

**Primary Health Tasmania  
Primary Mental Health Care  
Activity Work Plan 2016 - 2018**

# Primary Health Networks - Primary Mental Health Care Funding Activity Work Plan 2016-2018

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## Introduction

The following Primary Mental Health Care Funding Activity Work Plan provides:

- a) A strategic vision which outlines the approach to addressing the mental health and suicide prevention priorities of Primary Health Tasmania;
- b) A description of planned activities funded under the Primary Mental Health Care Schedule – Mental Health and Suicide Prevention Flexible and Operational activity and Indigenous Mental Health Flexible activity
- c) A description of planned activities funded under the Primary Mental Health Care Schedule – Lead Site Low Intensity and Youth Severe

This Activity Work Plan is a refresh of the AWP published in 2016 and covers the period from 1 July 2016 to 30 June 2018. Each activity nominated in this work plan is proposed for a period of either 12 months or 24 months.

A comprehensive needs assessment was undertaken by Primary Health Tasmania to inform this Activity Work Plan. The Activity Work Plan has been developed in consultation with local communities, Clinical Councils, Community Advisory Committees, state/territory governments and Local Hospital Networks as appropriate; and articulates a set of activities that Primary Health Tasmania will undertake, using the Needs Assessment as evidence.

## 1. Strategic Vision

The current alignment of national and state policy directions coupled with strong provider and consumer appetite for mental health sector reform gives us an unprecedented opportunity in Tasmania to achieve real and sustainable change and improved mental health outcomes. We also have the unique benefits and opportunities that only a single Primary Health Network (PHN) boundary and a single statewide health system can provide to work together to deliver a joined-up mental health system for all Tasmanians. This represents an exciting opportunity for all Tasmanians. At the centre of this opportunity is a commitment from Primary Health Tasmania to work closely with our partners to ensure that consultation and inclusiveness is the basis of working approach.

As part of our commissioning strategy and intent we have embarked on a comprehensive sector engagement initiative which, although set within a challenging timeline, will ensure a shared vision and a commitment to joint decision-making. Primary Health Tasmania is developing a stakeholder engagement strategy to ensure that simple and consistent two-way communication processes are in place. A key element of this strategy will be a focus on interaction with those with lived experience of mental illness and their carers.

It is Primary health Tasmania's view that a whole-of-system approach is critical to improved health outcomes and underpins our philosophy and strategic thinking. This approach is based on three distinct elements targeting system integration, professional provider interactions and consumer and community engagement. Primary Health Tasmania has used the Tasmanian Government's Rethink Mental Health Plan (A Long-term Plan for Mental Health in Tasmania 2015-2025) consultation and engagement findings and recommendations as a key source to inform our initial commissioning intentions. This work has culminated in the release of our "Mental Health Commissioning Intentions 2016-2017 Consultation Draft". This document provides an evidence-based snapshot of the Tasmanian primary mental health sector and highlights a number of areas of immediate opportunity and/or further investigation.

To ensure appropriate shared governance of the mental health commissioning process, Primary Health Tasmania has access to broad health sector advice via its Board, Clinical Advisory Council and Community Advisory Council. In addition, we have established a Primary Mental Health Commissioning Stakeholder Advisory Group to provide leadership and direction in the development of a co-commissioning strategy for Tasmania to be completed by August 2016. Membership includes representation from the Tasmanian Government Department of Health and Human Services (DHHS), Tasmanian Health Service (THS), Chief Psychiatrist, GPs, Mental Health Council of Tasmania (MHCT – non-government and community sector organisations including consumer and carer representatives), private mental health allied and specialist providers, and the National Disability Insurance Scheme (NDIS). This advisory mechanism will hold its first meeting in May 2016 and will provide a robust conduit to inform commissioning and sector integration activities.

Another fundamental shift that Primary Health Tasmania has made to assure its capacity and capability as a secondary commissioner of primary health services is an organisational restructure aligned with the requirements of a commissioning organisation. This work has incorporated the development of a locally relevant commissioning approach underpinned by a suitably qualified and agile workforce. We are very confident this organisational and governance structure will ensure Primary health Tasmania achieves the six key objectives of the PHN mental health care funding

Primary Health Tasmania is taking significant steps in the establishment of a stepped model of care however cognisant of the complexity of the Tasmanian mental health sector and our ability to lever substantial whole-of-system change quickly within the constraints of our current purchasing responsibilities. Under the Tasmanian Health Pathways Project mental health pathways are nearing completion and provide an excellent opportunity to establish current and new care pathways in the development of a new stepped approach.

Our current tender process for the delivery of mild to moderate mental health services across Tasmania includes a detailed diagrammatic description as provided in the 'PHN mental health and suicide prevention implementation guidance' of the expectations and requirements of interventions within these steps.

Included in the tender documents is a description of the menu of evidence based services that potential providers are required to provide. A similar approach and process is being implemented in the commissioning of services under the six priority objectives outlined in the schedule.

There are a number of significant challenges ahead in a whole of system approach to mental health reform in Tasmania. However, Primary Health Tasmania is confident of its capabilities and capacity to work with our key partners, consumers and carers to achieve significant health improvements. Key to achieving these ambitious targets will be to improve the standards of mental health services in Tasmania, cognisant that 48% of services meet Level 1 implementation of national service standards (compared with 84% nationally).

## Planned activities funded under the Primary Mental Health Care Schedule

Planned Activity - Priority Area 1: Low intensity mental health services	
Priority Area	Priority Area 1: Low intensity mental health services
Activity(ies) / Reference	<p>1.1 Commission low intensity mental health services that make best use of available resources and target people at the appropriate level of care within a stepped model of care.</p> <p>1.1.1 Work in partnership with the mental health sector and consumer groups to scope and introduce a range of consumer self-management tools that can be utilised as an alternate treatment option by GPs, mental health providers and the community where clinically appropriate. This includes working with the Australian Government Department of Health with regard to the resources and tools made available through the national “Digital Gateway”.</p> <p>1.1.2 Work with key stakeholders to scope, develop and commission low to medium intensity mental health services delivered in a flexible range of intervention models including group, counselling and digital applications.</p> <p>1.1.3 Continue and expand (state-wide) GP referred, group based Mindfulness program currently delivered in rural and regional areas of North West Tasmania. These evidence based programs represent an efficient and cost effective modality for people requiring early intervention support services. The service has received significant uptake in rural and regional areas.</p> <p>1.1.4 Document and localise clinical pathways to include low intensity services as part of the Tasmanian Health Pathways project.</p> <p>NOTE: This activity must be considered along with the activity within the PHN Lead Site Low Intensity AWP. (see page 42 of this document)</p>
Existing or New Activity	Existing Activity
Description of Activity	<p>The aim of this activity is to work with stakeholders to increase access to, and the safe use of evidence-based low intensity mental health interventions as an alternative to face-to-face psychological therapy services.</p> <p>As recognised in the Needs Assessment general practitioners (GPs) remain the most common service provider of mental health services in Tasmania. GPs have limited access to evidence based interventions to support management of patients who present with early symptoms and signs of mental illness.</p>

