



## **Updated Activity Work Plan 2016-2019: 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 2016-2019, 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 2016-2019 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 Primary Health Network***

**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 and/or suicide prevention trial sites will be managed separately.**

**The Mental Health Activity Work Plan must be lodged via email to your Grant Officer on or before 17 February 2018.**

## 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**

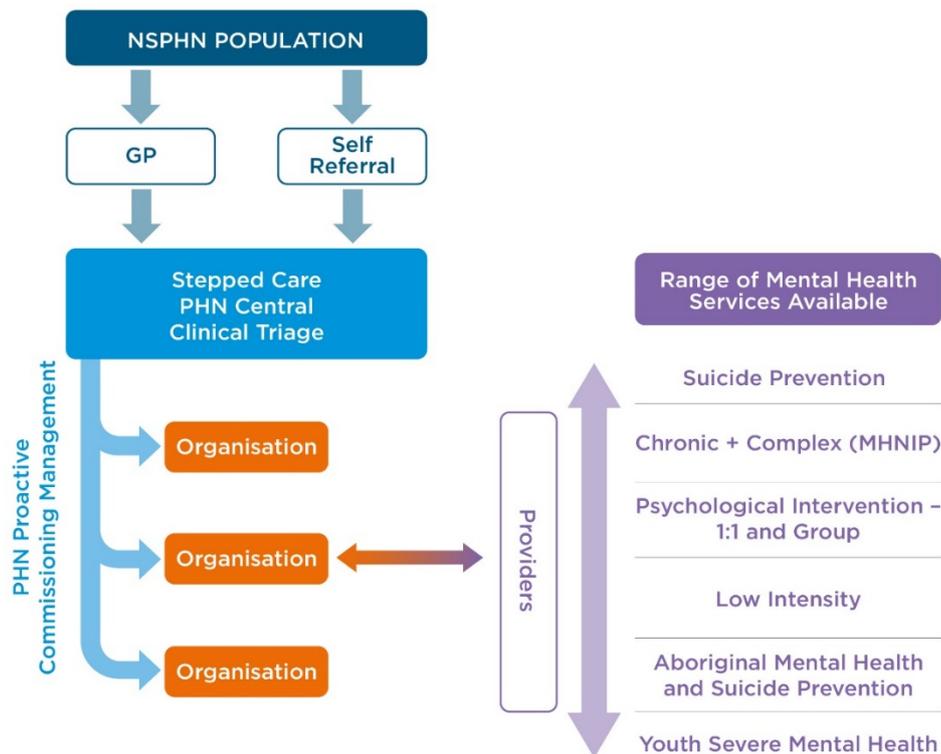
Throughout the process of developing the regional Mental Health and Suicide Prevention Needs Assessment and subsequent Activity Work Plans, NSPHN has worked with key stakeholders to identify the priority underserved populations in the region, to review the provision of existing primary mental health 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
- Carers

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.

**Northern Sydney Mental Health Triage, as outlined below:**



This system allows NSPHN 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 and people with lived experience
- Carers
- Macquarie University
- NSPHN Commissioned Organisations

During the commissioning co-design sessions and consultation with NSPHN Mental Health Advisory Committee, NSPHN 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

### **Clinical Governance**

NSPHN has built competencies in commissioning through developing a strong governance structure, establishing a Clinical Governance Committee as part of its overall Corporate Governance framework, that provides a basis to support sound governance and person-centred outcomes within commissioned services.

NSPHN ensures strong governance within commissioned services through:

- Regular provider support meetings between the NSPHN and commissioned organisation to support continuous improvement in quality and outcomes, which show clinical effectiveness, patient safety and patient experience.
- A Clinical Risk Register to identify and present risk associated with commissioned services to the Clinical Governance Committee.
- Development of resources to guide the commissioning procurement process, ensure consistency and manage risk.

- Clinical governance and quality requirements embedded into all commissioned service contracts.
- A robust contract and deliverables register and performance management system in place.

### Data collection and reporting

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

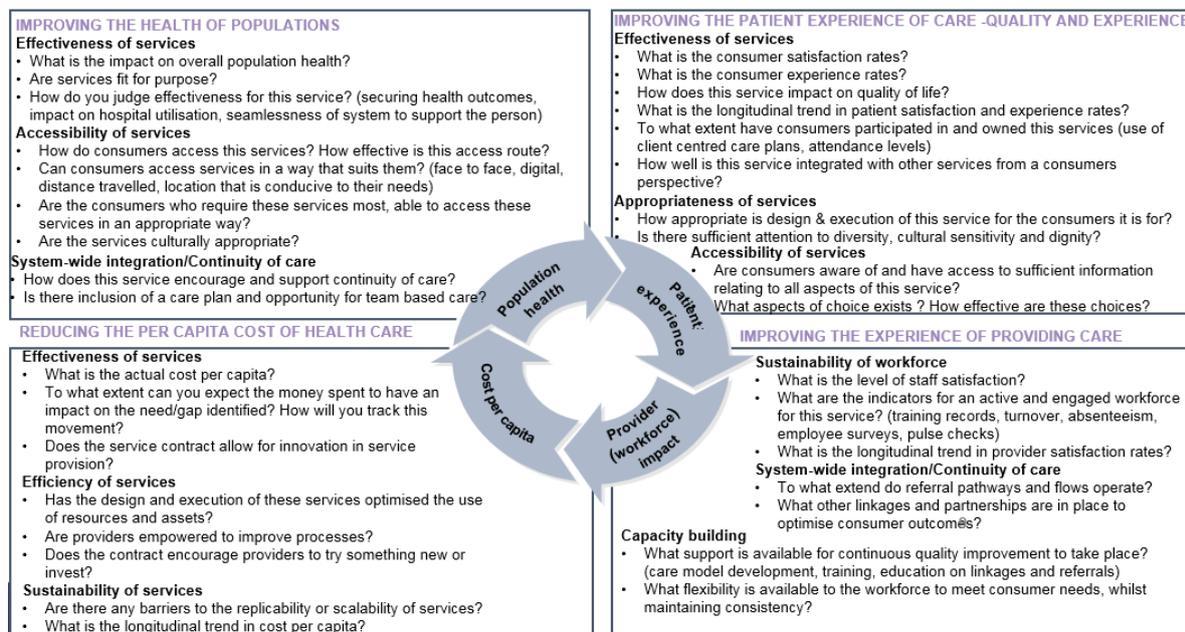
NSPHN will continue to develop outcome measures and reporting systems to allow reporting on the Primary Mental Health Care Minimum Data Set (PMHC MDS) to inform the evaluation of commissioned services, utilising a range of Patient Reported Outcomes Measures (PROMS) and Patient Reported Experience Measures (PREMS).

