Primary Health Networks Primary Mental Health Care Funding

- Annual Mental Health Activity Work Plan 2016-2017

Brisbane North PHN
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Introduction

Overview

In the 2015-16 financial year, PHNs are required (through the recent mental health Schedule which provided operational funding to PHNs this financial year) to prepare a Mental Health Activity Work Plan by May 2016. This Plan is to cover activities funded under two sources:

- the Primary Mental Health Care flexible funding pool (which will provide PHNs with approximately $1.030 billion (GST exclusive) over three years commencing in 2016-17); and
- Indigenous Australians’ Health Programme - an additional $28.25 million (GST exclusive) will be available annually under this programme and further quarantined to specifically support Objective 6 (detailed below): Enhance and better integrate Aboriginal and Torres Strait Islander mental health.

This is to be distinguished from the Regional Mental Health and Suicide Prevention Plan to be developed in consultation with Local Hospital Networks (LHNs) and other regional stakeholders which is due in 2017 (see Mental Health PHN Circular 2/2016).

Objectives

The objectives of the PHN mental health funding are to:

- improve targeting of psychological interventions to most appropriately support people with or at risk of mild mental illness at the local level through the development and/or commissioning of low intensity mental health services;
- support region-specific, cross sectoral approaches to early intervention for children and young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group;
- address service gaps in the provision of psychological therapies for people in rural and remote areas and other under-serviced and/or hard to reach populations, making optimal use of the available service infrastructure and workforce;
- commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with severe and complex mental illness who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses;
- encourage and promote a systems based regional approach to suicide prevention including community based activities and liaising with Local Hospital Networks (LHNs) and other providers to help ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide, including Aboriginal and Torres Strait Islander people; and
• enhance access to and better integrate *Aboriginal and Torres Strait Islander mental health* services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services. For this Objective, both the *Primary Health Networks Grant Programme Guidelines – Annexure A1 - Primary Mental Health Care* and the *Indigenous Australians’ Health Programme – Programme Guidelines* apply.

Objectives 1-6 will be underpinned by:

- evidence based *regional mental health and suicide prevention* plans and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration; and

- a continuum of primary mental health services within a person-centred *stepped care approach* so that a range of service types, making the best use of available workforce and technology, are available within local regions to better match with individual and local population need.

**Activities eligible for funding**

- commission evidence-based clinical primary mental health care services in line with a best practice stepped care approach;

- develop and commission cost effective low intensity psychological interventions for people with mild mental illness, making optimal use of the available workforce and technology;

- the phased implementation of approaches to provide primary mental health care to people with severe and complex mental illness which offer clinical support and care coordination, including services provided by mental health nurses;

- establish joined up assessment processes and referral pathways to enable people with mental illness, particularly those people with severe and complex mental illness, to receive the clinical and other related services they need. This will include provision of support to GPs in undertaking assessment to ensure people are referred to the service which best targets their need;

- develop and commission region-specific services, utilising existing providers, as necessary, to provide early intervention to support children and young people with, or at risk of, mental illness. This should include support for young people with mild to moderate forms of common mental illness as well as early intervention support for young people with moderate to severe mental illness, including emerging psychosis and severe forms of other types of mental illness;

- develop and commission strategies to target the needs of people living in rural and remote areas and other under-serviced populations; and
• develop evidence based regional suicide prevention plans and commission activity consistent with the plans to facilitate a planned and agile approach to suicide prevention. This should include liaison with LHNs and other organisations to ensure arrangements are in place to provide follow-up care to people after a suicide attempt.

Each PHN must make informed choices about how best to use its resources to address the objectives of the PHN mental health funding.

This document, the Mental Health Activity Work Plan, captures the approach to those activities outlined above.

The Mental Health Activity Work Plan will help guide activity to June 2016 and outline the planned mental health services to be commissioned for the period from 1 July 2016 to 30 June 2017, although activities can be proposed in the Plan beyond this period. The Department of Health will require an update in relation to these activities in the Annual Mental Health Activity Work Plan for 2017-18.

The Mental Health Activity Work Plan template has two connected parts:

1) The Annual Mental Health Activity Work Plan for 2016-2017, which will be linked to and consistent with the broader PHN Activity Work Plan, and provide:
   a) The Strategic Vision on the approach to addressing the mental health and suicide prevention priorities of each PHN.

Mental Health Activity Work Plan 2016-2017

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

The Plan should:

a) Outline the planned mental health services to be commissioned from 1 July 2016, consistent with the grant funding guidelines.

b) Outline the approach to be undertaken by the PHN in leading the development with regional stakeholders including LHNs of a longer term, more substantial Regional Mental Health and Suicide Prevention plan (which is aligned with the Australian Government Response to the Review of Mental Health Programmes and Services (available on the Department’s website). This will include an outline of the approach to be undertaken by the PHN to seek agreement to the longer term regional mental health and suicide prevention plan from the relevant organisational signatories in the region, including LHNs.

c) Outline the approach to be taken to integrating and linking programmes transitioning to PHNs (such as headspace, and the Mental Health Nurse Incentive
Programme services) into broader primary care activities, and to supporting links between mental health and drug and alcohol service delivery.

d) Have a particular focus on the approach to new or significantly reformed areas of activity – particularly Aboriginal and Torres Strait Islander mental health, suicide prevention activity, and early activity in relation to supporting young people presenting with severe mental illness.

