



Australian Government

Department of Health

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An Australian Government Initiative

Primary Health Networks Primary Mental Health Care Funding

- **Annual Mental Health Activity Work Plan 2016-2017**

Gold Coast Primary Health Network

Introduction

Overview

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

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

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

Objectives

The objectives of the PHN mental health funding are to:

- improve targeting of psychological interventions to most appropriately support people with or at risk of mild mental illness at the local level through the development and/or commissioning of **low intensity mental health services**;
- support region-specific, cross sectoral approaches to early intervention for **children and young people** with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group;
- address service gaps in the provision of psychological therapies for people in **rural and remote areas and other under-serviced and/or hard to reach populations**, making optimal use of the available service infrastructure and workforce;
- commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with **severe and complex mental illness** who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses;
- encourage and promote a systems based regional approach to **suicide prevention** including community based activities and liaising with Local Hospital Networks (LHNs) and other providers to help ensure appropriate follow-up and support arrangements are

in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide, including Aboriginal and Torres Strait Islander people; and

- enhance access to and better integrate **Aboriginal and Torres Strait Islander mental health** services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services. For this Objective, both the *Primary Health Networks Grant Programme Guidelines – Annexure A1 - Primary Mental Health Care* and the *Indigenous Australians' Health Programme – Programme Guidelines* apply.

Objectives 1-6 will be underpinned by:

- evidence based **regional mental health and suicide prevention** plans and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration; and
- a continuum of primary mental health services within a person-centred **stepped care approach** so that a range of service types, making the best use of available workforce and technology, are available within local regions to better match with individual and local population need.

Activities eligible for funding

- commission evidence-based clinical primary mental health care services in line with a best practice stepped care approach;
- develop and commission cost effective low intensity psychological interventions for people with mild mental illness, making optimal use of the available workforce and technology;
- the phased implementation of approaches to provide primary mental health care to people with severe and complex mental illness which offer clinical support and care coordination, including services provided by mental health nurses;
- establish joined up assessment processes and referral pathways to enable people with mental illness, particularly those people with severe and complex mental illness, to receive the clinical and other related services they need. This will include provision of support to GPs in undertaking assessment to ensure people are referred to the service which best targets their need;
- develop and commission region-specific services, utilising existing providers, as necessary, to provide early intervention to support children and young people with, or at risk of, mental illness. This should include support for young people with mild to moderate forms of common mental illness as well as early intervention support for young people with moderate to severe mental illness, including emerging psychosis and severe forms of other types of mental illness;

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

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

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

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

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

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

Mental Health Activity Work Plan 2016-2017

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

The Plan should:

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

- b) Outline the approach to be undertaken by the PHN in leading the development with regional stakeholders including LHNs of a longer term, more substantial *Regional Mental Health and Suicide Prevention plan* (which is aligned with the Australian Government Response to the Review of Mental Health Programmes and Services (available on the Department's website). This will include an outline of the approach to be undertaken by the PHN to seek agreement to the longer term *regional mental health and suicide prevention plan* from the relevant organisational signatories in the region, including LHNs.
- c) Outline the approach to be taken to integrating and linking programmes transitioning to PHNs (such as headspace, and the Mental Health Nurse Incentive Programme services) into broader primary care activities, and to supporting links between mental health and drug and alcohol service delivery.
- d) Have a particular focus on the approach to new or significantly reformed areas of activity – particularly Aboriginal and Torres Strait Islander mental health, suicide prevention activity, and early activity in relation to supporting young people presenting with severe mental illness.

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

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

Activity Planning

This initial Mental Health Activity Work Plan will be informed by a specific mental health needs assessment developed by PHNs (as a complement to the broader PHN needs assessment) which should explore mental health and suicide prevention priorities against

those six areas of activity which the Government has articulated for PHNs, and in consultation with key stakeholders (refer to pages 2-6, for Objectives and Activities eligible for funding, and other requirements to be reflected in the Plan).

Measuring Improvements

Each mental health priority area has one or more mandatory performance indicators. In addition to the mandatory performance indicators, PHNs may select a local performance indicator. These will be reported on in accordance with the Primary Mental Health Care Schedule.