### NSPHN Commissioning Evaluation Framework

Following the development of NSPHN’s *Commissioning Evaluation Framework*, NSPHN will utilise the principles of the Quadruple Aim in evaluating health care services to promote a culture of continuous quality improvement across commissioned services.

The Quadruple Aim framework encourages a population health approach that balances delivery of high value care at an appropriate cost, allowing for better patient experience delivered from an engaged workforce.

An example of the Commissioning Evaluation Framework is outlined below:



The aim of the Commissioning Evaluation Framework is to ensure that all four quadrants of the quadruple aim are considered when NSPHN evaluates a commissioned service. When evaluating a commissioned service, considering all four quadrants will ensure a holistic view and will deliver value to consumers, providers and the system as a whole.

NSPHN has confidence that during the initial codesign and procurement of a full suite of mental health services, the best models were identified and commissioned to have the greatest impact on our community. There is great opportunity to further strengthen and embed these services as we evaluate and support continuous improvement via the NSPHN Commissioning Evaluation Framework. Identified key performance indicators will be reviewed for new contracts to facilitate continuous improvement and stretch targets to maximise impact.

## **NSPHN key mental health focus for 2018- 2019**

Two key areas for focus for NSPHN in mental health in 2018 -2019 are:

### **Strengthening and enabling stepped care functionality**

NSPHN will continue to work with commissioned service providers, other local services, general practice, community stakeholders and representative bodies strengthen referral pathways and support best practice in service delivery. ***This will enhance the delivery and success of stepped care and is a key piece of work for 2018-2019.***

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. To achieve this, NSPHN will continue to work with service providers and the wider service sector to streamline referral pathways and support effective communication and collaboration between services, to facilitate and enhance the impact of stepped care.

### **Supporting a region wide youth mental health system, including the expansion of headspace services**

During 2017 – 2018 NSPHN undertook **research and consultation with 200 stakeholders** across the region which confirmed that there is increasing need for youth mental health services, given the prevalence and complexity of issues within the region and a further need for the NSPHN to focus investment in youth mental health services to be more effective, in particular, with a revision of the current operational functioning of the two-local headspace centres.

Following procurement of a new lead agent(s) for headspace in second half of 2017-2018, NSPHN will work closely with headspace National Office and the wider community to support the new provider to establish and set up services in the region. This will involve operating as aligned to the core headspace model integrity framework and the additional service specifications as outlined by NSPHN which include an outreach model servicing underserved populations and geographies across the entire PHN region.

#### **Key themes identified during extensive consultation:**

- ***Disparity in primary health care-based youth mental health service provision and access across the region*** – with the northern point of the **Northern Beaches, Ryde and Hornsby** identified as being underserved.
- New Models of Care for a ***whole of youth mental health system*** that is better integrated should be considered.

- ***Awareness of mental health illness and ability to navigate and access*** the complex health system – for young people, consumers, parents, schools, clinicians, and the wider community is a ***significant need*** and barrier to accessing services

**To deliver a revamped and integrated youth mental health system across the region that serves to benefit all young people, NSPHN will be required to provide significant support and attention, and this activity will be a key priority and focus for 2018 -2019 and beyond.**

### **Summary:**

The Northern Sydney PHN looks forward to continuing to work together with the local community, including people with lived experience, commissioned services, with our health partners, including general practice, and the wider community to respond to these regional issues.

NSPHN will proactively manage commissioned services in the mental health space and will support commissioned clinical structures, processes, and services to promote and develop best practice, and to enhance optimum outcomes for stakeholders. This is 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: Priority Area 1, 2, and 5-8 refer Template 1 below. Note 2: For Priority Areas 3 and 4, refer Template 2.

Proposed Activities	
<b>Priority Area 1: Low Intensity Mental Health Services</b>	
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>1.1. Continue to support delivery of Low Intensity Mental Health commissioned service delivery and 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, to assist in enabling stepped care.</p> <p>1.3 Deliver self-help tools to consumers to compliment management of Low Intensity Mental Health</p>
Existing, Modified, or New Activity	Existing activity (1.1 and 1.2) and new activity (1.3).
Description of Activity	<p><b>1.1. Continue support of commissioned low intensity mental health services</b></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 provide:</p> <ul style="list-style-type: none"> <li>• Brief, structured versions of existing evidence-based psychological treatments (e.g. CBT-based health and wellbeing coaching delivered by peers or other paraprofessionals)</li> <li>• Guided self-help</li> <li>• Psychoeducation</li> <li>• Sign posting to available online and face-to-face support interventions</li> </ul> <p>NSPHN will continue to work with commissioned services to support successful implementation and uptake of 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><b>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.</b></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 NSPHN 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, and support the commissioned organisation to focus on further development of awareness and understanding of low intensity mental health services amongst consumers and carers to increase uptake.</p> <p><b>1.3 Further roll out of self-help tools to consumers to compliment management of Low Intensity Mental Health</b></p> <p>Recruiting general practices and supporting targeting of at risk patients who will benefit from low intensity mental health self-help tools that are evidenced based. These will compliment the low intensity commissioned services at NSPHN.</p>
Target population cohort	<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"> <li>• are at risk of the onset of mental illness</li> <li>• have mild mental health conditions</li> <li>• have moderate to severe mental health conditions at risk of relapse and can make use of low intensity services to build resilience.</li> </ul> <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"> <li>• Aboriginal and Torres Strait Islander people</li> <li>• Women with or at risk of perinatal depression</li> <li>• People at risk of or experiencing homelessness</li> <li>• Individuals from culturally and linguistically diverse (CALD) backgrounds</li> <li>• People who identify as lesbian, gay, bisexual, transgender, and/or intersex</li> <li>• Older people</li> </ul>

