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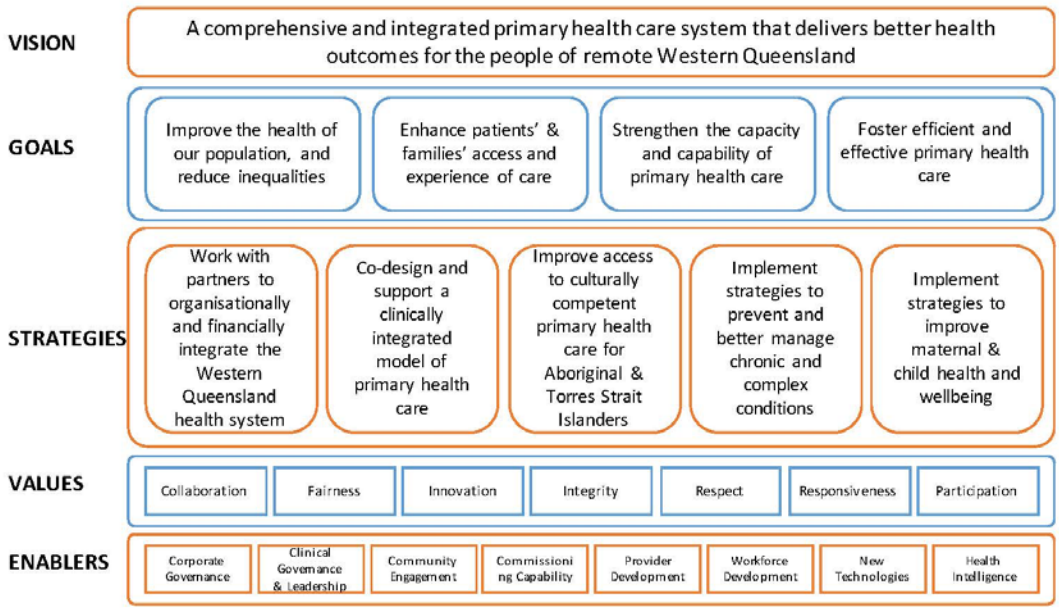
Activity Work Plan 2016-2018:

Primary Mental Health Care Funding

Strategic Vision

WQPHN Strategic Plan



The WQPHN will continue to develop systems and capabilities to ensure effective corporate, clinical and program governance and consumer engagement to support better primary mental health and care and drug and alcohol treatment services for the state's most remote and isolated populations.

2015-16 was a year of transition for WQPHN, with the dissolution of the Medicare Local and establishment of the new WQPHN organisation. 2016-18 will realise greater transitioning for current service providers and building their capacity and integration within a comprehensive primary health care system. New services will be introduced to the region using the WQPHN Commissioning and development framework which is closely aligned with the Strategic Plan and supporting coherent clinical alignment and integration.

WQPHN's strategic vision for addressing the mental health and suicide prevention priorities is founded on the delivery of a place-based comprehensive primary health care system and the findings of the Health Needs Assessment. The HNA presents a challenging critique of mental health and drug & alcohol services within our catchment:

- diluted by low population numbers and dispersed over a large geography to the point of ineffective or uncertain coverage;
- impeded in delivering effective, efficient care by the separation between State and Commonwealth funded services; and,
- facing some of the highest mental illness and substance abuse morbidity and mortality in Australia.
- Chronic underutilisation of, and capacity for, mental health treatment plans and team care;

The WQPHN vision for mental health and suicide prevention focuses on bringing national system-level changes to the regional level, in collaboration with HHSs, Q Health and QAIHC to establish a local model for patient centric stepped-care to be delivered from within primary health care services.

In developing the activities presented in this plan, WQPHN is mindful that the current service environment has evolved over many years. The reality for WQPHN is that commissioning changes must accompany development activities and the need for more services and for reorienting current contracted services into general-practice and multidisciplinary team-based care, must be tempered by the need to manage a fragile service environment.

Accordingly, priority has been placed on developing the new model for primary mental health care in collaboration with HHSs, Q Health (and the Mental Health Commission) and QAIHC. This model will provide the platform for the Regional Mental Health and Suicide Prevention Plan in 2016-17. The model and plan will also provide service providers and commissioners with a clear mode of operations, supported by the major funders and providers, from which to guide commissioning and developing future services contracts.

For this reason, the activity plan starts with the work to complete the new model and regional plan. Subsequent activities are configured to continue the provision of current services while improving clarity and information on how these services are being delivered and directing to greater engagement with local GP and ACCHO general primary care providers. Additional analysis and a limited range of pilot activities are described under the relevant priority areas.

Additional health intelligence will be gathered including a stocktake of social and emotional well-being services across the region. Key activities identified under the Youth Mental Health Services Priority will guide the transition of headspace (Mt Isa) into WQPHN and begin the integration with broader primary health and mental health services while relevant Psychological Therapy Contracts will also receive stronger more direct management.

Activities to improve care for people with severe and complex mental illness will receive a boost through additional mental health nursing support that will both improve coordination but also support a new stepped up capability in their practices as part of the planned chronic disease management strategy and multidisciplinary team activities under the Flex fund.

Finally, a collective impact approach to community based suicide prevention will be piloted in partnership with the Queensland Mental Health Commission and adoption of an integrated suicide prevention strategy including better follow-up for people following a suicide related admission.

In addition to the regional mental health plan, the clinical framework to support stepped care in practice will be embedded in a general practice model of care the introduction of whole of population approaches linked to Health Care Home enablers and build chronic disease disciplines in the primary care planning and delivery.

