



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).

Western Sydney PHN (WSPHN)

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.

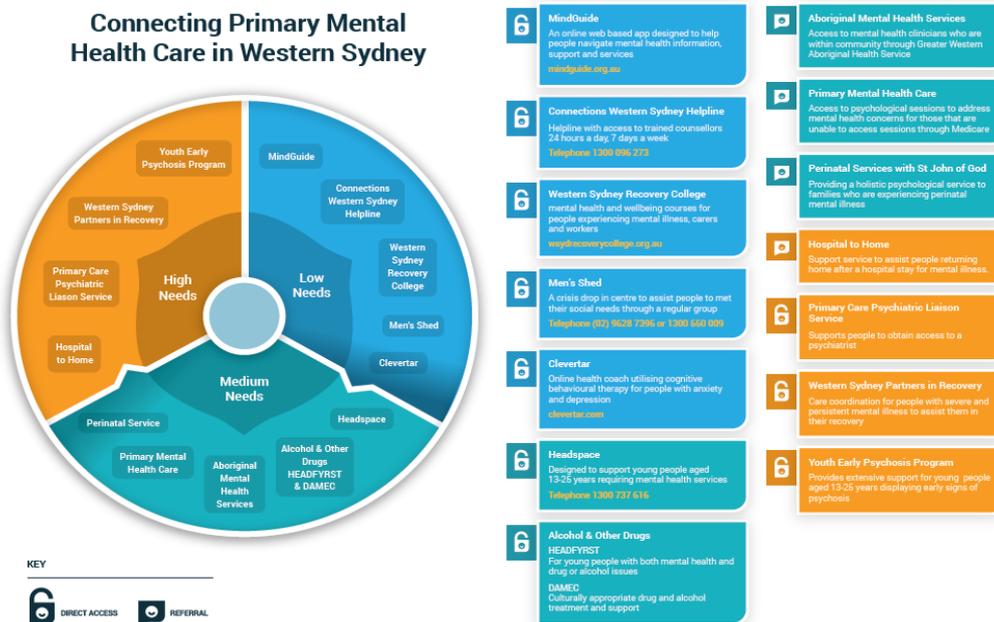
Additional planning and reporting requirements including documentation, data collection and evaluation activities for those PHNs selected as lead sites and/or suicide prevention trial sites will be managed separately.

Updated February 2017

(a) Strategic Vision

The Western Sydney Primary Health Network (WSPHN) has developed a strategic vision for better mental health service delivery for western Sydney. This is to commission services in western Sydney that will build capacity and strengthen primary care, mental health and suicide prevention services that address the region's identified needs and service gaps, reduce duplication, remove inefficiencies and encourage integration.

There are currently 14 active commissioned services and another 6 services to be implemented in 2018. Commissioning activities are addressing the range of need across the life course continuum based on a risk progression from a healthy and well population through progressive states of distress or disorder to manifest mental illness and its complications. These services will be commissioned in line with a best practice person-centred stepped care framework.



WSPHN commissioning approach will continue to support the building of system capacity across the region and its providers/ workforce by developing evidence-based primary mental health and suicide prevention services that address the region's identified needs. This includes the ability of commissioned services to support the levels of intervention (both intensity and duration) along a stepped care model as well as address the diversity of services required, such as specific target groups and workforce.

The commissioning activities are developed to achieve the 'Quadruple Aim' of simultaneous achievement of:

- Improved population health outcomes
- Improved user experience of care and support
- Efficient use of resources, and
- Development of a sustainable and viable provider workforce.

Our aim is that by the end of the plan period, in each of the priority areas of mental health and suicide prevention, we have built a platform that can support the collaborative commissioning and transformation of services across the Western Sydney via a stepped care model, cohesive and well integrated into primary care.

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

Proposed Activities	
Priority Area	Priority Area 1: Low intensity mental health services
Activity(ies) / Reference	<p>Improve access to a range of low intensity interventions to support people with mild mental illness by improving mental health literacy, assisting consumers to navigate services and supports, providing access to a digital mental health coach and telephone-based counselling 24/7. By providing low-intensity supports the PHN aims to support a stepped care model by addressing the needs of people at risk of developing mental health concerns or experiencing mild mental health concerns.</p> <p>Additional priority groups identified in the regional needs assessment are offered specific supports such as addressing the needs of people in aged care including those with dementia and people who identify as LGBTIQ from a refugee background.</p> <p>1.1 Western Sydney Connections Helpline - On the Line - Extension of Services</p> <p>1.2 LGBTIQ + Refugees – Mental health service and sector development project – STARTTS – NSW Service for the treatment and rehabilitation of torture and trauma survivors.</p> <p>1.3 Older Persons Mental Health Service – Mental health professional in Aged care</p> <p>1.4 Mindguide updates - Navigation tool – Community Resource Network (CRN)</p> <p>1.5 Recovery College - Schizophrenia Fellowship of NSW (now trading as One Door)</p> <p>1.6 Clevertar (Online recovery based coaching services)</p>
Existing, Modified, or New Activity	<p>1.1 Existing Activity</p> <p>1.2 New Activity - LGBTIQ + Refugees</p> <p>1.3 New Activity – Older Person Mental Health Project</p> <p>1.4 <i>Modified Activity</i></p> <p>1.5 Existing Activity</p>

	1.6 Existing Activity
Description of Activity	<p>1.1 On the Line – Connections Western Sydney Helpline. On the Line currently provides helpline services to clients/ consumers of the Primary Mental Health Care services providers (previously known as ATAPS) and the Suicide Call Back Service. Through consultations with the WS Mental Health Commissioning and Advisory Group (MHCAG,) additional helpline service capacity was identified as a way of supporting people requiring low intensity service without the need for a consumer/ client being engaged with a face to face service. Connections Western Sydney Helpline will provide any resident of western Sydney immediate phone support at any time of the day or night and up to 3 telephone-based counselling sessions provided by a mental health professional, with the option of linking the client/caller to a local mental health provider directly. www.ontheline.org.au</p> <p>1.2 LGBTIQ + Refugees – New Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) will be commissioned to address the mental health needs of asylum seekers who have suffered persecution due to their sexuality, and refugees and humanitarian entrants who have come out after their arrivals to Australia Both groups have reported that migrant and refugee services have an extremely limited understanding of LGBTIQ+ issues while LGBTIQ+ organisations struggle to provide culturally safe and trauma informed services to refugees. STARTTS will also work with these services to improve their capacity, thereby increasing the options of safe and effective responses.</p> <p>1.3 Older Person Mental Health Project - aims to improve the mental health of older persons living within western Sydney Residential Aged Care Facilities (RACF) by providing access to psychological assessments, mental health care plans and psychological sessions. This project will contract a mental health professional to provide assessment and supports to residents within identified aged care facilities. Psychological support plans will be provided to the care team at the RACF for implementation into the daily care within the facility.</p> <p>1.4 Mindguide Updates – The website and phone app of the newly developed online local mental health service directory for western Sydney, Mindguide, will be updated and maintained with current information and details in relation to mental health services specific to western Sydney. Community Resource Network Inc will include listings for Local Health District (LHD) services, community organisations, GPs and other allied health professionals. www.mindguide.org.au</p>