	<ul style="list-style-type: none"> <li>• Young people</li> </ul>
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 &amp; Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol &amp; Other Drugs Advisory Committee meets a minimum of six times a year and includes representation from:</p> <ul style="list-style-type: none"> <li>• NSPHN Board, Clinical Council and Community Council</li> <li>• General Practice</li> <li>• Allied health</li> <li>• Northern Sydney Local Health District – Mental Health Drug &amp; Alcohol</li> <li>• Family and Community Services</li> <li>• NGO Mental Health and AOD Service Providers</li> <li>• Lived experience</li> <li>• Carers</li> <li>• the local Aboriginal community</li> </ul> <p>In addition, as part of NSPHN Commissioning Evaluation Framework, ongoing consultation to assess the impact of commissioned services will inform further quality and service improvement initiatives.</p>
Collaboration	<p>Northern Sydney PHN will continue to 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>Activities 1.1 and 1.2 were commenced in 2016-2017 and will continue in 2018-2019. Activity 1.3, delivered in 2017-2018 will be rolled out further to general practises during 2018-2019.</p>
Coverage	<p>This activity will cover the entire PHN region.</p>

<p>Commissioning method (if relevant)</p>	<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> <p>The first Low Intensity commissioned service was procured in 2016.</p>
<p>Approach to market</p>	<p>The first Low Intensity commissioned service was procured in 2016. NSPHN does not intend to approach the market for new Low Intensity services during 2018-2019.</p> <p>The initial NSPHN procurement approach in determining service providers for mental health services was through an open tender, to ensure an equitable process for all appropriate organisations that participated. While service specifications were provided, innovative applications were encouraged. This strategy enabled NSPHN to work with the market to ensure that the best available mental health services were commissioned in the region. This included services provided by one organisation or a number of organisations.</p>
<p>Decommissioning</p>	<p>N/A</p>
<p>Performance Indicator</p>	<p>Priority Area 1 - Mandatory performance indicators:</p> <ul style="list-style-type: none"> <li>• Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services.</li> <li>• Average cost per PHN-commissioned mental health service – Low intensity services.</li> <li>• Clinical outcomes for people receiving PHN-commissioned low intensity mental health services.</li> </ul> <p>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>

	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.
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	<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"> <li>1. Stakeholder engagement and market analysis - including, but not limited to, the Northern Sydney PHN Mental Health &amp; 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.</li> <li>2. NSPHN will continue to develop outcome measures and reporting systems to allow reporting on the Primary Mental Health Care Minimum Data Set (PMHC MDS) to inform the evaluation of commissioned services, utilising a range of Patient Reported Outcomes Measures (PROMS) and Patient Reported Experience Measures (PREMS).</li> <li>3. Regular provider / commissioned service performance reports.</li> <li>4. Feedback surveys for Service/Provider, clinician and community feedback (including consideration of Patient Reported Outcome Measure and patient Reported Experience Measures).</li> <li>5. 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.</li> <li>6. Primary Care - develop mechanisms to monitor and measure MBS usage in general practice.</li> <li>7. Other local and national data sets will likely include a combination and access to the following: <ul style="list-style-type: none"> <li>• Australian Atlas of Health Variation</li> <li>• Australian Health Survey</li> <li>• BEACH data, 2011-15</li> <li>• Health workforce data</li> </ul> </li> </ol>

- 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.

In addition, following the development of NSPHN's Commissioning Evaluation Framework, NSPHN will utilise the principles of the Quadruple Aim in evaluating health care services to promote a culture of continuous quality improvement across commissioned services. The Quadruple Aim framework encourages a population health approach that balances delivery of high value care at an appropriate cost, allowing for better patient experience delivered from an engaged workforce.

## Proposed Activities

### Priority Area 2: Child and youth mental health services

Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>2.1 Support new Lead Agent in set up and delivery of 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 Continue to support delivery of commissioned early intervention models of services for young people with/at risk of severe mental illness.</p>
Existing, Modified, New Activity	New Activity 2.1. Modified 2.2. Existing Activity 2.3.
Description of Activity	<p><b>2.1 Support new Lead Agent in set up and delivery of local headspace centres to maximise impact of services delivered.</b></p> <p>Following procurement of a new lead agent(s) for headspace in second half of 2017-2018, NSPHN will work closely with headspace National Office and the wider community to support the new provider to establish and set up services in the region. This will involve operating as aligned to the core headspace model integrity framework and the additional service specifications as outlined by NSPHN which include an outreach model servicing underserved populations and geographies across the entire PHN region.</p> <p><b>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.</b></p> <p>This activity will include greater linkage to local GPs and schools to enhance referral and access for vulnerable young people to appropriate care.</p> <p><b>2.3 Commission early intervention models of services for young people with/at risk of severe mental illness.</b></p> <p>NSPHN will further strengthen and develop the service that was commissioned in 2016-2017.</p>
Target population cohort	<p>This activity will be targeted towards young people aged 12-25, residing across the entire NSPHN region who:</p> <ul style="list-style-type: none"> <li>• Experience or are at risk of mild to moderate mental illness</li> <li>• Experience or are at risk of severe mental illness</li> </ul>
Consultation	NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the needs assessment process, co-design consultations a recent extensive youth service review with additional

