</p> <p>Stakeholder feedback from the initial needs assessment process highlighted an issue of poor identification and documenting of Aboriginal status amongst Northern Sydney healthcare services. This issue involves people not self-identifying when accessing services as well as service providers not proactively asking about Aboriginal status. The result is Aboriginal residents missing out on access to appropriate programs and supports. Northern Sydney PHN will work with local service providers, including GPs and allied health providers to ensure that Aboriginality is routinely recorded and providers are aware of Aboriginal-specific programs and MBS items.</p> <p>6.3 Facilitate access to culturally appropriate and trauma-informed mental health services.</p> <p>Northern Sydney PHN will work with commissioned services, Aboriginal services and the local Aboriginal community to develop capacity within mainstream services to respond appropriately to Aboriginal people accessing mental health services. This will include facilitating access to training on culturally appropriate and trauma informed mental health care as well as assisting the service system to develop and implement appropriate support frameworks.</p>
Target population cohort	This activity is targeted towards Aboriginal and Torres Strait Islander residents of the NSPHN region who experience, or are at risk of developing, mental illness.
Consultation	NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the needs assessment process and co-design consultations. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.

	<p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of 6 times a year and includes representation from:</p> <ul style="list-style-type: none"> • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District – Mental Health Drug & Alcohol • Family and Community Services • NGO Mental Health and AOD Service Providers • Lived experience • Carers • the local Aboriginal community
Collaboration	<p>This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, local Aboriginal community representatives and services, General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, youth services, educational facilities and employment services.</p> <p>Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.</p>
Duration	<p>Planning of commissioned mental health services commenced with co-design workshops in September 2016, and has also been informed by NSPHN’s Mental Health & AOD Advisory committee, and guidance from the Department of Health.</p> <p>Stage one has involved procuring Aboriginal Mental Health Services. The procurement process for these services commenced in November 2016 with the release of Requests for Proposal. Tender Evaluation Panels scored applications, and interviewed shortlisted applicants. Contracts will be awarded in February with services to commence by March.</p>
Coverage	<p>This activity will cover the entire PHN region.</p>
Commissioning method (if relevant)	<p>During the procurement process, NSPHN did not specify whether applicants would service the whole or part of the region, or all service users. This decision was made to enable organisations to apply to provide services in smaller areas where there may be an identified specific need, to allow for</p>

	<p>innovation in service delivery. As a result, mental health services commissioned by NSPHN may be provided to either the whole, or part of, the Northern Sydney region. Similarly, services for Low Intensity Mental Health and Psychological Services for Underserved Groups may be provided to smaller target groups.</p> <p>NSPHN's commissioning method is, therefore, to ensure that all commissioned services in the region work together and that coverage is provided across the entire region, with equitable access for all target populations</p>
Approach to market	<p>NSPHN is using a procurement approach in determining service providers for mental health services. The approach to market is through open tender, to ensure an equitable process in which all appropriate organisations may participate. While service specifications have been provided, innovative applications have been encouraged. This strategy will enable NSPHN to work with the market and ensure that the best available mental health services are commissioned in the region. This may include services being provided by one organisation or a number of organisations.</p>
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. <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. <p>Process Indicator: That commissioned services address access to services, efficiency of service delivery, cultural and clinical appropriateness of service delivery.</p> <p>Process Indicator: That commissioned services have engaged with local community in design, delivery, monitoring and evaluation of services.</p> <p>Output indicator: Number of frontline staff trained in Aboriginal Mental Health First Aid.</p>

	<p>Outcome indicator: clinical and non-clinical effectiveness of commissioned service delivery - to include clinician, consumer and provider feedback measurements. Commissioned services should also demonstrate a holistic approach to the social, emotional wellbeing of communities.</p> <p>Outcome indicator: Proportion of local Aboriginal and Torres Strait Islander population receiving PHN commissioned mental health services where the services are culturally appropriate.</p>
<p>Local Performance Indicator target (where possible)</p>	<p>The Northern Sydney PHN will work with potential and actual commissioned providers to identify appropriate and Local Performance Indicator targets and outcomes. This will promote innovation to address need in order to achieve desired outcomes.</p> <p>Broad local performance indicators and outcomes will target the increase of and uptake to culturally appropriate mental health services for the Indigenous population of Northern Sydney PHN. And will include qualitative and quantitative measurements, including clinical indicators, patient and provider satisfaction and value for money.</p> <p>Outcome indicator: Feedback surveys for Service/Provider, clinician and community feedback (including consideration of Patient Reported Outcome Measure and patient Reported Experience Measures).</p> <p>These identified and measurable outcome indicators for the Northern Sydney PHN activity will be realised in the second year of commissioning activity.</p> <p><i>What level of disaggregation will apply to this target and be reported to the Department? (eg. target group, gender, age)</i></p>
<p>Local Performance Indicator Data source</p>	<p>Northern Sydney PHN will develop the internal and external capacity to accurately capture and utilise the most pertinent data sources that will reflect performance of commissioned services. Local Performance Indicator data sources will combine qualitative and quantitative sources.</p> <ol style="list-style-type: none"> 1. Stakeholder engagement and market analysis - including, but not limited to, the Northern Sydney PHN Mental Health Advisory Committee and the Clinical and Community Councils, consumers, potential and actual commissioned providers, regional clinical leads, primary care, GP's, Allied Health, the Local Health District, Department of Health, Local Government Authorities etc. 2. Regular provider / commissioned service performance reports

