



Australian Government

Department of Health

phn

An Australian Government Initiative

**Primary Health Networks
National Psychosocial Support measure
2018-2019 Activity Work Plan**

Western Queensland PHN

Introduction

Overview

The key objectives of Primary Health Networks (PHN) are:

- increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes;
- improving coordination of care to ensure patients receive the right care in the right place at the right time.

The purpose of the **National Psychosocial Support (NPS) measure** is to provide psychosocial support services to assist people with severe mental illness resulting in reduced psychosocial functional capacity who are not more appropriately supported through the National Disability Insurance Scheme (NDIS). These services, in partnership with families and carers (as appropriate), will provide a range of non-clinical community based support to these individuals to achieve their recovery goals. The NPS measure is being implemented through purpose specific funding to [Primary Health Networks \(PHNs\)](#) to commission these new services.

The objectives of the measure are to:

- support people with severe mental illness and associated psychosocial functional impairment who are not more appropriately supported through the NDIS;
- improve access to psychosocial support services, mental health outcomes and equity in service availability for the target cohort (only relevant to PHNs based in Queensland);
- reduce the avoidable need for more intense and acute health services and enhance appropriate/optimal use of the health system.

These objectives will be achieved through:

- providing for a regional approach that would target psychosocial support services to individual needs, creating flexible, efficient service delivery. Service types may include individual and group support and rehabilitation and peer work.
- improving service coordination for individuals with severe mental illness and associated psychosocial functional impairment, while taking into account supports available across levels of governments, the community and relevant sectors.
- being consistent with the priorities and objectives of the Fifth National Mental Health and Suicide Prevention Plan.
- being focused on psychosocial support services with the aim of contributing to improvements over time in:
 - identification of, and provision of services and outcomes for, people with a severe mental illness and associated psychosocial functional impairment, including those with complex needs, who are not more appropriately funded through the NDIS;
 - more seamless, high quality and earlier psychosocial supports;
 - the efficiency and effectiveness of psychosocial support services across care settings.

As part of this measure, the Commonwealth has bilateral agreements with each jurisdiction regarding their continuing or enhanced investment in psychosocial services. The PHN commissioned services will need to be implemented in a flexible way to complement the State and Territory funded psychosocial support. Further, PHNs will need to consider the services that are currently provided locally by Local Health Networks, ensuring that the PHN commissioned services complement or enhance these existing services and consider how these services can meet the need of their region.

PHNs are required to outline planned activities, milestones and outcomes to provide the Australian Government with visibility as to the activities expected to be undertaken by PHNs. The Activity Work Plan must:

- detail the establishment and implementation phases of the NPS measure in your region.
- demonstrate to the Australian Government what the PHN is going to achieve and how the PHN plans to achieve this.
- be developed in consultation with State/Territory agencies, Non-Government Organisations, Local Health Networks, the Mental Health Commission, mental health consumers and carers and other stakeholders, as appropriate.

Further information

The following may assist in the preparation of your Activity Work Plan:

- The activity details specified under Item B of your Psychosocial Support Schedule;
- The Implementation Plan under Schedule A of the National Psychosocial Support Bilateral Agreement between the Commonwealth and relevant State/Territory, provided in-confidence to support State and Territory collaboration.
- The PHN Psychosocial Support Guidance material.

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1. Planned activities funded under the Activity – *National Psychosocial Support measure*

Proposed Activities	Description
Needs Assessment	Undertake needs assessment to determine the psychosocial support needs of the NPS measure and identify existing caseload(s) and future psychosocial demand within the WQPHN region.
Description of Activity	<p>The WQPHN will build on the existing WQHNA and WQ Health Intelligence portal through undertaking further analysis of low intensity mental health and social care data sources in collaboration with local provider networks and publicly available data sources. The WQPHN will arrange to convene meetings with the nominated PIR lead NQ Centacare to determine current case load characteristics and likely transition scenario's to inform the roll-out of activity under this NPS program. There will be a number of areas in which the WQPHN will need to provide active engagement and surveillance to inform design processes going forward, including readiness for Continuity of Service (CoS) clients and differentiation, referral pathways and assessment protocols and information sharing linked to ensure fidelity and alignment of the NPS program outcomes.</p>
Measuring Outcomes/Data Collection and Storage	<ul style="list-style-type: none"> • WQPHN will examine internal and external data sources linked to the prevalent psychosocial needs within WQPHN including those mentioned above and local data sources. • General Practice data will be analysed to ensure that NPS clients have an identified General Practitioner (GP). By accessing this data as an example, WQPHN will be able to monitor NPS clients cycles of care from Mental Health Treatment Plans through to referrals to social, primary and tertiary service providers. <p>In order to inform and determine the psychosocial support needs of the NPS measure cohort across our region, WQPHN will analyse and collate health intelligence from the following sources:</p> <ul style="list-style-type: none"> • National Mental Health Services Planning Framework • Existing WQPHN needs assessment material, including Hospital and Health Services data • Existing PIR Lead Agencies including Centacare NQ and Lifeline Darling Downs (LLDD) around current participant numbers, numbers of participants with applications lodged with NDIS, numbers of participants either ineligible or not wanting to participate in the NDIS • Existing PIR Lead Agencies (as above) around details of expenditure (dollar value and activity) through the existing Individual Capacity Building and Flexible funds arrangements