	<p>1.5 Western Sydney Recovery College - The Recovery College offers education and training programs, developed and delivered by people with lived experience of mental health concerns and adult education professionals. It is open to people who have mental health conditions, their carers, families and friends, as well as mental health staff, volunteers and the broader mental health sector staff working within the region. The Western Sydney Recovery College is increasing its scope as demand increases. WSPHN will commission this service to support its expansion and capacity. The college addresses three key findings from the regional needs assessment; supporting people with low intensity (psychoeducation) services; supporting the co-facilitation and co-design principles between staff and consumer/ carers and supporting the development of a peer workforce and support groups. www.wsydrecoverycollege.org.au</p> <p>1.6 Clevertar is an online health coach application that can assist with people to make behaviour modifications relating to their experiences of depression and/or anxiety. The Cognitive Behaviour Therapy (CBT) based application was developed in partnership with Flinders University and provides an evidence based individualised support through innovative technology. This application will undergo an evaluation by Flinders University in 2018. www.clevertar.com</p>
Target population cohort	<p>Most of these activities will be publicly available to residents of western Sydney and aims to increase early access to support. Additionally, any clients experiencing low levels of mental health distress and who present to GP practices, mental health services providers, community groups or organisations, and schools will also be directed to these services.</p> <p>With the exception of the Recovery College, all commissioned activities are designed to be available any time the client needs them by being accessible remotely via a phone or device. Recovery College courses will be delivered in accessible locations within the community.</p>
Consultation	<p>WSPHN has consulted in a structured manner at key decision points with the MHCAG which meets every 2 months. This group consists of consumers and key representatives from over 18 organisations, GPs, LHD, non-government organisations (NGO), community managed organisations (CMO) and mental health professionals who are consulted in developing strategic directions to provide advice and guidance on commissioning and delivery of services across the priority areas in western Sydney. In developing the low intensity area, consultation was made with a number of GPs and GP associations and mental health providers who indicated that low intensity services should support people at either pre-treatment or post-treatment phase and be accessible remotely and after-hours. Additionally, the</p>

	<p>recommendation was the low intensity services should be able to support the client to seamlessly engage with higher intensity services. As a result, each of the services has a common referral pathway and network that allows WSPHN to align services should the consumer, referring GP and mental health service provider require ongoing, additional or complimentary services with various levels of intervention and access.</p>
<p>Collaboration</p>	<p>The focus of the commissioning activities will be able to coordinate service integration between services seamlessly. Several workshops and consultation were conducted to bring together providers and facilitate the operational alignment of care, as the consumer navigates the various services.</p>
<p>Duration</p>	<p>1.1 On the Line</p> <ul style="list-style-type: none"> • Start – August 2017 • Completion – June 2018, with option of extension to June 2019 based on performance • Milestones – marketing campaign to target GP and relevant stakeholders. Sustainable service delivered each month - 100 callers per month. Appropriate referral to higher needs service via the PHN Primary Mental Health Care service <p>1.2 LGBTIQ + Refugees</p> <ul style="list-style-type: none"> • Start – March 2018 • Completion – 2018, with option of extension to June 2019 based on outcomes and priorities • Milestones – completion of 4 group program (8 – 12 members) over 8 weeks <p>1.3 Older Person Mental Health Project</p> <ul style="list-style-type: none"> • Start – March 2018 • Completion – June 2019 • Milestones – delivery of specific psychological service to identified residents of 4 aged care facilities <p>1.4 Mindguide Updates</p> <ul style="list-style-type: none"> • Start – January 2018 • Completion – June 2019, subject to performance • Milestones – Number of hits and data usage from the website <p>1.5 Recovery College</p>

	<ul style="list-style-type: none"> • Start – January 2017 • Completion – 30 June 2018, with option of extension to June 2019 based on outcomes and priorities • Milestones – Inclusion of Aboriginal led courses and diversifying course and participation <p>1.6 Clevertar:</p> <ul style="list-style-type: none"> • Start - January 2017, • Completion - 30 June 2018, with option of extension to June 2019 based on outcomes and priorities • Milestones – Providing an evaluation-based program, monthly activities that sustain interaction with the registered users.
Coverage	1.1, 1.2, 1.3, 1.4, 1.5, 1.6 Across all LGA (Blacktown, Hills, Cumberland, Parramatta)
Commissioning method (if relevant)	<p>1.1 Direct engagement – Utilising existing services that already support PHNs.</p> <p>1.2 Expression of Interest (EOI)– released via tenderlink nationwide</p> <p>1.3 EOI – released via tenderlink nationwide</p> <p>1.4 Direct engagement – Utilising existing platform that has already been established via previous Federal Funding (PIR)</p> <p>1.5 EOI – released via tenderlink nationwide</p> <p>1.6 Direct engagement – Researched local providers to develop application, however Clevertar identified as most appropriate with an established IT platform.</p>
Approach to market	<p>1.1, 1.4, 1.5 & 1.6 Existing commissioned service</p> <p>1.2, 1.3 New services were all open to market via a RFP (Request for Proposal) whereby a need is identified but applicant can propose type and scope of service to address this need.</p>
Decommissioning	1.4. Nil.
Performance Indicator	<p>Priority Area 1 - Mandatory performance indicators:</p> <p>Each of these services will provide output measures consistent with the MDS requirements under the Primary Mental Health initiatives. In addition, outcome measures based on clinical outcomes such as K10, DASS 21, which will be implemented across the following services provided here, 1.1 Connections Western Sydney Helpline, 1.3 Older Person Project and 1.6 Clevertar.</p>

	<p>Outcome measures relating to the 1.5 Recovery College will have a different focus related to community engagement, enrolment rates and student participation which is consistent with MDS requirements.</p> <p>The reporting will form the basis of the regional plan to align to population health outcomes, as well as future commissioning directions.</p>
<p>Local Performance Indicator target (where possible)</p>	<p>For the 2016-2019 timeframe, WSPHN will focus on all services to provide accurate and timely MDS data across all commissioning activities.</p> <p>Estimated Service output/ activities</p> <p>1.1 Connections Western Sydney Helpline</p> <ol style="list-style-type: none"> 1. Estimated number of low intensity calls/ sessions - 250 until 30 June 2018 (revised) 2. Estimated number of low intensity calls/ sessions - 2000 for financial year 2018/19 (revised) <p>1.2. LGBTIQ + Refugees</p> <ol style="list-style-type: none"> 1. Estimated number of low intensity group programs 4 over 8 – 10 weeks. Until 30 June 2018 2. Estimated number of Participants 15 – 25 per groups until 30 June 2018 3. Estimated number of leader training workshops, 3 over 10 weeks until 30 June 2019 4. Targeting service at specific target groups including Hazara, Tamil, Sudanese and Arabic populations <p>1.3. Older Person Mental Health Project</p> <ol style="list-style-type: none"> 1. Estimated number of low intensity service across 4 Aged Care Facilities 2. Estimated number of clients per Aged Care Facility - 15 until 30 June 2018 3. Estimated number of low intensity sessions provided - 300 hours until 30 June 2019 <p>1.4 MindGuide</p> <ol style="list-style-type: none"> 1. Estimated number of page views, 2500 by 30 June 2019 (revised) 2. Estimated number of page views, 11000 by financial year 2018/19 (revised) <p>1.5 Clevertar</p> <ol style="list-style-type: none"> 1. Number of client enrolled 250 (160 already enrolled) until 30 June 2018 (revised) 2. Number of practices registered for the program 40 (19 already registered)

	<p>1.6 Western Sydney Recovery College</p> <ol style="list-style-type: none"> 1. Number of students – 150 (69 already completed courses) by 30 June 2018 2. Estimated number of courses – 36 (17 already delivered) by 30 June 2018
Local Performance Indicator Data source	<p>WSPHN will utilise relevant national health data from appropriate data sources such as MDS and reporting from commissioned services as well as MBS, PBS, ABS and NSW Health. Such data will be compared to LHD service usage data and population projection, so that appropriate planning and realistic targets are set and achieved.</p> <p>WSPHN has developed a Health Intelligence Unit (HIU) with specific data analysts employed to integrate data from multiple sources. Additionally, WSPHN will utilise some of the initiative created by the Data Linkage project (with the NSW Ministry of Health) to identify the rate and type of service usage across primary and state health care services.</p>

