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DARLING DOWNS
AND WEST MORETON
An Australian Government Initiative

National Psychosocial Support Measure

Activity Work Plan
2018-2019



Local Integrated
Primary Health Care



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NPS_1.0_201819 – HEALTH NEEDS ASSESSMENT FOR PSYCHOSOCIAL SUPPORT

Activity Description

Aim: To determine gaps in psychosocial support against other alternatively funded services already available for people with severe and complex mental illness who are not eligible for the NDIS.

Activity: The DDWMPHN has established relationships with providers of clinical care for people with severe and complex mental illness. As people move to the NDIS, the maintenance of these relationships will be integral in monitoring the impact and potential gaps in non-clinical supports for those not NDIS eligible.

As an *establishment phase activity*, the DDWMPHN will undertake the Health Needs Assessment for Psychosocial Support (HNAPS) and will:

- Consider the NPS measure bilateral agreement
- Extract relevant reports from the National Mental Health Service Planning (NMHSP) framework including identification of support services that are recognised as culturally appropriate
- Request Queensland Department of Health MHAOD Branch reports for Psychosocial supports under the Community Managed Mental Health Services in DDWMPHN region
- Consider services currently provided by the Hospital and Health Services (HHSs) in the region
- Examine how currently contracted mental health service delivery will triangulate into supplying a coordinated wrap around service
- Participate in the Queensland Department of Health Statewide Request for Offer Reference Group for the Mental Health and Other Drug (MHAOD) Branch.
- Become a member of each consortia for Partners in Recovery (PIR) Lead Agencies.
- Remain engaged with PIR Consortia to determine quantum of social supports required as a benchmark
- Consult the Regional Mental Health and Suicide Prevention Plan

Consider the Priority Areas of the Fifth National Mental Health and Suicide Prevention Plan, with a focus on Priority Area 3



Measuring Outcomes/Data Collection and Storage	The HNAPS will be delivered to the Department of Health (DOH) in conjunction with the Mental Health and Suicide Prevention Needs Assessment Report and will be utilised by the DDWMPHN for the implementation phase of the NPS measure.
Consultation/ Collaboration/ Communication	<ul style="list-style-type: none"> ▪ Queensland Department of Health MHAOD Branch – consultation to determine current modes of services provided. Consultation to ensure DDWMPHN do not duplicate services and maximise coordinated continuity of care ▪ PIR Lead Agencies – collaboration as a key stakeholder ▪ Regional Hospital and Health Services – consultation for local health priorities ▪ Current Providers of severe and persistent mental illness – to identify gaps in service delivery models for this cohort ▪ Carers and consumers – perspectives on service delivery gaps ▪ Community Mental Health Collaborative – consultation to explore current service delivery models
Timeline	Commence in August 2018 with completion by November 2018
Risk Management	<ol style="list-style-type: none"> 1. <i>Risk:</i> Resource Allocation <i>Mitigation:</i> The DDWMPHN employs a Research and Data Analyst to assist in the strategic and operational planning and improvement of our strategic objectives. This position is pivotal in mobilising data and information for meaningful interpretation and oversees the qualitative and quantitative data optimisation for health needs analysis. The Health Planning, Design and Engagement Manager is responsible for engagement and consultation and will work in collaboration with the Mental Health Program Manager. Financial resources are managed according to budget oversight and status reporting. 2. <i>Risk:</i> Meeting of Deadlines given the short timeframes for Establishment <i>Mitigation:</i> Application of project management principles and regular status reporting



NPS_2.0_201819 – INITIAL PLANNING AND IMPLEMENTATION OF PSYCHOSOCIAL SUPPORT

Activity Description

Aim: To establish:

1. Contracts and quality management of grant and contract administration for the Partners in Recovery (PIR) program. This program aims to better support people with severe mental illness with complex needs, and their carers and families, through obtaining services and supports from multiple sectors in a more collaborative, coordinated and integrated manner.
2. Service provision to provide access to person-centred non-clinical and community services supporting people with severe and complex mental illness who are not eligible for NDIS.