	<p>3. Service/Provider, clinician and community feedback</p> <p>4. Local Health District data – where relevant and will include, but not limited to Mental Health related Emergency Department admissions, Length of Stay, Discharge, demographic and geographic markers, uptake and capacity of mental health community programs</p> <p>5. Primary Care - develop mechanisms to monitor and measure MBS usage in general practice.</p> <p>6. Other local and national data sets will likely include a combination and access to the following:</p> <ul style="list-style-type: none"> • Australian Atlas of Health Variation • Australian Health Survey • BEACH data, 2011-15 • Health workforce data • MBS Claims data • NSW combined admitted patient epidemiology data • PenCAT data <p>Commencement date of data collection will be in line with commencement of services to clients.</p>
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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>7.1 Map mental health service provision across the PHN region according to stepped care approach.</p> <p>7.2 Review and re-design ATAPS from a stepped care perspective.</p> <p>7.3 Promote a stepped care approach and support the local service system, including general practice, to refer people to the right mental health support at the right time.</p>
Existing, Modified, or New Activity	Existing (updated)

<p>Description of Activity</p>	<p>7.1 Map mental health service provision across the PHN region according to stepped care approach.</p> <p>To inform the development of the comprehensive mental health and suicide prevention regional plan, Northern Sydney PHN will undertake a Regional Integrated Mental Health Atlas to review the provision of mental health services across the region. The Mental Health Atlas will look at the type of mental health services provided across the region, according to a stepped care approach and map their geographic distribution. This will provide key information for the development and commissioning of new services and will help to focus efforts around system integration.</p> <p>7.2 Review and re-design ATAPS from a stepped care perspective.</p> <p>Existing ATAPS services will be continued through to the end of 2016-17. NSPHN will work with existing providers and newly commissioned providers to ensure smooth transition of services</p> <p>7.3 Promote a stepped care approach and support the local service system, including general practice, to refer people to the right mental health support at the right time.</p> <p>NSPHN will work with commissioned mental health providers to ensure collaboration, communication and effective and efficient service delivery according to the principles of stepped care.</p> <p>As an outcome of the comprehensive mental health and suicide needs assessment and Mental Health Atlas, Northern Sydney PHN will work with the local service sector to promote a stepped care approach to mental health support across the region and develop appropriate referral pathways.</p> <p>The PHN will support general practice in the assessment and management of stepped care approaches via the co-design process and establishment of agreed Health Pathway approaches. The PHN will utilise Health Pathways as a knowledge tool across the primary healthcare.</p> <p>Northern Sydney PHN will build upon existing partnerships and develop new ones to support joined up service provision across the region and promote access to the right type of support at the right time.</p>
<p>Target population cohort</p>	<p>This activity will target all residents of the NSPHN region who experience, or are at risk of developing, mild, moderate or severe mental illness.</p>
<p>Consultation</p>	<p>NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the needs assessment process and co-design consultations. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one</p>

	<p>engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of 6 times a year and includes representation from:</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of 6 times a year and includes representation from:</p> <ul style="list-style-type: none"> • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District – Mental Health Drug & Alcohol • Family and Community Services • NGO Mental Health and AOD Service Providers • Lived experience • Carers • the local Aboriginal community
Collaboration	<p>This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, youth services, educational facilities and employment services.</p> <p>Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.</p>
Duration	The implementation of stepped care principles and practices started with the initial consultations with local representatives and will continue through the process of commissioning mental health services.
Coverage	The development of a stepped care approach covers the entire PHN region.
Commissioning method (if relevant)	N/A
Approach to market	N/A

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. <p>In addition to the mandatory performance indicator, you may select a local performance indicator. What local performance indicator will measure the outcome of this activity? Is this a process, output or outcome indicator?</p>
Local Performance Indicator target (where possible)	<p>What performance target will be used (including justification) noting that performance target reporting will cover the 12 month reporting period (eg. from activity commencement for 12 months for reporting in September 2017).</p> <p>What is the baseline for this indicator target and what is the effective date of this baseline?</p> <p>What level of disaggregation will apply to this target and be reported to the Department? (eg. target group, gender, age)</p>
Local Performance Indicator Data source	<p>Provide details on the data source that will be used to monitor progress against this indicator.</p> <p>Is this indicator sourced from a national data set? If so, what national data set?</p> <p>Where possible, data collection should cover the activity duration period. What is the commencement date of the data collection?</p>

