



Australian Government

Department of Health

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An Australian Government Initiative

Updated Activity Work Plan 2016-2018: Primary Mental Health Care Funding

The Mental Health Activity Work Plan template has two parts:

- 1) The updated Annual Mental Health Activity Work Plan for 2016-2018, which will provide:
 - a) A strategic vision which outlines the approach to addressing the mental health and suicide prevention priorities of each PHN;
 - b) A description of planned activities funded under the Primary Mental Health Care Schedule which incorporates:
 - i) Primary Mental Health Care funding (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity); and
 - ii) *Indigenous Australians' Health Programme* funding (quarantined to support Objective 6 – see pages 2-3) (PHN: Indigenous Mental Health Flexible Activity).

Gippsland

Overview

This Activity Work Plan is an update to the 2016-17 Activity Work Plan submitted to the Department in May 2016. However, activities can be proposed in the Plan beyond this period.

Mental Health Activity Work Plan 2016-2018

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) Provide an update on 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 2016-18 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* available on the PHN website at http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Program_Guidelines, and which is consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce.
- 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.

1. (a) Strategic Vision

Please provide a strategic vision statement (no more than 500 words) on the PHN's approach to addressing the mental health and suicide prevention priorities for the period covering this Work Plan (2016-17), including governance arrangements, that demonstrates how the PHN will achieve the six key objectives of the PHN mental health care funding underpinned by:

- *a **stepped care approach**; and*
- *evidence based **regional mental health and suicide prevention planning**.*

The Gippsland PHN Strategic Objectives underpin all activities commissioned and performed by Gippsland PHN. Key Gippsland PHN documents that govern the implementation of our mental health and suicide prevention priorities are:

- Commissioning Framework
- Procurement Framework
- Performance Framework

Regional planning and stepped care model

A senior practitioner will be seconded from the Area Mental Health Service (AMHS), dedicated to working with all relevant stakeholders on regional mental health and suicide prevention planning, in collaboration with Gippsland PHN teams, and delivering:

- A detailed regional mental health and suicide prevention plan.
- Contribution to data collection, service mapping, and market analysis to support understanding of Gippsland system.
- Coordinate and drive regional forums to enable sector discussion about mental health reform, and the stepped care approach to mental health and suicide prevention.
- Identify and contribute to development of referral pathways and resources to support and enable the stepped care model.
- Identify key issues, data and discussion points for Gippsland PHN to explore with Clinical Councils and Community Advisory Committee.
- Explore place based model testing in a geographic location or population group.
- Seek ways to integrate the stepped care model with digital health and system integration mechanisms (e.g., myHealth record, e-referral, health pathways).

Governance

The Gippsland Mental Health Alliance will be the overarching governance structure for the seconded position from AMHS to drive the regional planning and implementation of a stepped care model. The Gippsland Mental Health Alliance meets bi-monthly with senior managers/executive membership from all mental health services in Gippsland, including the regional hospital and area mental health service, Aboriginal Community Controlled Health Organisations (ACCHOs), health services, administrative agencies, and consumer/carer organisations. Gippsland PHN is a member and previous deputy chair of this network, and will continue to use the Alliance as a primary mechanism for consultation, development of models, testing ideas, seeking feedback and communication of key messages. This will be supported by formal monthly program review meetings between AMHS and PHN management and program staff, fortnightly supervision meetings between the AMHS project manager and their AMHS line manager, and regular informal contact and updates.

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

Note 1: For Priority Area 1, 2, and 5-8 use Template 1 below.

Note 2: For Priority Areas 3 and 4, please use Template 2 on page 9.

Proposed Activity	
Priority Area	Priority Area 1: Low intensity mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	1.1 Coaching for early intervention in anxiety and depression.
Existing, Modified, or New Activity	Modified activity (2016-17 Activity Work Plan)
Description of Activity	<p>Low intensity evidence-based coaching for individuals aged over 18 years and experiencing mild to moderate anxiety and depression. This program will provide early intervention for people with lesser mental health needs, aimed at preventing symptoms becoming worse, with the subsequent significant health, social, and economic costs. This activity warrants investment given the significant proportion of the Gippsland population reporting psychological distress (12%), and the evidence that if left untreated, mild to moderate depression and anxiety symptoms can escalate and deteriorate to significant mental health conditions. A telephone based approach will also be piloted in a remote area. Target populations will be guided by the Needs Assessment in terms of locations of highest psychological distress rates, and where services exist to provide a “step-up” as needed.</p> <p>An evidence based program will be utilised. Integration with other clinical services such as PHN-funded programs, Mental Health Community Support Services, Area Mental Health Service, hospitals and community health will be a fundamental component.</p>
Target population cohort	Target population for this activity will include individuals aged 18 and over, identified as having mild to moderate mental health needs Geographical areas targeted include remote areas where face to face service is more challenging and areas with greatest need.
Consultation	<p>The Gippsland PHN Community Advisory Committee is the centre of the organisation’s community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual).</p> <p>Gippsland PHN’s Clinical Councils comprise health professionals representative of the sub-region they cover –</p>