Activity: The DDWMPHN has established relationships with providers of clinical care for people with severe and complex mental illness. As people move to the NDIS, the maintenance of these relationships will be integral in monitoring the impact and potential gaps in non-clinical supports for those not NDIS eligible.

1. Through the establishment phase and preparing of contractual arrangements, DDWMPHN will:
 - Develop contractual relationships with PIR lead agencies
 - Utilise relationships with local National Disability Insurance Agencies (NDIS) to increase understanding of reporting and NDIS transition requirements
 - Establish data collection and storage methods
 - Develop data collection and reporting processes and monitoring and assessment processes for progress reports, budgets and milestones
2. As part of the *establishment phase*, the DDWMPHN will commence planning and commissioning to address solutions for gaps identified through the HNAPS by leveraging off current service provider contracts to provide value for money service delivery. To ensure appropriate utilisation of allocated resources, service delivery will be prioritised across the region. Working with PIR lead agencies will allow the DDWMPHN to assist in the Government's commitment to ensuring people with disability, are not disadvantaged in the transition to the NDIS. Models of service to be commissioned will include:



	<ul style="list-style-type: none"> Individual Support and Rehabilitation – non-clinical services tailored to the individual in their focus of care and intensity of support and performed by appropriately qualified workers Group Support and Rehabilitation – led by an employee or representative of a community managed organisation (that may or may not be a peer worker) and engaging people in one or more social, recreational prevocational or physical activities. <p>Service providers will be considered for their ability to deliver culturally competent non-clinical support. Consideration will be given to providing contracted service providers with specific criteria to identify consumers and guide appropriate service delivery.</p> <p>This process will include determining and establishing data collection methods and storage including the development of reporting processes. All contracts will include reporting requirements and templates with data collection influenced by the existing Minimum Data Set (MDS). Thought will be given to additional local indicators to reflect.</p> <p>An issues register will be established and maintained with appropriate steps taken to resolve issues in collaboration with key stakeholders.</p>
Measuring Outcomes/Data Collection and Storage	<ul style="list-style-type: none"> The existing MDS will be utilised for reporting on psychosocial support services Working with PIR lead agencies will assist in identifying specific outcome measures The DDWMPHN will develop local indicators that reflect quality of support care, consumer experience and measures of sense of meaning and connectedness in life
Consultation/ Collaboration/ Communication	<ul style="list-style-type: none"> PIR Lead Agencies – consultation to inform scope of activity Regional Hospital and Health Services – collaboration for evaluation of tender submissions Current Providers of severe and persistent mental illness – communication to complement service delivery across the spectrum of care Carers and consumers – communication and engagement



Timeline	Direct tender process to commence by November 2018 with service delivery to commence January 2019
Risk Management	<ol style="list-style-type: none"><i>Risk:</i> Delay in commissioning <i>Mitigation Strategy:</i> Ensure appropriate workforce is available to commission this activity; ongoing status reporting on project outcomes. DDWMPHN will seek to engage recently commissioned mental health services to deliver psychosocial supports complementing current service delivery<i>Risk:</i> Significant negative community feedback if services are discontinued due to non-ongoing funding from DOH <i>Mitigation:</i> DDWMPHN will ensure key messaging aligns to the funding periods approved by DoH. Communication strategy includes health professionals and the community through various modes to maximise information distribution. Commissioning processes will ensure that there is not over-commitment of funding reducing any recurrent implications