	<p>consultation with over 200 stakeholders. This informed the service specifications for NSPHN’s recent headspace procurement process.</p> <p>Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol &amp; Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol &amp; Other Drugs Advisory Committee meets a minimum of six times a year and includes representation from:</p> <ul style="list-style-type: none"> <li>• NSPHN Board, Clinical Council and Community Council</li> <li>• General Practice</li> <li>• Allied health</li> <li>• Northern Sydney Local Health District – Mental Health Drug &amp; Alcohol</li> <li>• Family and Community Services</li> <li>• NGO Mental Health and AOD Service Providers</li> <li>• Lived experience</li> <li>• Carers</li> <li>• the local Aboriginal community</li> </ul> <p>In addition, NSPHN will work closely with the following stakeholders to further support the delivery of headspace services across the region:</p> <ul style="list-style-type: none"> <li>• headspace National Office</li> <li>• headspace Youth Advisory Groups</li> <li>• headspace Consortium</li> <li>• Local Councils</li> <li>• Orygen (National Centre for Youth Excellence)</li> <li>• NSW Department of Education</li> <li>• Commonwealth Department of Health</li> </ul> <p>And, in addition, as part of NSPHN Commissioning Evaluation Framework, ongoing consultation to assess the impact of commissioned services will inform further quality and service improvement initiatives.</p>
Collaboration	This activity will be led by Northern Sydney PHN and undertaken in collaboration with General Practice, community allied health providers, NSLHD, local headspace management, staff and the headspace Consortium, headspace National Office

	<p>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>Work will continue during the whole of 2018-2019 to embed the new Lead agent to operate headspace.</p> <p>The severe and complex youth commissioned services will also operate for the duration of the year.</p>
Coverage	<p>This activity will cover the entire NSPHN 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 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.</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>The commissioned service providing support for young people with or at risk of severe mental illness was procured in 2017. NSPHN does not intend to approach the market for new Youth Severe services during 2018-2019.</p> <p>The procurement of a new lead agent for local headspace services will be completed in the second half of 2017-2018.</p> <p>The initial NSPHN procurement approach in determining service providers for mental health services was through an open tender, to ensure an equitable process for all appropriate organisations that participated. While service specifications were provided, innovative applications were encouraged. This strategy enabled NSPHN to work with the market to ensure that the best available mental health services were commissioned in the region. This included services provided by one organisation or a number of organisations.</p>
Decommissioning	<p>N/A</p>
Performance Indicator	<p>Priority Area 2 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> <li>support region-specific, cross sectoral approaches to early intervention for <b>children and young people</b> with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and</li> </ul>

	<p>implementation of an equitable and integrated approach to primary mental health services for this population group.</p> <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 serviced 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>
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	<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"> <li>8. Stakeholder engagement and market analysis - including, but not limited to, the Northern Sydney PHN Mental Health &amp; 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.</li> <li>9. NSPHN will continue to develop outcome measures and reporting systems to allow reporting on the Primary Mental Health Care Minimum Data Set (PMHC MDS) to inform the evaluation of commissioned services, utilising a range of Patient Reported Outcomes Measures (PROMS) and Patient Reported Experience Measures (PREMS).</li> <li>10. Regular provider / commissioned service performance reports.</li> </ol>

11. Feedback surveys for Service/Provider, clinician and community feedback (including consideration of Patient Reported Outcome Measure and patient Reported Experience Measures).
12. 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.
13. Primary Care - develop mechanisms to monitor and measure MBS usage in general practice.
14. 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
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  - Australian Hospital Statistics (AIHW)
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  - 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.

In addition, following the development of NSPHN's Commissioning Evaluation Framework, NSPHN will utilise the principles of the Quadruple Aim in evaluating health care services to promote a culture of continuous quality improvement across commissioned services. The Quadruple Aim framework encourages a population health approach that balances delivery of high value care at an appropriate cost, allowing for better patient experience delivered from an engaged workforce.

**Proposed Activities**

**Priority Area 5: Community based suicide prevention activities**

<p>Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)</p>	<p>5.1 Continue to support delivery of commissioned service delivery that provide follow up aftercare services and psychosocial support.</p> <p>5.2 Continue to 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>5.3 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>
<p>Existing, Modified, or New Activity</p>	<p>Existing activity (5.1 -5.4)</p>
<p>Description of Activity</p>	<p><b>5.1 Continue support of commissioned programs to provide follow up aftercare services and psychosocial support.</b></p> <p>NSPHN has commissioned services to provide aftercare and psychosocial support to people who have accessed hospital services following a suicide attempt. These services link clients to appropriate support services, including General Practice and psychological support providers and provide practical assistance to maintain engagement with support. Clients are serviced for a period of up to three 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 continue to work 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><b>5.2 Work with NSLHD and other local service providers to undertake planning of a collaborative and coordinated approach to suicide prevention</b></p> <p>As an activity arising out of the Northern Sydney PHN Mental Health and Alcohol and Other Drugs Advisory Committee, NSPHN will continue to 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><b>5.3 Support GPs and frontline staff to better assess suicide risk and provide appropriate support</b></p>

	<p>Northern Sydney PHN will continue to 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><b>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.</b></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"> <li>• 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.</li> <li>• Co-design and commission a service response, including the provision of Aboriginal Mental Health First Aid training to frontline staff.</li> </ul> <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	<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 &amp; Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol &amp; Other Drugs Advisory Committee meets a minimum of six times a year and includes representation from:</p> <ul style="list-style-type: none"> <li>• NSPHN Board, Clinical Council and Community Council</li> <li>• General Practice</li> <li>• Allied health</li> <li>• Northern Sydney Local Health District – Mental Health Drug &amp; Alcohol</li> </ul>

	<ul style="list-style-type: none"> <li>• Family and Community Services</li> <li>• NGO Mental Health and AOD Service Providers</li> <li>• Lived experience</li> <li>• Carers</li> <li>• the local Aboriginal community</li> </ul>
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	Services, already operational, will continue throughout 2018-2019.
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.</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>The community suicide prevention service was procured in 2016. NSPHN does not intend to approach the market for new Low Intensity services during 2018-2019.</p> <p>The initial NSPHN procurement approach in determining service providers for mental health services was through an open tender, to ensure an equitable process for all appropriate organisations that participated. While service specifications were provided, innovative applications were encouraged. This strategy enabled NSPHN to work with the market to ensure that the best available mental health services were commissioned in the region. This included services provided by one organisation or a number of organisations.</p>
Decommissioning	N/A