	<ul style="list-style-type: none"> • WQPHN General Practice data collected through existing Stepped Care commissioned programs including P4-Primary Mental Health Care Services for People with Severe Mental Illness and the hMI site • Primary Health Care providers, NGO and community organisations through the WQPHN chapter meetings • Literature search including Uni-of-Sydney-Mind-the-Gap-The-National-Disability-Insurance-Scheme-and-psychosocial-disability-Report.pdf 						
<p>Consultation/Collaboration/Communication</p>	<p>The WQPHN will consult, collaborate and communicate through direct contact with the relevant agencies whilst utilising the existing Senior Data and Population Analyst within the WQPHN to ensure all data is uploaded and stored within Qlik sense and reports generated to ensure evidenced based decisions are made</p> <p>The following established consultation mechanisms will be utilised to further enhance and support the WQPHN planned activities under the NPS programme;</p> <ul style="list-style-type: none"> • WQPHN MHSP&AOD planning consortia • WQPHN Clinical Council • WQPHN Consumer and Carer Council • WQPHN Local Chapter Networks • WQPHN NPS/PIR Focus Group Meetings with membership informed through discussions with existing PIR and NDIS providers 						
<p>Timeline</p>	<p>To commence on approval of the WQPHN NPS work plan and finalised within 3 months of this date:</p>						
<p>Risk Management</p>	<table border="1"> <thead> <tr> <th data-bbox="712 858 1370 892">Risk</th> <th data-bbox="1370 858 2033 892">Mitigation</th> </tr> </thead> <tbody> <tr> <td data-bbox="712 892 1370 991"> <p>Inability to engage with Key Stakeholders members to identify key personnel appropriate to activities</p> </td> <td data-bbox="1370 892 2033 991"> <p>Utilise existing WQPHN MHSP&AOD planning consortium</p> </td> </tr> <tr> <td data-bbox="712 991 1370 1090"> <p>Inability to engage Transition Project Officer in a timely nature.</p> </td> <td data-bbox="1370 991 2033 1090"> <p>Commence recruitment as soon as contract is signed, look at internal secondment strategies within the WQPHN and partner organisations</p> </td> </tr> </tbody> </table>	Risk	Mitigation	<p>Inability to engage with Key Stakeholders members to identify key personnel appropriate to activities</p>	<p>Utilise existing WQPHN MHSP&AOD planning consortium</p>	<p>Inability to engage Transition Project Officer in a timely nature.</p>	<p>Commence recruitment as soon as contract is signed, look at internal secondment strategies within the WQPHN and partner organisations</p>
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Proposed Activities	Description
Commissioning and co-design	<p>Undertake commissioning of new NPS services informed by the Needs Assessment and co-designed in collaboration with Key Mental health and primary care stakeholders.</p>
Description of Activity	<p>The WQPHN <i>Commissioning for Better Health: A Bushman’s Guide to Commissioning in Western Qld.</i>’ document provides the WQPHN with guidance regarding our procurement and performance management of service providers under its mental health programme. http://wqphn.com.au/uploads/documents/WQPHN%20CFBH%20Singles%202023%20May%2018.pdf</p> <p>In addition, we have developed the Mental Health, Suicide Prevention and Alcohol & Other Drugs (MHSP&AOD) in collaboration with primary, secondary and tertiary providers. http://wqphn.com.au/uploads/documents/MHSPAOD%20Regional%20Plan_low%20res%20FINAL%207%20Nov%2017.pdf</p> <p>Given the unique characteristics of WQ and limited provider market, the direct commissioning approach will build on and enhance existing provider networks under the mental health portfolio and improved integration and alignment with the WQ Health Care Model of Care. Due to the tight time frames around the roll out of this program the WQPHN will facilitate the following activities;</p> <ul style="list-style-type: none"> • Undertake a direct commissioning approach from current PIR provider organisations (NQ Centacare and Catholic Care SW) working within the WQPHN catchment and integrate within the WQPHN Stepped Care Approach to Mental Health service delivery. <ul style="list-style-type: none"> ○ Ensure integration with current P4 Care Coordinators and P6 ATSI SEWB workers to ensure the intended recipients of this funding are engaged within the General Practice setting. ○ It is envisaged that this would be a time-limited contract whilst the following activities occur to ensure appropriate engagement at the consumer level. • Utilise existing WQPHN structures including the Mental Health, Suicide Prevention and Alcohol & Other Drugs (MHSP&AOD) planning consortia, Clinical Council, Consumer & Carer Council and Chapter Network to ensure the Co-design of the Model of Service delivery is in line with the WQPHN MHSP&AOD Regional Plan 2017-2020. • Facilitate a series of NPS focus groups across the North West, South West and Central West areas that would include the participation of consumers, carers, ATSI representatives, existing PIR consortium members, NDIS staff members, Hospital and Health Services, NGO and Community organisation to engage in the co-design process. • Liaise with the Australian Government, Darling Downs West Moreton PHN, and Lifeline Darling Downs (lead agency of the DDSW PIR Program) around the boundary issues affecting the model of service delivery in the South West area of the WQPHN and ensure satisfactory outcomes for all
Measuring Outcomes/Data Collection and Storage	<ul style="list-style-type: none"> • Data will be collected, stored and reported from a range of sources that collectively provide WQPHN with an extensive health intelligence information management system.