Mental Health Activity Work Plan Reporting Period and Public Accessibility

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

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

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

It is important to note that while planning may continue following submission of the Mental Health Activity Work Plan, PHNs must not commit or spend any part of the funding related to this Activity Work Plan until it is approved by the Department.

Further information

The following may assist in the preparation of your Mental Health Activity Work Plan:

- The requirements detailed in the Primary Mental Health Care Schedule;
- PHN Needs Assessment Guide;
- Mental Health PHN Circulars;
- Primary Health Networks Grant Programme Guidelines – Annexure A1 – Primary Mental Health Care; and
- *Indigenous Australians' Health Programme – Programme Guidelines.*

Please contact your Grants Officer if you are having any difficulties completing this document.

1. (a) Strategic Vision

The GCPHN will provide one world class health system for the Gold Coast population by:

- Increasing the service delivery capacity of the mental health sector through the commissioning of additional mental health services, targeting areas of need on the Gold Coast;
- Increasing the service delivery capacity of the mental health sector to meet the needs of the Indigenous community;
- Improving the effectiveness of mental health services for individuals requiring support by increasing coordination between various sectors, and improving sector efficiency; and
- Improving the effectiveness of mental health services for individuals at risk of suicide and requiring support and treatment by increasing coordination between various sectors, and improving sector efficiency.

GCPHN will work with its sector partners to develop an evidence based regional mental health and suicide prevention plan which will map services to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration.

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

PHNs must use the table below to outline the activities proposed to be undertaken in the 2016-17 financial year. These activities will be funded under the Primary Mental Health Care Schedule (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity; and the PHN: Indigenous Mental Health Flexible Activity).

Note 1: Indicate within the duration section of the table if the activity relates to a period beyond 2016-17.

Note 2: PHNs must complete activities under every priority area in the tables below.

GCPHN is embarking on a planning and co-design process which will have Commissioning Plans developed by 30 September 2016 to enable tender processes and commissioning of services to commence after this date.

Proposed Activities	
Priority Area 1: Low intensity mental health services	Ensure GP's and the community are aware of how to access online and other resources. At this stage low intensity services are seen as online resources and not online services.
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	1.1 Digital gateway (when developed by DoH) 1.2 Map online and other resources which are evidenced based 1.3 Communication strategy for GP's and community
Description of Activity(ies) and rationale (needs assessment)	In 2016/17, all six priority areas will be informed by what is necessary and appropriate to the needs of the Gold Coast community and improve the continuity of care through better integration of services for people affected by mental illness. This will include: <ul style="list-style-type: none"> • Completion of a comprehensive needs assessment including detailed service mapping (of online resources such as beyond blue and Black Dog). • A review of existing mental health resources, their clinical effectiveness and efficiency, and • Completion and implementation of a Commissioning Plan for 2016/17 and 2017/18 onwards, which will include where appropriate co-design of resources. This component will only be necessary if it is identified that there are gaps and/or barriers to online information resources.
Collaboration	GCPHN has established strong partnerships with a range of stakeholders from public, private, non-government service providers and community. The relationships of the PHN to all stakeholders are a key predictor of the success of the reform work. These include Queensland Health, Gold Coast Hospital and Health Service (GCHHS), non-government organisations, Queensland Alliance for Mental Illness and other relevant

	<p>services and organisations within the mental health sector. The PHN has jointly established with the GCHHS the Regional Integrated Mental Health and AoD Advisory Group. Membership of the group includes PHN, GCHHS, GP's, private providers, non-government organisations and consumer/carers. This Committee is in the process of developing Terms of Reference. In addition the establishment of the GCPHN General Practitioner Advisory Group for Mental Health had its first meeting in April 2016.</p>
Duration	July 2016-June2017
Coverage	This work will include coverage of the whole GCPHN region, which is aligned to the Gold Coast Hospital and Health service boundaries.
Commissioning approach	It is anticipated that GCPHN will not be commissioning low intensity resources given their current availability on line.