<p>Performance Indicator</p>	<p>Priority Area 5 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> <li>• Number of people who are followed up by PHN-commissioned services following a recent suicide attempt.</li> </ul> <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 people receiving commissioned suicide prevention 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>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>
<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"> <li>1. Stakeholder engagement and market analysis - including, but not limited to, the Northern Sydney PHN Mental Health &amp; 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.</li> </ol>

2. NSPHN will continue to develop outcome measures and reporting systems to allow reporting on the Primary Mental Health Care Minimum Data Set (PMHC MDS) to inform the evaluation of commissioned services, utilising a range of Patient Reported Outcomes Measures (PROMS) and Patient Reported Experience Measures (PREMS).
3. Regular provider / commissioned service performance reports.
4. Feedback surveys for Service/Provider, clinician and community feedback (including consideration of Patient Reported Outcome Measure and patient Reported Experience Measures).
5. 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.
6. Primary Care - develop mechanisms to monitor and measure MBS usage in general practice.
7. 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.

In addition, following the development of NSPHN's Commissioning Evaluation Framework, NSPHN will utilise the principles of the Quadruple Aim in evaluating health care services to promote a culture of continuous quality improvement across commissioned services. The Quadruple Aim framework encourages a population health approach that balances

	delivery of high value care at an appropriate cost, allowing for better patient experience delivered from an engaged workforce.
<b>Proposed Activities</b>	
<b>Priority Area 6: Aboriginal and Torres Strait Islander mental health services</b>	
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 activity (1.1 and 1.2) and new activity (1.3).
Description of Activity	<p><b>6.1 Continue to support the delivery of commissioned services to meet the identified mental health needs of Aboriginal people in the region.</b></p> <p>In 2016, NSPHN procured services to:</p> <ul style="list-style-type: none"> <li>• deliver culturally appropriate mental health and suicide prevention services to Aboriginal and Torres Strait Islander people within the NSPHN region</li> <li>• improve the quality of culturally safe mental health services</li> <li>• increase the number of Aboriginal and Torres Strait Islander people accessing mental health services</li> </ul> <p>Throughout 2017-18, NSPHN will proactively work with the commissioned provider to ensure successful service delivery.</p> <p><b>6.2 Support providers in the region to accurately record and document Aboriginal status.</b></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><b>6.3 Facilitate access to culturally appropriate and trauma-informed mental health services.</b></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</p>

	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.
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	<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 &amp; Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol &amp; Other Drugs Advisory Committee meets a minimum of 6 times a year and includes representation from:</p> <ul style="list-style-type: none"> <li>• the local Aboriginal community</li> <li>• NSPHN Board, Clinical Council and Community Council</li> <li>• General Practice</li> <li>• Allied health</li> <li>• Northern Sydney Local Health District – Mental Health Drug &amp; Alcohol teams and NLSHD Aboriginal Steering Committee</li> <li>• Family and Community Services</li> <li>• NGO Mental Health and AOD Service Providers</li> <li>• Lived experience</li> <li>• Carers</li> </ul> <p>In addition, as part of NSPHN Commissioning Evaluation Framework, ongoing consultation to assess the impact of commissioned services will inform further quality and service improvement initiatives.</p>
Collaboration	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.

	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.
Duration	Activities will continue to be delivered during 2018-2019.
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> <p>The first Low Intensity commissioned service was procured in 2016.</p>
Approach to market	<p>The Aboriginal and Torres Strait Islander mental health commissioned service was procured in 2016. NSPHN does not intend to approach the market for additional services during 2018/2019.</p> <p>The initial NSPHN procurement approach in determining service providers for mental health services was through an open tender, to ensure an equitable process for all appropriate organisations that participated. While service specifications were provided, innovative applications were encouraged. This strategy enabled NSPHN to work with the market to ensure that the best available mental health services were commissioned in the region. This included services 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"> <li>Proportion of Indigenous population receiving PHN-commissioned mental health services where the services were culturally appropriate.</li> </ul> <p>Priority Area 7 - Mandatory performance indicator:</p>

	<ul style="list-style-type: none"> <li>• Proportion of PHN flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness.</li> </ul> <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>
Local Performance Indicator target (where possible)	<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 and Aboriginal Cultural Appropriateness).</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>
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>

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. NSPHN will continue to develop outcome measures and reporting systems to allow reporting on the Primary Mental Health Care Minimum Data Set (PMHC MDS) to inform the evaluation of commissioned services, utilising a range of Patient Reported Outcomes Measures (PROMS) and Patient Reported Experience Measures (PREMS).
  3. Regular provider / commissioned service performance reports.
  4. Feedback surveys for Service/Provider, clinician and community feedback (including consideration of Patient Reported Outcome Measure and patient Reported Experience Measures).
  5. 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.
  6. Primary Care - develop mechanisms to monitor and measure MBS usage in general practice.
  7. 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.

	In addition, following the development of NSPHN's Commissioning Evaluation Framework, NSPHN will utilise the principles of the Quadruple Aim in evaluating health care services to promote a culture of continuous quality improvement across commissioned services. The Quadruple Aim framework encourages a population health approach that balances delivery of high value care at an appropriate cost, allowing for better patient experience delivered from an engaged workforce.
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**Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area**

<b>Priority Area 7: Stepped care approach</b>	
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	7.1 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.
Existing, Modified, or New Activity	Existing (updated)
Description of Activity	<p>7.1 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 continue to 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 further promote a stepped care approach to mental health support across the region and develop appropriate referral pathways.</p> <p>The PHN will continue to support general practice in the assessment, management, and access 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 and maximise joined up service provision across the region and promote access to the right type of support at the right time.</p>