In addition, PHNs will be expected to provide advice in their Mental Health Activity Work Plan on how they are going to approach the following specific areas of activity in 2016-17 to support these areas of activity:

- Develop and implement clinical governance and quality assurance arrangements to guide the primary mental health care activity undertaken by the PHN, in a way which is consistent with section 1.3 of the Primary Health Networks Grant Programme Guidelines.

- Ensure appropriate data collection and reporting systems are in place for all commissioned services to inform service planning and facilitate ongoing performance monitoring and evaluation at the regional and national level, utilising existing infrastructure where possible and appropriate.

- Develop and implement systems to support sharing of consumer clinical information between service providers and consumers, with appropriate consent and building on the foundation provided by myHealth Record.

- Establish and maintain appropriate consumer feedback procedures, including complaint handling procedures, in relation to services commissioned under the activity.

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

**Activity Planning**
This initial Mental Health Activity Work Plan will be informed by a specific mental health needs assessment developed by PHNs (as a complement to the broader PHN needs assessment) which should explore mental health and suicide prevention priorities against those six areas of activity which the Government has articulated for PHNs, and in consultation with key stakeholders (refer to pages 2-6, for Objectives and Activities eligible for funding, and other requirements to be reflected in the Plan).

**Measuring Improvements**
Each mental health priority area has one or more mandatory performance indicators. In addition to the mandatory performance indicators, PHNs may select a local performance indicator. These will be reported on in accordance with the Primary Mental Health Care Schedule.
**Mental Health Activity Work Plan Reporting Period and Public Accessibility**

The Mental Health Activity Work Plan will help guide activity to June 2016 and outline the planned mental health services to be commissioned for the period from 1 July 2016 to 30 June 2017.

A mental health focussed activity work plan is to be provided to the Department annually. This mental health activity plan will complement the broader PHN Activity Plan as part of the annual reporting mechanism and will build on the initial Mental Health Activity Work Plan delivered in 2016.

Once approved, the Annual Mental Health Activity Work Plan component (Section 1(b) of this document) must be made available by the PHN on their website as soon as practicable. The Annual Mental Health Activity Work Plan component will also be made available on the Department of Health’s website (under the PHN website). Sensitive content identified by the PHN will be excluded, subject to the agreement of the Department.
1 (a) Strategic Vision

The Board of Brisbane North PHN endorsed our Strategic Plan 2016 – 2019 in March 2016. Our vision is a community where good health is available for everyone. By working with others we will:

1. Re-orient the health system toward care in our community
2. Achieve a health and community care system responsive to consumer need
3. Target resources to best meet health and community care needs for our region.

Our vision for mental health and suicide prevention in this region aligns to our existing vision and strategic plan under these three goals. Specifically in relation to a stepped care approach and regional planning.

1. Re-orient the health system toward care in our community

A stepped care model requires people receive the level and intensity of care they require and no more; this leaves expensive hospital-based services reserved for those for whom no other form of intervention is appropriate. A stepped-care model means a spectrum of care needs to be available in the community so people continue to receive appropriate treatment as their needs vary. Our strategic commitment is to invest in and develop community-based treatment services capable of responding to this varying need, and to build the capacity of community-based treatment services in those areas where there are gaps.

In planning terms the achievement of this goal requires close collaboration with all parts of the mental health system, and in particular clarity about the role of HHS services, private psychiatry, private hospitals, General Practice and other mental health and drug and alcohol professionals. This goal in mental health is already well progressed in our region and further discussed below under governance. Our commitment is to ensure an integrated mental health and alcohol and other drug system with clear referral pathways and a shared understanding of the roles and responsibilities of each component of care.

2. Achieve a health and community care system responsive to consumer need

A stepped-care service system can respond to varying levels of consumer need, but this system must also be person-centred and easy to navigate, with connections between various “steps” of care to ensure consumer safety, ease of access and delivery of the right level of care to meet consumers’ needs. Our commitment is to ensure this system is easy to navigate and that escalation to various levels of care occurs seamlessly from the consumer’s perspective.

In planning terms the system can only respond to consumer need if there is investment in the capacity of consumers and family/carers to articulate their requirements across the spectrum of care. Our commitment is to ensure consumer and family/carer participation in all aspects of commissioning (assessment, co-design, delivery and review) and to invest in capacity building that enables strong participation.

3. Target resources to best meet health and community care needs for our region

There are a number of service gaps in relation to a stepped-care model in our region, most notably low-intensity services and support for people with severe mental illness and coordination of these services. In our region there is also a higher demand and need for services across the spectrum in the Moreton Bay North region. Our commitment is to ensure investment occurs in cost-effective treatment services, across the spectrum of care, and to aim for equity of access geographically. Our new investments will be directed towards areas of highest need.

