



Australian Government

Department of Health

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An Australian Government Initiative

Activity Work Plan 2019-2022:

National Psychosocial Support measure and NPS Transition

AND

Continuity of Support and Psychosocial Support Interface

Eastern Melbourne PHN

Introduction

The purpose of the Activity Work Plan is to identify key primary health care initiatives Eastern Melbourne Primary Health Network (EMPHN) will implement over three years - 2019/20 to 21/22.

All Primary Health Networks (PHNs) are required to develop Activity Work Plans for the Department of Health based on the needs and priorities of their region.

These are in addition to the priorities established by the Australian Government when it established the PHNs in 2015.

Eastern Melbourne Primary Health Network (EMPHN) is one of 31 PHNs nationally. Our organisation's vision is to achieve better health outcomes for the community we serve, a better health care experience for all and a more integrated healthcare system.

Our Activity Work Plan is informed by our needs assessment and robust stakeholder consultation, and supported by evaluation of previous programs, data and evidence.

This approach ensures that the services we fund meet the clearly identified health and healthcare needs for our communities.

The EMPHN Strategic Plan describes transformative strategies our organisation has adopted to address health care issues and priorities in our community.

EMPHN's Strategic Plan for 2017-22 outlines the organisation's vision to achieve:

- Better health outcomes for the community we serve
- Better health care experiences for all
- A more integrated health care system.

Our strategic priorities to achieve this vision are:

- Addressing health gaps and inequalities
- Enhancing primary care
- Leveraging digital health, data and technology
- Working in partnerships to enable an integrated service system
- A high performing organisation.

EMPHN's Board has set six transformative strategies to help focus the organisation's resources over the next three to five years.

Addressing health gaps and inequalities

1. Listen to the consumer voice and design new mental health and chronic disease management approached that are truly person-centred.

Enhancing primary care

2. Support and encourage primary care to adopt collaborative interdisciplinary care approached that are person-centred

3. Increase use of practice-based evidence

Leveraging digital health, data and technology

4. Encourage health information continuity between providers

Working in partnerships to enable an integrated service system

5. Ensure commissioning and system change strategies encourage integration from a consumer perspective

A high performing organisation

6. Build a positive culture of high performance

EMPHN Transformative Strategies



These transformative strategies describe our overarching approach to addressing the health care priorities outlined in this Activity Work Plan.

1. (a) Planned activities for 2019-20 to 2021-22

- National Psychosocial Support Measure (NPSM) and NPS Transition; AND
- Continuity of Support (CoS) and Psychosocial Support Interface

EMPHN has a vision for an integrated Psychosocial Service System for consumers with severe mental illness. To achieve this vision EMPHN has detailed below an integrated approach for the use of the NPS schedule funding and CoS schedule funding. Activities that are funded by NPS schedule funding are shown below in black text. Activities that are funded by CoS schedule funding are shown below in green text. EMPHN appreciate the need to be able to acquit the activities relating to both the NPS and CoS schedules separately. Separate AWP budgets for NPS and CoS are attached.

| Proposed Activities | |
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| ACTIVITY TITLE | 1.0 “Transition to Psychosocial Support Service” |
| Existing, Modified, or New Activity | Modified Activity |
| Needs Assessment Priority | <p>EMPHN Needs Assessment – Page 64</p> <ul style="list-style-type: none"> • Implement our mental health stepped care model. Our model: <ul style="list-style-type: none"> ○ integrates with general practice; ○ targets mental health needs of people across different age groups, including older people; ○ addresses the physical health needs of people with mental health problems; and ○ provides psychosocial support for people with complex and enduring mental health problems. • Support community-based suicide prevention initiatives across the age continuum. • Develop an integrated regional mental health, alcohol and other drug and suicide prevention plan. • Address the priorities in the Fifth National Mental Health and Suicide Prevention Plan. <p>EMPHN Transformative Strategies</p> <ul style="list-style-type: none"> • Listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred • Support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person centred • Ensure commissioning and system change strategies encourage integration from a consumer perspective |
| Aim of Activity | <ul style="list-style-type: none"> • Provision of Psychosocial Support Service for consumers with severe mental illness; delivered in accordance with the NPS and CoS Guidance material. • Ensure safe transition of Partners in Recovery (PIR), Day to Day Living (D2DL) and Personal Helpers and Mentors Scheme (PHaMs) consumers to appropriate new psychosocial support arrangements. |

Description of Activity

1.1 The Psychosocial Support Service will align with EMPHN’s Mental Health Stepped Care Model across the north-east, outer-east and inner-east regions within the EMPHN catchment. The service will provide psychosocial support to consumers with severe mental illness who are not receiving or eligible for assistance through the NDIS.