Proposed Activities	
Priority Area 2: Youth mental health services, including children	Support region-specific, cross sectoral approaches to early intervention for children and young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group.
Activity(ies) / Reference (e.g. Activity 2.1, 2.2, etc)	2.1 Commission headspace primary and early psychosis program 2.2 Completion of activities in "description of activities" below.
Description of Activity(ies) and rationale (needs assessment)	<p>In 2016/17, all six priority areas will be informed by what is necessary and appropriate to the needs of the Gold Coast community and improve the continuity of care through better integration of services for people affected by mental illness. This will include:</p> <ul style="list-style-type: none"> • Completion of a comprehensive needs assessment including detailed service mapping of child and youth services and utilisation of a deep dive approach to information gathering to develop a sector profile. • A review of existing child and youth mental health services, their clinical effectiveness and efficiency including specific services, and • Completion and implementation of a Commissioning Plan for 2016/17 and 2017/18 onwards, which will include where appropriate co-design of youth and child service planning and service models.
Collaboration	GCPHN has established strong partnerships with a range of stakeholders from public, private, non-government service providers and community. The relationships of the PHN to all stakeholders are a key predictor of the success of the reform work. These include Queensland Health, Gold Coast Hospital and Health Service (GCHHS), non-government organisations, Queensland Alliance for Mental Illness and other relevant

	<p>services and organisations within the mental health sector. The PHN has jointly established with the GCHHS the Regional Integrated Mental Health and AoD Advisory Group. Membership of the group includes PHN, GCHHS, GP's, private providers, non-government organisations and consumer/carers. This Committee is in the process of developing Terms of Reference. In addition the establishment of the GCPHN General Practitioner Advisory Group for Mental Health had its first meeting in April 2016.</p>
Duration	<p>Commissioning of headspace from 1 July 2016 to June 2018.</p> <p>Activities identified in "Description of Activities" above – 1 July 2016 to 30 June 2017</p>
Coverage	<p>This work will include coverage of the entirety of the GCPHN region, which is aligned to the Gold Coast Hospital and Health Service boundaries.</p>
Commissioning approach	<p>Procurement and contract management of child and youth mental health services in 2016/17 will translate the findings of the health needs assessment to shape service development and the ability to make an informed decision on the optimal service/system change and investments. All components will be completed through engagement and collaboration with key stakeholders.</p> <p>Additionally, in response to the reform agenda GCPHN will commission a range of initiatives in 2016/17 that will ensure continuity of service providers for clients accessing services through:</p> <ul style="list-style-type: none"> • headspace primary (2016/17 and 2017/18), and • headspace early psychosis program (2016/17) <p>Contracted services will be monitored and evaluated as per the GCPHN contracting process.</p>

Proposed Activities	
<p>Priority Area 3: Psychological therapies for rural and remote, under-serviced and /or hard to reach groups</p>	<p>Address service gaps in the provision of psychological therapies for hard to reach populations, making optimal use of the available service infrastructure and workforce.</p>
<p>Activity(ies) / Reference (e.g. Activity 3.1, 3.2, etc)</p>	<p>3.1 Completion of activities in "description of activities" below.</p> <p>3.2 Service redesign for current ATAPS program.</p>
<p>Description of Activity(ies) and rationale (needs assessment)</p>	<p>In 2016/17, all six priority areas will be informed by what is necessary and appropriate to the needs of the Gold Coast community and improve the continuity of care through better integration of services for people affected by mental illness. This will include:</p> <ul style="list-style-type: none"> • Completion of a comprehensive needs assessment including detailed service mapping and utilisation of a deep dive approach to information gathering to develop a sector profile.