Proposed Activities	
Priority Area	Priority Area 2: Youth mental health services
Activity(ies) / Reference	<p>Implement and support an integrated, regional approach for children and young people across a stepped care model. Existing services such as headspace provides support to young people at risk of developing or with mild to moderate mental illness while headspace Youth Early Psychosis Program (hYEPP) supports those with or at ultra-high risk of psychosis in the community. The regional needs assessment identifies high levels of psychological distress and self-harm as priorities in western Sydney and additional commissioned services under the 'Youth Severe' stream will be the focus in the upcoming year. Within the stepped care model, children and young people were identified as a priority and therefore additional services are provide under 3.1 Primary Mental Health Care (PMHC).</p> <p>2.1 Headspace – Parramatta Mission - 3 sites – Parramatta Mt Druitt and Castle Hill</p> <p>2.2 hYEPP (Hub and Spoke – 2 sites) – Mt Druitt and Parramatta – Parramatta Mission</p> <p>2.3 Headspace Mt Druitt Capital Funding – Relocation/ refurbishment</p>
Existing, Modified, or New Activity	<p>2.1 Existing service</p> <p>2.2 Existing service</p> <p>2.3 Existing Service</p>
Description of Activity	<p>2.1 Headspace will provide early intervention mental health services to clients between 12-25 years, along with assistance in promoting young peoples' wellbeing. Support covers four core areas: mental health, physical health, work and study support and alcohol and other drug services</p> <p>2.2 hYEPP located in Mt Druitt, is a continuing care team of multi-disciplinary professionals who provide recovery orientated, early intervention services to young people aged 12-25 who are experiencing a first episode of psychosis or at ultra-high risk of experiencing psychosis. The service model is based on the Early Psychosis Prevention and Intervention Centre (EPPIC) from Orygen Youth Health in Victoria. And as such, the commissioned service provision is based on assertive outreach, family work, functional recovery and partnerships with other community organisations to enhance care.</p>

	<p>hYEPP Parramatta is a 'Spoke' of the Mt Druitt hYEPP 'Hub' and the services work closely to ensure continuity of service. The Hub provides extensive psychiatric and specialist services such as functional recovery groups and family therapy.</p> <p>2.3 Headspace Mt Druitt Site has been informed of potential relocation as lease and premises will no longer be available. Specific funding has been allocated to sourcing future premises and refurbishment necessary for relocation.</p>
Target population cohort	<p>2.1 Children and youth aged between 12 – 25 years, who may be experiencing mild to moderate mental health condition and/or drug and alcohol misuse.</p> <p>2.2 Children and youth aged between 12 – 25 years, who may be experiencing a severe mental health condition either as a first episode of psychosis (FEP) or ultra-high risk of psychosis (UHR).</p> <p>2.3 as above</p>
Consultation	<p>2.1 Headspace lead site – Parramatta Mission is a key member of the MHCAG, which meets every 2 months.</p> <p>2.2 Headspace model means that each site/ service has a consortium. This consortium meets every 3 months, which includes representatives from 11 different agencies, including local health district, NGOs and community managed organisations.</p> <p>2.3 Parramatta mission as a lead site will coordinate the relocation and sourcing of new premises as required.</p>
Collaboration	<p>2.1, 2.2 & 2.3 Headspace in Western Sydney is managed by Parramatta Mission (previously known as Uniting Recovery), which is the lead agency for all three sites (Mt Druitt, Parramatta, Castle Hill). The headspace model requires a consortium approach to service delivery and WSPHN has been involved in consulting the consortium for the development and continuation of the service without disruption.</p>
Duration	<p>2.1, 2.2 continue services uninterrupted from 1 July 2016 to 30 June 2019.</p> <p>Activity Work plans and financial reporting to be delivered as outlined in the headspace National Office reporting framework and WSPHN contract.</p> <p>2.3 Currently under negotiation – dependant on the current lease extension.</p>
Coverage	<p>2.1, 2.2 & 2.3 Across all LGA (Cumberland, Blacktown, Hills, Parramatta)</p>

Commissioning method (if relevant)	2.1 & 2.2 Legacy programs that are carried over to PHN. Currently articulating and identifying key deliverables and aligning service to priority areas. Contract negotiation will begin to allow service until June 2019.
Approach to market	Not applicable
Decommissioning	Services are currently being evaluated. There has been considerable contract variations as a result of changes to the hYEPP funding. Priority is given to support the program without disruption to clients. Contract negotiations will commence to refine and evaluate performance from 1 July 2018 to 30 June 2019.
Performance Indicator	<p>Headspace and hYEPP services will provide output measures consistent with the MDS requirements under the primary mental health initiatives. In addition, outcome measures based on clinical outcomes such as K10, DASS 21, will be implemented.</p> <p>Parramatta Mission provides WSPHN with an activity report (at six-month intervals) for headspace and hYEPP services across all sites. Additional information and performance measures are provided by headspace National Office, as well as a Orygen (model integrity framework) to assist with assessing quality and performance of the service.</p>
Local Performance Indicator target (where possible)	<p>For the 2016-2018 timeframe, WSPHN will focus on all services to provide accurate and timely MDS data across all commissioning activities. In relation to headspace and hYEPP, there will be additional reporting requirements relating to the location of clients as well as referral agents and compare this to the region hot spots and areas of disadvantage.</p> <p>Estimated Service output/ activities</p> <p>2.1 Headspace</p> <ol style="list-style-type: none"> 1. Estimated number of clients, 2,260 (actual 1903) by 30 June 2017 2. Estimated number of sessions, 8,000 (actual 8373) by 30 June 2017 3. Estimated number of clients, the project will reach 2,500 in the FY 2017/18 4. Estimated number of clients, the project will reach 2,500 in the FY 2018/19 5. Estimated number of session, 8,750 in FY 2017/18 6. Estimated number of session, 8,800 in FY 2018/19 <p>2.2 hYEPP</p> <ol style="list-style-type: none"> 1. Estimated number of clients hYEPP (UHR), 65 (actual 227) by 30 June 2017

	<ol style="list-style-type: none"> 2. Estimated number of clients hYEPP (FEP), 124 (actual 392) by 30 June 2017 3. Estimated number of sessions, 7670 (actual 10985) by 30 June 2017 4. Estimated number of clients hYEPP (UHR), 65 by 30 June 2018 5. Estimated number of clients hYEPP (FEP), 124 by 30 June 2018 6. Estimated number of sessions, 12300 by 30 June 2018 7. Estimated number of clients hYEPP (UHR), 65 by 30 June 2019 8. Estimated number of clients hYEPP (FEP), 124 by 30 June 2019 9. Estimated number of sessions, 12300 by 30 June 2019
Local Performance Indicator Data source	<p>Parramatta Mission provides WSPHN with an activity report (at six-month intervals) for headspace and hYEPP services across all sites. Additional information and performance measures are provided by headspace National Office, as well as a Orygen (model integrity Framework) to assist with assessing quality and performance of the service.</p> <p>WSPHN has developed a Health Intelligence Unit (HIU) with specific data analysts employed to integrate data from multiple sources. Headspace data will be incorporated into this initiative and utilise the initiative created by the Data Linkage project (with the NSW Ministry of Health) to identify the rate and type of service usage across primary and state health care services.</p>

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area	
Priority Area	Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
Activity(ies)	Provide psychological support and reduce barriers to service access by engaging local mental health professionals to provide services to vulnerable people within western Sydney. The regional needs assessment identifies groups experiencing vulnerability in western Sydney as perinatal women, children, young people with moderate to severe levels of psychological distress, people who identify as LGBTIQ, older people and diverse cultural and language groups. Specialised skills to work with these priority groups forms the basis of the recruitment and selection of mental health professionals in western Sydney with current providers offering psychological supports across these groups including services in 27 different languages.