Target population cohort	This activity will target all residents of the NSPHN region who experience, or are at risk of developing, mild, moderate or severe mental illness.
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 &amp; Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol &amp; Other Drugs Advisory Committee meets a minimum of 6 times a year and includes representation from:</p> <p>The NSPHN Mental Health and Alcohol &amp; Other Drugs Advisory Committee meets a minimum of 6 times a year and includes representation from:</p> <ul style="list-style-type: none"> <li>• NSPHN Board, Clinical Council and Community Council</li> <li>• General Practice</li> <li>• Allied health</li> <li>• Northern Sydney Local Health District – Mental Health Drug &amp; Alcohol</li> <li>• Family and Community Services</li> <li>• NGO Mental Health and AOD Service Providers</li> <li>• Lived experience</li> <li>• Carers</li> <li>• the local Aboriginal community</li> </ul>
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"> <li>Proportion of PHN flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness.</li> </ul> <p>In addition to the mandatory performance indicator, you may select a local performance indicator.</p> <p>What local performance indicator will measure the outcome of this activity?</p> <p>Is this a process, output or outcome indicator?</p>
Local Performance Indicator target (where possible)	A local performance indicator target may include uptake of newly commissioned mental health and suicide prevention services.
Local Performance Indicator Data source	<p>Data sources to inform the service priorities will combine qualitative and quantitative sources, as below:</p> <p>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.</p> <p>Regular provider / commissioned service performance reports.</p> <p>Service/Provider, clinician and community feedback</p> <p>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>Primary Care - develop mechanisms to monitor and measure MBS usage in general practice.</p> <p>Other local and national data sets will likely include a combination and access to the following:</p>

	<ul style="list-style-type: none"> <li>• Australian Atlas of Health Variation</li> <li>• Australian Health Survey</li> <li>• BEACH data, 2011-15</li> <li>• Health workforce data</li> <li>• MBS Claims data</li> <li>• NSW combined admitted patient epidemiology data</li> <li>• PenCAT data</li> <li>• Australian Hospital Statistics (AIHW)</li> <li>• Potentially preventable hospitalisations data (NHPA)</li> <li>• NSW Department of Planning and Environment population projections</li> <li>• Consumer experience of service measures</li> </ul>
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**Proposed Activities - copy and complete the table as many times as necessary to report on each 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	<p>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:</p> <ol style="list-style-type: none"> <li>1. Changes in the Mental Health Service Environment</li> <li>2. Mental Health Service Coordination and Collaboration</li> <li>3. Mental Health Services for Aboriginal and Torres Strait Islander People</li> </ol>

#### 4. Mental Health Services for Older People

In line with the Fifth National Mental Health and Suicide Prevention Plan, NSPHN will develop a regional mental health and suicide prevention plan, and further investigate the above four areas, 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-served 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 continuing to develop its partnership 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.

Northern Sydney PHN Mental Health Needs Assessment also identified the following areas of activity to prioritise in the Regional Mental Health and Suicide Prevention Plan:

- 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.

	<ul style="list-style-type: none"> <li>• Work with NSLHD and primary care practices to improve transitions between acute and primary care.</li> <li>• Investigate solutions to divert unnecessary ED attendance, including targeted promotion of appropriate after hours services.</li> <li>• Work with NSLHD and local service providers to explore gaps in service provision for young people with moderate to severe mental health issues.</li> <li>• Provide education and support to GPs and frontline services to identify and address suicide risks.</li> <li>• Work with local service providers to develop models for aftercare case management and support for people who have attempted suicide.</li> <li>• Further explore the provision of individual and group support services for people with a diagnosis of Borderline Personality Disorder.</li> <li>• Investigate service pathways for people with eating disorders and disordered eating.</li> <li>• Map services along the stepped care continuum and support service development and innovation where needed.</li> <li>• Increase the capacity of GPs and Allied Health Providers to effectively respond to the needs of people with severe mental illness and complex needs.</li> <li>• Investigate the availability and appropriateness of low intensity mental health services.</li> <li>• Investigate options to improve access to psychological services and preventative mental health programs for older people.</li> </ul>
Target population cohort	The target population is residents of the NSPHN region who experience, or are at risk of developing, mental illness.
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 &amp; Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol &amp; Other Drugs Advisory Committee meets a minimum of 6 times a year and includes representation from:</p> <ul style="list-style-type: none"> <li>• NSPHN Board, Clinical Council and Community Council</li> <li>• General Practice</li> <li>• Allied health</li> <li>• Northern Sydney Local Health District – Mental Health Drug &amp; Alcohol</li> <li>• NSW Family and Community Services</li> </ul>

	<ul style="list-style-type: none"> <li>• NGO Mental Health Service Providers</li> <li>• NGO AOD Service Providers</li> <li>• People with a lived experience of mental illness and/or substance misuse</li> <li>• Carers</li> </ul>
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>Throughout 2018-19, the following activities will be undertaken:</p> <ul style="list-style-type: none"> <li>• Develop detailed project plan.</li> <li>• Stakeholder engagement, data analysis and development of priorities.</li> <li>• Development of initial regional plan</li> <li>• Seek feedback and endorsement from Northern Sydney Local Health District, NSPHN Mental Health &amp; AOD Advisory Committee, NSPHN Board, Clinical Council and Community Council.</li> <li>• Promote broad sector awareness and use of plan.</li> </ul>
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"> <li>• Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.</li> </ul>

	<p>Process indicator: A local process indicator may include stakeholder support and endorsement of the Comprehensive Regional Mental Health and Suicide Prevention Plan.</p>
<p>Local Performance Indicator target (where possible)</p>	<p>Process Indicator targets will reflect the extent to which the above mandatory and local indicators have been met.</p>
<p>Local Performance Indicator Data source</p>	<p>Data sources to inform the service priorities will combine qualitative and quantitative sources, as below:</p> <p>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.</p> <p>Regular provider / commissioned service performance reports.</p> <p>Service/Provider, clinician and community feedback</p> <p>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>Primary Care - develop mechanisms to monitor and measure MBS usage in general practice.</p> <p>Other local and national data sets will likely include a combination and access to the following:</p> <ul style="list-style-type: none"> <li>• Australian Atlas of Health Variation</li> <li>• Australian Health Survey</li> <li>• BEACH data, 2011-15</li> <li>• Health workforce data</li> <li>• MBS Claims data</li> <li>• NSW combined admitted patient epidemiology data</li> <li>• PenCAT data</li> </ul>