Planned activities funded under the Primary Mental Health Care

Proposed Activities	
Priority Area	**Priority Area 1: Low intensity mental health services**
Activity(ies) / Reference	P1.1 Establish and implement the New Access initiative in collaboration with Beyond Blue and CBT Institute P1.2 Commission regional providers to deliver low intensity services in collaboration with Beyond Blue and CBT Institute P1.3 Undertake a stocktake to determine availability of MH, Social and Emotional Wellbeing, relevant social care and community support services P1.4 Establish relationships with State-based and National Mental Health NGOs to identify, promote and ensure access to existing and emerging evidenced self-help resources, promote online support and warm referrals to local providers and other digital applications.
Description of Activity	P1.1 Significant work and extensive consultation has been undertaken in 2016-17 with Beyond Blue and the Pilot sites to develop an appropriate rural and remote model to ensure coverage throughout Western Queensland. While the model offers low intensity services, specialist software will be in place to ensure clinical governance and risk management strategies are covered and that participants in the initiative are escalated to qualified psychologists and credentialed mental health RNs already engaged by the WQPHN under other funding streams within the stepped care approach in general practice. P1.2 The commissioning of three (3) organisations with the capability and capacity to recruit and deliver low intensive services through 'coaches' trained, supported and supervised under the guidance of Beyond Blue and the CBT Institute. There will be 5 coaches trained initially - 2 in the South West, 1 Central West and 2 North West. Promotion of service delivery options to communities and on-going relationship with the commissioned providers to ensure CQI approach is taken as New Access initiative is implemented within the broader stepped care approach. The WQ Health Needs Assessment (HNA) identified that contracted providers mostly supply low intensity mental health services, information and reporting is limited. Most operate independently and many operate outside local general practice and primary health care teams. Past encouragement of self-referral to allied health services has contributed to Psychological Therapies investment being spread across a range of interventions.

	There are no alternative providers in the market and WQPHN is working closely with existing providers to move into the stepped care framework in 2017-18; i.e. establishing partnerships to implement low intensity services where appropriate, and directing eligible patients into Priority Areas 3 and 4 where appropriate. The aim of this activity in 2016/17 will be to maintain existing service providers while redirecting allied health to stronger engagement with GPs and primary health care teams, as they develop. New contracts will improve reported information and contract management and inform commissioning and development priorities. Significant realignment of available allied health providers towards people with moderate and severe and complex illness along with increase investment in evidence-based alternatives to face-to-face Psychological Therapy interventions is expected. P1.3 Mapping of social and community resources will be finalised in 2017-18 and includes a comprehensive stocktake of mental health, drug and alcohol, Social and Emotional Wellbeing, community and family supports. The work will explore in greater depth the potential for stronger interactions between community based initiatives, those funded under PHN Flexible funding and delivery of low-intensity mental health services and higher level clinical skills under a person-centred, stepped care approach. P1.4 As providers are realigned within the full scope of PHN supported Mental Health services - as per the Mental Health & Suicide Prevention (MHSP) Regional Plan, additional service linkages for low intensity services will be explored through a strategic partnership with a mental health NGO (Beyond Blue). There will be scope for designing new resources to complement the stepped care approach, and sourcing existing self-help resources which will be promoted throughout provider and user networks.
Target population cohort	Whole of population, with an emphasis of better support for people who identify within a general practice population.
Consultation	The WQPHN has established a MHSP and AOD planning consortia with representation from Specialist MHSP stakeholders to assist the development and implementation of the Regional Plan. The WQPHN also seeks input from the three Clinical Chapters which meet bi-monthly across the catchment, and Clinical Council and Consumer Advisory Council. WQPHN also has a joint planning protocol with HHSs and QAIHC and maintains strong links with QMHC, Q Health and other QPHNs as part of the implementation of the MHSP programme.

Collaboration	The WQPHN MHSP & AOD planning consortia provides a key contact point to guide the development and implementation (and evaluation) of mental health services. The Consortia has delivered a highly collaborative expert groups through which to sponsor the design and performance elements of the Regional Plan. This collaboration draws on the strengths of the unique WQPHN governance model (and joint protocol) in which the 3 Hospital and Health Services in the WQPHN are the members of the WQPHN company.
Duration	The Mental Health Suicide Prevention & Drug and Alcohol (MHSP & AOD) Regional Plan will be completed by May 2017 and Commissioning (and Co-Commissioning) approaches will be undertaken during June 2017 to inform procurement approaches and new or modified mental health Services from July 2017.
Coverage	Whole of WQPHN
Commissioning method	Given the limited provider market, commissioning approaches will continue the current work with provider networks to ensure reconfiguration toward more face-to-face activity linked to patients of general practice who would benefit from more structured interventions, including treatment plans for moderate illness. Whilst Low Intensity Services will continue to be a feature of generalist place-based mental health interventions, the WQPHN will seek to leverage greater efficiency and value for money through co-commissioning and jointly designed and implemented Low Intensity services, as well as adopting a collaboration with a national NGO through which to promote greater access to online, self-management and community based service support.
Approach to market	The WQPHN direct engagement commissioning approach in FY16/17 aims to provide a stable operating environment across Western Queensland, however the MHSP & AOD Regional Plan and its implementation will guide potential market levers to be prosecuted as part of commissioning for low intensity services. It is anticipated an allowance for low intensity services will be integrated into generalist mental health service procurement however the quantum of services as a percentage of overall services (i.e. ATSI services, youth services, support for moderate & severe) will be clearly identified. The development of new low intensity services through guided and unguided digital interventions, self-help and information & education will be fully harmonised with the local service delivery networks, with an emphasis on those aligned with general practice populations.

	The incremental adoption of commissioning elements will place an onus on PHN contracted providers to work through local Primary Health Care (PHC) teams to provide intake, progress and discharge reporting and to conform with defined activity targets and defined treatment and population thresholds. WQPHN will provide technical and system support to providers while also developing systems for better coordination across primary health providers. It is expected several cycles of commissioning will be required to optimise alignment and develop the provider market toward a more robust and well differentiated service profile.
Decommissioning	It is anticipated there will be some redefinition of services under the low intensity service commissioning approaches in the second half of 2017 linked to implementation of the MHSP & AOD Regional Plan. The WQPHN inclusive development and release of the MHSP & AOD Regional Plan has provided the opportunity to sensitise the market and provider networks. To ensure continuity of services the WQPHN commissioning approach will continue to work directly with general practice networks to better differentiate management of patients with low intensity needs and systematically introduce digital alternatives and more time limited structured programs as part of practice-based care packages.
Performance Indicator	Priority Area 1 - Mandatory performance indicators: • ACC-1 Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services • EFF-1 Average cost per PHN-commissioned mental health service – Low intensity services • EFF-1 Clinical outcomes for people receiving PHN-commissioned low intensity mental health services Indicators: • WQPHN recognise that the indicators being tracked in our current contracts are almost exclusively input or process indicators. • We have identified the constraints associated with health intelligence and the quality of information and data available to assist our planning processes; the significant limitation of general practice, as a key primary health care structure through which to inform and determine outcome indicators, and the wide and varied capability of existing service provider and contract performance. • We have identified a clear strategic framework to progress a more robust and consistent performance management approach where we monitor output and outcome measures. • To improve the performance measures being submitted as part of our Annual Plan WQPHN will follow a structured approach for developing a performance management framework to assist with the transition.