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)	8.1 Develop comprehensive regional mental health and suicide prevention plan in collaboration with NSLHD and other stakeholders.
Existing, Modified, or New Activity	Existing (updated)

Description of Activity

The Northern Sydney PHN Mental Health Needs Assessment completed in 2016 identified gaps in current knowledge and understanding relating to the following four service areas, in particular, for the region:

1. Changes in the Mental Health Service Environment
2. Mental Health Service Coordination and Collaboration
3. Mental Health Services for Aboriginal and Torres Strait Islander People
4. Mental Health Services for Older People

As part of the Northern Sydney PHN Regional mental health and suicide prevention plan, we will address and further investigate the above four areas, above, in order to gain a deeper understanding of service and population need.

The Regional Mental Health and Suicide Prevention Plan will address the six core areas of funding relating to:

- Low Intensity Mental Health Services
- Youth Mental Health
- Psychological Therapies under-serviced and hard to reach populations
- Mental Health Services for people with Severe Mental Illness and Complex Needs
- Community Based Suicide Prevention Services
- Aboriginal Mental Health and Suicide Prevention

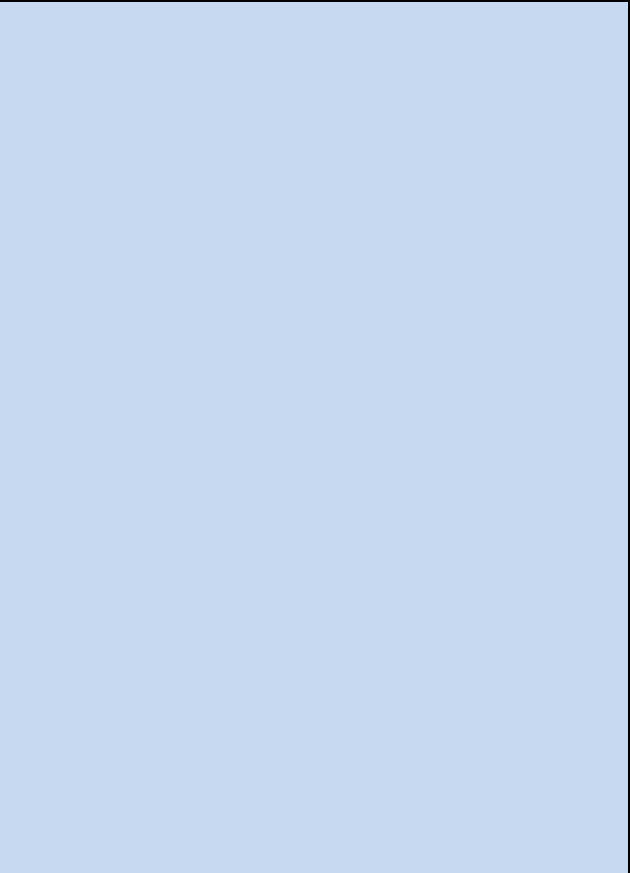
Further stakeholder engagement and analysis will occur to clarify needs, gaps and service opportunities relating to the above areas. Market analysis and service mapping across these areas will indicate areas of need, service duplication etc. and will inform subsequent strategic commissioned activity.

Northern Sydney PHN is building relationships and partnerships with the Local Health District in order to share data relating to mental health activity, including, but not limited to, mental health admissions and discharge rates. Northern Sydney PHN will work closely with the LHD in joint planning of Mental Health activities where appropriate and of benefit to the local community.

	<p>Northern Sydney PHN Mental Health Needs Assessment conducted in 2016 also identified the following areas of activity to prioritise in the Regional Mental Health and Suicide Prevention Plan:</p> <ul style="list-style-type: none"> • Work with NSLHD, GPs and local mental health service providers to capture and analyse data relevant to service usage, capacity and populations of significant need, including Aboriginal and Torres Islander People. • Conduct further analysis of the increasing rates of self-harm related hospitalisations of young women in the region. • Work with NSLHD and primary care practices to improve transitions between acute and primary care. • Investigate solutions to divert unnecessary ED attendance, including targeted promotion of appropriate after hours services. • Work with NSLHD and local service providers to explore gaps in service provision for young people with moderate to severe mental health issues. • Provide education and support to GPs and frontline services to identify and address suicide risks. • Work with local service providers to develop models for aftercare case management and support for people who have attempted suicide. • Further explore the provision of individual and group support services for people with a diagnosis of Borderline Personality Disorder. • Investigate service pathways for people with eating disorders and disordered eating. • Map services along the stepped care continuum and support service development and innovation where needed. • Increase the capacity of GPs and Allied Health Providers to effectively respond to the needs of people with severe mental illness and complex needs. • Investigate the availability and appropriateness of low intensity mental health services. • Investigate options to improve access to psychological services and preventative mental health programs for older people.
Target population cohort	The target population is residents of the NSPHN region who experience, or are at risk of developing, mental illness.