In planning terms this goal will be pursued by developing agreement across a wide stakeholder group on the priority areas, and the roles of various providers and funders as to which priorities are
best addressed by which components of the system. A system-wide approach ensures PHN’s investment is coordinated with the much larger investment occurring through MBS, PBS, private providers, the Queensland Government and Metro North HHS.

GOVERNANCE

As a company limited by guarantee Brisbane North PHN has a board of directors responsible for overall governance of the organisation, who are ably assisted by our Community Advisory Committee and Clinical Council. The PHN has a Clinical Governance policy and an established clinical governance group for mental health services. The PHN will implement, in consultation with professional associations and local clinicians, any additional clinical governance mechanisms as appropriate.

The PHN has already established a multi-stakeholder governance mechanism for regional planning focused on the service system in relation to adults with severe mental illness. A list of stakeholders engaged in developing this governance arrangement, the outcome of consultation and the membership of the group.

In 2016/17 the PHN will work with stakeholders to develop a similar arrangement focused on early intervention, low intensity services and children and young people’s mental health. While there is some overlap with the existing group described above, these areas involve different stakeholders. Finally the PHN will also develop a similar group to develop a regional suicide prevention strategy, again reflecting the different (and diverse) group of stakeholders interested in suicide prevention.

Over the longer term the PHN hopes to combine these groups into one regional governance body for mental health planning, also incorporating our Alcohol and Other Drug (AOD) Partnership Group.
**1 (b) Planned activities funded under the Primary Mental Health Care Schedule**

<table>
<thead>
<tr>
<th>Proposed Activities</th>
<th>Description of Activity(ies) and rationale (needs assessment)</th>
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<tbody>
<tr>
<td><strong>Priority Area 1: Low intensity mental health services</strong></td>
<td>Our needs assessment acknowledged that there are many organisations delivering telephone, web-based and face to face services operating in the PHN region such as Lifeline, Beyond Blue and others, and that further work will be required to investigate the full range of providers to determine gaps and/or priorities.</td>
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<tr>
<td>Activity(ies) / Reference</td>
<td>1 Commission low intensity mental health services</td>
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<tr>
<td><strong>Description of Activity(ies) and rationale (needs assessment)</strong></td>
<td>The aim of this activity is to commission low intensity services for people aged 12 years and over. Low intensity services are defined in the departmental guidance as evidence-based services delivered through a range of modalities (e.g. online, on the phone, face to face individually and in groups) that meet the needs of people with mild to moderate mental illness. These services provide easy access to assistance that is less intense than that provided by clinical psychologists or psychiatrists. Low intensity services may be delivered by qualified counsellors or mental health nurses, with a minimum requirement of Certificate III or IV level qualification and the upper limit of qualifications not defined except for a requirement that the service is less costly than the unit price of Psychological Therapies for under-serviced or hard to reach populations.</td>
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Brisbane North PHN operates within a commissioning framework.

Within the commissioning cycle this will involve:

**ASSESS**

The needs assessment identified many not-for-profit organisations, telephone and counselling services operating in the PHN region such as Lifeline and beyondblue. Since producing this document many more providers have been identified operating in the low-intensity space, from mutual support groups such as GROW, through online support provided by the Black Dog Institute or Kids Helpline, to more traditional appointment-based counselling services delivered at low cost by professionals with lower qualifications than clinical psychologists. There is a need to better assess the full range of low intensity services operating in the region, and to better understand the extent to which these services operate from an evidence base.

This is a new area of service delivery for the PHN and so further dialogue with providers at local and national levels, Universities, peak bodies, professional associations, clinicians, consumers and family/carers, amongst others, is required before effective procurement can occur. The PHN will work to document the broad range of service...
delivery which falls under this category of low-intensity services between May and August 2016.

Brisbane North PHN’s assessment has also highlighted the importance of not simply parachuting in new models of care which can further fragment service delivery, but to ensure any procurement increases coordination and connection across the system. Participants at co-design workshops consistently reported the silo nature of services, the fragmented nature of the service system and the need for service and system navigation. Achievement of an effective person-centred, stepped care model requires significant reform, and an understanding of how the various components within low-intensity services operate and coordinate with each other. This means the PHN’s assessment process will identify agencies which are willing and keen to integrate, collaborate and coordinate with other providers.

The PHN will also convene co-design workshops between May and August 2016 specifically for potential consumers and family/carers of these services to identify the key outcomes required. Low-intensity services may well be delivered by a peer workforce and so engagement in this area will also occur.

CO-DESIGN

Professional associations have raised a clinical risk in this priority area is that people with more significant needs will access low-intensity services where providers may not have the skills, qualifications and/or capacity to assess or address higher level needs. However it must also be acknowledged that some contact into the system must be a better outcome than receiving no support at all. Similarly, clients of low-intensity services may develop more severe mental health needs during treatment, and providers will need the skills or knowledge to refer clients to more intensive ‘steps’ of care.

As part of the mapping process described above, the PHN will also collect various models to deliver low-intensity services, understand the evidence-base existing providers operate from and bring providers and potential providers together to co-design potential solutions. Using information from this competitive dialogue, a procurement strategy will be developed by October 2016. Given this is a new area of activity which includes a broad diversity of approaches, the procurement strategy will be designed to ensure more than one model of delivery is funded.