The service will provide effective, whole-of-person care, through provision of appropriate quality psychosocial support services and linkage to required clinical and other supports. These supports are flexible and based on an individual’s needs at any one time. Supports may include daily living support; housing; employment/education; managing money; connecting with the community; emotional support; improving physical health; family relationships; coordinating services; justice; and alcohol and other drug support.

Tiered levels of psychosocial support packages for individuals eligible for the Psychosocial Support Service are as follows:

- intensive support: for up to 12 months, with reduction over time as the individual’s capacity for self-care/self-management improves
- moderate: medium-term supports for up to six months, which might encompass flexible 1:1 individualised and/or group based supports.
- low: short-term support, which might encompass a four to eight week wellness recovery program or support to link to mainstream community groups or one-off support to address a pressing need such as housing.

EMPHN will ensure structures and processes are in place to elicit consumer and carer input into ongoing service design and improvement.

This activity utilises a combination of NPSM and [CoS funding](#). Consumers with severe mental illness who were former participants of PIR, D2DL and PHaMs who have been found ineligible for the NDIS will be provided the Psychosocial Support Service, funded from [CoS funding](#). All other consumers with severe mental illness accessing the Psychosocial Support Service will be funded utilising NPSM funding. Commissioned providers will capture required data sets from consumers to fulfil DoH requirements for NPSM and CoS funding. However, it is EMPHN’s intention for the Psychosocial Support Service to appear as a single program offering ‘on the ground’ in an effort to reduce confusion to consumers and carers in an already confusing service system.

The service commenced operation in April 2019 utilising NPSM funding, and was extended in July 2019 utilising [CoS funding](#). NPSM funding currently finishes in June 2021. The Psychosocial Support Service is currently planned to continue operating until June 2022, in line with the current CoS funding agreement.

EMPHN’s approach to mental health support will provide system efficiency through:

- Integrated and collaborative care
- A system that is easy to access and navigate
- Integrated care pathways and a well-defined consumer journey

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| | <ul style="list-style-type: none"> • Demand management and response times • Referral pathways • Cost effective care <p>EMPHN has identified the need for an integrated, responsive and easy to navigate system for the consumer. This system encompasses:</p> <ul style="list-style-type: none"> • PHNs and LHNs prioritising coordinated treatment supports for people with severe mental illness, with integrated mental health and drug and alcohol treatment a focus • supporting the physical health of people with mental illness • effective suicide prevention • addressing gaps in services for those not supported by the NDIS. (see also Activity 2.0 below). <p>1.2 ‘Psychosocial Transition Program’ – Transition of PIR, D2DL and PHaMs consumers to appropriate new psychosocial care arrangements (e.g. NDIS, EMPHN-funded Psychosocial Support Service or other services as appropriate).</p> <p>The purpose of Psychosocial Transition Program is to provide non-clinical community-based support for people with severe mental illness who were participants of PIR, PHaMs or D2DL, while they transition to the NDIS or Eastern Melbourne PHN’s funded Psychosocial Support Service (PSS) (see activity 1.1).</p> <p>From 01 July 2019 to 30 November 2019 the Psychosocial Transition Program will provide flexible support based on the needs of consumers (and their family and friends) in transition. The priority for the consumer is to test eligibility for the NDIS whilst continuing to receive psychosocial support. This is a time-limited program to assist transition.</p> <p>Psychosocial support provided through the Psychosocial Transition Program focuses on supporting consumers to:</p> <ul style="list-style-type: none"> • test eligibility for NDIS and other transition options • receive practical help (daily living/tasks) • be supported (mental health, physical health, education, work, housing, leisure, etc.) • get connected (with others, family, friends, peers, community, mainstream supports, other services). <p>The transition program is proposed to be conducted from 1/7/2019 to 30/11/2019. This activity utilises NPS Transition funding.</p> <p>1.3 Continuation of EMPHN Referral, Access and Navigation Team to support navigation and understanding of the service system for consumers, carers, General Practitioners and other referrers in the community. This activity utilises a combination of NPSM and CoS funding. EMPHN’s Referral, Access and Navigation Team will continue operation for the entire AWP period of 1/7/2019 – 30 June 2022.</p> |
| Target population cohort | People with severe mental illness who are not receiving or eligible for assistance through the NDIS. The Psychosocial Support Service will also support consumers who are transitioning from PIR, D2DL or PHaMs (via Psychosocial |