	<p>3.1 Primary Mental Health Care Services (PMHC) Contracted primary mental health professionals – to provide (activity based) psychological services to vulnerable people.</p> <p>3.2 Expansion Primary Mental Health Care Services (PMHC) to priority areas: Child, Aboriginal and Torres Strait Islanders, Perinatal, CALD, LGBTIQ, Elderly, Co-morbidity & Suicide Prevention (see priority area 5)</p>
Existing, Modified, or New Activity	3.1 & 3.2 Existing Service – Expansion of providers/ workforce
Description of Activity	<p>3.1 & 3.2 Deliver psychological therapies for people who present with moderate levels of mental health distress, including co-morbidity. This is a refined and expanded service from the previous ATAPS service model with increased flexibility to meet the needs of the individual consumer and address priority population groups.</p> <p>PMHC provides free access to psychological services by selected and appropriately qualified mental health professional for people who identify with specific disadvantaged or marginalised groups that experience barriers to accessing psychological services. On referral from a doctor, or appropriate professional (Paediatrician, school counsellor, or the like) the consumer receives psychological sessions as required.</p>
Target population cohort	This activity is for western Sydney residents experiencing mental health distress and experience barriers to accessing psychological support through Better Access. This includes people who experience financial barriers or part of a priority group identified through our Regional Needs Assessment.
Consultation	<p>3.1 & 3.2. WSPHN presently has a PMHC steering group which meets quarterly. This steering group includes key representatives from the LHD, GPs, mental health service providers, and consumer and carer representatives.</p> <p>Additionally, WSPHN conduct quarterly Professional Development events in conjunction with the Mental Health Professionals Network (MHPN) meeting for all mental health providers in our region. This network event is a way of informing and connecting mental health providers, as well as supporting the quality and consistency of service delivery in our region.</p>

Collaboration	All referring agents, including GPs, schools, allied health providers, specialists and mental health providers currently engaged with WSPHN. This includes the Local Health District and a number of key non-government organisations.
Duration	3.1 & 3.2 Renewal and continuation of contracts in June 2018 to 30 June 2019 Expression of Interest (EOI) for new providers is occurring in February 2018 to address new and expanded target groups.
Coverage	3.1 & 3.2 Across all LGA (Blacktown, Hills, Cumberland, Parramatta)
Continuity of care	3.1 & 3.2 Mental health service providers are on a rolling contract which is renewed each year. The continuation of the contract is based on a selection criterion and performance-based management of the services, including consumer feedback, services delivery management of referrals and appropriate reporting and invoicing. The selection process overseen by the PMHC steering committee. This ongoing rolling contract allows continuing services to existing clients and continue payments, with ongoing oversight of quality service delivery, reporting and MDS data collection.
Commissioning method (if relevant)	3.1 EOI via tenderlink
Approach to market	3.1 EOI to recruit mental health professionals to deliver appropriate services in the western Sydney region, who have the qualifications and appropriate experience to deliver services to target groups, including delivering services in specific languages.
Decommissioning	None anticipated at this time.
Performance Indicator	Each mental health service provider will provide output measures consistent with the MDS requirements under the Primary Mental health initiatives. In addition, outcome measures based on clinical outcomes such as K10, DASS 21, will be implemented. WSPHN will also implement the YES (Your Experience of Service) survey across all our mental health service providers as a way of receiving consistent and transparent feedback from consumer who engage with the providers.
Local Performance Indicator target (where possible)	WSPHN will focus on all services to provide accurate and timely MDS data across all commissioning activities. Estimated Service output/ activities

	<p>3.1 & 3.2. Primary Mental Health Care providers 1-hour sessions.</p> <ol style="list-style-type: none"> 1. 3189 clients seen in 2016/17 2. 16680 sessions delivered in 2016/17 3. Estimated number of sessions 20,000 delivered in the 2017/18. 4. Estimated number of clients 3200 in 2017/18 5. Estimated number of sessions 22,000 for 2018/19 6. Estimated number of clients 3500 in 2018/19. <p>Target for each vulnerable group to be determined based on updating the regional plan.</p>
Local Performance Indicator Data source	<p>WSPHN will utilise relevant national health data from appropriate data sources such as MDS and reporting from commissioned services as well as MBS, PBS, ABS and NSW Health. Such data will be compared to LHD service usage data and population projection, so that appropriate planning and realistic targets are set and achieved.</p> <p>WSPHN has developed a HIU with specific data analysts employed to integrate data from multiple sources. Additionally, WSPHN will utilise some of the initiative created by the Data Linkage project (with the NSW Ministry of Health) to identify the rate and type of service usage across primary and state health care services.</p>

Proposed Activities	
Priority Area	Priority Area 4: Mental health services for people with severe and complex mental illness including care packages
Activity(ies) / Reference	To commission services that provide clinical and social support services for people who are experiencing severe and complex mental illness. Some commissioned services have targeted service delivery to meet the identified needs of specific groups such as perinatal women and people from culturally and linguistically diverse backgrounds (CALD). Additionally, services have been commissioned to assist in the continuity of care for consumers who require transitional support and psychiatric services. Commissioned services also support people within severe and complex needs who may not

	<p>receive a NDIS packages for Psychosocial Disability. This approach presents positive change and opportunity to have greater access to connected services and supports to live a meaningful life.</p> <p>4.1 Perinatal Service – St John of God (SJOG)– Raphael Centre</p> <p>4.2 Hospital to Home - Schizophrenia Fellowship of NSW (One Door Mental Health)</p> <p>4.3 Primary Care - Psychiatric Liaison Service (PLS) – Richmond PRA (Flourish)</p> <p>4.4 CALD Mental Health Literacy and Suicide Prevention Program - STARTTS</p> <p>4.5 Bilingual Support Worker Services Pilot Program - Schizophrenia Fellowship of NSW (One Door Mental Health)</p>
Existing, Modified, or New Activity	<p>4.1 Existing service</p> <p>4.2 <i>Modified activity</i></p> <p>4.3 Existing service</p> <p>4.4 New activity</p> <p>4.5 New activity</p>
Description of Activity	<p>4.1 St John of God, Raphael Services Blacktown is commissioned to provide comprehensive specialist mental health care for families with a significant mental health disorder occurring in the perinatal and infancy stages. Raphael Services will provide psychiatric assessment, individual, couple and parent-infant psychotherapy, group work, linkages to home supports, pharmacotherapy management and consultation and liaison with midwifery, obstetrics, paediatric and GP professionals.</p> <p>4.2 Hospital to home Program supports people leaving acute units who do not have support to reintegrate back to the community. Peer workers will meet with consumers and their carers and family (with agreement) during the discharge planning to identify and support the consumer to community and outreach services. This is currently occurring in partnership with Cumberland and Blacktown hospitals.</p> <p>4.3 Primary Care-Psychiatric Liaison Service is an integrated care model whereby a Psychiatrist is employed by Flourish and is directly focussed on delivering services to patients experiencing severe and complex mental health condition in the primary care setting. The Psychiatrist will be appointed to a number of practices (possibly healthcare homes) to deliver and provide capacity building services and</p>