	In order to progress to output/outcome measures we will: 1. Progressively implement our WQPHN strategic vision through the Regional Plan 2. Develop a robust Performance Management Framework within our procurement processes which identifies: • **Outcomes & outputs** - The desired outcomes each project will achieve to support our strategic vision and the measurable outputs that will support these outcomes. • **Baseline** - A baseline of current performance against each indicator. • **Targets** - A set of performance targets for each indicator that will cascade into our provider contracts. • **Performance Management** - The overall approach for managing performance against indicators within each provider service contract.
Local Performance Indicator target	• Feedback through local Mental Health Interagency Groups where active • Reporting through commissioned service provider organisations • Evidence of referrals in and out of the stepped care approach.
Local Performance Indicator Data source	Data gathered by WQPHN • WQPHN Data source Qliksense • Provision and compliance with MDS data requirements • Satisfactory performance against quarterly report • Data collected through the WQPHN e-referral tool - refeRHEALTH • MBS data reports • PENCAT reports • Completion of stocktake and collected annually.

Proposed Activities	
Priority Area	**Priority Area 2: Youth mental health services**
Activity(ies) / Reference	P2.1 Establish child and young people's mental health as a specific element of the WQ Regional Child Development and Well-being Strategy P2.2 **headspace** Mt Isa - improve integration with broader primary health care and manage the transition into WQPHN Commissioning and Development
Existing, Modified, or New Activity	Existing
Description of Activity	• Establish a mental health component within the Regional Child Development and Well-being Model of Care (MOC). The aim of the activity is to work in partnership with all the key health providers in the region (e.g. QH, HHSs, ACCHOs, RFDS, MH NGOs that have an influence on child development and well-being, etc.) to develop a PHN-wide strategic framework to improve the development and well-being of children in western Queensland. • Work with headspace to ensure a smooth transition of services into the WQPHN Commissioning and Development framework. Support **headspace** Mt Isa in improving connections and integration with mental health and primary care resources, self-help support, and social programs available in the community.
Target population cohort	0-25 years (12-25 **headspace**) with 0-12 identified in PA3 MDS- with an emphasis of better support for people who identify within a general practice population
Consultation	The WQPHN also seeks input from the three Clinical Chapters which meet bi-monthly across the catchment, and Clinical Council and Consumer Advisory Council. WQPHN also has a joint planning protocol with HHSs and QAIHC and maintains strong links with QMHC, Q Health and other QPHNs as part of the implementation of thaw MHSP programme.
Collaboration	The WQPHN has established a MHSP and AOD planning consortia with representation from Specialist MHSP stakeholders to assist the development and implementation of the Regional Plan.
Duration	The MHSP & DOA Regional Plan will be completed in 2017 and Commissioning (and Co-Commissioning) approaches will be explored during 2017-18 to inform procurement approaches and new / modified mental health Services from July 2018.
Coverage	Whole of WQPHN
Commissioning method	WQPHN have developed a robust Commissioning & Development Framework that is submitted alongside our Annual Plan submission. Our commissioning approach to FY16/17 aims to provide a stable operating environment across Western Queensland, whilst also sending clear messages about our intent to make the changes needed to deliver a comprehensive and sustainable primary health care system that is patient-centred and outcome-focused.

	WQPHN will adopt the following approach for youth mental health services: • Direct engagement of an appropriately skilled project team to lead consultation and engagement and development of the MOC. • Collaboration with the existing **headspace** lead agency (Gidgee Healing) consistent with the conditions attached to **headspace** funding and the goals of WQPHN. • Direct negotiations with existing contract holders, subject to confirmation of funding and resolution of any reporting or acquittal issues.
Approach to market	The WQPHN direct engagement commissioning approach in FY16/17 aims to provide a stable operating environment across Western Queensland with a very significant investment through the **headspace** Mt Isa. The HNA has highlighted the unique demographic and vulnerability of youth in the remote and very remote areas of WQ and the MHSP & DOA Regional Plan and its implementation will guide potential market levers to be prosecuted as part of commissioning for new services for youth, both with existing generalist mental health services but also through integration with child and maternal health initiatives. It is expected the C&MH MOC will also provide the opportunity to explore the development of more youth specific services. Given the paucity of child and adolescent specialist services across the catchment, an emphasis will also be placed on greater digital health enabled services, co-commissioning approaches, and an emphasis on youth support within the proposed Social and Emotional Wellbeing framework (see P6).
Performance Indicator	Priority Area 2 - Mandatory performance indicator: • APP-1 Proportion of regional youth population receiving youth-specific PHN-commissioned mental health services • Headspace (National Office) also provide detailed quarterly report and benchmarking against national indicators.
Local Performance Indicator target	The HNA has identified the constraints associated with health intelligence and the quality of information and data available to assist planning processes however an e-refer tool (Linked to the NMHNDS) will bring greater visibility of child and adolescent services provided through general practice settings and assist the development of meaningful baseline measures and targets over-time. • Regional Child Development and Well-being MOC will provide specific population based indicators and milestone measures • Baseline comparative data for **headspace** Mt Isa (via the HAPI) • Number of Commissioned services targeting youth mental health