<p>Consultation</p>	<p>NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the needs assessment process and co-design consultations. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of 6 times a year and includes representation from:</p> <ul style="list-style-type: none"> • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District – Mental Health Drug & Alcohol • NSW Family and Community Services • NGO Mental Health Service Providers • NGO AOD Service Providers • People with a lived experience of mental illness and/or substance misuse • Carers
<p>Collaboration</p>	<p>This activity will be led by Northern Sydney PHN and undertaken in collaboration with General Practice, community allied health providers, NSLHD, commissioned service providers and staff and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, youth services, educational facilities and employment services.</p> <p>Service gaps and priorities will be further explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.</p>
<p>Duration</p>	<p>March 2017: Develop detailed project plan.</p> <p>April – June 2017: Stakeholder engagement, data analysis and development of priorities.</p>

	<p>July – August 2017: Seek feedback and endorsement from Northern Sydney Local Health District, NSPHN Mental Health & AOD Advisory Committee, NSPHN Board, Clinical Council and Community Council.</p> <p>September 2017: Submit Comprehensive Regional Mental Health & Suicide Prevention Plan.</p>
Coverage	The comprehensive mental health and suicide prevention plan will cover the entire PHN region
Commissioning method (if relevant)	N/A
Approach to market	N/A
Decommissioning	N/A
Performance Indicator	<p>Priority Area 8 - Mandatory performance indicators:</p> <ul style="list-style-type: none"> Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery. <p>Process indicator: A local process indicator may include stakeholder support and endorsement of the Comprehensive Regional Mental Health and Suicide Prevention Plan</p>
Local Performance Indicator target (where possible)	Process Indicator targets will reflect the extent to which the above mandatory and local indicators have been met.
Local Performance Indicator Data source	<p>Data sources to inform the service priorities will combine qualitative and quantitative sources, as below:</p> <ol style="list-style-type: none"> Stakeholder engagement and market analysis - including, but not limited to, the Northern Sydney PHN Mental Health Advisory Committee and the Clinical and Community Councils, consumers, potential and actual commissioned providers, regional clinical leads, primary care, GP's, Allied Health, the Local Health District, Department of Health, Local Government Authorities etc. Regular provider / commissioned service performance reports. Service/Provider, clinician and community feedback

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4. Local Health District data – where relevant and will include, but not limited to Mental Health related Emergency Department admissions, Length of Stay, Discharge, demographic and geographic markers, uptake and capacity of mental health community programs
 5. Primary Care - develop mechanisms to monitor and measure MBS usage in general practice.
 6. Other local and national data sets will likely include a combination and access to the following:
 - Australian Atlas of Health Variation
 - Australian Health Survey
 - BEACH data, 2011-15
 - Health workforce data
 - MBS Claims data
 - NSW combined admitted patient epidemiology data
 - PenCAT data
 - Australian Hospital Statistics (AIHW)
 - Potentially preventable hospitalisations data (NHPA)
 - NSW Department of Planning and Environment population projections
 - Consumer experience of service measures

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

Use this template table for Priority Areas 3 and 4

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area	
Priority Area	Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>3.1 Commission services to provide psychological therapies to underserved, hard to reach/at risk groups including; people experiencing homelessness, women experiencing perinatal depression, children under 12, older people and people from CALD backgrounds (especially new arrivals and humanitarian entrants).</p> <p>3.2 Work with local providers, including general practices to ensure better access to appropriate services, including low intensity mental health services and specialist psychological services.</p>
Existing, Modified, or New Activity	Existing (updated)
Description of Activity	<p>3.1 Commission services to provide psychological therapies to underserved, hard to reach/at risk groups including; people experiencing homelessness, women experiencing perinatal depression, children under 12, older people and people from CALD backgrounds (especially new arrivals and humanitarian entrants).</p> <p>NSPHN currently directly sub-contracts individual allied health professionals to deliver psychological services through the ATAPS program. The needs assessment process and co-design consultations identified limited access to psychological services for a number of high needs and at risk populations in the Northern Sydney region, including young people and adults experiencing homelessness, young people in Out of Home Care, people from CALD backgrounds, humanitarian entrants and older people, women experiencing perinatal depression, LGBTI people and people with intellectual disability.</p> <p>NSPHN has undertaken a procurement process to commission organisations to deliver psychological therapies for underserved groups. In 2016-17, NSPHN will transition the current ATAPS program to newly commissioned providers. NSPHN will operate a central clinical intake and triage hub that will assess, prioritise and link clients referred by GPs and other service providers. Commissioned providers</p>

will accept and service referrals provided by NSPHN. Regular review of clinical progress of clients receiving service will be undertaken with the expectation that people are matched to the appropriate intensity of care, based on the developed principles of stepped care. This may include the transition of care required to low intensity services as people's needs decrease or to mental health nursing services if people's needs increase.