	<p>enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are:</p> <ol style="list-style-type: none"> 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation); 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities. <p>Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.</p>
Collaboration	<p>Gippsland PHN will seek co-investment from local health services, ACCHOs, NGOs, private health insurers, and state Government.</p> <p>Relevant stakeholders will be invited to participate and share referral pathways and integration of services, via the key governance group for the stepped care model implementation – Gippsland Mental Health Alliance. In particular, ATSI health services will be invited to be a partner in the planning and delivery of the service to ensure cultural responsiveness and inclusion of Aboriginal people appropriately.</p>
Duration	Anticipated July 2017 commencement, given consultation time, lead-in time required for procurement and training of local provider. Duration to 30 June 2018.
Coverage	Entire PHN region, with introduction via place-based commissioning
Proposed Activity	
Priority Area	Priority Area 2: Youth mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	2.1 headspace centres 2.2 Place based integrated, multidisciplinary models of mental health care for children and young people in a

	<p>location not covered by headspace</p> <p>2.3 Early psychosis service for young people with mental illness</p>
Existing, Modified, or New Activity	Modified activity
Description of Activity	<p>2.1 Existing headspace centres are located in Morwell, also providing a service to Baw Baw, and Bairnsdale. These areas are among the highest for bullying among adolescents and prescribing rates for children under 17 years for anti-depressant medications. The headspace model provides an easily accessible service with multi-disciplinary staff who can provide assessment and referrals as necessary.</p> <p>2.2 The Gippsland – South West SA3 does not have access to a headspace service. A youth clinic is in operation, but a need for a youth mental health service to complement this was identified in the needs assessment. A multidisciplinary model of mental health care for children and young people was identified as an effective model.</p> <p>2.3. Gippsland PHN has consulted with local mental health services and identified that an Early Psychosis Service for young people is currently operating with the Area Mental Health Service (AMHS) Child and Youth Mental Health Service team. Early discussions have indicated that a partnership and collaboration with other youth-focused services could help to expand the reach and quality of this service. Gippsland PHN will work towards this goal with increased service provision in place by July 2017.</p>
Target population cohort	Young people is the target population for this activity with a new headspace centre opening in East Gippsland in 2017. The early psychosis service is regional focussing on underserviced areas.
Consultation	<p>The Gippsland PHN Community Advisory Committee is the centre of the organisation’s community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual).</p> <p>Gippsland PHN’s Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are:</p> <ol style="list-style-type: none"> 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects;

	<ol style="list-style-type: none"> 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation; 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities. <p>Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.</p>
Collaboration	<p>2.1 headspace centres will be governed by a Consortium, with a co-contribution to the delivery of the headspace centre from each consortium member. Consortium members will vary for the two headspace sites, but may be represented by hospital/health service, NGOs, ACCHOs, employment/ education, mental health services and others.</p> <p>2.2 The model will be jointly implemented with State Government, local Government, and governed by a Consortium with contributions from each member. Membership is to be determined but is likely to consist of local hospital health service, employment/education, mental health services, welfare, NGOs and primary care.</p> <p>2.3 Gippsland PHN will collaborate with the regional State Area Mental Health Services, headspace, and existing early psychosis services in Melbourne to develop and implement a service model for the region within funding constraints.</p>
Duration	<p>2.1 1 July 2016 to 30 June 2018</p> <p>2.2 and 2.3 Anticipated after June 2017 to allow appropriate consultation, planning and commissioning processes.</p>
Coverage	<p>2.1 Current headspace centres are located in Morwell (SA3 Latrobe Valley and also services SA3 Baw Baw) and Bairnsdale (SA3 Gippsland - East)</p> <p>2.2 Model for Wonthaggi, located in SA3 Gippsland - South West</p> <p>2.3 Region wide</p>
Proposed Activity	