	• Proportion of regional youth population receiving youth-specific PHN-commissioned mental health services. • % of WQPHN communities with access to youth specific services • Proportion of ATSI youth accessing services (**headspace** and generalist contracts)
Local Performance Indicator Data source	All service data (including NMHMDS) is entered into the WQPHN Qliksense and analysed monthly. • Young person and service provider data input into the **headspace** Application Platform Interface (HAPI), developed through the business analytics software tool, Tableau. It presents a snapshot of data for **headspace in Mt Isa** and a comparison against national centre averages and provided quarterly. • Data collected through WQPHN e-referral tool refeRHEALTH (limited pilot introduction in 2016-17) • Qualitative reports from youth specialist commissioned providers • Q Health MD dataset (indicator only)

Proposed Activities	
Priority Area	**Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups**
Activity(ies) / Reference	3.1 Commission RFDS Matilda to deliver psychological therapies to communities in CW Queensland 3.2 Commission North and West Remote Health (NWRH) to deliver psychological therapies to communities in NW Queensland 3.3 Commission a number of established private providers to deliver psychological therapies to communities in SW Queensland 3.4 Commission a lead agency to manage service delivery and data management, including electronic referral and MDS collection
Existing, Modified, or New Activity	Existing
Description of Activity	WQPHN is a unique PHN. It is easily the most remote, with 1 person per 13 km^2 (NT is 1 person/5.5 km^2 and WA 1 person/4.5 km^2); all communities are classified as remote or very remote; there is no regional mental health referral service in the PHN region. Psychological Therapy services will be delivered by a variety of organisations and individual service providers through either block funding or a 'fee for service' model of payment. Service providers will be aware of and involved in the stepped care approach to be delivered by a variety of mental health services within locations throughout the WQPHN region. This will ensure patients are provided with the right care, at the right time, in the right place by the right professional. RFDS Matilda mental health program based in Longreach, will service towns in the Central West of the WQPHN region, NWRH based in Mt Isa will service towns within the North West region and the South West region will be serviced by a variety of local smaller service providers mainly based in Roma, Charleville and St George.
Target population cohort	Whole of population with the emphasis of improved support for people who require Psychological Therapy services who identify within General Practice.
Consultation	The WQPHN seeks input from the three Clinical Chapters which meet bi-monthly across the catchment, and Clinical Council and Consumer Advisory Council. WQPHN also has a joint planning protocol with HHSs and QAIHC and maintains strong links with QMHC, Q Health and other QPHNs as part of the implementation of the MHSP programme.

Collaboration	The RFDS Matilda mental health program, Southwest service providers and NWRH work in close collaboration with the HHS mental health service, General Practice networks and local social support and rural organisations (CWA, Rural counselling service, Local Government). The WQPHN has established a MHSP and AOD planning consortia with representation from Specialist MHSP stakeholders to assist the development and implementation of the Regional Plan.
Duration	The MHSP & DOA Regional Plan will be completed in 2017 and Commissioning (and Co-Commissioning) approaches will be explored during 2017-18 to inform procurement approaches and new / modified mental health Services from July 2018.
Coverage	All WQPHN communities are classified 'remote' or 'very remote'. All WQPHN mental health activities address this priority area. The Matilda program covers the LGAs of Barcoo, Boulia, Barcaldine, Blackall-Tambo, Diamantina, Longreach, and Winton. NWRH covers the LGAs of Mt Isa, Cloncurry, McKinlay, Carpentaria, Burke, Doomadgee, and Mornington. Southwest service providers cover the LGAs of Maranoa, Balonne, Paroo, Bulloo, Quilpie and Murweh .
Continuity of care	Under the WQPHN Commissioning and Development framework, service providers are being orientated toward greater team based care outcomes and less emphasis on self-referred low intensity services. The development and adoption of the MHSP & AOD Regional Plan will systematically move all commissioned providers within this new stepped care framework which will be more patient centred and ensure greater continuity of care, including greater uptake and utilisation of digital health.
Commissioning method	Our commissioning approach to FY16/17 aims to provide a stable operating environment across Western Queensland, whilst also sending clear messages about our intent to make the changes needed to deliver a comprehensive and sustainable primary health care system that is patient-centred, outcome-focused and achieving value for money. To ensure continuity of services the WQPHN commissioning approach will continue to work directly with General Practice networks to better differentiate management of patients with Psychological Therapy needs to ensure patients are referred to the appropriate AMHP. Where clinically appropriate, patients will be introduced to digital alternatives as part of practice-based care packages.
Approach to market	The WQPHN direct engagement commissioning approach in FY16/17 aims to provide a stable operating environment across Western Queensland with a significant investment through the Matilda project in Central West, NWRH in the North West and service providers in the South West. The HNA has highlighted the unique demographic and paucity of service providers in the remote and very remote areas of WQ and the MHSP & DOA Regional Plan and its implementation will guide potential market levers to be prosecuted as part of commissioning with existing and potentially new generalist mental health services.

	Given the paucity of psychological services across the catchment, particularly in the western corridor communities, an emphasis will also be placed on greater digital health enabled services to enable more efficient Psychological Therapy services to be delivered into communities, and explore co-commissioning approaches, and an emphasis on stepped care including the inclusion of the proposed Social and Emotional Wellbeing framework.
Decommissioning	During 2016-17 there has been significant engagement with commissioned providers to reorient services to better support face-to-face consultations for General Practice patients. It is anticipated there will be some redefinition of services under P3 however these will be limited and there is not expected to be any decommission, rather an increase in planned Psychological Therapy services over time. Integrated digital support for early intervention and relapse prevention services have been defined as those treatments that require less time from a professional than a conventional treatment. Transition has been complex and will take several commissioning cycles given the paucity of mental health services and current treatment configuration.
Performance Indicator	Priority Area 3 - mandatory performance indicators: • ACC-1 Proportion of regional population receiving PHN-commissioned mental health services – Psychological therapies delivered by mental health professionals • EFF-1 Average cost per PHN-commissioned mental health service – Psychological therapies delivered by mental health professionals • EFF-1 Clinical outcomes for people receiving PHN-commissioned Psychological therapies delivered by mental health professionals
Local Performance Indicator target	• Compliance with MDS Data requirements for all interventions provided under this service • Review of quarterly qualitative and quantitative reports o #People receiving services o #Practices referring to service o #Referrals received o waiting list where relevant • % of interventions provided as part of multidisciplinary team based care • % of referrals made using digital e-referral • % of patients given the opportunity to provide feedback
Local Performance Indicator Data source	• WQPHN Data Sets (Qliksense) • MBS • MDS • refeRHEALTH data