	<p>Expected Results:</p> <ul style="list-style-type: none"> <li>• Increased access for Tasmanian consumers to low intensity MH services.</li> <li>• Improved general practice knowledge and understanding regarding the efficacy and availability of low intensity mental health services to support their patient’s needs.</li> <li>• Increased visibility of low intensity mental health service options within relevant mental health Tasmanian Health Pathways</li> </ul>
<p>Target population cohort</p>	<p>For face to face services, the primary focus is on people living in rural areas.</p> <p>Digital applications directed toward the broader Tasmanian community.</p> <p>Tasmanian Health Pathways is focused on changing GP referral practices to encourage evidence-based care.</p> <p>GPs will be supported to refer patients to low intensity services, including online interventions.</p>
<p>Consultation</p>	<p>Consultation will be undertaken with the Mental Health, Alcohol and Other Drugs Directorate (Tasmanian Government) and with PHT’s clinical and community councils and PHT’s Mental Health Commissioning Advisory Group.</p> <p>Broader consultation with service providers and peak bodies through a series of open consultation forums across Tasmania is to be held in March 2017.</p>
<p>Collaboration</p>	<p>Primary Health Tasmania will be the key driver of this activity but its nature will require strong collaboration with general practice, psychiatrists, public and private providers of targeted mental health services. Consumers, other providers and stakeholders will be involved in the development and implementation of low intensity mental health intervention products, services and tools.</p> <p>Primary Health Tasmania will also engage via its internal mechanisms such as the Clinical Advisory Council and Community Advisory Council, Mental Health Commissioning Advisory Group to obtain advice and endorsement of identified activities.</p> <p>The Tasmanian Health Pathways project incorporates extensive consumer, provider and stakeholder input as part of its approach to pathway development, and will continue to be a key mechanism for health reform.</p>
<p>Duration</p>	<p>The planned activity will be two years in duration.</p> <p>1.1.1 Scoping and service development activities have already commenced in 2015-16 and will continue to be conducted across the early part of 2016-17.</p>

	<p>1.1.2 The commissioning and pilot of stakeholder agreed low intensity interventions will commence in mid-2016/17.</p> <p>1.1.3 The continuation and expansion of the highly successful rural community based Mindfulness group interventions will be commissioned and implemented on a statewide basis from July 2016.</p> <p>1.1.4 Development and initiation of Tasmanian Health Pathways for mental health services has already commenced and will continue in 2016-17 with a strengthened focus on early intervention and low intensity mental health interventions.</p> <p>Preliminary timeframes are:</p> <ul style="list-style-type: none"> <li>• May – July 2016 – mental health commissioning intentions document completed</li> <li>• December 2016 – March 2017 – commissioning concept and design phase, including consultations with current providers and broader stakeholders</li> <li>• April – May 2017 – procurement activities of the solutions phase</li> <li>• June 2017 – establishment activities for new providers</li> <li>• June 2017 - service delivery and performance management under the solutions phase commences.</li> <li>• August 2017 – review of initial phase of commissioning cycle undertaken and refined for 2017/2018 financial year.</li> </ul>
Coverage	All elements of this activity will be directed to the entire state.
Commissioning method	Primary Health Tasmania will utilise its Commissioning Framework to guide all commissioning processes.
Approach to market	<p>Primary Health Tasmania has established an open market tender process for the procurement of commissioned mental health services. Tender are evaluated against the following capacity and capability criteria:</p> <ul style="list-style-type: none"> <li>• Appropriate applicant profile including suitable experience and capacity to deliver proposed services with evidence of a clear understanding of the Tasmanian primary health sector and availability of a local workforce;</li> <li>• Application of evidence-based models of intervention that are relevant to the target client cohort, required accessibility, and the articulation of measurable outcomes and outputs including client reported outcome measures;</li> <li>• Demonstration of the applicant’s understanding and use of healthcare quality and safety mechanisms and tools;</li> <li>• Described and evidenced capacity and capability to meet data and financial reporting requirements and willingness to engage with Primary Health Tasmania, other providers and stakeholders to improve primary healthcare management through planning, co-design, implementation and evaluation of primary mental health care interventions.</li> </ul> <p>These services will be monitored and evaluated through:</p>

	<ul style="list-style-type: none"> <li>• healthcare quality and safety arrangements (clinical governance) and quality assurance mechanisms and systems;</li> <li>• collection and reporting of mental health services activity and patient/client outcomes data; and</li> <li>• range of value for money measures including cost per client/intervention.</li> </ul>
<p>Performance Indicator</p>	<p>Primary Health Tasmania will work with commissioned providers to identify and capture appropriate outcome and output measures that can demonstrate improvement in patient health and wellbeing outcomes, clinical quality and safety, accessibility and availability of service delivery, and value for money.</p> <p><i>Local Performance Indicators (LI):</i></p> <p>LI.1 - Number and proportion of Tasmanian population receiving PHN-commissioned low intensity mental health services per selected and agreed individual modality (output indicator)</p> <p>LI.2 - Average cost per PHN-commissioned low intensity mental health service (outcome indicator)</p> <p>LI.3 - Number of Tasmanian Health Pathways that include reference to low-intensity and early intervention mental health options for patient care (output indicator)</p> <p>LI.4 - Commissioned providers understand, and are actively applying required clinical governance principles, practice and process consistent with contracted provider requirements. (output indicator)</p> <p>LI.5 Commissioned providers have robust demand management systems in place (including triage, waitlist and session caps)</p> <p>LI.6 Improvement in psychological symptoms and quality of life, as measured by K10, Assessment of Quality of Life (AQoL) or other tools</p>
<p>Local Performance Indicator target</p>	<p><b><i>Local Performance Indicator Targets:</i></b></p> <p>LI.1 - Number of Tasmanians receiving PHN-commissioned low intensity mental health services per selected and agreed individual modality - Baseline targets to be determined as part of the commissioning process</p> <p>LI.2 - Average cost per PHN-commissioned low intensity mental health service - Baseline targets to be determined as part of the commissioning process</p> <p>LI.3 - 100% of completed Mental Health pathways to include low-intensity early intervention mental health options</p> <p>LI.4 - 100% of contracted providers compliant with clinical governance requirements for implementation and reporting</p> <p>LI.5 - 100% of commissioned providers have documented evidence of demand management systems</p>

	LI.6 – Indicator target to be developed once baseline data is assessed
Local Performance Indicator Data source	<p>Clinical Outcome data will be collected by Primary Health Tasmania’s commissioned service providers in line with key performance indicators set in individual contract execution specifications</p> <p>Data will also be derived from relevant National (e.g. ABS, AIHW, MDS) and State government (Department of Health and Human Services-DHHS) databases.</p> <p>Primary Health Tasmania will establish a range of fit for purpose data management portals for use by its commissioned providers.</p> <p>Regional activity data to measure access and equity in service provision for hard to reach groups and rural and remote communities.</p> <p>Health Pathways access and utilisation data will be set and collected by Primary Health Tasmania.</p>