Priority Area	Priority Area 5: Community based suicide prevention activities
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	5.1 Gippsland Suicide Prevention Service 5.2 Integration of regional suicide prevention services 5.2 Postvention community programs 5.4 Aboriginal and Torres Strait Islander suicide prevention activities
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p>5.1 The existing Gippsland Suicide Prevention Service provided through the Area Mental Health Service will be supported to continue. This is a region wide service and a need for an ongoing suicide prevention services with increased capacity was identified in the needs assessment.</p> <p>This is delivered by the Area Mental Health Service (Latrobe Regional Hospital), via referrals from Emergency Departments, Mental Health Triage, Mental Health Community Services, GPs, psychiatrists, other service providers. No Mental Health Plan is required, however integration with GP is usual practice. Up to two months of intensive face to face, phone and video-conference treatment is provided by senior mental health practitioners, for individuals who have attempted suicide and discharged into community, or at high risk of suicide but not otherwise treated by the Area Mental Health Service. It is a regional service operating across all six LGAs, and has been in operation for three years with increasing referrals and treatment sessions. Currently funded at 1.0EFT.</p> <p>5.2 Further development of links between Lifeline Gippsland, General Practice and the Suicide Prevention services provided through the Area Mental Health Service to refine referral pathways in light of recent changes to the State funded model of care. This will include referral thresholds, referral protocols, and ongoing GP management. The possibility to integrate with eHealth initiatives such as myHealth record and e-referrals will be explored. This work will also be integrated in the Gippsland PHN Health Pathways.</p> <p>5.3 Commissioning of provision of targeted education and support to Gippsland apprentices and also postvention community support services after suicide, for Gippsland residents, to provide support and resources for people bereaved by the suicide of a loved one. Support for families was identified as a gap in the needs assessment. These two activities will be purchased directly from programs previously funded directly by the Department of Health. Evaluation of the activities during 2016/17 will enable Gippsland PHN to understand the reach, efficiency and effectiveness of these programs, in order to plan further for 2017/18.</p> <p>5.4 Suicide prevention activities relevant for Aboriginal and Torres Strait Islander people will be commissioned,</p>

	<p>again according to locally and culturally appropriate practice. Consideration will be given to the potential to pool funds with other Victorian PHNs to commission an organisation to deliver culturally appropriate suicide prevention services.</p>
<p>Target population cohort</p>	<p>The target population for this activity will include individuals from the Gippsland population who are at risk of or have attempted suicide or have been affected by suicide. Specific sub-populations include Indigenous people, apprentices and families and carers.</p>
<p>Consultation</p>	<ul style="list-style-type: none"> • Clinical Council membership – indigenous person is member of East Gippsland/Wellington Clinical Council • Gippsland PHN membership on the Gippsland Aboriginal Health Advisory Committee (convened by Victorian Department of Health and Human Services) • Regular formal and informal attendance and communication with key indigenous groups and elders, e.g., Djillay Ngalu collaborative, local government Aboriginal community groups <p>The Gippsland PHN Community Advisory Committee is the centre of the organisation’s community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual).</p> <p>Gippsland PHN’s Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are:</p> <ol style="list-style-type: none"> 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation); 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and

	<p>5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities.</p> <p>Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.</p>
Collaboration	<p>5.1 Area Mental Health Service</p> <p>5.2 Area Mental Health Service, Lifeline Gippsland, General Practice, health services</p> <p>5.3 NGOs</p> <p>5.4 Gippsland ACCHOs, NGOs, VACCHO, Victorian PHNs</p> <p>Note roles of these are outlined in the Description of Activities above</p>
Duration	1 July 2016 to 30 June 2018
Coverage	Entire PHN region
Proposed Activity	
Priority Area	Priority Area 6: Aboriginal and Torres Strait Islander mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>6.1 The provision of place based, community appropriate programs that are culturally safe and flexible</p> <p>6.2 Co-location of mental health professionals in Aboriginal Medical Services</p>
Existing, Modified, or New Activity	Modified activity (2016-17 Activity Work Plan)
Description of Activity	<p>6.1 Commissioning of services with capacity to provide culturally safe, holistic, stepped care mental health services including low intensity services, psychological treatment services, services for those with chronic and complex mental health conditions, and for those with AOD comorbidities. A need for holistic, locally available mental health services suitable for Indigenous clients was identified in the needs assessment as the lack of such services can be an important barrier to accessing services for Indigenous clients. Planning has commenced, with services to be delivered as soon as possible after February 2017.</p> <p>6.2 Commission mental health clinicians trained in the provision of culturally safe and flexible practice to be co-located in ACCHOs. Facilitate the negotiation with existing mental health and AOD providers and ACCHOs to promote co location within ACCHOs. The needs assessment clearly showed that there is under-servicing of Indigenous clients with mental health as a co-morbidity due to lack of specialist practitioners available within</p>