	<p>network by case consultation with the General Practitioners as well as practice nurses and practice staff.</p> <p>4.4 CALD Mental Health Literacy and Suicide Prevention Program. The project proposes to deliver psycho-education and lifestyle/wellbeing group interventions for each cultural group (Hazara, Tamil, South Sudanese, and Arabic) and its community members. The activities will include:</p> <ul style="list-style-type: none"> • Peer Leader Training and Support with an adapted version of the existing STARTTS Accidental Counsellor training with 3 workshops each with 10 participants per community. • Residential program/camp with particular focus on intensive training for peer leaders • Delivery of psycho-education and lifestyle/wellbeing group interventions for each cultural group and its community members. Group interventions will be delivered over an 8-10 week period for the 12 month contract period. <p>4.5 Bilingual Support Worker Services Project. One Door will co-locate bilingual mental health workers at Auburn Diversity Services Inc. (ADSi). The project will focus on strengthening coordination and referral pathways for people from culturally and linguistically diverse backgrounds in Auburn with general practitioners, allied health providers, government agencies, health and welfare services. This pilot project is to demonstrate proof of concept; that by building and supporting these referral pathways and partnerships, access to existing mental health services for people from culturally and linguistically diverse backgrounds will increase their use of existing mental health services.</p>
Target population cohort	4.1, 4.2, 4.3, 4.4 & 4.5. People who are experiencing severe and complex mental health condition who can be supported at a primary care level or who are transitioning from hospital-based intervention to a community provider.
Consultation	<p>WSPHN has consulted in a structured manner at key decision points with the MHCAG which meets every 2 months. This group consists of consumers and key representatives from over 18 organisations, GPs, LHD, NGOs, CMOs and mental health professionals who are consulted in developing strategic directions to provide advice and guidance on commissioning and delivery of services across the priority areas in western Sydney.</p> <p>In addition to the bi-monthly MHCAG, quarterly PMHC steering groups, monthly PIR steering groups meeting and the quarterly PMHC PD events.</p>

	<p>WSPHN hosted a specific event relating to 4.3 Psychiatric Liaison Service. This was an event to discuss the model and the key components of service with prospective partners as well as community forum with key stakeholders to consult about the viability of this service.</p>
<p>Collaboration</p>	<p>Extensive collaboration has occurred to ensure integrated service provision for people experiencing severe and complex mental illness. This includes consumers, Peer workers, general practices, LHD Acute mental health services, emergency departments, key CMOs such as SJOG, Flourish, One Door, STARTTS, mental health nurses and culturally specific organisations.</p>
<p>Duration</p>	<p>4.1 Perinatal Service – St John of God – Raphael Centre</p> <ul style="list-style-type: none"> • Start – July 2017 • Completion – July 2018, with option of extension to June 2019 based on outcomes and priorities • Milestones – conducting services to 200 patients experiencing complex perinatal mental illness during the financial year <p>4.2 Hospital to Home - Schizophrenia Fellowship of NSW (One Door)</p> <ul style="list-style-type: none"> • Start – August 2017 • Completion – July 2018, with option of extension to June 2019 based on outcomes and priorities • Milestones – Supporting 80 consumers from hospital-based discharge to community and primary care services for up to 8 weeks. <p>4.3 Primary Care - Psychiatric Liaison Service – Richmond PRA – (Flourish)</p> <ul style="list-style-type: none"> • Start – October 2017 • Completion – July 2018, with option of extension to June 2019 based on outcomes and priorities • Milestones – Service is now fully operational, supporting patients and reporting on sessions each quarter. <p>4.4 CALD Mental Health Literacy and Suicide Prevention Program - STARTTS – NSW Service for the treatment and rehabilitation of torture and trauma survivors.</p> <ul style="list-style-type: none"> • Start – March 2018

	<ul style="list-style-type: none"> • Completion – August 2018 –with option of extension to June 2019 based on outcomes and priorities • Milestones – completion of 4 group program (8 – 12 members) over 8 weeks <p>4.5 Bilingual Support Worker Services Pilot Program - Schizophrenia Fellowship of NSW (One Door Mental)</p> <ul style="list-style-type: none"> • Start – March 2018 • Completion – August 2018, with the option of an extension to June 2019 based on outcomes and priorities • Milestones – Providing psychological and counselling service to specific CALD target groups in specific regions.
Coverage	<p>4.1 Across all LGAs (Blacktown, Hills, Cumberland, Parramatta)</p> <p>4.2 Focus on hospital based mental health services and discharge units, with Cumberland hospital a preferred site (Parramatta LGA) and Embark Cottage at Blacktown Hospital (Blacktown LGA).</p> <p>4.3 Across all LGAs in our region, however will be limited to initially 10 primary health care practices in the region that have been selected via a recruitment process for appropriate and eligible practices.</p> <p>4.4 Across all LGAs (Blacktown, Hills, Cumberland, Parramatta)</p> <p>4.5 Focus on specifically Auburn, as regional needs assessment indicates poor uptake of community mental health service and across all LGAs (Cumberland, Blacktown, Hills, Parramatta)</p>
Continuity of care	<p>4.1. This ongoing performance-based contract facilitates continuation of quality services to existing clients and maintain service providers operating at optimal levels, so that contract and deliverables are maintained including continue payments, oversight of quality service delivery, reporting and MDS data collection.</p> <p>4.2, 4.3, 4.4 & 4.5 Not applicable.</p>
Commissioning method (if relevant)	4.1, 4.2, 4.3, 4.4 & 4.5 Expression of Interest via tenderlink
Approach to market	<p>4.1 Direct engagement – legacy services - transition to PHN with existing provider.</p> <p>4.2, 4.3, 4.4 & 4.5. EOI – went to market to recruit services that can deliver on the model of care and operational requirements of the commissioned activity.</p>

Decommissioning	None anticipated.
Performance Indicator	<p>Each service provider will provide output measures consistent with the MDS requirements under the Primary Mental health initiatives. In addition, outcome measures based on clinical outcomes such as K10, DASS 21, will be implemented.</p> <p>WSPHN will also implement the YES (Your Experience of Service) survey across all our mental health service providers as a way of receiving consistent and transparent feedback from consumer who engage with the providers.</p>
Local Performance Indicator target (where possible)	<p>WSPHN will focus on all services providing accurate and timely MDS data across all commissioned activities.</p> <p>Estimated Service output/ activities</p> <p>4.1 Perinatal Services</p> <ol style="list-style-type: none"> 1. Provide service to 200 patients per year. <p>4.2 Hospital to home</p> <ol style="list-style-type: none"> 2. Provide service to 80 patients discharged per year. 3. Each receiving services and visits over an 8-week period <p>4.3 Psychiatric Liaison Service</p> <ol style="list-style-type: none"> 1. Estimated 8 (1/2 hour) sessions per day for patients with psychiatric conditions 2018/19 2. Estimated 10 practices per fortnight receiving services 2017/18 & 2018/19 3. Estimated 1250 – 1650 sessions per calendar year 2018/19 4. Estimated 2 to 6 GP case conference per week, (180 - 250 per year) 2018/19 5. To deliver 200 sessions by 2017/18 financial year. <p>4.4 Currently in contract negotiations</p> <p>4.5 Currently in contract negotiations</p>
Local Performance Indicator Data source	WSPHN will utilise relevant national health data from appropriate data sources such as MDS and reporting from commissioned services as well as MBS, PBS, ABS and NSW Health. Such data will be