Given the large number of existing providers within the region and the innovative nature of the service, it is expected that a two-stage procurement process may be deployed, with an initial open Expression of Interest followed by a select tender procurement.

DELIVER

The procurement strategy will be deployed by November 2016 and clients may be receiving services by January
## REVIEW

Ongoing monitoring of funded agencies will occur as described in the section on Commissioning Approach below, and data will be collected based on the required performance measures described below.

<table>
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<tr>
<th>Collaboration</th>
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<tr>
<td>This activity will be undertaken in collaboration with a broad range of stakeholders, including but not limited to those with whom we have already engaged. The PHN will need to collaborate with those already experienced in this area, or potential referrers or sources of on-referral to higher stepped-care. Specifically this may include:</td>
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<td>• beyondblue given the significant work undertaken in the development of the New Access model</td>
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<td>• the Mental Health Professionals Association (an alliance of the Royal Australian College of General Practitioners, Royal Australian and New Zealand College of Psychiatrists. Australian Psychological Society and Australian College of Mental Health Nurses) and other mental health professionals such as the Australian Association of Social Workers, Occupational Therapy Australia and Australian Counselling Association</td>
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<td>• the service experience of Lifeline, Grow, the Black Dog Institute, headspace and Kids Helpline.</td>
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<td>The role of these agencies will be to participate in competitive dialogue through the assessment and co-design phases of commissioning. As further assessment occurs and our knowledge builds, this list will expand. Consumers and carers will be a key group with whom Brisbane North PHN will collaborate in the development of this initiative. Given the potential for this activity to be delivered to consumers outside the PHN region, other PHNs will be approached to collaborate on this activity.</td>
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<th>Duration</th>
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<td>1 June 2016 – 30 June 2018</td>
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<th>Coverage</th>
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<tr>
<td>Whole of region</td>
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<tr>
<th>Commissioning approach</th>
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<tr>
<td>The activity will be commissioned in line with <a href="#">Brisbane North PHN’s Commissioning Framework</a>. The specific stages in this commissioning cycle for this activity are described above in the activity section, and the approach to procurement will be determined by October 2017. As described above it is likely that procurement will proceed through a two-stage process of Expression of Interest followed by select tender.</td>
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**Proposed Activities**

| Priority Area 2: Youth mental health services |
|-----------------|---------------------------------------------------|
| **Activity(ies) / Reference** | **Description of Activity(ies) and rationale (needs assessment)** |
| 2.1 Continue funding to existing headspace sites at existing levels | **2.1 Continue funding to existing headspace sites at existing levels**
The aim of this activity is to ensure service continuity for existing clients, maintain funding levels to existing services, and support quality improvement and increased integration into the health service system. Maintenance of existing funding levels to existing sites for the existing model is required until 30 June 2018 and this will be the priority in 2016/17. Discussions with host agencies will commence regarding the model and documentation of strengths and weaknesses will occur by May 2017. |
| 2.2 Develop a cross-sectoral regional mental health plan for children and young people | **2.2 Develop a cross-sectoral regional mental health plan for children and young people**
Brisbane North PHN will develop a regional planning mechanism for mental health services for children and young people, including early intervention and low-intensity services. Our approach will be consultative and collaborative, similar to the development of our existing regional planning mechanism for adults. Based on our experience, stakeholders engage more when there are also additional resources for service delivery available, and so this activity will occur in parallel with 2.3. We plan to establish a mechanism by February 2017, and the group’s focus |
| 2.3 Commission services for children and young people with severe mental illness or at risk of severe mental illness. | **2.3 Commission services for children and young people with severe mental illness or at risk of severe mental illness.** |

- support region-specific, cross sectoral approaches to early intervention for **children and young people** with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group.

Our needs assessment specifically identified:
- Continue to support the delivery of low intensity, early intervention services within existing headspace services in the region.
- Work with stakeholders to develop a local youth mental health service plan for commencement after the two year transition period.

Additionally, and subsequent to the submission of our needs assessment, the Department allocated funding to Brisbane North PHN to deliver services for young people with severe mental illness, and so this activity is also addressed here.
2.3 Commission services for children and young people with severe mental illness or at risk of severe mental illness

The aim of this activity is to commission a new service for young people with severe mental illness or at risk of severe mental illness, with a particular focus on young people in the Moreton Bay North region as this is the area of highest need. Within the commissioning cycle these activities will be:

**ASSESS**

The needs assessment has already identified the Moreton Bay North sub-region as the area of greatest need for young people with severe mental illness.

**CO-DESIGN**

Critical to the success of this initiative is ensuring it operates within the existing mental health service system to address gaps rather than duplicate existing services. Co-design discussions will occur with key existing providers to this target population to avoid duplication and overlap, namely:

- Children’s Health Queensland Hospital and Health Service (HHS)
- Metro North HHS
- Institute for Urban Indigenous Health
- headspace centres in Caboolture and Redcliffe.

A series of co-design workshops will occur with young people, their families/carers, youth services and others supporting this population group to identify key outcomes required of a new service. These workshops will occur between June and October 2016 and define the key outcomes a new service should deliver and how these outcomes are best measured.