	<p>the service.</p> <p>Planning has commenced, with scoping and partnership discussions continuing with Victorian Department Health and Human Services. Likely services to be commenced by June 2017.</p>
Target population cohort	<p>The specific target population for this activity is Indigenous Australians with a need for mental health services, especially those with an AOD co-morbidity.</p>
Consultation	<ul style="list-style-type: none"> • Clinical Council membership – indigenous person is member of East Gippsland/Wellington Clinical Council • Gippsland PHN membership on the Gippsland Aboriginal Health Advisory Committee (convened by Victorian Department of Health and Human Services) • Regular formal and informal attendance and communication with key indigenous groups and elders, e.g., Djillay Ngalu collaborative, local government Aboriginal community groups <p>The Gippsland PHN Community Advisory Committee is the centre of the organisation’s community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual).</p> <p>Gippsland PHN’s Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are:</p> <ol style="list-style-type: none"> 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation); 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health

	<p>priorities.</p> <p>Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.</p>
Collaboration	<p>6.1 ACCHOs.</p> <p>6.2 Existing mental health and AOD providers</p>
Duration	From 1 July 2016 to 30 June 2018
Coverage	<p>6.1 Region wide</p> <p>6.2 SA3 Baw Baw, Gippsland – East, Gippsland – South West, Latrobe Valley, Wellington</p>
Proposed Activity	
Priority Area	Priority Area 7: Stepped care approach
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	7.1 The Development and implementation (within funding constraints) of a Stepped Care Model for Mental Health Service provision in Gippsland
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p>The transition to a stepped care approach to mental health service provision in Gippsland will be supported by the following:</p> <ul style="list-style-type: none"> • Dedicated project manager to coordinate regional planning for a stepped care approach model • Support for the development of regional resources to support a consistent approach to referral and assessment • Development and implementation of a “no Wrong Door” policy • Health Pathway project to prioritize health pathway “Anxiety and depression” development • Scoping of a Regional Intake and Assessment Model • Inclusion Dual Diagnosis and AOD interface with Mental Health Services in planning and implementation
Target population cohort	This activity encompasses a regional approach to system improvement and therefore will intersect with all key population groups identified in the Needs Assessment including children 0-14 years, disability, indigenous Australians, low socioeconomic status, population aged over 60 years and youth

<p>Consultation</p>	<p>The Gippsland PHN Community Advisory Committee is the centre of the organisation’s community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual).</p> <p>Gippsland PHN’s Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are:</p> <ol style="list-style-type: none"> 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation); 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities. <p>Gippsland PHN’s Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.</p>
<p>Collaboration</p>	<p>The PHN and the Gippsland Mental Health Alliance will work with the AOD services sector to develop referral thresholds and protocol and a service model that will use a “no wrong door framework”, especially for people with emerging / existing dual diagnosis.</p> <p>Development and implementation of the stepped care model will involve existing mental health services through the Gippsland Mental Health Alliance, and other services and NGOs who provide counselling and/or support services.</p>
<p>Duration</p>	<p>1 July 2016 to 30 June 2018</p>
<p>Coverage</p>	<p>Gippsland Region</p>

Proposed Activity	
Priority Area	Priority Area 8: Regional mental health and suicide prevention plan
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	8.1.The Development and implementation (within funding constraints) of a Regional Mental Health and Suicide prevention plan for Gippsland
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p>Note OVERLAP with Priority Area 7</p> <ul style="list-style-type: none"> • the development of regional plan for service delivery in mental health and suicide prevention which includes models for stepped care services, a consistent approach to Intake, assessment, referral , treatment, discharge, ongoing management , interface with AOD, and service promotion. • Development and implementation of a “No Wrong Door” policy. • Scoping of a Regional Intake and Assessment Model • Documentation of this plan
Target population cohort	This activity has the entire Gippsland population with a need for mental health services as its target group, with a specific focus on vulnerable populations.
Consultation	<p>The Gippsland PHN Community Advisory Committee is the centre of the organisation’s community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual).</p> <p>Gippsland PHN’s Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are:</p> <ol style="list-style-type: none"> 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation;