	<p>compared to LHD service usage data and population projection, so that appropriate planning and realistic targets are set and achieved.</p> <p>WSPHN has developed a HIU with specific data analysts employed to integrate data from multiple sources. Additionally, WSPHN will utilise some of the initiative created by the Data Linkage project (with the NSW Ministry of Health) to identify the rate and type of service usage across primary and state health care services.</p>
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Proposed Activities	
Priority Area	Priority Area 5: Community based suicide prevention activities
Activity(ies) / Reference	<p>Promote an integrated regional approach to suicide prevention for individuals at high risk of suicide through ensuring appropriate and timely follow up by community supports, liaising with the LHD and promoting integrated service provision across the stepped care model.</p> <p>5.1 Afterhours service extension of headspace – Primary Sites</p> <p>5.2 The Shed – Mt Druitt (Also priority area 6)</p> <p>5.3 Primary Mental Health Care – Service providers – Suicide Prevention Service (SPS)</p>
Existing, Modified, or New Activity	<p>5.1 New service</p> <p>5.2 Existing Service</p> <p>5.3 Existing/ <i>modified Service</i></p>
Description of Activity	<p>5.1 Afterhours service extension of Headspace Primary. This commissioning activity expands the service provided by headspace, including their GP and Psychologists to extended hours to Monday to Friday, 5pm to 9pm and Saturday, 9am to 5pm.</p> <p>5.2 The Shed is a legacy program. This service provides support and guidance to members of the community who often present in crisis, particularly in relation to legal aid, family counselling, emergency accommodation and health service in the region.</p>

	<p>5.3 PMHC Suicide Prevention Service (SPS) To expand this service, WSPHN is now commissioning over 35 mental health professionals who can respond within 48 hours and provide an appointment within 72 hours to referrals for people identified with an elevated risk of suicide.</p>
Target population cohort	<p>5.1 People at risk of suicide and/ or people with elevated risk factors requiring services afterhours.</p> <p>5.2 Individuals and families requiring a support network and guidance around complex, legal and family support matters.</p> <p>5.3 People at risk of suicide and/ or people with elevated risk factors requiring face to face services</p>
Consultation	<p>5.1 & 5.2 WSPHN has consulted in a structured manner at key decision points with the MHCAG which meets every 2 months. This group consists of consumers and key representatives from over 18 organisations, GPs, LHD, NGOs, CMOs and mental health professionals who are consulted in developing strategic directions to provide advice and guidance on commissioning and delivery of services across the priority areas in western Sydney.</p> <p>5.3. WSPHN presently has a Primary Mental Health care steering group which meets quarterly. It comprises key representatives from the WS LHD, GPs, mental health service providers, consumers and carers.</p>
Collaboration	<p>Initiatives work closely with all referring agents (GPs, schools, allied health providers and specialists) and mental health providers currently engaged with WSPHN. This includes the LHD and a number of key NGOs.</p>
Duration	<p>5.1 Afterhours extension.</p> <ul style="list-style-type: none"> • Start - March 2017, • Completion - June 2019 • Milestone - extended opening hours during the full week across 3 Primary sites <p>5.2 The Shed</p> <ul style="list-style-type: none"> • Start - Continuing services uninterrupted • Completion - June 2018, with option of extension to June 2019 based on outcomes and priorities • Milestones – Activity reporting per quarter and continuation of MOU with partner organisations.

	5.3 Primary Mental Health Care – to June 2019
Coverage	5.1 Across all LGA (Blacktown, Hills, Cumberland, Parramatta) 5.2 Delivering services in Blacktown LGA. 5.3 Across all LGA (Blacktown, Hills, Cumberland, Parramatta)
Commissioning method (if relevant)	5.1 Direct engagement – Expanding an existing service to after-hours to accommodate consumer needs. 5.2 Direct engagement – legacy program, local provider most appropriate to ensure continuity of service delivery. 5.3 EOI - will go to market to recruit mental health professional who can deliver appropriate services in western Sydney, with the qualifications and appropriate experience to deliver services to target groups, including delivering services in specific languages.
Approach to market	As stated above.
Decommissioning	5.1 Services are currently being developed and will be expanded across 3 headspace sites. 5.2 The Shed are presently undergoing performance management as part of the outcomes and contract re-negotiations are currently underway. 5.3 PMHC providers have ongoing contracts with service delivery maintained. Providers are selected based on meeting service criteria each year.
Performance Indicator	Each service provider will provide output measures consistent with the MDS requirements under the primary mental health initiatives. In addition, outcome measures based on clinical outcomes such as K10 and DASS 21 will be implemented. WSPHN will also implement the YES survey across all our mental health service providers as a way of receiving consistent and transparent feedback from consumer who engage with the providers. MDS data will be reviewed collectively using mental health atlas - geo-mapping tool to assist with regional planning and address wider population health outcomes. This data collection will form the basis of the regional plan to align to population health outcomes, as well as future commissioning activities in the region.

	<p>5.2 The Shed: The outcomes measurement is currently under review and yet to be formalised as this measurement is related to community engagement and the social-emotional and spiritual wellbeing approach. .</p>
<p>Local Performance Indicator target (where possible)</p>	<p>For the 2016-2019 timeframe, WSPHN will focus on all services to provide accurate and timely MDS data across all commissioning activities. In relation to suicide prevention activities there will be additional reporting requirements relating to the location of clients, timelines and timeframes of intervention as well as referral agents and compare this to the region hot spots and areas of disadvantage.</p> <p>Estimated Service output/ activities</p> <p>5.1 Afterhours service extension</p> <ol style="list-style-type: none"> 1. Currently seeking expression of interest for Afterhours mental health services 2. Mental health professionals to deliver services from 5pm to 9pm 5 days per week & 9am to 5pm Saturdays 3. Estimated 1000 sessions and approximately 175 clients per calendar year <p>5.2 The Shed – Mt Druitt</p> <ol style="list-style-type: none"> 1. Continuation of engaging with 20 – 40 aboriginal clients in the community each week. 2. Estimates sessions and contact still unclear as this is a drop-in centre. <p>5.3 Primary Mental Health care providers</p> <ol style="list-style-type: none"> 1. Estimated number of sessions 1,440 for 2017/18 & 2018/19 2. Estimated number of clients 240 in 2017/18 & 2018/19 <p>Target for each vulnerable group to be determined based on updating regional plan.</p>
<p>Local Performance Indicator Data source</p>	<p>WSPHN will utilise relevant national health data from appropriate data sources such as MDS and reporting from commissioned services as well as MBS, PBS, ABS and NSW Health. Such data will be compared to LHD service usage data and population projection, so that appropriate planning and realistic targets are set and achieved.</p> <p>WSPHN has developed a HIU with specific data analysts employed to integrate data from multiple sources. Additionally, WSPHN will utilise some of the initiative created by the Data Linkage project</p>

	(with the NSW Ministry of Health) to identify the rate and type of service usage across primary and state health care services.
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Proposed Activities	
Priority Area	Priority Area 6: Aboriginal and Torres Strait Islander mental health services
Activity(ies) / Reference	<p>Enhance service provision and integration of supports for Aboriginal and Torres Strait Islander mental health services at a regional level. Work closely within existing Aboriginal health services to provide social and emotional wellbeing supports, suicide prevention services and alcohol and other drug services.</p> <p>6.1 Aboriginal Health Cultural Competency Training (AIPA)</p> <p>6.2 Aboriginal and Torres Strait Islander Mental Health and Wellbeing (GWAHS)</p> <p>6.3 Youth Suicide prevention program – Marist180 Daramu</p>
Existing, Modified, or New Activity	<p>6.1 Existing and <i>modified service</i></p> <p>6.2 New Service</p> <p>6.3 New service</p>
Description of Activity	<p>6.1 Australian Indigenous Psychology of Australia provides cultural competence training designed to assist mental health care professionals to better understand and engage aboriginal consumers.</p> <p>6.2 Mobile Aboriginal mental health team – GWAHS (Greater Western Aboriginal Health Service). Develop a team that can deliver mental health care services across 5 key Aboriginal health organisations and coordinate care. During consultation with Aboriginal health leaders and organisations in the region, it was identified that specific services are required for consumers and professional providers alike to integrate services.</p> <p>6.3. Marist180 Daramu will deliver the "Ngarra Mittigar" ("Listen Friend") program to 15 referred Aboriginal young people (15-18 years old) in the Blacktown LGA, who have been identified as at risk of self-harm or suicide and are disengaged with education and training. These young people will be</p>