	<ul style="list-style-type: none"> • A review of existing mental health services, their clinical effectiveness and efficiency including specific services as per the six key priorities, and • Completion and implementation of a Commissioning Plan for 2016/17 and 2017/18 onwards, which will include where appropriate co-design of service planning and service models.
Collaboration	<p>GCPHN has established strong partnerships with a range of stakeholders from public, private, non-government service providers and community. The relationships of the PHN to all stakeholders are a key predictor of the success of the reform work. These include Queensland Health, Gold Coast Hospital and Health Service (GCHHS), non-government organisations, Queensland Alliance for Mental Illness and other relevant services and organisations within the mental health sector.</p> <p>The PHN has jointly established with the GCHHS the Regional Integrated Mental Health and AoD Advisory Group. Membership of the group includes PHN, GCHHS, GP's, private providers, non-government organisations and consumer/carers. This Committee is in the process of developing Terms of Reference.</p> <p>In addition the establishment of the GCPHN General Practitioner Advisory Group for Mental Health had its first meeting in April 2016.</p>
Duration	July 2017 – 2018
Coverage	This work will include coverage of the entirety of the GCPHN region, which is aligned to the Gold Coast Hospital and Health Service boundaries.
Commissioning approach	<p>Current ATAPS providers will be offered contracts in 2016/17 to ensure continuity of services for current clients. The 2015/16 session payments will apply to 2016/17 with no patient co-payment required. Additionally there will be no change to referral pathways into ATAPS in 2016/17.</p> <p>Further procurement and contract management of mental health services in 2016/17 will translate the findings of the health needs assessment to shape service development and the ability to make an informed decision on the optimal service/system change and investments. All components will be completed through engagement and collaboration with key stakeholders.</p> <p>Contracted services will be monitored and evaluated as per the GCPHN contracting process.</p>

Proposed Activities

Priority Area 4: Mental health services for people with severe and complex mental illness including care packages	Commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with severe and complex mental illness who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses.
Activity(ies) / Reference (e.g. Activity 4.1, 4.2, etc)	4.1 Service redesign for current MHNIP program

	4.2 Completion of activities in “description of activities” below
Description of Activity(ies) and rationale (needs assessment)	<p>In 2016/17, all six priority areas will be informed by what is necessary and appropriate to the needs of the Gold Coast community and improve the continuity of care through better integration of services for people affected by mental illness. This will include:</p> <ul style="list-style-type: none"> • Completion of a comprehensive needs assessment including detailed service mapping and utilisation of a deep dive approach to information gathering to develop a sector profile. • A review of existing mental health services, their clinical effectiveness and efficiency including specific services as per the six key priorities, and • Completion and implementation of a Commissioning Plan for 2016/17 and 2017/18 onwards, which will include where appropriate co-design of service planning and service models. <p>The service redesign of MHNIP will include better integration of this program with other psychological programs, for example ensuring that ATAPS and MHNIP service designs are done as one exercise.</p> <p>Additionally as we move towards packages of care in 2018/19, ensuring GP’s are included in our service reform activities to enable overall better management of a patients care.</p>
Collaboration	<p>GCPHN has established strong partnerships with a range of stakeholders from public, private, non-government service providers and community. The relationships of the PHN to all stakeholders are a key predictor of the success of the reform work. These include Queensland Health, Gold Coast Hospital and Health Service (GCHHS), non-government organisations, Queensland Alliance for Mental Illness and other relevant services and organisations within the mental health sector. The PHN has jointly established with the GCHHS the Regional Integrated Mental Health and AoD Advisory Group. Membership of the group includes PHN, GCHHS, GP’s, private providers, non-government organisations and consumer/carers. This Committee is in the process of developing Terms of Reference.</p> <p>In addition the establishment of the GCPHN General Practitioner Advisory Group for Mental Health had its first meeting in April 2016.</p>
Duration	1 July 2016 – June 2018
Coverage	This work will include coverage of the whole GCPHN region, which is aligned to the Gold Coast Hospital and Health service boundaries.
Commissioning approach	Current MHNIP providers will be offered contracts in 2016/17 to ensure continuity of services for current clients. The 2015/16 session payments will apply to 2016/17 with no patient co-payment required. Additionally there will be no change to