All this information will feed into a procurement strategy and specification released to market in November 2016.

**DELIVER**

The procurement strategy will be released in November 2016, and relevant agencies will be selected in January 2017. Clients will be receiving services from March 2017.
**REVIEW**

Ongoing monitoring of funded agencies will occur as further described in the Commissioning Approach section below, and data will be collected based on the required performance measures.

| Collaboration | This activity will be undertaken in collaboration with a broad range of stakeholders. More specifically representatives from the following organisations – in addition to young people and their family/carers - will be engaged in regional planning or co-design discussions:  
| | - Children’s’ Health Queensland Hospital and Health Service (HHS)  
- Child and Youth Mental Health Service, Metro North HHS  
- headspaces centres in the region  
- National Centre of Excellence for Youth Mental Health  
- relevant professional associations including teachers  
- Education Queensland  
- local schools  
- MindMatters  
- Kids Helpline  
- Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA)  
- early childhood services  
- family mental health support service funded agencies  
- youth services including relevant sporting bodies.  

Greater integration and linking of headspace services with the broader system will occur through co-design workshops, the development of the regional planning mechanism and connecting headspace centres more closely with the existing networks the PHN has across the regional health care system. |
| **Duration** | 1 June 2016 – 30 June 2018 |
| **Coverage** | These activities will cover the entire PHN region but Activity 2.3 will focus on the sub-region of Moreton Bay North |
| **Commissioning approach** | The activity will be commissioned in line with Brisbane North PHN’s Commissioning Framework. The specific stages in this commissioning cycle for Activity 2.3 are described above in the activity section, and the approach to procurement will be determined by November 2016. |
### Proposed Activities

| Priority Area 3: Psychological therapies for rural and remote, under-serviced and/or hard to reach groups | • address service gaps in the provision of psychological therapies for people in rural and remote areas and other under-serviced and/or hard to reach populations, making optimal use of the available service infrastructure and workforce.  

Our Health Needs Assessment identified the priority as:  
Commission suitable providers to deliver mental health services for under serviced groups, specifically where health and service needs have been identified in the Health Needs Assessment.  
Just 0.1% of the Brisbane North PHN population live in ‘outer regional areas’ and no population lives in areas classified as ‘remote’ or ‘very remote’ within our boundary. |
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<tbody>
<tr>
<td>Activity(ies) / Reference</td>
<td>3.1 Commission a range of providers to deliver evidence-based psychological therapies to under-serviced and hard to reach groups.</td>
</tr>
</tbody>
</table>
| Description of Activity(ies) and rationale (needs assessment) | The aim of this activity is to commission evidence-based psychological therapies to under-serviced and hard to reach groups in the region, with a particular focus on:  
• ensuring the range and physical location of providers reflects the pattern of identified need;  
• increasing the flexibility of service delivery models, with a particular focus on improving access for hard to reach populations  
• addressing specific gaps identified, in particular providers who can deliver timely interventions to people living in the Moreton Bay North sub-region who are at risk of suicide.  

Within the Brisbane North PHN Commissioning Framework these activities will be:  
**ASSESS**  
Brisbane North PHN has undertaken a thorough review of ATAPS including engagement with a broad range of stakeholders including service providers, consumers and staff from the PHN, including:  
• consumer focus groups – consumers were invited to participate in focus groups held in three locations around the region, to provide their feedback on services received and seek input on the delivery of future services  
• Brisbane MIND provider sessions – current service providers were invited to take part in a series of workshops which gathered feedback on the current program delivery and identified opportunities for future improvements |
• Brisbane North PHN staff workshops and survey – staff from the PHN were invited to take part in workshops and complete a survey to gathered feedback on the current program delivery and identified opportunities for future improvements
  • primary healthcare survey – a survey was distributed among primary healthcare providers, including GPs.

The findings of this review have been incorporated into our co-design work.

Building on this work our Mental Health and Suicide Prevention Needs Assessment identified the following needs and gaps:
  • people living in the Moreton Bay North sub region
  • Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people
  • culturally and linguistically diverse people
  • homeless people
  • people in contact with the criminal justice system.

Aboriginal and Torres Strait Islander people were identified as a separate priority in the broader Needs Assessment, including their high need for psychological therapies as evidenced by levels of psychological distress and suicide rates.

From a service need perspective the Needs Assessment identified people living in the Moreton Bay North sub-region, culturally and linguistically diverse populations and people of Aboriginal or Torres Strait Islander backgrounds as priorities for new services.

**CO-DESIGN**

A broad range of stakeholders has been engaged through face to face meetings and co-design workshops and through the Access to Allied Psychological Services (ATAPS) review process.

Engagement sessions with current ATAPS providers and providers interested in being on our panel will occur by June 2016 to feedback to providers the unmet needs in the region, identify some of the service gaps and explain the stepped-care approach to regional mental health system reform. Existing ATAPS providers and new providers interested in being on our panel will be engaged in further co-design workshops in July and August 2016, along with NGOs currently delivering services to under-serviced populations in the region. Consumers and family/carers will also be invited to participate in these co-design workshops. These workshops will develop models that integrate care and better meet the needs of these populations within a person-centred stepped-care framework. All this information will be used to develop specifications for a procurement strategy by September 2016.
A procurement strategy will be released to market by October 2016, and from this a new panel of providers to deliver psychological services will be produced. Based on the outcomes of this process, some additional direct negotiations may need to occur to ensure all service requirements can be met. This new panel will be ready for referral from January 2017.