Psychological commissioned services will incorporate the following key features that have been identified through extensive consultation with the market and service users:

- Continue to provide psychological therapies by appropriately qualified mental health professionals in the remit of one to one sessions, groups and other flexible options – based on level of need and as listed below.
- Flexibility in session length (e.g. provision for half hour sessions).
- Flexibility in source of referral – e.g. provisional referrals to enable services to commence while arrangements are made for the client to see a GP for a Mental Health Treatment Plan.
- Ability to provide sessions over the phone, via secure internet connections as well as face to face.
- Locating providers in services that populations of need already access (e.g. Early Childhood centres, neighbourhood & community centres).
- Enhanced capacity to provide care coordination and participate in case conferencing.
- Team based care involving GPs, psychiatrists, paediatricians, psychologists and appropriately trained and qualified allied health professionals
- Identification and recruitment of providers with local language skills.
- Development of more group programs, including Dialectical Behaviour Therapy.
- Demonstrated ability to provide culturally appropriate and trauma informed care.

Northern Sydney PHN will work with commissioned service providers, other local services, general practice, community stakeholders and representative bodies strengthen referral pathways and support

	<p>best practice in service delivery. Northern Sydney PHN will work with local services to collect and analyse service use data for these populations and use this to develop new targets for inclusion.</p> <p>3.2 Work with commissioned mental health service providers to ensure better access to appropriate psychological services, including low intensity mental health services and specialist psychological services.</p> <p>Within the stepped care framework, NSPHN will work with commissioned mental health service providers to ensure that clients have access to the level and type of support that meets their needs. Clients will be supported to access lower or higher intensity mental health services as required. NSPHN will work with service providers and the wider service sector to streamline referral pathways and support effective communication and collaboration.</p>
Target population cohort	<p>The target population groups for commissioned psychological services are:</p> <ul style="list-style-type: none"> • Children and young people aged 0-24 • Aboriginal and Torres Strait Islander people • Women with or at risk of perinatal depression • People at risk of or experiencing homelessness • People who self-harm or who are at risk of suicide (including those who have attempted suicide and those bereaved by suicide or loss) • Individuals from culturally and linguistically diverse (CALD) backgrounds • People with intellectual disability and co-occurring mental illness • People at risk of, or experiencing, an eating disorder • People who identify as lesbian, gay, bisexual, transgender, intersex or are questioning
Consultation	<p>NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the needs assessment process and co-design consultations. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of 6 times a year and includes representation from:</p>

	<ul style="list-style-type: none"> • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District – Mental Health Drug & Alcohol • Family and Community Services • NGO Mental Health and AOD Service Providers • Lived experience • Carers • the local Aboriginal community
Collaboration	<p>This activity will be led by Northern Sydney PHN and undertaken in collaboration with General Practice, community allied health providers, NSLHD, commissioned service providers and staff and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, youth services, educational facilities and employment services.</p> <p>Service gaps and priorities will be further explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.</p>
Duration	<p>Planning of commissioned mental health services commenced with co-design workshops in September 2016, and has also been informed by NSPHN’s Mental Health & AOD Advisory committee, and guidance from the Department of Health.</p> <p>Stage one has involved procuring Psychological Services for Underserved Groups. The procurement process for these services commenced in November 2016 with the release of Requests for Proposal. Tender Evaluation Panels scored applications, and interviewed shortlisted applicants. Contracts will be awarded in February with services to commence during March-June 2017.</p>
Coverage	<p>Psychological services will be made available across the entire PHN region and will require ongoing work to ensure an equitable spread of services, skills and specialties based on area of need – both geographically and on health need/acuity i.e. there are Local Government areas within our catchment that will require additional efforts in the Refugee space (including trauma therapy) and in youth (that will require adaption of appropriate low intensity services).</p>

Continuity of care	<p>During the transition of the ATAPS model to the revised new commissioned service, the NSPHN will continue to work closely with the existing mental health ATAPS providers to ensure safe and appropriate transition and continuity of care. Actions to facilitate this have involved the following:</p> <ul style="list-style-type: none"> • regularly communicating with ATAPS providers regarding imminent changes to process, • extension of previous ATAPS provider contracts to allow clients to be seen during this transition phase, • appropriate PHN funding has been safeguarded to manage accruals to the end of this financial year, • an 'end' date of existing ATAPS program has been clarified to ATAPS providers, when the new system will be implemented.
Commissioning method (if relevant)	<p>During the procurement process, NSPHN did not specify whether applicants would service the whole or part of the region, or all service users. This decision was made to enable organisations to apply to provide services in smaller areas where there may be an identified specific need, to allow for innovation in service delivery. As a result, mental health services commissioned by NSPHN may be provided to either the whole, or part of, the Northern Sydney region. Similarly, services for Low Intensity Mental Health and Psychological Services for Underserved Groups may be provided to smaller target groups.</p> <p>NSPHN's commissioning method is, therefore, to ensure that all commissioned services in the region work together and that coverage is provided across the entire region, with equitable access for all target populations.</p>
Approach to market	<p>NSPHN is using a procurement approach in determining service providers for mental health services. The approach to market is through open tender, to ensure an equitable process in which all appropriate organisations may participate. While service specifications have been provided, innovative applications have been encouraged. This strategy will enable NSPHN to work with the market and ensure that the best available mental health services are commissioned in the region. This may include services being provided by one organisation or a number of organisations.</p>
Decommissioning	<p>NSPHN's intention in the commissioning of Psychological Services for Underserved Groups is to maintain continuity of service for existing clients and ensure that current providers have the option of remaining involved in newly commissioned services. NSPHN will work with commissioned service providers to engage and subcontract appropriately qualified and credentialed ATAPS providers.</p>