	<p>referral pathways into MHNIP in 2016/17.</p> <p>Procurement and contract management of mental health services in 2016/17 will translate the findings of the health needs assessment to shape service development and the ability to make an informed decision on the optimal service/system change and investments. All components will be completed through engagement and collaboration with key stakeholders.</p> <p>Contracted services will be monitored and evaluated as per the GCPHN contracting process.</p>
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Proposed Activities	
Priority Area 5: Community based suicide prevention activities	<p>Encourage and promote a systems based regional approach to suicide prevention including community based activities and liaising with Local Hospital Networks (LHNs) and other providers to help ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide, including Aboriginal and Torres Strait Islander people.</p>
Activity(ies) / Reference (e.g. Activity 5.1, 5.2, etc)	<p>5.1 GCHHS partnership approach to develop initiatives to address suicide prevention</p> <p>5.2 Commissioning Wesley Mission and review service delivery model for the future</p> <p>5.3 Completion of activities in “description of activities” below.</p>
Description of Activity(ies) and rationale (needs assessment)	<p>In 2016/17, all six priority areas will be informed by what is necessary and appropriate to the needs of the Gold Coast community and improve the continuity of care through better integration of services for people affected by mental illness. This will include:</p> <ul style="list-style-type: none"> • Completion of a comprehensive needs assessment including detailed service mapping and utilisation of a deep dive approach to information gathering to develop a sector profile. • A review of existing mental health services, their clinical effectiveness and efficiency including specific services as per the six key priorities, and • Completion and implementation of a Commissioning Plan for 2016/17 and 2017/18 onwards, which will include where appropriate co-design of service planning and service models. <p>GCPHN is working closely with Gold Coast Hospital and Health Service in relation to an integrated approach to suicide prevention. Currently GCHHS is implementing an extensive internal program of staff upskilling, risk assessment processes and clinical effectiveness. The complementary component to this is the community response when patients are discharged from hospital following a suicide attempt. GCPHN is developing a framework based on two international models (Merseyside</p>

	<p>Zero Tolerance and Canadian Safer Communities) in collaboration with GCHHS. Based on this close collaboration, we are very much bound to the timeframes of the HHS to ensure both the inpatient and community response are integrated. For this reason, GCPHN made the decision to commission Wesley Mission Expanded Horizons for 2016/17. Given the small amount of Indigenous suicide prevention funding provided to GCPHN, our approach is to combine our planning efforts for Indigenous mental health to include suicide as well.</p>
Collaboration	<p>GCPHN has established strong partnerships with a range of stakeholders from public, private, non-government service providers and community. The relationships of the PHN to all stakeholders are a key predictor of the success of the reform work. These include Queensland Health, Gold Coast Hospital and Health Service (GCHHS), non-government organisations, Queensland Alliance for Mental Illness and other relevant services and organisations within the mental health sector. The PHN has jointly established with the GCHHS the Regional Integrated Mental Health and AoD Advisory Group. Membership of the group includes PHN, GCHHS, GP's, private providers, non-government organisations and consumer/carers. This Committee is in the process of developing Terms of Reference.</p> <p>In addition the establishment of the GCPHN General Practitioner Advisory Group for Mental Health had its first meeting in April 2016.</p> <p>PHN staff will maintain membership on the GCHHS Suicide Prevention Steering Committee to ensure that any funded projects are collaborative and reduce any potential for duplication.</p>
Duration	1 July 2016 – June 2017
Coverage	This work will include coverage of the whole GCPHN region, which is aligned to the Gold Coast Hospital and Health service boundaries.
Commissioning approach	<p>Current Wesley Mission project will be contracted in 2016/17 to ensure continuity of services for current clients.</p> <p>Procurement and contract management of mental health services in 2016/17 will translate the findings of the health needs assessment to shape service development and the ability to make an informed decision on the optimal service/system change and investments. All components will be completed through engagement and collaboration with key stakeholders.</p> <p>Contracted services will be monitored and evaluated as per the GCPHN contracting process.</p>

Proposed Activities

Priority Area 6: Aboriginal and Torres Strait Islander mental

Enhance access to and better integrate Aboriginal and Torres Strait Islander mental health services at a local level facilitating