Proposed Activities	
Priority Area	**Priority Area 4: Mental health services for people with severe and complex mental illness including care packages**
Activity(ies) / Reference	WQPHN Mental Health Nursing in General Practice (MHNiGP) initiative 4.1 Seven (7) Proof of Concept sites in general practices/ACCHOs where additional credentialed mental health nursing support for primary mental health care will be placed (St George, Cunnamulla, Cloncurry, Longreach, Mount Isa and Roma x 2 practices).
Existing, Modified, or New Activity	Existing/modified
Description of Activity	While the MHNiGP model is well tested in regional and urban settings, it has not proved viable in most remote settings, where MBS revenue is limited by small populations and practice workforce constraints and MH nursing reach is diluted by vast distance. In addition, workforce challenges have made it impossible to recruit suitable skills to enough locations in Western Queensland. The project will trial a number of approaches to providing specialised support on a regional basis for generalist staff called upon to care for people with severe mental illness in primary care settings. The skills needed, number and location of staff will be informed by the project. Under this activity additional nurse support for primary mental health care will be trialled at General Practices in St George, Cunnamulla, Cloncurry, Longreach Mount Isa and Roma, in partnership with private and ACCHO operated general practice. The HNA identified limited linkages between acute and primary services with no systematic approach to managing physical and psychological care requirements or interaction with preventative and low intensity mental health services. The project would locate “clinical care coordinators” within practices to coordinate mental and physical care needs as well as connect people to community services and social supports and “life style” interventions. Coordinators would ideally be drawn from Mental Health Nursing, however structured learning, upskilling and mentoring of practice nursing staff will also be incorporated into the implementation approaches. Determining the most appropriate configuration of a coordinator network will be a key element of the project. The MHNiGP forms a practice-based commissioning approach that directly seeks to improve the capacity and clinical leadership of general practice at the centre of a comprehensive system of care for patients with moderate and severe mental illness, particularly those who would benefit from team based approaches within a stepped care model of care.

	A critical element in the P4 will be the inclusion of Youth Severe funding which will use a similar methodology and approach to identify and enrol priority patients in practice populations, and ensure enrolment within a shared care Model of Care with the HHS and secondary care services, as well as support through the P6 Social and Emotional Wellbeing for maintenance, recovery and support in community.
Target population cohort	General Practice populations within Roma (x2) St George, Cunnamulla, Longreach, Mount Isa and Cloncurry.
Consultation	The WQPHN seeks input from the three Clinical Chapters which meet bi-monthly across the catchment, and Clinical Council and Consumer Advisory Council. Practices have been selected based on their (a) history of MHNiGP PiP (one only) and (2) their category as Tier 3 or greater under the WQPHN Practice Support and Capability framework.
Collaboration	The MHSP&DA Regional Plan planning consortia and three clinical Chapters have contributed to the definition and adoption of the stepped care population prevalence thresholds and proposed approaches. Negotiation directly with Practices, including work to improve data integrity, assessment and referral protocols and team care arrangements is embedded as part of the MHNiGP project management.
Duration	Commencement in 2016 -17 and ongoing
Coverage	General Practice populations within Flinders Medical Centre (Cloncurry), Maranoa Medical and Roma Clinic (Roma, Longreach Family Medical Practice (Longreach, Cunnamulla Aboriginal Health Centre (Cunnamulla), Gidgee Healing (Mount Isa) and St George Medical Centre (St George). The Practice population is estimated to be approx. 25,000 active patients or 30% of the total WQPHN population.
Continuity of care	Continuity of care will be managed through contemporary practice management and recall systems.
Commissioning method	The MHNiGP is based on the former Practice Incentive Program. The new approach represents a practice based commissioning approach and directly linked to enabling greater stepped care outcomes. Well supported, these practices will be exemplar sites and provide important Proof of Concept learning that can be scaled and spread across the catchment. Greater standardisation of approaches, uptake of digital technologies, new clinical pathways and enhanced linkages with acute and social care providers are all outcomes to be achieved through the commissioning of these services.
Approach to market	The WQPHN will undertake direct negotiation with nominated Practices and undertake an assessment of capacity to participate effectively in 2016-18 including sufficient numbers of patients to support MHNIP locally or as a regional network and capacity to develop a model transferrable to other locations.

Performance Indicator	Priority Area 4 - mandatory performance indicators: • Proportion of regional population receiving PHN-commissioned mental health services – Clinical care coordination for people with severe and complex mental illness (including clinical care coordination by mental health nurses). • Average cost per PHN-commissioned mental health service – Clinical care coordination for people with severe and complex mental illness. Other local indicators with participating practice may include: • Patient Registers established and shared across provider networks • Evidence of integrated mental health multidisciplinary teams through new care planning arrangements inclusive of HHS and social care providers • # Number of patients identified and enrolment in new community based integrated model of care • % increase in Mental health MBS activity • Evidence of connectivity with HHS AOD teams • Patient reported outcome measures • % of Practice staff participating in professional development, upskilling and education
Local Performance Indicator target	• % of Practice MH patients in new stepped care arrangements • % ATSI patients • # Number of HHS/Practice patients on shared care arrangements • % increase in clean practice It is anticipated that in the last quarter of 2017 the MHNiGP will have its own Primary care collaborative to assist the development and adoption of practice capabilities, encourage greater data sharing and connectivity across provider networks, and development of specific performance measures through which to monitor the MHNiGP roll-out.
Local Performance Indicator Data source	• WQPHN Data sources (Qliksense) • PENCAT / PATCAT data • MBS Data • MDS Data • E-Refer data • EDIS / HHS MH Data