	NSPHN will work proactively with existing providers and newly commissioned services to ensure continuity of care for clients referred into the ATAPS program.
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>Process Indicator: That commissioned services address access to services, efficiency of service delivery, cultural and clinical appropriateness of service delivery.</p> <p>Process Indicator: That commissioned services have engaged with local community in design, delivery, monitoring and evaluation of services.</p> <p>Outcome indicator: Clinical and non-clinical effectiveness of commissioned service delivery – to include clinician, consumer and provider feedback measurements. Commissioned services should also demonstrate a holistic approach to the social, emotional wellbeing of communities.</p> <p>Outcome indicator: Proportion of Indigenous population receiving PHN commissioned mental health services where the services are culturally appropriate.</p>
Local Performance Indicator target (where possible)	Northern Sydney PHN will work with potential and actual commissioned providers to identify appropriate and Local Performance Indicator targets and outcomes. This will promote innovation to address need in order to achieve desired outcomes.
Local Performance Indicator Data source	<p>Northern Sydney PHN will develop the internal and external capacity to accurately capture and utilise the most pertinent data sources that will reflect performance of commissioned services. Local Performance Indicator data sources will combine qualitative and quantitative sources.</p> <ol style="list-style-type: none"> 1. Stakeholder engagement and market analysis - including, but not limited to, the Northern Sydney PHN Mental Health Advisory Committee and the Clinical and Community Councils, consumers, potential and actual commissioned providers, regional clinical leads, primary

care, GP's, Allied Health, the Local Health District, Department of Health, Local Government Authorities etc.

2. Regular provider / commissioned service performance reports.
3. Feedback surveys for Service/Provider, clinician and community feedback (including consideration of Patient Reported Outcome Measure and patient Reported Experience Measures).
4. Local Health District data – where relevant and will include, but not limited to Mental Health related Emergency Department admissions, length of stay, discharge, demographic and geographic markers, uptake and capacity of mental health community programs.
5. Primary Care - develop mechanisms to monitor and measure MBS usage in general practice.
6. Other local and national data sets will likely include a combination and access to the following:
 - Australian Atlas of Health Variation
 - Australian Health Survey
 - BEACH data, 2011-15
 - Health workforce data
 - MBS Claims data
 - NSW combined admitted patient epidemiology data
 - PenCAT data
 - Australian Hospital Statistics (AIHW)
 - Potentially preventable hospitalisations data (NHPA)
 - NSW Department of Planning and Environment population projections
 - Consumer experience of service measure

	In line with Northern Sydney PHN’s commissioning approach, data collection will commence at the beginning of any commissioning activity in order to identify what the initial gaps are and to accurately inform desired outcomes of commissioned activity. The iterative collection and use of relevant data sources will further support the development, quality improvement, monitoring and evaluation of commissioned activities.
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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)	<p>4.1 Review and co-design a regional approach to care coordination for people with severe and complex mental health needs.</p> <p>4.2 Review and co-design the Mental Health Nurse Incentive Program to better support GPs in management of severe mental illness.</p> <p>4.3 Promote better management of the physical health needs of people with severe mental illness in the region.</p> <p>4.4 Further explore the provision of services for people with the diagnosis of Borderline Personality Disorder.</p> <p>4.5 Explore and develop early intervention programs for people with/at risk of eating disorders.</p>
Existing, Modified, or New Activity	Existing (updated)
Description of Activity	<p>4.1 Review and co-design a regional approach to care coordination for people with severe and complex mental illness.</p> <p>Collaborate and support general practices, community allied health providers, mental health nurses, community mental health service providers and the NSLHD to develop team based support approaches. This will include the development of co-designed and agreed Health Pathway tools for general practice to further support this area.</p> <p>4.2 Review and co-design a regional Mental Health Nurse Incentive Program to better support GPs in management of severe mental illness.</p>

Northern Sydney PHN will work with current Mental Health Nurse Incentive Program (MHNIP) providers to maintain current service delivery and ensure service continuity for existing clients. NSPHN will work with local GP practices, mental health nurses and other relevant stakeholders to develop an approach for the expansion and redesign of the program, ensuring it is best targeted to meet the care coordination needs of people with severe mental illness and complex needs. Commissioning budgets for this activity will align to NSPHN Primary Care Clusters (the clusters are being established in line with DoH Innovation funding to implement a Person Centred Primary Care Framework to support, link and build capacity in general practice whilst delivering health care that is more accessible to the community). Cluster and network stakeholders will be involved in co-designing services.