Planned Activity - Priority Area 2: Youth mental health services	
Priority Area	<b>Priority Area 2: Youth mental health services</b>
Activity(ies) / Reference	2.1 Commission delivery of youth specific mental health services 2.2 Work with key partners to streamline and document youth mental health care pathways 2.3 Analyse and monitor Tasmanian PBS prescribing data 2.4 Design and deliver GP focused prescribing and de-prescribing workshops
Existing or New Activity	Existing Activity
Description of Activity	<p>2.1 The aim of this activity is to maintain and enhance community access to child and adolescent mental health services through:</p> <ul style="list-style-type: none"> <li>• Maintaining service delivery within headspace centres in line with current delivery model</li> <li>• Maintaining and enhancing the reach of child mental health services delivered as per those services previously provided under the Access to Allied Psychological Services (ATAPS) model</li> <li>• Developing and establishing a service model for young people with or at risk of complex and severe mental illness (work commencing 2016-17 and commissioned services full operational by 2017-18). NOTE: This activity must be considered along with the activity within the PHN Lead Site Youth Severe AWP (see page 38 of this document)</li> </ul> <p>2.2 The aim of this activity is to improve the integration of headspace centres with broader primary mental health care services by liaising with relevant local organisations in the context of future regional planning, including those delivering Family Mental Health Support Services (FMHSS), early childhood services, schools and tertiary and vocational providers to develop and delivery early intervention services for young people with, or at risk of, severe mental illness.</p> <p>The activity will include:</p> <ul style="list-style-type: none"> <li>• Transitioning contract management of Headspace centres Launceston (outreach Devonport) and Hobart from Headspace National Youth Mental Health Foundation Ltd (headspace) (2016-2017);</li> <li>• Facilitating collaboration between Child and Adolescent Mental Health Service (CAMHS - Tasmanian Government), Headspace centres, FMHSS, education department and private providers to better integrate youth mental health services and create streamlined pathways of care that will inform the Tasmanian Health Pathways Project (work commencing late 2016-17 and continuing 2017-18); and</li> </ul>

	<ul style="list-style-type: none"> <li>Commissioning low to medium intensity youth mental health services delivered in a flexible range of intervention models including group, counselling, face to face and digital applications.</li> </ul> <p>2.3 The aim of this activity is to address the findings of the Primary Health Tasmania Needs Assessment in relation to medication prescribing data findings (<i>Tasmania has the highest national PBS funded mental health pharmaceutical prescribing rate; Tasmania has the second highest dispensing rate for ADHD medicines in those less than 18 years and antidepressants in those less than 18 years.</i>)</p>
Target population cohort	Young people aged 12-25 years.
Consultation	<p>Ongoing engagement with Department of Health and Human Services (DHHS), Tasmanian Health Service - Child and Adolescent Mental Health Services (CAMHS), Tasmanian Health Service - Drug and Alcohol Services, Aboriginal health organisations, GPs and other specialists including psychiatrists and paediatricians, Headspace centres Launceston (outreach Devonport) and Hobart, private allied mental health providers, Pharmaceutical Benefits Scheme (PBS) and Medicine Wise prescribing education service.</p> <p>Primary Health Tasmania will also engage via its internal mechanisms such as the Clinical Advisory Council, Community Advisory Council and Mental Health Commissioning Advisory Group to obtain advice and endorsement of activities.</p> <p>The Tasmanian Health Pathways project incorporates extensive consumer, provider and stakeholder input as part of its approach to pathway development.</p>
Collaboration	<p>Primary Health Tasmania will be the key driver of this activity but its nature will require strong collaboration with DHHS, Tasmanian Health Service (THS) - Child and Adolescent Mental Health Services (CAMHS), Tasmanian Health Service - Drug and Alcohol Services, Aboriginal health organisations, GPs and other specialists including psychiatrists and paediatricians, Headspace centres Launceston (outreach Devonport) and Hobart, private allied mental health providers, Pharmaceutical Benefits Scheme (PBS) and Medicine Wise prescribing education service.</p> <p>In 2017-18, services will be delivered by existing headspace providers: Cornerstone Youth Services and The Link Youth Health Service.</p> <p>Commissioned service providers delivering youth severe and complex interventions have not been identified at the time of submission of this AWP.</p>

	Medicine Wise prescribing education service will be involved in mental health prescribing/de-prescribing activities.
Duration	<p>The planned activity will be two years in duration.</p> <p>2.1 Commissioned service delivery via existing Headspace providers and continued/enhanced delivery of child mental health services (as per ATAPS model) will be delivered from 1 July 2016.</p> <p>2.2 Collaborative development and co-design of more integrated approaches to child and youth mental health services will commence and progress in 2016-17. Resultant models of care will be commissioned/co-commissioned in line with agreed findings in 2017-18 and beyond. Commissioning of youth directed short term psychological interventions will commence in 2016-17. Services commissioned for youth severe and complex services will commence in March 2017.</p> <p>2.3 Prescribing data analysis has already commenced and will be completed in 2016-17.</p> <p>2.4 Appropriate training and other resources and tools will be developed and delivered in 2016-17 and 2017-18.</p>
Coverage	All elements of this activity will be directed to the entire state.
Commissioning method	Primary Health Tasmania will utilise its Commissioning Framework to guide all commissioning processes.
Approach to market	<p>Primary Health Tasmania has established an open market tender process for the procurement of commissioned services. Tenders are evaluated against the following capacity and capability criteria:</p> <ul style="list-style-type: none"> <li>• Appropriate applicant profile including suitable experience and capacity to deliver proposed services with evidence of a clear understanding of the Tasmanian primary health sector and availability of a local workforce</li> <li>• Application of evidence based models of intervention that are relevant to the target client cohort, required accessibility and the articulation of measurable outcomes and outputs including client reported outcome measures</li> <li>• Demonstration of the applicants understanding and use of healthcare quality and safety mechanisms and tools</li> <li>• Described and evidenced capacity and capability to meet data and financial reporting requirements and willingness to engage with Primary Health Tasmania and other providers and stakeholders to improve primary healthcare management through planning, co-design, implementation and evaluation of primary mental health care interventions</li> </ul> <p>These services will be monitored and evaluated through:</p> <ul style="list-style-type: none"> <li>• healthcare quality and safety arrangements (clinical governance) and quality assurance mechanisms and systems;</li> <li>• collection and reporting of mental health services activity and patient/client outcomes data; and</li> <li>• range of value for money measures including cost per client/intervention.</li> </ul>