From November 2016 through to March 2017 a multi-pronged education and awareness program will be delivered to GPs and other key referrers to ensure a strong understanding of the new panel and the availability of low-intensity services in addition to those available under this initiative. Our assessment highlights that this education and awareness raising work is critical to ensure a smooth transition to a stepped-care model.

Brisbane North PHN anticipates no disruption to care for existing clients. The current provider panel will be recontracted through to June 2017, to ensure no disruption whilst a formal tender process is undertaken to establish a new provider panel before December 2016.

**REVIEW**

Ongoing monitoring of services provided by the panel will occur through the PHN referral service and feedback registered with Patient Opinion. Data will be collected based on the required performance measures. In 2017/18 patterns of service use and client demographics will be compared with 2015/16 to evaluate if the new program is meeting the identified needs.

**Collaboration**

This activity will be undertaken in collaboration with a broad range of stakeholders, including but not limited to those with whom we have already engaged.

Our existing ATAPS Clinical Reference Group includes representatives of local clinicians and community/consumers from hard to reach populations and they will assist in development and delivery of the co-design workshops, analysis of the data generated and translation into an effective procurement strategy. Additional representation to this group from the priority population groups will also be sought as appropriate.

**Duration**

1 June 2016 – 30 June 2018

**Coverage**

Whole of region with a focus on Moreton Bay North sub-region as the area of greatest need

**Commissioning approach**

The activity will be commissioned in line with Brisbane North PHN’s Commissioning Framework.

The specific stages in this commissioning cycle are described above in the activity section, and the procurement strategy will be finalised by September 2016. An open tender process to deliver ATAPS services has not occurred for
more than seven years in this region. Given this length of time since we approached the market, the large number of providers in our region, the need to adjust the program in line with a person-centred, stepped-care approach, and the renewed focus on under-serviced and hard to reach populations, it is highly likely that we will deploy an open tender procurement strategy. Following outcomes of this strategy, we may also undertake direct negotiation or select tender processes if there remain gaps in providers’ ability to respond to the identified priority needs.
**Priority Area 4: Mental health services for people with severe and complex mental illness including care packages**

- Commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with severe and complex mental illness who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses.

  **Our Needs Assessment identified:**
  - Collaborative partnership with Metro North HHS, community mental health services and consumers and family/carers to develop an integrated care package model which responds to local service gaps and identified needs in the community.
  - Commissioning of mental health nursing in primary health care to support General Practice to improve service coordinator and care for patients in the community.

<table>
<thead>
<tr>
<th>Activity(ies) / Reference</th>
<th>Description of Activity(ies) and rationale (needs assessment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Deliver funding to existing employing agencies of Mental Health Nurses with allocated sessions under the current Mental Health Nurse Incentive Program (MHNIP) to ensure they deliver the same services at the same level in 2016/17</td>
<td></td>
</tr>
<tr>
<td>4.2 Commission innovative clinical primary mental health care services to people with severe mental illness</td>
<td></td>
</tr>
</tbody>
</table>

**4.1 Continue the current MHNIP program into 2016/17 through a different payment mechanism**

A new approach to payment will be offered to the host agencies of these MHNIP providers through a twelve-month contracting process. Existing MHNIP providers and host agencies will be advised this contract is transitional and only for 12 months to ensure continuity of care for existing clients, and that agencies must commit to seamless transition of clients to new arrangements on or before 30 June 2017.

**4.2 Commission innovative clinical primary mental health care services to people with severe mental illness**

**ASSESS**

Collaboration in Mind has already done the work to assess priority outcomes for the regional service system for people with severe mental illness. Through engagement with more than 100 agencies and individuals, Brisbane North PHN has reviewed the needs of people with severe mental illness in the region. The System Development Plan for the region developed by Collaboration in Mind identifies fifteen priority outcome areas to improve the regional service system for people with severe mental illness. This activity will directly address at least two of those priorities, namely Alternatives to hospital admission, and Service availability.
In addition to the resources in this Priority Area (Activities 4.1 and 4.2), resources and strategies already described in Priority Area Two (Activity 2.3) and Priority Area Six as well as activities in the Methamphetamine, Alcohol and Other Drug Activity Work Plan (Activities 1.1, 1.2 and 2.1) all address needs of people with severe mental illness. Connecting these activities will enable co-design processes to meet the population and stream specific requirements described in other areas of this Activity Work Plan, but deliver a more connected and integrated service system enhancement than if they were pursued separately.

Brisbane North PHN’s assessment has also highlighted the importance of not simply parachuting in new models of care or bolting on new services, as this can further fragment service delivery. To ensure any procurement increases coordination and connection across the system, strong linkages must occur across the activities listed above.

Participants at co-design workshops consistently and strongly emphasised that we do not take a silo approach to this funding by implementing six streams of activity completely disconnected.