NPS_3.0_201819 – PSYCHOSOCIAL SUPPORT FOR PEOPLE WITH SEVERE AND PERSISTENT MENTAL ILLNESS

<p>Activity Description</p>	<p>Aim: To provide ongoing access to person-centred non-clinical and community services supporting people with severe and complex mental illness who are not eligible for NDIS. This activity will enhance capacity and capability for people to be active contributing members of their community and to support reaching their life goals.</p> <p>Activity: The <i>implementation phase</i> will provide ongoing service delivery as commissioned in <i>NPS_2.0_201819 – Initial Planning and Implementation of Psychosocial Support</i>. This will include ongoing support care provided through individual and group support and rehabilitation modalities.</p> <p>The Mental Health Service Navigators (HSN) as per <i>PMH_MS_10.0_201819 – Primary Mental Health Service Navigation</i> will assist integrated care by promoting awareness and referral pathways to general practitioners while developing a full range of community supports which underpin a connected and contributing life.</p> <p>HSNs will be pivotal to facilitate a holistic wrap around support mechanism to be in place for the people that need it across the entire spectrum of service delivery including navigation from acute settings, post-acute clinical supports, GP led treatment plans, clinical therapeutic interventions, lower intensity services and the psychosocial supports service offered through this activity.</p>
<p>Measuring Outcomes/Data Collection and Storage</p>	<ul style="list-style-type: none"> ▪ The existing MDS will be utilised for reporting on psychosocial support services <ul style="list-style-type: none"> ▪ Working with PIR lead agencies will assist in identifying specific outcome measures ▪ The DDWMPHN will develop local indicators that reflect quality of support care, consumer experience and measures of sense of meaning and connectedness in life
<p>Consultation/ Collaboration/ Communication</p>	<ul style="list-style-type: none"> ▪ PIR Lead Agencies – consultation to inform scope of activity ▪ Regional Hospital and Health Services – collaboration for evaluation of tender submissions ▪ Current Providers of severe and persistent mental illness – communication to complement service delivery across the spectrum of care



Timeline	Service delivery to commence by January 2019 with view for continuation through to June 2021
Risk Management	<i>1. Risk:</i> Inability to meet service demand <i>Mitigation Strategy:</i> Ongoing monitoring of service provision data with active engagement with service providers for early recognition of trends for reporting to DOH. This will include monitoring of high priority areas

NPS 4.0 – MONITORING OF SERVICE DELIVERY AND MAINTENANCE OF CONTRACTS

Activity Description	<p>Aim: To continue to offer an appropriate wrap-around support model of care that provides quality of life for people with severe mental illness while optimising potential for active contribution to their community.</p> <p>Activity: This activity will focus on ongoing strengthening of relationships with service providers to ensure delivery of efficient and effective services that are meaningful and offer value for money and quality of life. Close partnerships and DDWMPHN activity management and data collection will ensure monitoring, assessment and reporting on service delivery to determine outcomes and meeting of the activity aim.</p> <p>The DDWMPHN will maintain collection and evaluation while providing quarterly service visits to discuss monitoring, evaluation and feedback on reporting to promote a collaborative refinement of service delivery as required. Budgets will be adjusted or revised to respond to service delivery fluctuation.</p> <p>To further assist in refinement of service delivery and inform ongoing changes in the NPS measure, the DDWMPH will continue maintenance of the Issues Register (<i>NPS_2.0_201819 – Initial Planning and Implementation of Psychosocial Support Care</i>).</p>
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Measuring Outcomes/Data Collection and Storage	Along with monitoring the MDS and the included set flags, the DDWMPHN will further develop service provider reporting and monitor these to identify ability to meet the needs of consumers within a quality framework as per NPS_2.0_201819 – Initial Planning and Implementation of Psychosocial Support Care.
Consultation/ Collaboration/ Communication	<i>NPS_1.0_201819 – Health Needs Assessment for Psychosocial Support and NPS_2.0_201819 – Initial Planning and Implementation of Psychosocial Support</i>
Timeline	Commence with service delivery (by January 2019) and will continue through to June 2021
Risk Management	1. <i>Risk:</i> Non-compliance with contract deliverables and obligations <i>Mitigation:</i> Ongoing service engagement meetings and monitoring of performance and reporting



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