Proposed Activities	
Priority Area	**Priority Area 5: Community based suicide prevention**
Activity(ies) / Reference	P5.1 Pilot an evidence based community suicide prevention strategy that is relevant to the demographics and health and community service systems in WQPHN. P5. 2 Establish and adopt an integrated suicide prevention approach across primary care and HHS networks, including a clinical prioritisation to guide discharge planning and follow-up for those who enter care because of suicide risk (ideation) or attempt.
Existing, Modified, or New Activity	Existing and new
Description of Activity	5.1 The pilot project, in collaboration with the QMHC, is a place-based suicide prevention model (Maranoa region) which aims to promote community awareness and understanding about effective approaches for suicide prevention at the local level and supports and promotes strategies that facilitate early intervention to reduce suicide. This approach recognises the need to target whole of community, particularly vulnerable groups and those affected by, or at high risk of mental illness, problematic substance use, and suicide. A critical element of the project will be to ensure non-clinical community based interventions are integrated with established clinical networks, and general practice services. 5.2 With key stakeholders (HHS and private providers) working towards the development and adoption of an integrated suicide prevention approach that includes the adoption of clinical prioritisation criteria (CPC) to guide care coordination for high risk clients post suicide attempt. The strategy will ensure patient enrolment within a clear recovery pathway within a nominated general practice team as provided under the stepped care approach. Developing a regional approach to suicide prevention will help to identify key components of the primary care and social care (and community) paradigm that can be better supported to build capacity to offer greater support for people at risk or those who have unsuccessfully committed suicide. Within a stepped care construct, there will be greater detection of suicide ideation (in ED and Hospital and general practice settings) and better referral pathways for support, including progression / escalation with the stepped care model of care.
Target population cohort	Maranoa Regional LGA for the suicide prevention pilot. Whole of population for the adoption of new clinical prioritisation criteria.
Consultation	P5.1 The Queensland Mental Health Commission, WQPHN, SWHHS, Maranoa Shire and other and key stakeholders have established a local steering committee to guide the development of the suicide prevention initiative.

	P5.2 The WQPHN has established a MHSP and AOD planning consortia with representation from Specialist MHSP stakeholders to assist the development and implementation of the Regional Plan. As part of the work of the consortia, specific emphasis will be placed on the development of the CPC and associated care pathway as part of the stepped care approach.
Collaboration	• P5.1. Maranoa Regional suicide prevention group. • P5.1. MHSP Regional Consortia.
Duration	P5.1. Commencing in 2016-17 and continuing until June 2018. P5.2. The development of the CPC will commence initially as part of the MHSP Regional Planning activities with implementation timeline December 2017.
Coverage	Whole of WQPHN
Commissioning method	P5.1 WQPHN will contribute as a Partner in the Maranoa suicide prevention initiative. The procurement will be via a co-contribution to the overall costs of the pilot initiative. P5.2 The CPC will be integrated into the programme support activities of the MHSP Regional Planning Consortia, however assigned as a HHS led working group to develop the framework in collaboration with nominated stakeholders.
Approach to market	No formal approach to market will apply in this case, however incorporating the identification and referral of patients with high risk factors or with suicide ideation, will be incorporated as core competencies in future clinical commissioning for mental health services across the WQPHN.
Performance Indicator	Priority Area 5 - Mandatory performance indicator: • APP-3 No of people followed up by PHN-commissioned services following a recent suicide attempt.
Local Performance Indicator target	• 5.1 Community consultation undertaken in the Maranoa LGA in collaboration with QMHC to achieve a flexible, evidence-based, placed-based model to be implemented over two (2) years • 5.2.1 CPC developed and endorsed by MHSP Consortia and HHSs. • 5.2.2 Number of people enrolled and accessing new protocol
Local Performance Indicator Data source	• Q Health EDIS data • Local Data sets to be determined (Maranoa initiative)

Proposed Activities	
Priority Area	**Priority Area 6: Aboriginal and Torres Strait Islander mental health services**
Activity(ies) / Reference	Develop Indigenous-specific services in collaboration with ACCHO (and QAIHC) to support greater companion social and emotional wellbeing services to support Aboriginal and Torres Strait Islander Patients with Mental Health illness. P6.1. Co-design and implementation of clinically integrated Social and Emotional Wellbeing services across the WQPHN.
Existing, Modified, or New Activity	New
Description of Activity	Development of an Aboriginal and Torres Strait Islander specific Commissioning framework to be delivered in collaboration with the four ACCHOs in WQPHN, co-designed and commissioned Social and Emotional Wellbeing services support services for Aboriginal and Torres Strait Islander people. New services will be evidence informed and draw on contemporaneous examples linked to providing greater support locally. A critical element of design and scope will be the integration and formal linkage of these services into the stepped care model of care. The service configuration, clinical qualifications and clinical supervision requirements of positions established within the Social and Emotional Wellbeing will be developed as part of the Social and Emotional Wellbeing Co-commissioning however the emphasis will be on clinical integration to assist better access and help seeking behaviours, culturally competency assessment and enrolment processes, and greater support and linkage to local recovery services.
Target population cohort	New services will target ATSI people of ACCHO and mainstream general practice networks to maximise the opportunity for greater team-based care outcomes within a clinically integrated stepped care model of care.
Consultation	The WQPHN has established a formal Alliance with the four ACCHOs of the catchment, The Nukal Murra Alliance provides an important reference point through which to inform the SEWB framework including the development of a clinically integrated Social and Emotional Wellbeing to assist the efficacy of treatment services.
Collaboration	The WQPHN Strategic Plan and HNA has highlighted the critical importance of building solid relationships with the ACCHO sector within its catchment, and to examine new innovative approaches to responding the unique challenges associated with improving access and participation for the regional A&TSI populations. The Nukal Murra Alliance provides an innovative and culturally responsive approach to service co-design, implementation and evaluation.
Duration	The development of the ATSI specific Commissioning component will be completed in line with the MHSP & DOA Regional Plan and Implementation planned for commencement in 2017-18.
Coverage	Whole of WQPHN