Participants highlighted the fragmented nature of the existing service system and the need for service and system navigation. This means the PHN’s procurement process will favour agencies which are willing and keen to integrate, collaborate and coordinate with other providers.

**CO-DESIGN**

Co-design discussions will occur between June and September 2016 that connect the discussions described in Activities 2.3, 4.1, 4.2 and the Methamphetamine, Alcohol and other Drugs (AOD) Activity Work Plan. This will focus co-design on new models of primary care for people with severe mental illness that package together a multi-disciplinary and integrated response.

**DELIVER**

The procurement strategy will be released in October 2016, and relevant agencies will be selected in November 2017. Clients will be receiving services from January 2017 or earlier.

**REVIEW**

Ongoing monitoring of funded agencies will occur as further described in the Commissioning Approach section below, and data will be collected based on the required performance measures.
| Collaboration | Brisbane North PHN will use the existing regional planning mechanism, Collaboration In Mind, as a key informant and to identify additional stakeholders who need to participate in the co-design discussions. Additional representation is likely to come from professional associations, private practice clinicians, for-profit health agencies in the region and Universities. |
| Duration | 1 June 2016 – 30 June 2018 |
| Coverage | Whole of region |
| Commissioning approach | The activity will be commissioned in line with Brisbane North PHN’s Commissioning Framework. The specific stages in this commissioning cycle for Activity 4.2 are described above in the activity section, and the approach to procurement will be determined by September 2016. It is likely this procurement will occur through a select tender or a two-stage process of Expression of Interest followed by select tender. |
### Proposed Activities

<table>
<thead>
<tr>
<th>Priority Area 5: Community based suicide prevention activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• encourage and promote a systems based regional approach to <strong>suicide prevention</strong> including community based activities and liaising with Local Hospital Networks (LHNs) and other providers to help ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide, including Aboriginal and Torres Strait Islander people.</td>
</tr>
<tr>
<td>Our Health Needs Assessment identified the following two priorities:</td>
</tr>
<tr>
<td>• Develop a systems based integrated suicide prevention plan in partnership with service providers and consumers.</td>
</tr>
<tr>
<td>• Commission appropriate services to address local needs with specific focus on Aboriginal and Torres Strait Islander social and emotional wellbeing and agreement between Metro North HHS and community providers for follow up care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity(ies) / Reference</th>
<th>Description of Activity(ies) and rationale (needs assessment)</th>
</tr>
</thead>
</table>
| 5.1 Ensure continuity of care for clients of existing suicide prevention services who may be at risk if the service is withdrawn | **5.1 Ensure continuity of care for clients of existing suicide prevention services who may be at risk if the service is withdrawn**  
There is an existing services in our region, Nexus, delivered by the Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) that has current clients who would be at risk of suicide if the funding was withdrawn. The clients of the program are young refugees who experience higher risk of suicide. We continue this program for at least the next twelve months with the existing provider to ensure a coordinated and seamless transition for clients into 2016/17. |
| 5.2 Develop a regional plan for suicide prevention | **5.2 Develop a regional plan for suicide prevention for 2017/18**  
Brisbane North PHN will develop a regional plan for suicide prevention that will link to the regional plans for adults and children/youth described in other Priority Areas above. Our approach will be consultative and collaborative. |
| 5.3 Commission suicide prevention services | |
| 5.4 Commission suicide prevention services specifically targeting Aboriginal and Torres Strait Islander people | |
5.3 Commission suicide prevention services

The aim of this activity is to commission new suicide prevention service using the Living is for Everyone (LIFE) Framework. Within the commissioning cycle these activities will be:

**ASSESS**

Our needs assessment identified two key priority areas: Aboriginal and Torres Strait Islander social and emotional wellbeing and agreement between Metro North HHS and community providers for the provision of follow up care.

**CO-DESIGN**

Given the significant diversity and fragmentation of programs aimed at suicide prevention, co-design discussions will focus on how this additional investment can be focused so as not to overlap existing local, state-wide or national services but to enhance their reach and effectiveness. How this initiative fits with the proposed Digital Gateway will be an important question to resolve.

Between July and September consultation will occur with people who have attempted suicide or are at risk, and their family/carers to identify what is needed and what is not effective in the existing service system. This assessment will focus on the specific needs of Aboriginal and Torres Strait Islander people and people who need post-discharge care following hospitalisation for self-harm and/or a suicide attempt. Information from existing providers about their clients’ experiences will also be sought during this period.

A process of competitive dialogue will occur with existing and potential providers into the region to review this data and identify the key outcomes from procurements. All this information will feed into a procurement strategy and specification released to market in October 2016.

**DELIVER**

The procurement strategy will be released in November 2016, and relevant agencies will be selected in January 2017. Clients will be receiving services from February 2017.