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| | Transition Program). See above for further details regarding cohorts for each activity. |
| Indigenous specific | No. However, EMPHN intend to work with the Service Provider/s to ensure equitable access and culturally appropriate service provision for Aboriginal and/or Torres Strait Islander people. |
| Coverage | Whole of EMPHN catchment |
| Consultation | <ul style="list-style-type: none"> • <i>Rapid scoping</i> undertaken in July to September to identify current psychosocial supports provided by Mental Health Community Support Services (MHCSS), PIR, D2DL, PHaMs, Local Hospital Networks (LHNs), and National Disability Insurance Scheme (NDIS) • <i>Literature review</i> to determine evidenced-based interventions for severe mental illness; review of Stepped Care model and current population data. • <i>Comprehensive stakeholder engagement</i> from July to October encompassing meetings with MHCSS providers, consumer and carer groups, LHNs (Area Mental Health Services, community health centres, etc.), NDIS and Local Area Coordinators (LAC) representatives, Department of Health (DoH) and Department of Health and Human Service (DHHS) executives, Eastern Mental Health Service Coordination Alliance (EMHSCA), Victorian Mental Illness Awareness Council (VMIAC), Mental Health Victoria, Tandem (mental health carers), housing and Supported Residential Services (SRS) providers, youth services, Alcohol and Other Drug (AOD) services, GPs, employment providers, research experts (University of Melbourne). Number of meetings: 20+ • <i>NPS co-design forum</i> held in September 2018 in collaboration with South Eastern Melbourne PHN and North Western Melbourne PHN. A range of informative presentations, co-design exercises, and interactive Q&A platform (Slido). • <i>Focus groups – consumers/carers/services</i>: Four targeted focus groups undertaken in October to November to gauge consumer, carer, and support worker responses to evolving NPS and CoS principles and key service elements. • <i>Psychosocial Transition Workshop</i>: EMPHN-wide workshop held in April 2019 to determine State-wide and Regional governance, pathways and navigation arrangements for PHN- and LHN- funded psychosocial services. • <i>Co-design forums</i>: held in March and April 2019 with current PIR, D2DL and PHaMs providers to discuss transition arrangements. |
| Collaboration | <ul style="list-style-type: none"> • Cross PHN Collaboration with North Western PHN and South East Melbourne PHN • EMPHN is developing a Regional Integrated Mental Health, AOD and Suicide Prevention Plan in collaboration with LHNs and key stakeholders across the EMPHN catchment. This includes consultations with GPs and other key stakeholders to address the physical health needs of consumers with severe mental illness • Eastern Mental Health Service Coordination Alliance • North Eastern Mental Health Service Coordination Alliance • EMPHN are working in collaboration with Eastern Health and other LHNs in our catchment, DHHS and NDIA/LAC to ensure an easy to navigate psychosocial service system for consumers with severe mental illness. • EMPHN are working with PIR, D2DL and PHaMs providers to plan a safe transition for current consumers |

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| Activity milestone details/ Duration | <p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 2/07/2018 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: April 2019 Service delivery end date: June 2022</p> <p>See description of activities above for further details regarding timelines.</p> | | | |
| Commissioning method and approach to market | <p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension (PIR, D2DL & PHaMs providers offered new contracts for a 6 month period to deliver the 'Psychosocial Transition Program'. <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input checked="" type="checkbox"/> Open tender (Occurred in 18/19 for Psychosocial Support Service) <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p> | | | |
| Decommissioning | <p>1a. Does this activity include any decommissioning of services? Yes Current PIR, D2DL and PHaMs providers who agree to deliver the 'Psychosocial Transition Program' will work with consumers to transition them to new psychosocial care arrangements during the period 1/7/19 – 30/11/19. EMPHN will work closely with these providers to ensure a safe transition for consumers to NDIS, EMPHN-funded Psychosocial Support Service or other appropriate services.</p> | | | |
| Total Planned Expenditure | | | | |
| Funding Source | 2019-2020 | 2020-2021 | 2021-2022 | Total |
| Planned Commonwealth Expenditure – National Psychosocial Support Measure (NPSM) Funding (Activity 1.1 & 1.3) | \$1,145,202.20 Note: Plan to carry 17/18 & 18/19 underspend forward TBC | \$1,161,148.56 Note: potential to carry forward any remaining funds from 19/20 TBC | \$0 | \$2,306,350.76 Note: Carry forward amount TBC (see budget for estimate) |