Commissioning method	Direct engagement with existing Aboriginal Community-Controlled service providers to leverage from their established infrastructure, cultural intelligence, clinical capacity and community engagement frameworks. Developing the Nukal Murra Alliance (contracting) approach will facilitate a holistic approach to culturally safe, competent and respectful services. WQPHN recognises the significant contribution Aboriginal Community Controlled Organisations and QAIHC can contribute to supporting greater culturally informed clinical practice within provider networks and the unique capacity to co-design and co-commission new services specifically tailored to the needs of Aboriginal and Torres Strait Islander peoples of the catchment.
Approach to market	The WQPHN will develop and implement an Alliance Contract and support a direct commissioning approach with ACCHOs and leverage from placed-based capability and minimise administrative overheads.
Performance Indicator	Priority Area 6 - Mandatory performance indicators: • Proportion of Indigenous population receiving PHN-commissioned mental health services where the services were culturally appropriate. • Planning Consortia consensus on the strategy. • Development and adoption of an agreed performance framework to guide co-commissioning • The proportion of Indigenous people accessing ACCHO and non-Indigenous services • Existing plans and strategic approaches from the National and State community controlled sector (i.e. NAHP and implementation plan and Social and Emotional Wellbeing framework, Qld Mental Health Commission guidelines and Qld Health ATSI Mental Health Strategy) will be examined to inform indicators. • As outlined previously, the Gayaa Dhuwi declaration will be a key reference and inform qualitative and quantitative indicators.
Local Performance Indicator target	The Nukal Murra Alliance has established a working group including State and National representatives to assist the finalisation of the SEWB framework. As the program comes online, there will be a number of local indicators developed specific to the anticipated SEWB outcome measures. These will be developed during 2017-18.
Local Performance Indicator Data source	• WQPHN Data sources (QLIKsense) • PENCAT practice data • Other data sets identified as part of the Social and Emotional Wellbeing program development

Proposed Activities	
Priority Area	**Priority Area 7: Stepped care approach**
Activity(ies) / Reference	**Development and adoption of a regional framework to guide an integrated model of care to enable the adoption of greater stepped care approaches for people experiencing mental problems, especially people with moderate to severe illness** • P7.1 Re-definition and alignment of WQPHN generalist mental health service commissioning • P7.2 Primary health care capability program – an integrated Pilot of the WQPHN mental health stepped care model of care using the health care home enablers.
Existing, Modified, or New Activity	Existing and new
Description of Activity	**P7.1 Transition to Stepped care from current MHS commissioned providers** The WQ HNA identified that contracted providers mostly supply low intensity mental health services, information and reporting is poor. Most operate independently and many operate outside local general practice and primary health care teams. Past encouragement of self-referral to allied health services has contributed to Psychological Services investment being spread across a range of interventions. There are no alternative providers in the market. The aim of this activity in 2016/17 will be to maintain existing service providers while redirecting allied health to stronger engagement with General practice teams and primary health care provider networks the stepped care approach aligns well with established structures for managing a range of chronic conditions primary care settings. Stepped care will underpin the primary mental health care model for Western Queensland and therefore, the Regional Mental Health Plan. Importantly by placing general practice at the centre of all primary care, stepped care will become a fundamental part of primary mental health care centre of all primary care, stepped care will become a fundamental part of primary mental health care. Significant realignment of available allied health providers towards people with moderate and severe and complex illness along with increase investment in evidence-based alternatives to face-to-face Psychological Therapy interventions is expected.

	P7.2 Integrated Mental Health Pilot The WQPHN HNA highlighted that Services are fragmented and poorly integrated for patients with more complex conditions, including mental health. Most patients receive treatment from multiple providers, most of them working in different locations, and are often working in different parts of the health system. As a result, effective communication between the health 'team' is challenging and inconsistent resulting in concerns about the quality and safety of patient care. The deliverable is to work in partnership with all the key health providers in the region (i.e. HHSs, ACCHOs, CheckUp, private General Practice) to and adopt a new approach that is founded on team based care principles, and makes the best use of available workforce and technology and better aligns them with individual and local population. A new model of primary health care for patients with chronic and complex conditions who would benefit from greater team based approaches to management of their illness will be identified within a defined practice population. Using a stepped care approach and an emphasis on integrated practice-based multidisciplinary GP lead model of care, it is expected the new approach will include the following features: • Voluntary patient enrolment with a general practice or ACCHO to provide a clinical cohort and 'base-line' for the coordination, management and ongoing support for their care; • Use of risk stratification tools to identify patients requiring high levels of coordination and team care; • Tailored patient care plans developed in partnership with patients, families and carers; • Flexible team based care that supports integrated patient care across the continuum of the health system through shared information and care coordination; • Better use of locally relevant, evidence-based patient health care pathways and admission and discharge protocols to guide care planning and clinical decisions; • Development of new referral networks across hospital, primary and social care settings and provider networks; • Improved use of digital health measures to improve patient access and efficiency, including My Health Record and telehealth services; and • Data collection and monitoring to measure patient health outcomes and support quality improvement. • Better access to clinical and nonclinical services and providers to deliver interventions at each level, including mechanisms for supervision and monitoring to ensure appropriate interventions to be provided across levels of severity.