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- 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

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

### Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups

Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>3.1 Continue to support delivery of commissioned services that 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 (including Chinese and Korean speaking populations, new arrivals and humanitarian entrants).</p> <p>3.2 Continue to 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> <p>3.3 Commission new mental health services for people in Residential Aged Care Facilities (RACFs)</p>
Existing, Modified, or New Activity	<p>3.1 Existing (updated)</p> <p>3.2 Existing (updated)</p> <p>3.3 New activity</p>
Description of Activity	<p><b>3.4 Continue to support delivery of commissioned services that 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).</b></p> <p>NSPHN has undertaken a procurement process to commission organisations to deliver psychological therapies for underserved groups. In 2016-17, NSPHN transitioned the previous ATAPS program to newly commissioned providers. NSPHN will confute to operate a central clinical intake and triage hub that will assess, prioritise and link clients referred by GPs and other service providers. This is vital in enabling stepped care functionality across the system.</p> <p>Commissioned providers will continue to 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</p>

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 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.

NSPHN will continue to work with commissioned service providers, other local services, general practice, community stakeholders and representative bodies strengthen referral pathways and support best practice in service delivery.

***This will enhance the delivery and success of stepped care and is a key piece of work for 2018-2019.***

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><b>3.2 Continue to 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.</b></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> <p><b>3.3 Commission new mental health services for people in Residential Aged Care Facilities (RACFs)</b></p> <p>NSPHN will ensure that services are operational in January 2019 by engaging existing providers who deliver mental health services in RACFs. NSPHN will contract providers for six months with experience to deliver individual and group interventions in selected RACFs (see Target Population Cohort), as well as undertake capacity building activities with RACF staff and General Practitioners.</p> <p>During this time, NSPHN will undertake a more thorough co-design process, undertaking consultation across the region to determine the most appropriate strategy to build a Stepped Care model into RACFs in the region in the ensuing years, with the aim of commissioning the newly designed service by July 2019.</p>
Target population cohort	<p>3.1 &amp; 3.2 The target population groups for commissioned psychological services are:</p> <ul style="list-style-type: none"> <li>• Children and young people aged 0-24</li> <li>• Aboriginal and Torres Strait Islander people</li> <li>• Women with or at risk of perinatal depression</li> <li>• People at risk of or experiencing homelessness</li> <li>• People who self-harm or who are at risk of suicide (including those who have attempted suicide and those bereaved by suicide or loss)</li> <li>• Individuals from culturally and linguistically diverse (CALD) backgrounds</li> <li>• People with intellectual disability and co-occurring mental illness</li> <li>• People at risk of, or experiencing, an eating disorder</li> <li>• People who identify as lesbian, gay, bisexual, transgender, intersex or are questioning</li> <li>• Older people aged 65+ years</li> <li>• Carers</li> </ul>

	<p>3.3 The specific target population for commissioned services for aged care mental health services for people in RACFs are elderly residents of RACFs in the region.</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 &amp; Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol &amp; Other Drugs Advisory Committee meets a minimum of 6 times a year and includes representation from:</p> <ul style="list-style-type: none"> <li>• NSPHN Board, Clinical Council and Community Council</li> <li>• General Practice</li> <li>• Allied health</li> <li>• Northern Sydney Local Health District – Mental Health Drug &amp; Alcohol</li> <li>• Family and Community Services</li> <li>• NGO Mental Health and AOD Service Providers</li> <li>• Lived experience</li> <li>• Carers</li> <li>• the local Aboriginal community</li> </ul> <p>For the purpose of activity 3.3, NSPHN will continue to consult with these stakeholders, however NSPHN has also commenced consultation with NSLHD aged care mental health staff as well as conducting local market engagement with providers already working in this area.</p>
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>These activities will continue throughout 2018 – 2019.</p>

Coverage	<p>3.1 &amp; 3.2 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> <p>3.3 Initially, there will be coverage up to 10 RACFs across the NSPHN region. NSPHN will determine these RACFs through an Expression of Interest process. Once Expressions of Interest have been received, NSPHN will work with the Regional Assessment Service team at NSLHD to prioritise RACFs to ensure that this service is initially implemented at facilities that will most benefit.</p> <p>Once more substantial consultation and co-design have taken place, a procurement process will take place, with the eventual commissioned service(s) providing broader coverage to RACFs across the NSPHN region. Priorities will be informed by consultation.</p>
Continuity of care	<p>During the transition of the ATAPS model to the revised new commissioned service, NSPHN worked closely with the commissioned organisation and 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"> <li>• regularly communicating with ATAPS providers regarding imminent changes to process,</li> <li>• extension of previous ATAPS provider contracts to allow clients to be seen during this transition phase,</li> <li>• appropriate PHN funding has been safeguarded to manage accruals to the end of this financial year,</li> <li>• an ‘end’ date of existing ATAPS program has been clarified to ATAPS providers, when the new system will be implemented.</li> </ul> <p>All clients of the previous ATAPS program have been successfully transitioned to the new NSPHN services, or to other appropriate services, as agreed and clinically indicated.</p> <p>In addition, NSPHN meets regularly with the all mental health commissioned organisation to review clinical governance process and to develop pathways between systems, as part of stepped care, which also contributes to continuity of care and enables people to access the right level of care as matched to their need.</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 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</p>