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| | (see budget for estimates) | | | |
| Planned Commonwealth Expenditure – National Psychosocial Support Measure – Transition Funding (NPS Transition) (Activity 1.2) | \$5,904,100.94 | \$0 | \$0 | \$5,904,100.94 |
| Planned Commonwealth Expenditure – Continuity of Support (CoS) (Activity 1.1 & 1.3) | \$1,904,683.88 | \$1,904,683.88 | \$1,904,683.88 | \$5,714,051.64 |
| Planned Commonwealth Expenditure – Interface Funding | \$0 | \$0 | \$0 | \$0 |
| Funding from other sources | \$0 | \$0 | \$0 | \$0 |
| Funding from other sources | N/A | | | |

| Proposed Activities | |
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| ACTIVITY TITLE | 2.0 “Development of an integrated navigation platform for the psychosocial service system” |
| Existing, Modified, or New Activity | New Activity |
| Needs Assessment Priority | <p>EMPHN Needs Assessment – Page 64</p> <ul style="list-style-type: none"> Implement our mental health stepped care model. Our model: <ul style="list-style-type: none"> integrates with general practice; targets mental health needs of people across different age groups, including older people; addresses the physical health needs of people with mental health problems; and provides psychosocial support for people with complex and enduring mental health problems. Support community-based suicide prevention initiatives across the age continuum. Develop an integrated regional mental health, alcohol and other drug and suicide prevention plan. Address the priorities in the Fifth National Mental Health and Suicide Prevention Plan. <p>EMPHN Transformative Strategies</p> <ul style="list-style-type: none"> Listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred Support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person centred Encourage health information continuity between providers Ensure commissioning and system change strategies encourage integration from a consumer perspective |

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| Aim of Activity | 2.1 Development of an integrated navigation platform for the psychosocial service system, ensuring EMPHN, State-based and NDIS psychosocial services are easy to navigate for consumers, GPs and providers. |
| Description of Activity | <p>The consultation as part of the Integrated Regional Plan has identified the need for an integrated, responsive and easy to navigate system for consumers.</p> <p>Utilising Interface funding, EMPHN will:</p> <ul style="list-style-type: none"> • Work with DHHS, NDIA/LAC and LHNs to ensure prioritisation of coordinated intervention supports for people with severe mental illness, with integrated mental health and drug and alcohol treatment a focus • support the physical health of people with mental illness • support effective suicide prevention • address gaps in services for those not supported by the NDIS. <p>EMPHN's Referral, Access and Navigation Team will support achievement of this activity.</p> <p>This is activity utilises Psychosocial Support Interface funding.</p> |
| Target population cohort | People with severe mental illness, family/carers, GPs and other service providers in the EMPHN catchment. |
| Indigenous specific | No |
| Coverage | Whole of EMPHN catchment |
| Consultation | <ul style="list-style-type: none"> • See above (Activity 1.0) – in particular Regional workshop to aid understanding, implementation and navigation of psychosocial support services (PHN-funded, State-funded and NDIS) in the catchment held in April 2019 |
| Collaboration | <ul style="list-style-type: none"> • EMPHN is developing a Regional Integrated Mental Health, AOD and Suicide Prevention Plan in collaboration with LHNs and key stakeholders across the EMPHN catchment. This includes consultations with GPs and other key stakeholders to address the physical health needs of consumers with severe mental illness • Eastern Mental Health Service Coordination Alliance • North Eastern Mental Health Service Coordination Alliance • EMPHN are working in collaboration with Eastern Health and other LHN's in our catchment, DHHS and NDIA/LAC, to ensure an easy to navigate psychosocial service system for consumers with severe mental illness. Ongoing governance arrangements at a State-wide and Regional level are being set-up to avoid service duplication and ensure integrated quality care that is easy to navigate care for consumers and carers. |
| Activity milestone details/ Duration | <p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/04/2019</p> <p>Activity end date: 30/06/2021</p> |
| Commissioning method and approach to market | <p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> |

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| | <input type="checkbox"/> Expression of Interest (EOI) <input checked="" type="checkbox"/> Other approach (please provide details) PHN internal activity, including utilisation of Program Staff and EMPHN’s Referral, Access & Navigation Team. 2a. Is this activity being co-designed? Yes 2b. Is this activity the result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No | | | |
| Decommissioning | 1a. Does this activity include any decommissioning of services? No | | | |
| Total Planned Expenditure | | | | |
| Funding Source | 2019-2020 | 2020-2021 | 2021-2022 | Total |
| Planned Commonwealth Expenditure – National Psychosocial Support Measure (NPSM) Funding | \$0 | \$0 | \$0 | \$0 |
| Planned Commonwealth Expenditure – National Psychosocial Support Measure – Transition Funding (NPS Transition) | \$0 | \$0 | \$0 | \$0 |
| Planned Commonwealth Expenditure – Continuity of Support (CoS) | \$0 | \$0 | \$0 | \$0 |
| Planned Commonwealth Expenditure – Interface Funding (Activity 2.1) | \$61,624.56 Carry forward 18/19 funding of \$318,062.23 | \$0 Note: potential to carry forward any remaining funds from 19/20 TBC | \$0 | \$61,624.56 Carry forward 18/19 funding of \$318,062.23 |
| Funding from other sources | \$0 | \$0 | \$0 | \$0 |
| Funding from other sources | N/A | | | |