Target population cohort	P7.1. Whole of Population P7.2. The SWHHS region of the WQPHN
Consultation	The WQPHN seeks input from the three Clinical Chapters which meet bi-monthly across the catchment, and Clinical Council and Consumer Advisory Council. WQPHN is also partnering with the SWHHS in the delivery of an Integrated Care initiative in the SW which is focusing on better mental health outcomes using stepped care.
Collaboration	• P7.1. The MHSP&DA Regional Plan planning consortia and three clinical Chapters have contributed to the definition and adoption of the stepped care population prevalence thresholds and proposed approaches. • P7.2. The SWHHS and WQPHN has collaborated on the development of a 10 year strategic plan for the SWHHS communities. SWHHS has also been awarded an Integrated care and Innovation Fund program which will focus on the implementation of an integrated mental health strategy in the SW.
Duration	P7.1. Ongoing as part of the Commissioning of MHS services. P7.2. Planning commenced in 2016 with implementation schedule for 2017.
Coverage	P7.1 Whole of WQPHN P7.2 SWHHS Region (Linked to Roma based MH services).
Commissioning method	P7.1. Our commissioning approach to FY16/17 aims to provide a stable operating environment across Western Queensland, whilst also sending clear messages about our intent to make the changes needed to deliver a comprehensive and sustainable primary health care system that is patient-centred and outcome-focused. P7.2. The planned collaborative with the SWHHS (and other parties) will support a co-commissioned approach including shared health intelligence, co-design and general practice stepped care implementation.
Approach to market	P7.1. A combination of direct appointment, modification of current commissioned providers and where appropriate use of tendering (RFT, RFP). All commissioned service will be required to deliver interventions with a stepped care model, including adoption of digitally enabled systems to optimise delivery of stepped care and assist evaluation. P7.2. SWHHS is the Organisational lead for the ICIF and the co-design and co-commissioning approach will be determined as part of the ICIF roll-out. Commissioned services will be monitored and evaluated via quarterly meetings; monthly or quarterly outcomes-based reporting requirements as specified in the contract.

Decommissioning	There will be no decommissioning of services however the service transition to a stepped care approach is likely to be complex and take several commissioning cycles to assist current providers and general practice networks transition to the stepped care approach and redefinition against current treatment configuration and methodologies.
Performance Indicator	Priority Area 7 - Mandatory performance indicator: • Proportion of PHN flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness. Other Indicators: • Completion and adoption of the MHSP Regional Plan and Implementation Framework to inform commissioning approaches in 2017-18 • % of WQPHN MHS service delivery contracts with specified Stepped Care requirements • % of Practices utilising new e-refer digital referral (inclusive of stepped care thresholds)
Local Performance Indicator target	P7.1. Local indicators • Practice population(s) cohort established with moderate to severe identified • # Number of patients enrolled in new model of care • # Number of patients accessing services via new digital referral tool • Total number of mental health clinical providers using digital referral tool and supporting practice-based stepped care treatment outcomes • PREM and PROM indicators
Local Performance Indicator Data source	• WQPHN data sources (Qliksense activity and performance reports) • PENCAT data • MBS data

Proposed Activities	
Priority Area	**Priority Area 8: Regional mental health and suicide prevention plan**
Activity(ies) / Reference	Development and adoption of the Western Queensland Mental health and Suicide Prevention Regional Plan
Existing, Modified	Existing
Description of Activity	The WQPHN will establish a Planning Consortia and recruit an external consultant to assist the development of the MHSP Regional Plan and ensure a solid foundation for collaboration, co-design and ultimately adoption of one Plan for Western Queensland. WQPHN is aiming to establish a consensus model to: • reduce structural and policy barriers to coordination and interactions between levels of care that inhibit current service delivery and a patient centric stepped care approach; • enables flexible use of the available workforce with both state and PHN funded resources deployed appropriately within the stepped care approach with general primary care developments across the region that have GPs at the centre of patient care; • use the agreed model to underpin the regional mental health and suicide prevention plan. WQPHN's aim is for the new model to lead to establishment of a Regional Mental Health and Suicide Prevention Plan that: • will focus on primary mental health care services and articulate the interface between local services and specialist and referral services; • embed mental health and drug and alcohol responsiveness in every PHN funded program; • embed stepped care, the Gayaa Dhuwi Declaration and Indigenous Mental Health at the core; and • address requirements set out in the Mental Health Reform Implementation Circular 2/2016. • address the requirements outlined in the 5th National Health reform • incorporate key learnings from the Harvey Whiteford et al QUT report June 2016 • incorporated relevant QMHC and related Q Health guidelines
Target population cohort	Whole of Population
Consultation	The WQPHN has established a MHSP and AOD planning consortia with representation from Specialist MHSP stakeholders to assist the development and implementation of the Regional Plan. The WQPHN also seeks input from the three Clinical Chapters which meet bi-monthly across the catchment, and Clinical Council and Consumer Advisory Council. WQPHN also has a joint planning protocol with HHSs and QAIHC and maintains strong links with QMHC, Q Health and other QPHNs as part of the implementation of the MHSP programme.

Collaboration	CORE partners include the three HHS organisations and ACCHOs and QAIHC, but also include a wide range of stakeholders including LGBTI, QNADA, RFDS, QUT, Griffith University, Consumer representatives and private mental health providers.
Duration	Subject to gaining endorsement from key stakeholders, the MHSP & DOA Regional Plan will be completed by mid 2017. Commissioning (and Co-Commissioning) approaches will be undertaken in parallel however new commissioning will come online during 2017-18 inline with the Plans key recommendations.
Coverage	Whole of WQPHN
Commissioning method	A highly collaborative approach has been undertaken inclusive of key stakeholders (HHS, QAIHC, ACCHO's and Q Health) to initiate joint planning and development activities. A Terms of Reference will guide the form and function of the Consortia, including membership which will assemble a wide set of skills and representation from across the HHS, professional institutions, General Practice, academic, and indigenous networks to guide the plans critique and development. The Consortia will facilitate shared health intelligence and guide a localised strategy to enable a stepped care approach to mental health service provision across the WQPHN catchment population. The Planning Consortia will remain an enduring overarching feature to guide the implementation and evaluation of the MHSP & AOD Regional Plan.
Approach to market	• Direct appointment of an International Specialist Mental health consulting firm to assist the MHSP Planning consortia in the consultation, research and preparation of documentation.
Performance Indicator	Priority Area 8 - Mandatory performance indicators: • Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery. Other indicators: • Development and adoption of the WQPHN Regional Plan for Mental health, Suicide Prevention and Alcohol and Drug treatment services. • Endorsement of the plan by key stakeholders (HHSs, ACCHOs, CheckUP others).
Local Performance Indicator target	• Development and adoption of an Implementation Plan for the stepped care approaches outlined in the MHSP and AOD Regional Plan