	<ol style="list-style-type: none"> 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities. <p>Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.</p>
Collaboration	Gippsland Mental Health Alliance, AMHS, local service providers, GPs, health services, consumers/carers
Duration	July 2016 – June 2018
Coverage	Gippsland region

1. (b) Planned activities funded under the Primary Mental Health Care Schedule – Template 2

Use this template table for Priority Areas 3 and 4

Proposed Activity	
Priority Area	Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	3.1 Psychological therapies delivered by mental health professionals 3.2 Psychology service for far East Gippsland
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p>3.1 The provision of psychological treatment services to people with a diagnosed mental illness being managed in primary care and unable to afford MBS services. A high proportion of the Gippsland population is socio-economically disadvantaged (as shown in the needs assessment) and affordable mental health services were listed as a main service gap across the region. The planned services will be continued from organisations commissioned via open tender in 2015/16, and will apply their own organisational demand management and intake processes. Referrals will be sought from GPs, but flexibility will be encouraged to allow greater access for hard to reach populations. Contracts will specify that co-payments are not allowed.</p> <p>3.2 The development and implementation of a place based service providing psychological therapy for hard to reach groups in remote locations in East Gippsland. A collaboration between service providers in the region is aimed at reaching clients in some of the very remote areas in East Gippsland where service provision is especially challenging due to transport issues and distance to the few existing providers. The program will adopt a hybrid approach that will include both face to face and telehealth consultations for psychology services. Training will be delivered for local service providers (e.g. Bush nursing centres) to assist with triage and referral pathways.</p>
Target population cohort	The target population for this activity is individuals with a diagnosed mental illness who are managed in the primary care setting and who are unable to afford co-payment for psychological services. In addition, there is a specific geographic focus on remote parts of East Gippsland.
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation’s community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual).

	<p>Gippsland PHN’s Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are:</p> <ol style="list-style-type: none"> 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation); 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities. <p>Gippsland PHN’s Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.</p>
Collaboration	<p>3.1 The state based regional mental health service, NGOs, ACCHOs, primary care (GPs, allied health), consumers and communities, and other relevant stakeholders will be engaged. The role of each collaborator may vary, but likely to include promotion, referral, clarification of referral thresholds, integration with other services, venue supply, and embedding models and practices that work for consumers.</p> <p>3.2 Collaboration with Royal Flying Doctors Service, Gippsland Lakes Community Health Service and a private health insurer.</p>
Duration	<p>3.1 1 July 2016 to 30 June 2018</p> <p>3.2 February to August 2016 – development/planning phase, September/October – stakeholder consultation, anticipated commencement by March 2017.</p>
Coverage	<p>3.1 Entire PHN region</p> <p>3.2 Far East Gippsland (SA3 Gippsland – East)</p>

Continuity of care	<p>3.1 Services are continuing from those providers commissioned during 2015/16, with no interruption to continuity.</p> <p>3.2 New service being developed and tested.</p>
Proposed Activity	
Priority Area	Priority Area 4: Mental health services for people with severe and complex mental illness including care packages
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	4.1 Mental Health Nurse In Practice (MHNIP) program across Gippsland
Existing, Modified, or New Activity	Modified activity (2016-17 Activity Work Plan)
Description of Activity	4.1 Mental health nurses will work collaboratively within general practices with GPs, psychiatrists and other mental health service providers to support individuals experiencing chronic, persistent and complex mental illness to avoid hospital admission and to achieve better outcomes in the community. The need for this program is evident in the needs assessment which identifies a lack of care coordination for clients with on-going mental health service needs as a gap.
Target population cohort	The target population for this activity is individuals with severe and complex mental illness, residing in the LGAs of Bass Coast, Baw Baw, Latrobe, South Gippsland, Wellington/East Gippsland.
Consultation	<p>The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual).</p> <p>Gippsland PHN's Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are:</p> <ol style="list-style-type: none"> 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation); 3. Support and advise on community and organisational health literacy;

	<p>4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and</p> <p>5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities.</p> <p>Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.</p>
Collaboration	4.1 General practices
Duration	1 July 2016 to 30 June 2018
Coverage	4.1 SA3 coverage; Baw Baw, Gippsland – South West, Latrobe Valley, Wellington
Continuity of care	4.1 Existing MHNIP services to continue without interruption.