<p>Performance Indicator</p>	<p>Primary Health Tasmania will work with commissioned providers to identify and capture appropriate outcome and output measures that can demonstrate improvement in patient health and wellbeing outcomes, clinical quality and safety, accessibility and availability of service delivery, and value for money.</p> <p><b>Local Performance Indicators (LI):</b></p> <p>LI.1 - Increased number and proportion of Tasmanian youth population receiving youth specific PHN-commissioned mental health services (output indicator)</p> <p>LI.2 - Reduced average cost per youth specific PHN-commissioned mental health service (outcome indicator)</p> <p>LI.3 - Self-reported increased access to and satisfaction with youth specific mental health services (outcome indicator)</p> <p>LI.4 - Prescribing data analysis completed and available (output indicator)</p> <p>LI.5 - Number and attendance of GP focused prescribing and de-prescribing workshops (output indicator)</p> <p>LI.6 - Self-reported improved GP understanding of the underlying causes of above prescribing rates of ADHD and antidepressant medications in children and adolescents in Tasmania (of those attending workshops) (outcome indicator)</p> <p>LI.7 - Integrated approaches to child and youth mental health services and resultant models of care for commissioning collaboratively developed and designed (process indicator)</p> <p>LI.8 - Commissioned providers understand, and are actively applying required clinical governance principles, practice and process consistent with contracted provider requirements. (output indicator)</p> <p>LI. 9 - Commissioned providers have robust demand management systems in place (including triage, waitlist and session caps)</p>
<p>Local Performance Indicator target (where possible)</p>	<p><b>Local Performance Indicator Targets:</b></p> <p>LI.1 - &gt;2000 Tasmanian young people (5-18yrs) receiving child/youth specific PHN-commissioned mental health services</p> <p>LI.2 - Optimal and sustainable average cost per youth specific PHN-commissioned session of mental health care</p> <p>LI.5- GP focused prescribing and de-prescribing workshops (output indicator)</p> <p>LI.6 100% Self-reported improved GP understanding of the underlying causes of above prescribing rates of ADHD and antidepressant medications in children and adolescents in Tasmania (of those attending workshops) (outcome indicator)</p> <p>Clinical outcomes benchmarks based on appropriate clinical measurement tools will be identified and agreed by Primary Health Tasmania in collaboration with commissioned providers and other relevant stakeholders.</p> <p>LI.8 - 100% of contracted providers compliant with clinical governance requirements for implementation and reporting.</p>

	<p>LI.9 - 100% of commissioned providers have documented evidence of demand management systems.</p>
<p>Local Performance Indicator Data source</p>	<p>Clinical outcome data will be collected by Primary Health Tasmania commissioned service providers in line with key performance indicators set in individual contract execution specifications.</p> <p>Data will also be derived from relevant National (e.g. ABS, AIHW, MDS) and State government (Department of Health and Human Services-DHHS) databases.</p> <p>Primary Health Tasmania is establishing a range of fit for purpose data management portals for use by its commissioned providers.</p> <p>Regional activity data to measure access and equity in service provision for hard to reach groups and rural and remote communities.</p> <p>Health Pathways access and utilisation data will be set and collected by Primary Health Tasmania.</p>

<b>Planned Activity - Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups</b>	
<b>Priority Area</b>	<b>Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups</b>
Activity(ies) / Reference	<p>3.1 Commission a range of mild to moderate psychological therapies and interventions specifically targeting rural, remote and hard to reach groups including Aboriginal and Torres Strait Islander people in line with Australian Government requirements</p> <p>3.2 Collect, collate and analyse relevant data and information through the MDS and other commissioned/contracted provider data sets, state and national data sets, and other relevant data sources</p> <p>3.3 Streamline and document mental health care pathways for people in rural and remote locations and for other underserved or hard to reach target groups as indicated by Australian Government requirements or identified in the Primary Health Tasmania Needs Assessment</p>
Existing or New Activity	Existing Activity
	<p>3.1 The aim of this activity is to ensure service continuity for people with a diagnosable mild to moderate, or in some cases severe mental illness, where access to other services is not appropriate within a mental health stepped model of care; and to improve uptake of Medicare based mental health services including the formulation of GP Mental Health Treatment Plans for those living in areas where service access is poor and/or appropriate.</p> <p>Primary Health Tasmania has initiated a tender process that adopts a “commissioning-like” approach in sub-contracting a range of mild to moderate psychological therapies and interventions specifically targeting rural, remote and hard to reach groups in line with Australian Government requirements. (A “commissioning-like” approach will involve the development and management of performance indicators and clinical quality indicators that reflect commissioning intent. This is seen as one of the key tools in developing sector readiness for full commissioning). Services will be required to work within a capped number of 30-60 minute sessions of care (maximum of 12 sessions); and selected providers will need to advise their management strategies for referral into and out of services.</p> <p>3.2 The aim of this activity is to work closely with all stakeholders in particular commissioned providers to collect and analyse information to help inform improved service and system interventions that result in better mental health outcomes for Tasmanians.</p> <p>Primary Health Tasmania will develop and use a range of tools to collect and analyse data on provision of psychological therapy services for underserved groups with respect to advising and supporting the development and implementation of more cost</p>

	<p>efficient and targeted service delivery, including, where appropriate, referral of individuals to low intensity services; and to undertake comprehensive regional mental health planning and identify psychological therapy service gaps.</p> <p>3.3 The aim of this activity is to promote awareness and provide incentive within commissioning arrangements and to service users (clinical providers, service referrers and consumers) of targeted recipients, referral pathways and service parameters.</p> <p>Primary Health Tasmania will work with stakeholders to develop and implement tools and mechanisms to facilitate streamlined and integrated mental health interventions that align with a stepped model of mental health care. System change mechanisms will be used, such as Tasmania Health Pathways, commissioned service specifications - including key performance indicators, clinical quality indicators and fee for service drivers, and co-commissioned/partnership arrangements.</p>
<p>Target population cohort</p>	<p>Rural, remote, under-serviced and hard to reach groups, including people experiencing, or at risk of homelessness, women experiencing perinatal depression, people from culturally and linguistically diverse (CALD) backgrounds, and Aboriginal and Torres Strait Islander people.</p>
<p>Consultation</p>	<p>Ongoing consultation with commissioned service providers through quarterly forums.</p>
<p>Collaboration</p>	<p>3.1 This activity will be funded and implemented by Primary Health Tasmania who will collaborate closely with commissioned providers to ensure the high quality and safe delivery of mental health interventions.</p> <p>Activities 3.1, 3.2 and 3.3 will require Primary Health Tasmania’s close collaboration with commissioned providers, DHHS, THS, Mental Health Council of Tasmania, consumer and carer groups, and University of Tasmania (UTAS).</p> <p>Primary Health Tasmania will also engage via its internal mechanisms such as the Clinical Advisory Council and Community Advisory Council, Mental Health and Commissioning Stakeholder Advisory Group to obtain advice and endorsement of activities.</p> <p>The Tasmanian Health Pathways project incorporates extensive consumer, provider and stakeholder input as part of its approach to pathway development.</p>
<p>Duration</p>	<p>The planned activity will be two years in duration.</p> <p>3.1: Commissioned service delivery via the currently underway tendered service process will be delivered from 1 July 2016.</p> <p>3.2, 3.3: Collaborative development and co-design of more integrated approaches to mental health services will commence and progress in 2016-17. Resultant models of care will be commissioned/co-commissioned in line with agreed findings in 2017-18 and beyond.</p>