	<p>identified through the TAFE sector and through consultation with members of the local Aboriginal community.</p> <p>Further to the initial assessment the program will offer 6 months of intensive intervention of case work, which will address issues such as housing, employment, education, culture, health and connection to the community including art and sports as appropriate with exit pathways to employment and/or education.</p> <p>Over the 24 week period, participants will attend workshops and clinical sessions to bolster their resilience, educate them on health and wellbeing topics, and participating in culturally-appropriate engagement activities including a fortnightly series of bespoke group of activities such as good tucker, healthy relationships, bullying and cyber bullying and confidence and resilience.</p> <p>At the half way point participants will attend a workshop facilitated by Joe Williams (the Enemy Within), which will also be open to the extended community to enhance peer support activities.</p> <p>The program will culminate with a cultural camp to Country, further strengthening cultural and community ties.</p>
Target population cohort	<p>6.1 mental health professional, carers, consumers and support staff, both Aboriginal and non-Aboriginal</p> <p>6.2 Aboriginal people who require mental health, suicide prevention and alcohol and other drug services, focused on adult population.</p> <p>6.3 Young Aboriginal people who require mental health and suicide prevention services.</p>
Consultation	<p>Specific community consultation events took place to identify key services and needs relating to services for young Aboriginal youth across mental health, suicide prevention and alcohol and other drugs. Additional consultation meetings are planned to further develop commissioning activities.</p> <p>Key participants:</p> <ol style="list-style-type: none"> 1. Butucarbin Aboriginal Cooperation 2. Gilgai Aboriginal Centre 3. Yenu Allowah Aboriginal Child and Family Centre 4. Ngallu Wal Aboriginal Child and Family Centre 5. Marist180 6. Tedds Noffs

	<ul style="list-style-type: none"> 7. GWAHS 8. Marrin Weejali 9. Baabayn Aboriginal Corporation
Collaboration	<p>Continued to engage and coordinate specific events to bring main Aboriginal organisations together to establish an integrated approach to service delivery and service coordination.</p> <p>Initial event - 7 December 2016, initial meeting with 13 different Aboriginal health leaders in our region to identify possible commissioning activities and plan accordingly.</p> <p>Second event - 31 January 2017, with identified 5 key Aboriginal health organisations to develop and define the consortium and establish a lead agency.</p> <p>Third event - 15 November 2017, with 9 organisations that provide Aboriginal youth services in the development of the Aboriginal youth suicide prevention services</p>
Duration	<p>6.1 Aboriginal cultural competency training</p> <ul style="list-style-type: none"> • Start – March 2017 • Completion - 30 June 2018 • Milestones – Cultural competency training delivered from Australian Indigenous Psychological Association organisations <p>6.2 Consortium managed mobile aboriginal mental wellbeing team</p> <ul style="list-style-type: none"> • Start – June 2017, • Completion – 30 June 2018. • Milestones -MOU completed with 5 other Aboriginal Lead organisations. Recruitment of Aboriginal clinician 30 April 2018, with service delivery by mobile team on or near 30 June 2018 <p>6.3 Marist 180 Daramu</p> <ul style="list-style-type: none"> • Start – March 2018 • Completion - 30 June 2018, • Milestones – Cohort of 15 young aboriginal youth participating and supported over a 6 month program.
Coverage	6.1 Across all LGA (Cumberland, Blacktown, Hills, Parramatta)

	<p>6.2 Delivering services in Blacktown LGA</p> <p>6.3 Across all LGA (Cumberland, Blacktown, Hills, Parramatta)</p>
Commissioning method (if relevant)	Not relevant in establishing a consortium
Approach to market	<p>6.1 Direct engagement – legacy program provided by AIPA under ATAPs program.</p> <p>6.2 EOI – Limited to Aboriginal owned and lead health organisations within the region.</p> <p>6.3 EOI – released via tenderlink nationwide</p>
Decommissioning	Services are currently being developed with service delivery to commence, decommissioning is not required until performance measures are established and evaluated.
Performance Indicator	<p>Each of these services will provide output measures consistent with the MDS requirements under the Primary Mental health initiatives. In addition, outcome measures based on clinical outcomes such as K10, DASS 21, will also be utilised</p> <p>Outcomes measures relating to the 6.1 Cultural competency course will have a different measurement which is related to consumer satisfaction and relevancy of course content to their practice/ experience. This is currently reported.</p> <p>Additionally, each service will provide MDS data which will be reviewed collectively using mental health atlas - geo-mapping tool to assist with regional planning and address wider population health outcomes. This data collection will form the basis of the regional plan to align to population health outcomes, as well as future commissioning directions in the region.</p>
Local Performance Indicator target (where possible)	<p>WSPHN will focus on all services to provide accurate and timely MDS data across all commissioning activities. In relation to Aboriginal mental health, there will be additional reporting requirements relating to the location of clients, cultural identity to Aboriginal community as well as referral agents and compare this to the region hot spots and areas of disadvantage.</p> <p>Estimated Service output/ activities</p> <p>6.1 Aboriginal cultural competency training</p> <ol style="list-style-type: none"> 1. Estimated number of classes - 4 Cultural competency training. <p>6.2 Consortium managed mobile Aboriginal health team.</p>

	<ol style="list-style-type: none"> 1. Targets yet to be established, as dependant on forming a viable and stable agreement among the 5 organisations. 2. Number of service available via consortium. <p>6.3 Marist 180 Daramu.</p> <ol style="list-style-type: none"> 1. Currently undergoing contract negotiations. Establishing service delivery targets.
Local Performance Indicator Data source	<p>WSPHN will utilise relevant national health data from appropriate data sources such as MDS and reporting from commissioned services as well as MBS, PBS, ABS and NSW Health. Such data will be compared to LHD service usage data and population projection, so that appropriate planning and realistic targets are set and achieved.</p> <p>WSPHN has developed a HIU with specific data analysts employed to integrate data from multiple sources. Additionally, WSPHN will utilise some of the initiative created by the Data Linkage project (with the NSW Ministry of Health) to identify the rate and type of service usage across primary and state health care services.</p>

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

Priority Area	Priority Area 7: Implementation of Stepped Care Model
Activity(ies)	<p>To implement a suite of commissioned mental health services that seamlessly supports people with a lived experience of mental illness to receive appropriate, relevant, timely and quality mental health care. WSPHN aims to develop a comprehensive portfolio of commissioned services that integrate primary, community and secondary health services. This needs to be well communicated to the key stakeholders and community/ consumers within western Sydney.</p> <p>7.1 Communication Strategy - Forge</p> <p>7.2 Provider integration workshops – Engaging Potential</p> <p>7.3 Connections Conference – Western Sydney PHN</p>
Existing, Modified, or New Activity	<p>7.1 New Activity</p> <p>7.2 Existing Activity</p> <p>7.3 New Activity</p>
Description of Activity	<p>7.1 Communication Strategy – to develop a concise and strategic marketing message that will support the implementation of the Stepped Care model, as well as providing succinct information of all commissioned activities. Phased implementation of online and interactive materials to be provided initially to all GPs, then community and stakeholders.</p> <p>7.2 Provider integration workshops – Engaging Potential. To develop a working platform for key commissioned activities to strengthen integration and support transition of care between commissioned services.</p> <p>7.3 Connections Conference – Western Sydney PHN – Provide a forum, to which commissioned provider can showcase their service to the community and support the stepped care model implementation in the community.</p>
Target population cohort	<p>7.1 & 7.2 mental health professionals, carers, consumers and support staff, from a range of services within primary care, community care and LHD services.</p>

