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

Northern Queensland Primary Health Network

When submitting the National Psychosocial Support measure Activity Work Plan 2018-2019 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and has been endorsed by the CEO.

The National Psychosocial Support measure Activity Work Plan must be lodged via email to PHN_Domainmanager@health.gov.au within four (4) weeks of execution of the Psychosocial Support Schedule, and subsequently updated, on an annual basis.
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.
# 1. Planned activities funded under the Activity – National Psychosocial Support measure

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<tr>
<th>Proposed Activities</th>
<th>Description</th>
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<tbody>
<tr>
<td>Activity Title - NPSM1:</td>
<td>NPSM1: National Psychosocial Support Measure.</td>
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**Description of Activity**

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<th>Establishment and Planning</th>
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<td>• The Needs Assessment will include existing relevant data from the current Mental Health HNA 2016/17, supplemented with current data on access to the NDIS for mental health clients, sourced from the NDIA in the Townsville/Mackay Region where the NDIS has been implemented since 1 July 2017.</td>
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<td>• As NDIS commenced on 1 July 2018 in the Cairns and Cape/Torres regions, further estimates of need and locations for services will be made from requests for data from HHS Mental Health services, consultations with clinical and community-managed mental health services, and co-design development of a best-practice model to inform the new measure.</td>
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<td>• A consultant with experience in mental health psychosocial programs will support the NQPHN in conducting the required stakeholder consultations in the region. The details are listed in the Consultation/Collaboration/Communication activities.</td>
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<td>• The planned procurement approach will be flexible to accommodate the remote nature of the region and the limited market of providers available in some areas of the NQPHN. The procurement approach will be a possible combination of direct engagement in remote locations where there are limited providers available, and closed tender or expression of interest process engaging existing providers of psychosocial programs or NQPHN funded services.</td>
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<td>• Programs that are considered for funding will be required to demonstrate an appropriate model of service, including linkages with clinical HHS and non-clinical services, social and community services and NQPHN funded services, as well as value for money, efficiency and appropriateness of services, and systems for data collection, reporting and evaluation.</td>
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Implementation
| Measuring Outcomes/Data Collection and Storage | • Successful commissioned services will be contract managed by the Area offices of the NQPHN, utilising existing systems for financial and performance reporting, data collection, monitoring and review, and evaluation. |
| The following quantitative/qualitative measures and outcome indicators will be used to monitor and assess the program: |
| National Psychosocial Measure |
| • Proportion of severe and complex mental health clients entering NPS services who have been assessed as ineligible for the NDIS. (PMHC-MDS data (when available) and service data submitted Quarterly) |
| • Increased availability of NPS services targeting people with severe mental illness and associated functional impairment to areas of most need in the NQPHN region. (PMHC-MDS and service data submitted Quarterly) |
| • Increased confidence to deliver NPS services to Aboriginal and Torres Strait Islander patients in ways that are culturally appropriate, in the NQPHN region. (Service data and PMHC-MDS data, and possible pre and post measures of service provider confidence level, attendance at cultural training) |
| • Increased consumer satisfaction with the experience of the transition process to NPS funded supports. (Consumer Satisfaction survey – Interim and YES survey (when available through AMHOCN) – submitted at beginning of episode of care and at 3-monthly intervals and/or end of client episode of care). |
| Funded programs will: |
| • Report client data to the PMHC-MDS (when modified for the National Psychosocial Support Measure) using the NQPHN Portal (RediCASE) currently under development. |
| • Collect relevant outcomes data including client satisfaction data and submit to the NQPHN in Quarterly Performance reporting to be stored in the NQPHN Open Windows database. |
| Consultation/Collaboration/Communication | A consultant will be employed in mid-October 2018 to: |
| • Document the needs assessment and compile the quantitative data regarding the NPS cohort. |
| • Consult with stakeholders concerning the unmet needs of the region |
| • Overview the effectiveness of the current transition process into the NDIS, including estimates of numbers of people requiring NPS services; |
| • Collecting input into the design of new services. This will include recommendations for a best practice model that has the flexibility to meet the diverse geography/needs of people across the NQPHN region. |
• A Communication Plan will be developed to progress the consultation process, and will target
the following stakeholders using regular communiques, social media and e-newsletters to
deliver information that is able to be shared, considering probity requirements of
commissioning practices:
• The Communication Plan will support the consultant in engagements with the following
stakeholders:
  – The four Hospital and Health Services (HHS) Mental Health, Alcohol and Other Drugs
    (MHAODS) – providing input into present demands/gaps/service limitations and input into
    new model development.
  – Existing NQPHN funded services including those providing Severe and Complex services in the
    Stepped Care model.
  – Commonwealth programs transitioning to the Continuity of Support measure will be involved
    in consultations but a separate communication plan and strategy will be developed for these
    providers.
  – Existing Psychosocial Services providers in the four regions – providing input into present
    demands/gaps/service limitations and input into new model development - these include
    Queensland Health, Commonwealth Department of Health and philanthropic funded
    services.
I. Providers in the Cape York/Torres Strait region
II. Providers in the Cairns region
III. Providers in the Townsville region
IV. Providers in the Mackay region
V. Consumer and Carer representatives – providing significant input into new service models
   and lived experience perspectives as consumers of NDIS and existing psychosocial programs.