Coverage	Rural locations across Tasmania
Continuity of care	A managed service transition process will be implemented to ensure continuity of care for all clients receiving services delivered directly by PHT in 2015-16 to newly contracted providers delivering services in 2016-17 and beyond.
Commissioning method	Primary Health Tasmania will utilise its Commissioning Framework to guide all commissioning processes.
Approach to market	<p>Primary Health Tasmania has established an open market tender process for the procurement of commissioned services. Tenders are evaluated against the following capacity and capability criteria:</p> <ul style="list-style-type: none"> <li>• Appropriate applicant profile including suitable experience and capacity to deliver proposed services with evidence of a clear understanding of the Tasmanian primary health sector and availability of a local workforce</li> <li>• Application of evidence based models of intervention that are relevant to the target client cohort, required accessibility and the articulation of measurable outcomes and outputs including client reported outcome measures</li> <li>• Demonstration of the applicants understanding and use of healthcare quality and safety mechanisms and tools</li> <li>• Described and evidenced capacity and capability to meet data and financial reporting requirements and willingness to engage with Primary Health Tasmania and other providers and stakeholders to improve primary healthcare management through planning, co-design, implementation and evaluation of primary mental health care interventions</li> </ul> <p>These services will be monitored and evaluated through:</p> <ul style="list-style-type: none"> <li>• healthcare quality and safety arrangements (clinical governance) and quality assurance mechanisms and systems;</li> <li>• collection and reporting of mental health services activity and patient/client outcomes data; and</li> </ul> <p>range of value for money measures including cost per client/intervention..</p>
Performance Indicator	<p><b>Local Performance Indicators (LI):</b></p> <p>LI.1 - Increased number and proportion of Tasmanian population living in rural and remote areas and hard to reach groups receiving mild to moderate psychological therapies and interventions (output indicator)</p> <p>LI.2 - Reduced average cost per PHN-commissioned psychology therapy (outcome indicator)</p> <p>LI.3 - Self-reported increased access to and satisfaction with the service of people and hard to reach groups receiving mild to moderate psychological therapies and interventions in rural and remote areas (outcome indicator)</p> <p>LI.4 - Documented mental health care pathways for people in rural and remote areas and hard to reach groups (output indicator)</p>

	<p>LI.5 – Information and relevant data available to inform the development and design of improved service and system interventions for better mental health outcomes for Tasmanians (process indicator)</p> <p>LI.6 - Commissioned providers understand, and are actively applying required clinical governance principles, practice and process consistent with contracted provider requirements. (output indicator)</p> <p>LI.7 Commissioned providers have robust demand management systems in place (including triage, waitlist and session caps)</p>
<p>Local Performance Indicator target (where possible)</p>	<p><b>Local Performance Indicator Target:</b></p> <p>LI.1 – &gt;2000 people living in rural and remote areas and hard to reach groups receiving mild to moderate psychological therapies and stepped model of mental health care</p> <p>LI.2 - &gt;85% self- reported increased access to and satisfaction with psychological therapies in rural and remote areas</p> <p>LI.3 – Optimal and sustainable average cost per therapy session</p> <p>Performance targets will be set in collaboration with commissioned providers and using benchmarks such as previous ATAPS and MHSRRA service targets and PHN performance.</p> <p>LI.4 - 100% of contracted providers compliant with clinical governance requirements for implementation and reporting.</p> <p>LI.7 - 100% of commissioned providers have documented evidence of demand management systems.</p>
<p>Local Performance Indicator Data source</p>	<p>Clinical Outcome data will be collected by Primary Health Tasmania commissioned service providers in line with key performance indicators set in individual contract execution specifications.</p> <p>Primary Health Tasmania is establishing a range of fit for purpose data management portals for use by its commissioned providers</p> <p>Data will also be derived from relevant National (e.g. ABS, AIHW, MDS) and State government (DHHS) databases.</p> <p>Health Pathways access and utilisation data will be set and collected by Primary Health Tasmania</p>

Planned Activity - Priority Area 4: Mental health services for people with severe and complex mental illness including care packages	
Priority Area	Priority Area 4: Mental health services for people with severe and complex mental illness including care packages
Activity(ies) / Reference	<p>4.1 Commission mental health services for people with severe and complex mental health illness</p> <p>4.1.1 Commission mental health nursing services to support clinical care coordination for people with severe mental illness, ensuring service continuity to existing Mental Health Nurse Incentive Program (MHNIP) clients; and develop new services in areas of identified need.4.1.2 Work with MHNIP providers and broader stakeholder groups to develop and co-design improved models and approaches for the commissioning of clinical mental health services to support the needs of people with severe and complex mental illness into the future.</p> <p>4.2 Research/review evidence-based models of mental health care for people with severe/complex mental health illness to inform development of stepped models of care</p> <p>4.3 Identify high-end users of acute mental health services to ascertain demographic and size of current target cohort</p>
Existing or New Activity	Existing Activity
Description of Activity	<p>4.1 The aim of this activity is to ensure service continuity for existing and potential recipients of the MHNIP and to identify and implement expansion of service delivery where required to respond to service need.</p> <p>The activity will include:</p> <ul style="list-style-type: none"> <li>• Transitioning contract management of current providers delivering services under the former MHNIP targeting people with severe and persistent mental health disorders, at risk or with recent history of hospitalisation;</li> <li>• Establishing reporting and data collection requirements of current MHNIP providers and participating in national MDS review to encourage the inclusion of datasets for people in this cohort; and</li> <li>• Working with stakeholders to assess and review current service models and approaches and develop/co-design new or improved models of intervention for commissioning into the future.</li> <li>• Primary Health Tasmania will also explore the options for the integration of exercise-based interventions into mental health service provision, which have been shown to have considerable health benefits for people with mild to severe mental health illness</li> </ul> <p>4.2 The aim of this activity is to review the evidence with regard to the most effective interventions that lead to improved health and social outcomes for adults with moderate to severe mental health illness.</p>

	<p>This work will map evidence-based models of mental health care against the National Mental Health Commission Framework which sets out the principles for a person-centred system within a stepped care service model for people with varying levels of mental health need. Such issues as safety, quality and cost-effectiveness described in any of the studies identified will be included in the discussion.</p> <p>Primary Health Tasmania needs to understand the key components of success are and the commissionable measures of success as this information will be essential to assess both current market capacity and capability and for commissioning services into the future.</p> <p>4.3 The aim of this activity is to identify the highest users of sub-acute and acute level mental health services so that appropriate models of intervention can be developed to best support this cohort to improve their healthcare journey and, wherever possible, support them within the primary mental health care sector.</p> <p>This activity will include:</p> <ul style="list-style-type: none"> <li>• Accessing and analysing data sets available within the hospital (acute sector) in partnership with THS to identify the service gaps, needs and issues;</li> </ul> <p>Working with stakeholders in particular high-end service consumers to improve healthcare options and reduce avoidable hospitalisation, re-admission or service usage.</p>
<p>Target population cohort</p>	<p>Adults living with severe and complex mental illness who are unable to access other services.</p>
<p>Consultation</p>	<p>Consultation with the Mental Health, Alcohol and Other Drugs Directorate (Tasmanian Government), the Tasmanian Adult Community Mental Health Service and with PHT’s clinical and community councils and Mental Health Commissioning Advisory Group.</p> <p>Broader consultation with service providers and peak bodies, including consumer and carer organisations through a series of open consultation forums across Tasmania, to be held in March 2017.</p>
<p>Collaboration</p>	<p>4.1 This activity will be funded and implemented by Primary Health Tasmania. The activity will require collaboration with existing and newly identified commissioned providers of MHNIP type services. Collaboration with DHHS, THS, NGOs, GPs, private mental health providers and other relevant mental health sector stakeholders will be required to identify and establish new locations of services and develop and co-design new or improved intervention models for commissioning in 2017-18 and beyond.</p> <p>4.2 Research commissioned to local consultancy with a sound understanding of the Tasmanian mental health sector.</p>