	7.3 All stakeholders, consumer and people who require mental health, suicide prevention and alcohol and other drug services, to attend and informed of the developments in the PHN commissioning of services.
Consultation	7.1 & 7.2 WSPHN has consulted in a structured manner at key decision points with the MHCAG which meets every 2 months. This group consists of consumers and key representatives from over 18 organisations, GPs, LHD, NGOs, CMOs and mental health professionals who are consulted in developing strategic directions to provide advice and guidance on commissioning and delivery of services across the priority areas in western Sydney.
Collaboration	Working closely with all referring agents (GPs, schools, allied health providers and specialists) and mental health providers currently engaged with WSPHN. This includes the LHD and key NGOs.
Duration	7.1 & 7.2 Consultant services are contracted on a need basis and will deliver on agreed outcome by the 30 June 2018. 7.3 Connections conference will be coordinated prior to June 2019. Commissioned providers are required to participate and showcase their work as part of the deliverables in their commissioned activity.
Coverage	7.1 Across all LGAs (Cumberland, Blacktown, Hills, Parramatta)
Commissioning method (if relevant)	Not applicable
Approach to market	Not Applicable
Decommissioning	Not applicable
Performance Indicator	Uptake of commissioned activities across the stepped care model. This will be determined by the Contractual agreement as to service outputs and MDS data reporting from each service providers.
Local Performance Indicator target (where possible)	WSPHN is currently receiving referrals from over 750 participating GPs in our region. The target will be to inform all referring GPs about the stepped care principles and increase awareness of the different commissioning activities. This will be measured by the referral and activities from each service providers as MDS data is captured.
Local Performance Indicator Data source	WSPHN will utilise relevant national health data from appropriate data sources such as MDS and reporting from commissioned services as well as MBS, PBS, ABS and NSW Health. Such data will be

compared to LHD service usage data and population projection, so that appropriate planning and realistic targets are set and achieved.

WSPHN has developed a HIU with specific data analysts employed to integrate data from multiple sources. Additionally, WSPHN will utilise some of the initiative created by the Data Linkage project (with the NSW Ministry of Health) to identify the rate and type of service usage across primary and state health care services.

Priority Area	Priority Area 8: Regional mental health and suicide prevention plan
Activity(ies)	<p>In collaboration with WSLHD, the WSPHN will develop a regional plan in line with the Fifth National Mental Health Plan. The plan will be guided by the stepped care model and the ecological framework which will be supported by a robust and consistent data collection process. Consultation will occur with consumers, carers, CMOs and other stakeholders And will ensure the regional plan addresses the mental health and suicide prevention needs of the community.</p> <p>8.1 Mental Health Needs Assessment - The Science of Knowing Trust</p> <p>8.2 Suicide prevention Regional Modelling tool – Sax Institute & Western Sydney University</p> <p>8.3 National Mental Health Services Framework (NMHSF) – University of Queensland</p> <p>8.4 Implementation of the YES (Your experience of Service) survey - AMHOCN</p>
Existing, Modified, or New Activity	<p>8.1 New Activity</p> <p>8.2 Existing Activity</p> <p>8.3 New Activity</p> <p>8.4 New activity</p>
Description of Activity	<p>8.1 Mental Health Needs assessment. The Science of Knowing has structured their approach for undertaking the needs assessment around the multiple levels of the health care system that can impact health outcomes. It is a framework based on an ecological model of health, which acknowledges that health outcomes are determined by multiple, interacting factors at several levels.</p> <p>The Science of Knowing will work with WSPHN to source local/ regional data and evidence across: policy, system, organisation, community and individual, as well as developing an understanding of the interactions between levels. Both top-down and bottom-up approaches will be used, assessing the impact of policy/system/organisational issues on community/individuals and vice versa.</p>

	<p>8.2 Suicide prevention modelling tool. WSPHN in partnership with Western Sydney University and the Sax institute are developing a suicide prevention modelling tool, to allow logistical planning for the prevention of suicide. This tool models the collective impact of a number of services and interventions to identify the most appropriate strategy in reducing suicide in western Sydney.</p> <p>8.3 National Mental Health Services Framework (NMHSF) is a tool designed to help plan, coordinate and resource mental health services to meet population needs. The NMHSF enables the WSPHN to estimate need and expected demand for mental health care and the level and mix of mental health staffing/ services required for western Sydney population.</p> <p>These estimates will be used to guide strategic planning and future investment in the mental health system at the local western Sydney level.</p> <p>8.4 Implementation of the YES survey – Develop the platform for all commissioned activities to gather standardised consumer feedback., This will be implemented initially under the PMHC service, and will provide data that is consistent and comparable between services and give consumers a transparent process for feedback.</p>
Target population cohort	All population and commissioning activities, across western Sydney region.
Consultation	<p>Consultation includes quarterly MHCAG meetings, quarterly PMHC steering group meetings, bi-monthly WSPHR steering committee meetings and the quarterly PMHC Professional Network events.</p> <p>To utilise the modelling tool, WSPHN convenes a Regional Data Planning Group bimonthly. This group includes key stakeholders representing the sector, community organisations, carer and consumers as well as specific priority groups such as CALD, Aboriginal and Torres Strait Islanders, LGBTIQ. This diverse group assists with key data sources to better inform and understand the regional needs.</p>
Collaboration	<p>Consultation and reporting on several events and forums conducted during the initial regional plan (2016 & 2017) and ongoing consultation in various forums within the PHN priority areas.</p> <p>The regional data planning and assessment process includes all 4 (previously 5) local government representatives and the LHD representatives as well as key agencies and research partners from University of Sydney and Western Sydney University.</p>
Duration	Ongoing process to consult, engage and maintain key partnerships and collaboration from the consumers, carers, community and stakeholders within the region.

Coverage	8.1 Across all LGA (Cumberland, Blacktown, Hills, Parramatta)
Commissioning method (if relevant)	Not applicable
Approach to market	Not applicable
Decommissioning	Not applicable. These are one off contract/ services that provide information and resources to support the PHN regional plan and needs assessment.
Performance Indicator	<p>Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.</p> <p>Endorsement of a regional plan.</p> <p>Evidence that the commissioning activities correspond to the identified needs in the needs assessment and regional plan.</p>
Local Performance Indicator target (where possible)	<p>A mapping tool that identifies the priority areas across the three domains of population health, hot spots and service access equity is developed.</p> <p>Experience of the engagement and development process used to formulate plans involving consumers, providers, peak bodies, state and federal agencies.</p> <p>Level of engagement with Aboriginal and Torres Strait Islander persons.</p>
Local Performance Indicator Data source	<p>WSPHN will utilise relevant national health data from appropriate data sources such as MDS and reporting from commissioned services as well as MBS, PBS, ABS and NSW Health. Such data will be compared to LHD service usage data and population projection, so that appropriate planning and realistic targets are set and achieved.</p> <p>WSPHN has developed a HIU with specific data analysts employed to integrate data from multiple sources. Additionally, WSPHN will utilise some of the initiative created by the Data Linkage project (with the NSW Ministry of Health) to identify the rate and type of service usage across primary and state health care services.</p>