**REVIEW**

Ongoing monitoring of funded agencies will occur as further described in the Commissioning Approach section below, and data will be collected based on the required performance measures. Brisbane North PHN will also seek opportunities from existing research centres or other funding sources to evaluate the initiative.
### 5.4 Commission suicide prevention services targeting Aboriginal and Torres Strait Islander people

The aim of this activity is to commission evidence-based suicide prevention strategies targeting Indigenous populations consistent with the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy. Specifically within the Brisbane North PHN Commissioning Framework these activities will be:

#### ASSESS

Brisbane North PHN’s Needs Assessments have all identified the priority need of Aboriginal and Torres Strait Islander people. This has been confirmed through co-design workshops.

There has been insufficient time to comprehensively describe existing programs in our region and who is accessing them. Activity 5.2 and 5.3 will address the further assessment work required.

#### CO-DESIGN

In addition to the activities described in 5.3 above, Brisbane North PHN will convene a specific workshop focusing on suicide prevention for Indigenous people in August 2016.

#### DELIVER

The procurement strategy will be released in November 2017, and relevant agencies will be selected in January 2017 and the intervention will be in place by March 2017.

#### REVIEW

Ongoing monitoring of funded agencies will occur as further described in the Commissioning Approach section below, and data will be collected based on the required performance measures.

### Collaboration

This activity will be undertaken in collaboration with a broad range of stakeholders.

A specific workshop focusing on Indigenous populations will be co-convened with the Institute for Urban Indigenous Health.

Additionally representatives from the following agencies will also need to be engaged

- Australian Institute for Suicide Research and Prevention, Griffith University
- Queensland Police Service – head office and metro north region
- Queensland Ambulance Service – head office and metro north region
- Brisbane City Council
- Moreton Bay Regional Council
<table>
<thead>
<tr>
<th>Duration</th>
<th>1 June 2016 – 30 June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage</td>
<td>Whole of region</td>
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</table>

**Commissioning approach**

The activity will be commissioned in line with [Brisbane North PHN's Commissioning Framework](#).

The specific stages in this commissioning cycle for Activity 5.3 are described above in the activity section, and the approach to procurement will be determined by November 2016.
<table>
<thead>
<tr>
<th>Priority Area 6: Aboriginal and Torres Strait Islander mental health services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proposed Activities</strong></td>
</tr>
</tbody>
</table>
| • enhance access to and better integrate Aboriginal and Torres Strait Islander mental health services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services.  
The needs of Aboriginal and Torres Strait Islander people were documented as priorities in the Mental Health Needs Assessment and the Methamphetamine, Alcohol and Other Drugs Needs Assessment. The three opportunities and priorities were documented in the Aboriginal and Torres Strait Islander priority area of our broader Health Needs Assessment. One priority relates to smoking rates, and the other two are:  
• Development of programs to promote and sustain social and emotional wellbeing in Aboriginal and Torres Strait Islander people, including appropriate mental health, suicide prevention and alcohol and other drug treatment services.  
• Develop strategies to engage with Aboriginal and Torres Strait Islander communities to facilitate improved health service co-design and creation in the Brisbane North PHN Region. |
| Activity(ies) / Reference |
| 6.1 Commission mental health services for Aboriginal and Torres Strait Islander people |
| **Description of Activity(ies) and rationale (needs assessment)** |
| This initiative will be developed in partnership with the two community-controlled health services operating in our region. Within the commissioning cycle activities will be:  
**ASSESS**  
We will undertake a rapid assessment based on existing data and waiting lists of our region’s Aboriginal Community Controlled Health Service by July 2016 which will guide initial allocation of funds.  
In partnership with IUIH we will roll out the Canadian HUB Program of engagement and planning, which will be a more extensive process involving community members and a range of service providers, with a view to producing an initial needs assessment report by March 2016.  
**CO-DESIGN**  
Co-design discussions with IUIH, Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) and Metro North HHS, will address the priorities from the rapid assessment and the desired outcomes from this additional investment will be documented for inclusion in a procurement strategy by August 2016. |
<table>
<thead>
<tr>
<th><strong>DELIVER</strong></th>
<th>The procurement strategy will be released in August 2016, and formal contracting completed by September 2016. Clients will be receiving services from October 2016.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVIEW</strong></td>
<td>Ongoing monitoring of funded agencies will occur as described in the Commissioning Approach section below, and data will be collected based on the required performance measures. The longer term engagement and planning strategy of 6.1 will include review of service delivery and result in an agreed plan for Aboriginal and Torres Strait Islander social and emotional wellbeing by May 2016.</td>
</tr>
<tr>
<td><strong>Collaboration</strong></td>
<td>This activity will be undertaken in collaboration with a broad range of stakeholders, including but not limited to those with whom we have already engaged. Specifically we will partner with the Institute for Urban Indigenous Health (IUIH) and we will also work directly with the two community-controlled health services in the region – the IUIH and the Brisbane Aboriginal and Torres Strait Islander Community Health Service – to deliver new mental health services that are integrated with existing primary health care services and the new methamphetamine, alcohol and other drug services and suicide prevention services.</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>1 June 2016 – 30 June 2018</td>
</tr>
<tr>
<td><strong>Coverage</strong></td>
<td>Entire PHN Region</td>
</tr>
<tr>
<td><strong>Commissioning approach</strong></td>
<td>The activity will be commissioned in line with Brisbane North PHN’s Commissioning Framework.</td>
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