The Consultant will present their findings in early December 2018, and procurement will incorporate
- Identified areas of need
- Equitable allocation of funding across regions according to need and utilising the NQPHN
  Resource Area Modelling (RAM) instrument.
- Available resources
- Preferred models of service including referral pathways
### Timeline

1. **Planning and Engagement Stage** – August to 31 December 2018
   - Attendance at Department of Health workshops (4 September and 2 November)
   - Queensland Health tender processes for psychosocial services conclude 29 October.
   - NPS Procurement activities mid-December to mid-January.
   - Contracts with NPS providers in place by end of January 2019 or early February 2019 – Risk 4 listed below may impact timelines.

2. **Implementation Stage**
   - New programs allocated to contract managers across the four NQPHN regions.
   - Data input into Open Windows database and PMHC-MDS (if available) through the newly configured RediCASE system.

### Proposed Activities

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<th>Activity Title – NPSM2</th>
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<td><strong>NPSM2: Partners in Recovery Fund-Holding Establishment</strong></td>
<td>This project does not involve the commissioning of new services. The activity to be undertaken is the establishment work to contract and manage the grant and contract administration processes for the Partners in Recovery (PIR) Lead Agency (and sole agency) in Far North Queensland from 1 November 2018. Activity includes:</td>
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<td>• Maintaining a relationship with FNQPIR – NQPHN has been a member of the Governance panel for FNQPHN since 1 July 2015, so the relationship is already established.</td>
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<td>• Establishing contract and reporting requirements.</td>
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<td>• Execution of new contract with NQPHN by 30 November 2018.</td>
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<td>• Monitoring and review for the length of the contract 30 November 2018 – 30 June 2019.</td>
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### Measuring Outcomes/Data Collection and Storage

The following quantitative/qualitative measures and outcome indicators will be used to monitor and assess the program:
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<th>Consultation/Collaboration/Communication</th>
<th>This program is a continuation of service of an existing Lead Agency where these processes have been established for several years, including a Governance Panel that NQPHN has been a member of since July 2015. FNQPIR will be required to submit regular reports to NQPHN detailing the progress of their Communication Plan and their Transition Plan. The Communication Plan will be required to detail proposed engagement with the community and stakeholders in 2018-19.</th>
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- Proportion of current FNQPIR clients who transition to NDIS support 1 July 2017 -30 June 2019. (Service data FNQPIR)
- Proportion of current clients ineligible for the NDIS who are remaining at the end of contract and transition to Continuity of Support (COS) funded services (Service data FNQPIR)
- Proportion of clients transitioned to other psychosocial supports prior to end of contract on 30 June 2019. (Service data FNQPIR)
- Client satisfaction with experience of care and transition process. (FNQPIR current satisfaction measures and/or YES survey when available)

Monitoring/assessment

- Six and twelve monthly reports from FNQPIR detailing:
  - Outcomes achieved against the objectives of the PIR program.
  - Activities that assist PIR clients to prepare and test eligibility for the NDIS.
  - Clients receive psychosocial support by PIR services while awaiting transition.
  - Transition of clients to NDIS activities,
  - Evidence of PIR meeting the responsibilities detailed in the NDIS Guidance Pack.
- Data collection through existing FNQPIR data system (Fixus) and the PMHC-MDS (if implemented by DoH for the transitioning PIRs)
- Client satisfaction data recorded through FNQPIR consumer satisfaction measure and the YES survey when implemented.
- NQPHN will have a data portal (RediCASE) operative that will collect and store data.
| Transition and development of FNQPIR contract – 1 Aug – 30 November 2018  