	<ul style="list-style-type: none"> • All WQPHN commissioned mental health services providers use an e-referral tool to capture and record all mental health and psycho-social referrals. This tool complies with the NMHMDS requirements and also captures additional health intelligence data including PROM and detailed planned referral destinations information. • Engage with the WQPHN Consumer Advisory Council to ensure their perspectives are recorded • Commissioned service providers will provide both qualitative and quantitative reports which will be designed as part of the establishment and transition of services under the NPS and other psychosocial programmes. • All associated data will be collated through the WQPHN Qlik sense application for analysis and aggregated within the Health Intelligence Portal.. 												
Consultation/Collaboration/Communication	<p>The WQPHN have a number of formal and informal consultation networks established that will be utilised to assist the transition, implementation and roll-out of the NPS program including;</p> <ul style="list-style-type: none"> • WQPHN MHSP&AOD planning consortia • WQPHN Clinical Council • WQPHN Consumer and Carer Council • WQPHN Local Clinical Chapter Networks <p>The WQPHN will also establish an NPS/PIR Focus Group with membership informed through discussions with existing PIR and NDIS providers with scheduled meetings to help guide and plan service development and evaluation.</p> <p>All stakeholders would receive meeting agenda and minutes in line with existing WQPHN policies and procedures.</p>												
Timeline	<p>These activities to commence on approval of the WQPHN work plan and run concurrently with the needs assessment process to commence service delivery in January 2019</p>												
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	<p>NPS funding available will not meet demand for services given the remoteness of locations and the wide geographical spread of potential participants.</p>	<p>- Monitor expenditure/demand monthly, ensuring appropriate expenditure. Integrate this program within the P4- Care Coordination and P6-ATSI Mental Health guidelines and PIR to ensure participants are engaged with the NDIS and other service where appropriate.</p>
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Proposed Activities	Description
Data Collection	Provide effective data acquisition and stewardship to support place- based commissioning outcomes, measurement of performance, and evaluation of the NPS program.
Description of Activity	<p>Ensuring effective data capture systems and processes to meet the MDS along with other program data including but not limited to client satisfaction, NPS activity data/expenditure against activities and the participants recovery journey through the WQPHN stepped care approach to MH&AOD service delivery</p> <p>It is proposed that the WQPHN would utilise their existing online referral and data collection tool, referHEALTH as well as other population-based data (including PATCAT data) and social data from within the WQ Health intelligence Portal.</p> <p>To ensure this is completed the following activities are planned</p> <ul style="list-style-type: none"> • Negotiations with RHealth to ensure the referHEALTH system has the capacity to perform the function of MDS data collection and NPs program management dependent on outcomes of the model of service delivery co-design process. This would be the WQPHN preferred approach to ensure integration with the WQPHN Stepped Care referral pathways • MDS data to be uploaded to the portal on a fortnightly basis as per existing function • Utilise existing WQPHN head agreement to contract commissioned providers whilst adjusting the schedules to reflect the do-designed service delivery model • Monthly activity reports to be provided to commissioned providers through commissioned software • Detailed budget and activity reports against submitted annual activity work plans to be provided by commissioned providers with subsequent performance reviews facilitated by the WQPHN with commissioned providers, including client satisfaction measures • Consider integration of the Client Satisfaction measures being developed nationally • All NPS program data to be collated through QlikSense and evaluated through the WQPHN existing Continuous Quality Improvement systems • Review NDIS price guide for activity categories and consider aligning
Measuring Outcomes/Data Collection and Storage	<p>The following existing tools will be considered in the model co-design process</p> <ul style="list-style-type: none"> • referHEALTH • QlikSense • Fixus or other existing customised software built to collect this activity data and manage budgets • DoH PHN client satisfaction survey (currently being developed)- in the interim the existing client satisfaction survey will be utilised

<p>Consultation/Collaboration/Communication</p>	<p>The WQPHN will Consult, Collaborate and Communicate with the following stakeholder;</p> <ul style="list-style-type: none"> • Existing PIR consortium lead agencies and partner organisations- what is working now and co-design of data collection requirements • RHealth Limited- utilise existing stepped care referral and MDS tool • Existing PIR software providers to explore alternative options • NDIS- Activity and price guide data <p>On finalisation of the model of service delivery, procurement and commissioning process further negotiations will take place with RHealth to consider the system design implications to ensure efficacy around specific program data including expenditure against activities and acquittal of funds. Consideration will be given to other existing program already managing these activities including but not limited to Fixus</p>						
<p>Timeline</p>	<p>The consultation around the appropriate data collection and program management tool will take place on return of approved project plan and be completed prior to the commissioning process to be operational by January 2019</p>						
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