health services	<p>a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services.</p> <p>Given the small amount of Indigenous suicide prevention funding provided to GCPHN, our approach is to combine our planning efforts for Indigenous mental health to include suicide as well.</p>
Activity(ies) / Reference (e.g. Activity 6.1, 6.2, etc)	6.1 Completion of activities in “description of activities” below.
Description of Activity(ies) and rationale (needs assessment)	<p>In 2016/17, all six priority areas will be informed by what is necessary and appropriate to the needs of the Gold Coast community and improve the continuity of care through better integration of services for people affected by mental illness. This will include:</p> <ul style="list-style-type: none"> • Completion of a comprehensive needs assessment including detailed service mapping and utilisation of a deep dive approach to information gathering to develop a sector profile. • A review of existing mental health services, their clinical effectiveness and efficiency including specific services as per the six key priorities, and • Completion and implementation of a Commissioning Plan for 2016/17 and 2017/18 onwards, which will include where appropriate co-design of service planning and service models.
Collaboration	<p>GCPHN has established strong partnerships with a range of stakeholders from public, private, non-government service providers and community. The relationships of the PHN to all stakeholders are a key predictor of the success of the reform work. These include Queensland Health, Gold Coast Hospital and Health Service (GCHHS), Indigenous organisations and networks, non-government organisations, Queensland Alliance for Mental Illness and other relevant services and organisations within the mental health sector.</p> <p>The PHN has jointly established with the GCHHS the Regional Integrated Mental Health and AoD Advisory Group. Membership of the group includes PHN, GCHHS, GP’s, private providers, non-government organisations and consumer/carers. This Committee is in the process of developing Terms of Reference.</p> <p>In addition the establishment of the GCPHN General Practitioner Advisory Group for Mental Health had its first meeting in April 2016.</p>
Duration	July 2016 – June 2018
Coverage	This work will include coverage of the whole GCPHN region, which is aligned to the Gold Coast Hospital and Health service boundaries.
Commissioning approach	Procurement and contract management of mental health

	<p>services in 2016/17 will translate the findings of the health needs assessment to shape service development and the ability to make an informed decision on the optimal service/system change and investments. All components will be completed through engagement and collaboration with key stakeholders.</p> <p>Contracted services will be monitored and evaluated as per the GCPHN contracting process.</p> <p>There will be no duplication of services already available when GCPHN commissions Indigenous mental health services that will enhance access to and better integrate Aboriginal and Torres Strait Islander mental health services.</p>
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Proposed Activities	
Priority Area 7: Stepped care approach	A continuum of primary mental health services within a person-centred stepped care approach so that a range of service types, making the best use of available workforce and technology, are available within local regions to better match with individual and local population need.
Activity(ies) / Reference (e.g. Activity 7.1, 7.2, etc)	7.1 Completion of activities in “description of activities” below
Description of Activity(ies) and rationale (needs assessment)	<p>In 2016/17, all six priority areas will be informed by what is necessary and appropriate to the needs of the Gold Coast community and improve the continuity of care through better integration of services for people affected by mental illness. This will include:</p> <ul style="list-style-type: none"> • Completion of a comprehensive needs assessment including detailed service mapping and utilisation of a deep dive approach to information gathering to develop a sector profile. • A review of existing mental health services, their clinical effectiveness and efficiency including specific services as per the six key priorities, and • Completion and implementation of a Commissioning Plan for 2016/17 and 2017/18 onwards, which will include where appropriate co-design of service planning and service models.
Collaboration	<p>GCPHN has established strong partnerships with a range of stakeholders from public, private, non-government service providers and community. The relationships of the PHN to all stakeholders are a key predictor of the success of the reform work. These include Queensland Health, Gold Coast Hospital and Health Service (GCHHS), non-government organisations, Queensland Alliance for Mental Illness and other relevant services and organisations within the mental health sector. The PHN has jointly established with the GCHHS the Regional Integrated Mental Health and AoD Advisory Group. Membership of the group includes PHN, GCHHS, GP’s, private providers, non-government organisations and consumer/carers.</p>

	<p>This Committee is in the process of developing Terms of Reference.</p> <p>In addition the establishment of the GCPHN General Practitioner Advisory Group for Mental Health had its first meeting in April 2016.</p>
Duration	July 2016 – June 2018
Coverage	This work will include coverage of the whole GCPHN region, which is aligned to the Gold Coast Hospital and Health service boundaries.
Commissioning approach (If applicable)	<p>Procurement and contract management of mental health services in 2016/17 will translate the findings of the health needs assessment to shape service development and the ability to make an informed decision on the optimal service/system change and investments. All components will be completed through engagement and collaboration with key stakeholders.</p> <p>Contracted services will be monitored and evaluated as per the GCPHN contracting process.</p>

Proposed Activities

Priority Area 8: Regional mental health and suicide prevention plan

Detailed in Strategic Vision above.