4.2 Promote better management of the physical health needs of people with severe mental illness in the region

Northern Sydney PHN will work with GPs, mental health nurses, allied health providers and other local services to promote collaboration and communication through effective care coordination and ensure that the holistic support needs of people with a severe mental illness are met. This will include dedicated work to ensure that the physical health needs of people with severe mental illness and complex needs are appropriately managed in the primary care system. Strategies to achieve this include supporting the widespread implementation of physical health screening as well as education for practitioners on the specific health conditions experienced by this cohort.

This will include the development of co-designed and agreed Health Pathway tools for general practice to further support this area.

4.3 Further explore the provision of services for people with the diagnosis of Borderline Personality Disorder

Access to appropriate individual and group support services for people with a diagnosis of Borderline Personality Disorder was a key need identified through the initial needs assessment process. For people not accessing public mental health services through NSLHD, there are few options for appropriate and affordable support e.g. low or no cost Dialectical Behaviour Therapy groups. Northern Sydney PHN will work with local service providers and consumers to review the provision of appropriate psychological services, streamline referral pathways and, where appropriate, stimulate innovation to better meet the needs of this high needs cohort. This will include the development of co-designed and agreed Health Pathway tools for general practice to further support this area.

	<p>4.4 Explore and develop early intervention programs for people with/at risk of eating disorders</p> <p>Stakeholder feedback has indicated that Northern Sydney has a high prevalence of eating disorders relative to other regions. A lot of the service provision for people with eating disorders is conducted within the private sector. As part of the comprehensive needs assessment process, Northern Sydney PHN will work with Northern Sydney LHD, local service providers and specialist services to review whether current service provision is effectively meeting the needs of this cohort and to explore what early intervention activity could be conducted in primary care settings. It is expected that this activity will involve working with GPs, allied health providers, service providers and schools to better understand the early indicators of eating disorders and how to address them. This will include the development of co-designed and agreed Health Pathway tools for general practice to further support this area.</p>
Target population cohort	<p>This activity will be targeted to people residing in the NSPHN region who experience severe mental illness and have complex needs.</p>
Consultation	<p>NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the needs assessment process and co-design consultations. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of 6 times a year and includes representation from:</p> <ul style="list-style-type: none"> • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District – Mental Health Drug & Alcohol • Family and Community Services • NGO Mental Health and AOD Service Providers • Lived experience • Carers • the local Aboriginal community

	<p>Additional consultation and co-design will be undertaken for this activity and will include representatives from:</p> <ul style="list-style-type: none"> • General Practice • Psychiatry • NSLHD • Mental Health Nursing • People with a lived experience of severe mental illness • Carers
Collaboration	<p>This activity will be led by Northern Sydney PHN and undertaken in collaboration with General Practice, psychiatry, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, and employment services.</p> <p>Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.</p>
Duration	<p>Anticipated activity start and completion dates (excluding the planning and procurement cycle).</p> <p>January-February 2017: service co-design with stakeholders and market.</p> <p>January-March 2017: Tender process and procurement of commissioned.</p> <p>March-June 2017: Service commencement.</p> <p>Throughout 2017-2018: Proactive management of commissioned services, review services as per commissioning model against needs.</p>
Coverage	<p>This activity will cover the entire PHN region.</p>
Continuity of care	<p>NSPHN will continue to work with currently commissioned mental health nurses to ensure continuity of care. Mental health nursing services will be expanded throughout the region.</p>
Commissioning method (if relevant)	<p>During the procurement process, NSPHN did not specify whether applicants would service the whole or part of the region, or all service users. This decision was made to enable organisations to apply to</p>