	4.3 Data sharing MOU between PHT, DHHS and THS. Collaboration between DHHS/THS/PHT/MHCAG (Mental Health Commissioning Advisory Group) in the development of stepped model of care.
Duration	<p>The planned activity will be two years in duration.</p> <p>4.1 Commissioned service delivery to existing MHNIP providers will be in place and delivered from 1 July 2016. New service locations will be assessed and established early in 2016-17.</p> <p>4.2 Research project has already commenced with completion and report expected by October 2016.</p> <p>4.1, 4.3, Collaborative development and co-design of more integrated approaches to mental health services for people with severe and complex mental health conditions will commence and progress in 2016-17. Resultant models of care will be commissioned/co-commissioned in line with agreed findings in 2017-18 and beyond.</p>
Coverage	Initial coverage for Mental Health Nurse Incentive Program service will be within the catchments of existing service providers in the first instance – principally urban and urban fringe areas of Launceston and Hobart. Further services will be established in other areas identified and assessed as in need.
Continuity of care	PHT is working with existing providers to ensure continuity of care for patients. All patients are currently under the care of a GP or psychiatrist.
Commissioning method	Primary Health Tasmania will utilise its Commissioning Framework to guide all commissioning processes.
Approach to market	<p>Primary Health Tasmania has established an open market tender process for the procurement of commissioned services. Tenders are evaluated against the following capacity and capability criteria:</p> <ul style="list-style-type: none"> <li>• Appropriate applicant profile including suitable experience and capacity to deliver proposed services with evidence of a clear understanding of the Tasmanian primary health sector and availability of a local workforce</li> <li>• Application of evidence based models of intervention that are relevant to the target client cohort, required accessibility and the articulation of measurable outcomes and outputs including client reported outcome measures</li> <li>• Demonstration of the applicants understanding and use of healthcare quality and safety mechanisms and tools</li> <li>• Described and evidenced capacity and capability to meet data and financial reporting requirements and willingness to engage with Primary Health Tasmania and other providers and stakeholders to improve primary healthcare management through planning, co-design, implementation and evaluation of primary mental health care interventions</li> </ul> <p>These services will be monitored and evaluated through:</p>

	<ul style="list-style-type: none"> <li>healthcare quality and safety arrangements (clinical governance) and quality assurance mechanisms and systems;</li> <li>collection and reporting of mental health services activity and patient/client outcomes data; and</li> <li>range of value for money measures including cost per client/intervention..</li> </ul>
<p>Performance Indicator</p>	<p><b>Local Performance Indicators (LI):</b></p> <p>LI.1- Number and proportion of Tasmanian population with severe and complex mental health illness receiving clinical care coordinated mental health services (output indicator)</p> <p>LI.2 – Reduced average cost per PHN-commissioned mental health service for people with severe and complex mental illness (outcome indicator)</p> <p>LI.3 - Self-reported increased access to and satisfaction with mental health services for people severe and complex mental health illness (outcome indicator)</p> <p>LI.4 - Identified and documented service gaps, high-end users and evidence-based models of mental health care for people with severe and complex mental health illness (output indicator)</p> <p>LI.5 - Commissioned providers understand, and are actively applying required clinical governance principles, practice and process consistent with contracted provider requirements. (output indicator)</p> <p>LI.6 Commissioned providers have robust demand management systems in place (including triage, waitlist and session caps)</p>
<p>Local Performance Indicator target (where possible)</p>	<p><b>Local Performance Indicator Targets:</b></p> <p>LI.1 &gt;500 people with severe and complex mental health illness receiving clinical care coordinated mental health services</p> <p>LI.2 Optimal and sustainable average cost per PHN-commissioned mental health intervention for people with severe and complex mental illness</p> <p>LI.3 85% increase self-reported access to and satisfaction with mental health services for people severe and complex mental health illness</p> <p>LI.4 - 100% of contracted providers compliant with clinical governance requirements for implementation and reporting.</p> <p>LI.5 - 100% of contracted providers compliant with clinical governance requirements for implementation and reporting.</p> <p>LI.6 - 100% of commissioned providers have documented evidence of demand management systems.</p> <p>Performance targets will be monitored and recalibrated in line with first 6 months of commissioned service provision. Current targets set using benchmarks such as previous ATAPS, MHSRRA, MHNIP service targets and PHN performance</p>

Local Performance Indicator Data source	<p>Clinical Outcome data will be collected by Primary Health Tasmania commissioned service providers in line with key performance indicators set in individual contract execution specifications.</p> <p>Primary Health Tasmania is establishing a range of fit for purpose data management portals for use by its commissioned providers</p> <p>Data will also be derived from relevant National (e.g. ABS, AIHW, MDS) and State government (DHHS) databases.</p>
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Planned Activity - Priority Area 5: Community based suicide prevention activities	
Priority Area	Priority Area 5: Community based suicide prevention activities
Activity(ies) / Reference	<p>5.1 Commission current Australian Government contracted providers of suicide prevention interventions for 2016-17</p> <p>5.2 Commission the provision of suicide prevention services directed toward addressing identified needs and concerns within Aboriginal and Torres Strait Islander communities in Tasmania</p> <p>5.3 Work with service providers and broader stakeholder groups to develop and co-design improved models and approaches for the commissioning of suicide prevention services into the future</p>
Existing or New Activity	Existing Activity
Description of Activity	<p>5.1 The aim of this activity is to ensure continuity of current suicide prevention services and allow for the collaborative development and co-design of new and/or improved approaches for the future.</p> <p>Due to the limited timeframes in the lead-up to receipt of 2016-17 Australian Government mental health contracts, it is necessary to continue to fund current work being undertaken by organisations contracted for 2015-16.</p> <p>Primary Health Tasmania will commission suicide prevention and self-harm intervention services across Tasmania in line with previously provided Access to Allied Psychological Services (ATAPS) and Mental Health Services in Rural and Remote Areas (MHSRRA) psychological intervention services. Those at risk of suicide and/or self-harm will be incorporated as a key target cohort for psychological therapeutic service provision.</p> <p>5.2 The aim of this activity is to undertake planning and commissioning of community-based suicide prevention activities for Aboriginal and Torres Strait Islander people in Tasmania.</p> <p>Taking into account the recommendations of the <i>National Aboriginal and Torres Strait Islander Suicide Prevention Strategy</i>, Primary Health Tasmania will work closely with Tasmanian Aboriginal community organisations and other relevant stakeholders to develop and commission appropriate community based suicide prevention activities.</p> <p>5.3 The aim of this activity is to develop a systems-based regional approach to suicide prevention in partnership with DHHS, THS and other local organisations and stakeholders, and to develop, co-design and, where appropriate, co-commission community-based suicide prevention interventions.</p> <p>Current services target rural and remote communities (RAW), those working in construction and large industry (OzHelp), and refugees and migrants (Migrant Resource Centre). While these represent previously identified populations at risk new work undertaken as part of the Tasmanian Government’s Rethink Mental Health Plan has identified and developed a new strategic</p>