	<p>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>3.1 &amp; 3.2 NSPHN used an open procurement approach in determining service providers for mental health services. The approach to market was 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 enabled 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> <p>NSPHN does not intend on procuring additional services in this activity area for 2018-2019.</p> <p>3.3 To ensure efficient implementation of the service, NSPHN will use a limited tender approach for the initial six-month contract.</p> <p>Following the co-design process, NSPHN will use an open procurement approach to determine mental health service providers to operate in RACFs. This will ensure that providers in the region have the opportunity to apply, and will allow for innovation in service provision. NSPHN will not restrict this service to one service provider, but may commission a number of organisations to deliver the service.</p>
Decommissioning	N/A
Performance Indicator	<p>Priority Area 3 - mandatory performance indicators:</p> <ul style="list-style-type: none"> <li>• Proportion of regional population receiving PHN-commissioned mental health services – Psychological therapies delivered by mental health professionals.</li> <li>• Average cost per PHN-commissioned mental health service – Psychological therapies delivered by mental health professionals.</li> <li>• Clinical outcomes for people receiving PHN-commissioned Psychological therapies delivered by mental health professionals.</li> </ul> <p>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"> <li>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, Residential Aged Care Facilities etc.</li> <li>2. Regular provider / commissioned service performance reports.</li> <li>3. Feedback surveys for Service/Provider, clinician and community feedback (including consideration of Patient Reported Outcome Measure and patient Reported Experience Measures).</li> <li>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.</li> <li>5. Primary Care - develop mechanisms to monitor and measure MBS usage in general practice.</li> <li>6. Other local and national data sets will likely include a combination and access to the following: <ul style="list-style-type: none"> <li>• Australian Atlas of Health Variation</li> <li>• Australian Health Survey</li> </ul> </li> </ol>

- 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.

In addition, following the development of NSPHN's Commissioning Evaluation Framework, NSPHN will utilise the principles of the Quadruple Aim in evaluating health care services to promote a culture of continuous quality improvement across commissioned services. The Quadruple Aim framework encourages a population health approach that balances delivery of high value care at an appropriate cost, allowing for better patient experience delivered from an engaged workforce.

**Proposed Activities**

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

<p>Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)</p>	<p>4.1 Further support delivery of commissioned services that provide a regional approach to care of people with severe and complex mental health needs.</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>
<p>Existing, Modified, or New Activity</p>	<p>Existing (updated)</p>
<p>Description of Activity</p>	<p><b>4.1 Further support delivery of commissioned services that provide a regional approach to care of people with severe and complex mental health needs.</b></p> <p>During 2016-2017 NSPHN, through an open tender process, commissioned one organisation to deliver an intensive case management and care coordination model to support people living with severe and complex mental health across the region.</p> <p>The service has built upon the previous Mental Health Nurse Incentive Program and involves local GP practices, mental health nurses, social workers, psychiatrists and other relevant stakeholders to deliver therapeutic interventions and clinical care coordination, based in primary care and supports general practice in the management of this cohort.</p> <p>Commissioning budgets for this activity align to NSPHN Local Coordinated Networks (LCNS - were 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).</p> <p><b>4.3 Continue to promote better management of the physical health needs of people with severe mental illness in the region</b></p> <p>Northern Sydney PHN will continue to 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</p>

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.

#### **4.4 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.

#### **4.5 Explore and develop early intervention programs for people with/at risk of eating disorders**

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.

#### **4.6 Explore options to provide psychiatry support to general practitioners to assist in management of their patients with severe and complex mental illness**

The need to provide psychiatry support to general practitioners to better manage patients with severe and complex mental illness has been identified through consultation. GPs feel that the previous GP support line operated by psychiatrists, which was funded by the federal government, was extremely useful. NSPHN have undertaken consultation about the most appropriate model to implement, and is currently in the process of determining the most efficient way to deliver this service to general practitioners. It is expected that this will involve a telephone support line and written communication via secure messaging where appropriate, delivered by a psychiatrist to provide the GP guidance and

	support about the medical management of patients. This may also involve capacity building and delivery of education sessions to the GPs of the NSPHN region.
Target population cohort	This activity will be targeted to people residing in the NSPHN region who experience severe mental illness and have complex needs.
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 &amp; Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol &amp; Other Drugs Advisory Committee meets a minimum of six times a year and includes representation from:</p> <ul style="list-style-type: none"> <li>• NSPHN Board, Clinical Council and Community Council</li> <li>• General Practice</li> <li>• Allied health</li> <li>• Northern Sydney Local Health District – Mental Health Drug &amp; Alcohol</li> <li>• Family and Community Services</li> <li>• NGO Mental Health and AOD Service Providers</li> <li>• Lived experience</li> <li>• Carers</li> <li>• the local Aboriginal community</li> </ul> <p>Additional consultation and co-design was undertaken for this activity included representatives from:</p> <ul style="list-style-type: none"> <li>• General Practice</li> <li>• Psychiatry</li> <li>• NSLHD</li> <li>• Mental Health Nursing</li> <li>• People with a lived experience of severe mental illness</li> <li>• Carers</li> </ul>

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	Activities will continue throughout 2018 – 2019.
Coverage	This activity covers the entire PHN region.
Continuity of care	<p>All clients of the previous Mental Health Nurse Incentive Program have been successfully transitioned to the new NSPHN services, or to other appropriate services, as agreed and clinically indicated.</p> <p>In addition, NSPHN meets regularly with the all mental health commissioned organisation to review clinical governance process and to develop pathways between systems, as part of stepped care, which also contributes to continuity of care and enables people to access the right level of care as matched to their need.</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 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>Northern Sydney PHN adopted 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>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>

	The commissioned service for adults with severe and complex mental illness was procured in 2017. NSPHN will approach the market for additional psychiatry support services in the second half of 2017-2018.
Decommissioning	N/A
Performance Indicator	<p>Priority Area 4 - mandatory performance indicators:</p> <ul style="list-style-type: none"> <li>• Proportion of regional population receiving PHN-commissioned mental health services – Clinical care coordination for people with severe and complex mental illness (including clinical care coordination by mental health nurses).</li> <li>• Average cost per PHN-commissioned mental health service – Clinical care coordination for people with severe and complex mental illness.</li> </ul> <p>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>
Local Performance Indicator target (where possible)	<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>

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. 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.

In addition, following the development of NSPHN's Commissioning Evaluation Framework, NSPHN will utilise the principles of the Quadruple Aim in evaluating health care services to promote a culture of continuous quality improvement across commissioned services. The Quadruple Aim framework encourages a population health approach that balances delivery of high value care at an appropriate cost, allowing for better patient experience delivered from an engaged workforce.