	<p>provide services in smaller areas where there may be an identified specific need, to allow for innovation in service delivery. As a result, mental health services commissioned by NSPHN may be provided to either the whole, or part of, the Northern Sydney region. Similarly, services for Low Intensity Mental Health and Psychological Services for Underserved Groups may be provided to smaller target groups.</p> <p>NSPHN’s commissioning method is, therefore, to ensure that all commissioned services in the region work together and that coverage is provided across the entire region, with equitable access for all target populations</p>
<p>Approach to market</p>	<p>Northern Sydney PHN will adopt a collaborative approach to commissioning in order to determine the most appropriate mix of service delivery modalities to meet the mental health needs of people with severe and complex mental illness in our PHN region.</p> <p>Specific to this priority, Northern Sydney PHN will:</p> <ul style="list-style-type: none"> • Contract existing GP Practices and Mental Health Nurses currently contracted as part of the Mental Health Nurse Incentive Program, as directed by the Department of Health. • Work with current service providers to understand current service activity, impact on outcomes and distribution of services across Northern Sydney PHN region. • Explore opportunities to expand the MHNIP through the commissioning of additional services. <p>We will work with patients, providers and the wider community to understand thoroughly the needs of the community, to define problems, identify desired outcomes and create appropriate solutions.</p> <p>Working across the whole system, with patients, carers, service providers and wider stakeholders to codesign services, the PHN will develop an evaluation framework in partnership with other stakeholders to ensure a shared approach and responsibility to developing and achieving outcomes.</p> <p>Northern Sydney PHN will ensure a fair and transparent procurement process.</p> <p>Northern Sydney PHN will work with potential providers, early, to support and build market capability to undertake the commissioning process. NSPHN will build partnerships and foster relationships so that commissioned providers are able to deliver outcomes that impact the community.</p>

	<p>Northern Sydney PHN will work with commissioned providers to support delivery of services that meet community need. Monitoring and evaluation of commissioned services will occur from regular performance reports, consumer, clinician, community and provider feedback, and independent evaluation. The impact of any commissioned services will also be evaluated against the population health need.</p>
Decommissioning	<p>A recent review of Mental Health Nurse Incentive Program activity funded by NSPHN revealed that approximately 70% of current activity was being delivered to people living outside of the NSPHN region. NSPHN will work with existing MHNIP providers and neighbouring PHNs to ensure that the costs for servicing these clients are correctly allocated to the corresponding PHN. NSPHN will engage with mental health nurses, General Practitioners and other primary care providers and other key stakeholders to support reorientation of service delivery to the NSPHN region and ensure continuity of care for existing clients. This may include decommissioning of current MHNIP providers. The NSPHN will communicate in a timely manner this decommissioning process and outcome to all key stakeholders, including the Department of Health</p>
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>Process Indicator: That commissioned services address access to services, efficiency of service delivery, cultural and clinical appropriateness of service delivery.</p> <p>Process Indicator: That commissioned services have engaged with local community in design, delivery, monitoring and evaluation of services.</p> <p>Output indicator: Increased number of mental health nurse sessions available within the Northern Sydney PHN region</p> <p>Output indicator: Number of people with severe mental illness and complex needs accessing services, including primary care and physical health services.</p>

	<p>Outcome indicator: clinical and non-clinical effectiveness of commissioned service delivery - to include clinician, consumer and provider feedback measurements. Commissioned services should also demonstrate a holistic approach to the social, emotional wellbeing of communities.</p>
<p>Local Performance Indicator target (where possible)</p>	<p>Output indicator: increased no. of mental health nurse sessions available within the Northern Sydney PHN region</p> <p>Outcome indicator: Patient Reported Experience and Outcome Measures - to be developed in consultation with consumers and service providers</p> <p>Northern Sydney PHN will work with potential and actual commissioned providers to identify appropriate and Local Performance Indicator targets and outcomes. This will promote innovation to address need in order to achieve desired outcomes.</p>
<p>Local Performance Indicator Data source</p>	<p>Northern Sydney PHN will develop the internal and external capacity to accurately capture and utilise the most pertinent data sources that will reflect performance of commissioned services. Local Performance Indicator data sources will combine qualitative and quantitative sources.</p> <ol style="list-style-type: none"> 1. Stakeholder engagement and market analysis - including, but not limited to, the Northern Sydney PHN Mental Health Advisory Committee and the Clinical and Community Councils, consumers, potential and actual commissioned providers, regional clinical leads, primary care, GP's, Allied Health, the Local Health District, Department of Health, Local Government Authorities etc. 2. Regular provider / commissioned service performance reports. 3. Feedback surveys for Service/Provider, clinician and community feedback (including consideration of Patient Reported Outcome Measure and patient Reported Experience Measures). 4. Local Health District data – where relevant and will include, but not limited to Mental Health related Emergency Department admissions, length of stay, discharge, demographic and geographic markers, uptake and capacity of mental health community programs. 5. Primary Care - develop mechanisms to monitor and measure MBS usage in general practice.

6. Other local and national data sets will likely include a combination and access to the following:

- Australian Atlas of Health Variation
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- Health workforce data
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- NSW combined admitted patient epidemiology data
- PenCAT data
- Australian Hospital Statistics (AIHW)
- Potentially preventable hospitalisations data (NHPA)
- NSW Department of Planning and Environment population projections
- Consumer experience of service measure

In line with Northern Sydney PHN's commissioning approach, data collection will commence at the beginning of any commissioning activity in order to identify what the initial gaps are and to accurately inform desired outcomes of commissioned activity. The iterative collection and use of relevant data sources will further support the development, quality improvement, monitoring and evaluation of commissioned activities.