	<p>plan for suicide prevention which aligns closely with the National Suicide Prevention Strategy and provides a platform for a collaborative approach to addressing suicide prevention in Tasmania.</p>
Target population cohort	<p>Workforce capacity building activities will target general practitioners and other key gatekeepers.</p> <p>Suicide prevention activities will target at-risk and hard-to-reach population groups (for example, young people, men and people living in rural areas).</p>
Consultation	<p>PHT will have ongoing engagement with the state government and peak bodies through the Tasmanian Suicide Prevention Steering Committee and will engage with the sector more broadly utilising engagement mechanisms such as forums, workshops and surveys. PHT will continue to engage with mental health consumer and carer peak bodies.</p> <p>Primary Health Tasmania will also engage via its internal mechanisms such as the Clinical Advisory Council, Community Advisory Council and Mental Health Commissioning Advisory Group to obtain advice and endorsement of activities.</p>
Collaboration	<p>These activities will be funded and implemented by Primary Health Tasmania and will require collaboration with existing and newly identified commissioned providers of suicide prevention services.</p> <p>Collaboration with Aboriginal organisations, DHHS, THS, NGOs, GPs, private mental health providers and other relevant mental health sector stakeholders will be required to identify and establish new locations of services and develop and co-design new or improved intervention models for commissioning in 2016-17, 2017-18 and beyond.</p>
Duration	<p>The planned activity will be two years in duration.</p> <p>5.1 Commissioned service delivery to existing suicide prevention service providers will be in place and delivered from 1 July 2016.</p> <p>5.2 Collaboration with Aboriginal communities and organisations and other relevant stakeholders to identify and develop appropriate commissionable interventions will commence prior to 30 June 2016 and continue into early 2016-17. Once interventions have been agreed and designed they will be commissioned for delivery within 2016-17 and into 2017-18 where applicable.</p> <p>5.3 Collaborative development and co-design of more integrated approaches to suicide prevention services will commence and progress in 2016-17. Resultant models of care will be commissioned/co-commissioned in line with agreed findings in 2017-18 and beyond.</p>
Coverage	<p>Initial coverage of suicide prevention services will reflect existing 2015-16 service delivery.</p>

	Service coverage will be assessed and reviewed in line with commissioning key performance targets and specifications to ensure services are being delivered to those areas and cohorts most in need.
Commissioning method	Primary Health Tasmania will utilise its Commissioning Framework to guide all commissioning processes.
Approach to market	<p>Primary Health Tasmania has established an open market tender process for the procurement of commissioned services. Tender are evaluated against the following criteria:</p> <ul style="list-style-type: none"> <li>• Appropriate applicant profile including suitable experience and capacity to deliver proposed services with evidence of a clear understanding of the Tasmanian primary health sector and availability of a local workforce</li> <li>• Application of evidence based models of intervention that are relevant to the target client cohort, required accessibility the articulation of measurable outcomes and outputs including client reported outcome measures</li> <li>• Demonstration of the applicants understanding and use of healthcare quality and safety mechanisms and tools</li> <li>• Described and evidenced capacity and capability to meet data and financial reporting requirements and willingness to engage with Primary Health Tasmania and other providers and stakeholders to improve primary healthcare management through planning, co-design, implementation and evaluation of primary health interventions</li> </ul> <p>These services will be monitored and evaluated through:</p> <ul style="list-style-type: none"> <li>• healthcare quality and safety arrangements (clinical governance) and quality assurance mechanisms and systems;</li> <li>• collection and reporting of mental health services activity and patient/client outcomes data;</li> </ul> <p>range of value for money measures including cost per client/intervention.</p>
Performance Indicator	<p><b>Local Performance Indicators (LI):</b></p> <p>LI.1 - Increased number of people at high risk of suicide receiving community-based suicide prevention services and interventions (output indicator)</p> <p>LI.2 - Reduced suicide attempts amongst high risk groups and Aboriginal and Torres Strait Islander people (outcome indicator)</p> <p>LI.3 - Commissioned providers understand, and are actively applying required clinical governance principles, practice and process consistent with contracted provider requirements. (output indicator)</p> <p>LI.4 – Commissioned providers will have robust systems in place that ensure appropriate and timely client follow up and transition of care</p> <p>LI.5 – Number of people followed up by PHT commissioned services following a recent suicide attempt</p>

<p>Local Performance Indicator target (where possible)</p>	<p><b>Local Performance Indicator Targets:</b></p> <p>LI.1 % increase in number of people at high risk of suicide receiving community-based suicide prevention services and interventions</p> <p>LI.2 % reduction in suicide attempts amongst high risk groups and Aboriginal and Torres Strait Islander people</p> <p>Performance targets will be monitored and calibrated in line with first 6 months of commissioned service provision. Current targets set using benchmarks such as previous ATAPS, MHSRRA, MHNIP service targets and PHN performance.</p> <p>LI.3 - 100% of contracted providers compliant with clinical governance requirements for implementation and reporting.</p> <p>LI.4 – 100% of commissioned providers have evidence of follow up and transition of care systems.</p> <p>LI.5 – 100% of people followed up by PHT commissioned services following a recent suicide attempt.</p>
<p>Local Performance Indicator Data source</p>	<p>Clinical Outcome data will be collected by Primary Health Tasmania commissioned service providers in line with key performance indicators set in individual contract execution specifications.</p> <p>Primary Health Tasmania is establishing a range of fit for purpose data management portals for use by its commissioned providers.</p> <p>Data will also be derived from relevant National (e.g. ABS, AIHW, MDS) and State government (DHHS) databases.</p> <p>Health Pathways access and utilisation data will be set and collected by Primary Health Tasmania</p> <p>Primary Health Tasmania commissioned provider data system (monitoring and reports)</p>

<b>Planned Activity - Priority Area 6: Aboriginal and Torres Strait Islander mental health services</b>	
<b>Priority Area</b>	<b>Priority Area 6: Aboriginal and Torres Strait Islander mental health services</b>
Activity(ies) / Reference	<p>6.1 Conduct a comprehensive service and workforce mapping of providers of Aboriginal and Torres Strait Islander mental health interventions to ascertain sector service capacity and gaps and improve linkages and integration with wider services including mental health sector/drug and alcohol. This work will be undertaken over a 3 month period.</p> <p>6.2 Commission culturally appropriate evidence based mental health services for Aboriginal and Torres Strait Islander people based on identified service gaps and needs and co-design process with Aboriginal health providers, with a focus on social and emotional wellbeing as evidenced as an essential focus for improving the mental health of Aboriginal people completed in 2016/17.</p> <p>Further detail can be provided on commissioning activities when the approach to market is completed in early 2017.</p>
Existing or New Activity	Existing Activity
Description of Activity	<p>The health status of Aboriginal and Torres Strait Islanders continues to compare unfavourably with that of non-Aboriginal Tasmanians, with only 71.7% reporting excellent, very good or good health in 2008, and the rate of profound or severe activity limitations (12%) almost three times that of non-Indigenous Tasmanians (4.7%).</p> <p>6.1 The aim of this activity is to work with key Aboriginal stakeholders to develop a shared understanding and to develop and test agreed solutions to gaps and needs identified to support and deliver culturally appropriate mental health interventions for Aboriginal and Torres Strait Islander communities in Tasmania.</p> <p>This will be achieved through:</p> <ul style="list-style-type: none"> <li>• Engaging with local communities and consulting with relevant local Aboriginal and mainstream primary health care organisations to identify the specific mental health needs of Aboriginal and Torres Strait Islander people;</li> <li>• Determining the most appropriate mix of service delivery modalities for commissioning in each region; and</li> <li>• Outcome of the expression of interest process completed in 2016/17 continues the collaborative implementation and evaluation of agreed solutions.</li> </ul> <p>6.2 The aim of this activity is to commission culturally appropriate mental health services and supports for Tasmania’s Aboriginal communities.</p>

	<p>Post completion of planning and sector engagement activity, the following priorities have been incorporated into the design and commissioning of local solutions:</p> <ul style="list-style-type: none"> <li>• Service models will take into account a focus on social and emotional wellbeing, identified as critical by literature review and Aboriginal and Torres Strait Islander stakeholders. This includes a focus on how procured mental health service models link with existing primary health and support services currently provided by Aboriginal Community Controlled Health Organisations (ACCHOs).</li> <li>• In line with the stepped care approach the interventions to be procured will focus on timely access to the right care through improved pathways between ACCHOs and culturally appropriate general practice, psychological and mental health specialist services to facilitate transfer of care for people between services.             <ul style="list-style-type: none"> <li>○ during the commissioning cycle work will occur with other funded programs to identify opportunities for coordinated service delivery where people are living with multiple morbidities (e.g. chronic conditions, alcohol and other drug issues)</li> </ul> </li> <li>• Workforce development to support service delivery has also been identified as a priority, including:             <ul style="list-style-type: none"> <li>○ Mainstream workforce that has the capacity to work effectively and in culturally appropriate ways with Aboriginal people accessing psychological and other mental health services</li> <li>○ Building ACCHO workforce skills in primary mental health care, referral and stepped care approaches for delivering services within ACCHOs and in collaboration with specialist services</li> </ul> </li> </ul> <p>Work will be undertaken to monitor performance and progress towards outcomes and evaluation of test models with commissioned providers throughout 2017/18 to inform future commissioning cycles once funding arrangements are known for PHNs.</p>
Target population cohort	Tasmanian Aboriginal and Torres Strait Islander people.
Consultation	<p>Primary Health Tasmania will engage with ACCHOs and other relevant mainstream health organisations regarding mental health needs for Aboriginal and Torres Strait Islander peoples in conjunction with the commissioning cycle for the ITC program. This will focus on assessing need, including reviewing available administrative data, reviewing literature regarding best practice and engaging with key stakeholders through individual interviews and a state-wide forum.</p> <p>Following this process, engagement will continue with ACCHOs and shortlisted mainstream providers to co-design the approach and service models to be commissioned.</p>

Collaboration	Collaboration with Aboriginal organisations (Tasmanian Aboriginal Centre (TAC); South East Tasmania Aboriginal Corporation (SETAC); Six Rivers Aboriginal Corporation (SRAC) and its service partner; Circular Head Aboriginal Corporation (CHAC); Flinders Island Aboriginal Association Inc (FIAAI)), DHHS, THS, NGOs, GPs, Headspace, drug and alcohol service providers, private mental health providers and other relevant mental health sector stakeholders will be required to identify and establish new locations of services and develop and co-design new or improved intervention models for commissioning in 2016-17, 2017-18 and beyond.
Duration	The planned activity will be two years in duration. Activity 6.1 will be implemented in 2016-17 Activity 6.2 will proceed in 2016-17 and 2017-18
Coverage	All elements of this activity will be directed to the entire state.
Commissioning method	Primary Health Tasmania will utilise its Commissioning Framework to guide all commissioning processes.
Approach to market	<p>In response to consultations undertaken through the needs assessment process it was determined that the approach to market should allow for a stronger co-design element given the need for further investigation about the types of services models most effective for this population group in Tasmania.</p> <p>This approach is consistent with the Guiding Principles established for Primary Health Networks (PHNs) and ACCHOs.</p> <p>The approach to market approach is an Expression of Interest process.</p> <p>Applications will be evaluated against the following criteria:</p> <ul style="list-style-type: none"> <li>• Appropriate applicant profile including suitable experience and capacity to deliver proposed services with evidence of a clear understanding of the Tasmanian primary health sector and availability of a local workforce;</li> <li>• Clear and detailed proposed models of intervention that are relevant to the target client cohort, informed by evidence and include the articulation of measurable outcomes and outputs including client reported outcome measures;</li> <li>• Demonstration of the applicants understanding and use of healthcare quality and safety mechanisms and tools;</li> <li>• Described and evidenced capacity and capability to meet data and financial reporting requirements; and</li> <li>• Willingness to engage and share with Primary Health Tasmania and other providers and stakeholders to contribute to learning and improvement of primary mental healthcare for Aboriginal and Torres Strait Islander peoples.</li> </ul> <p>These services will be monitored and evaluated through:</p>

	<ul style="list-style-type: none"> <li>• collection and reporting of mental health services activity and patient/client outcomes data;</li> <li>• healthcare quality and safety arrangements (clinical governance) and quality assurance mechanisms and systems;</li> <li>• investigating how value for money measures including cost per client/intervention can be applied.</li> </ul>
Performance Indicator	<p><b>Local Performance Indicators (LI):</b></p> <p>LI.1 – Reported progress towards commissioned outcomes by providers (to be confirmed prior to 30 June 2017)</p> <p>LI.2 - Self-reported increased access to and satisfaction with culturally appropriate mental health services (outcome indicator)</p> <p>LI.3 - Commissioned providers understand, and are actively applying required clinical governance principles, practice and process consistent with contracted provider requirements. (output indicator)</p>
Local Performance Indicator target (where possible)	<p><b>Local Performance Indicator Targets:</b></p> <p>LI.1 – To be confirmed following commissioning of activity.</p> <p>LI.2 - 85% self-reported increased access to and satisfaction with culturally appropriate mental health services</p> <p>LI.3 - 100% of contracted providers compliant with clinical governance requirements for implementation and reporting.</p>
Local Performance Indicator Data source	<p>Clinical Outcome data will be collected by Primary Health Tasmania commissioned service providers in line with key performance indicators set in individual contract execution specifications.</p> <p>Data will also be derived from relevant National (e.g. ABS, AIHW, MDS, NACCHO) and State government (DHHS) databases.</p>

Planned Activity - Priority Area 7: Stepped care approach	
Priority Area	<b>Priority Area 7: Stepped care approach</b>
Activity(ies) / Reference	<p>7.1 Work with the Tasmanian mental health sector in the design and establishment of a stepped model of mental health care</p> <p>7.1.1 Develop a Joint Mental Health Commissioning Strategy for primary mental health services in Tasmania underpinned by the Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services, the Tasmanian Government Rethink Mental Health Plan, and the Primary Health Tasmania Needs Assessment;</p> <p>7.1.2 Establish evidence bases for each step of the model;</p> <p>7.1.3 Integrate stepped model of care in available health pathways;</p> <p>7.1.4 Establish sector responsibilities and mental health specific governance arrangements</p>
Existing or New Activity	Existing Activity
Description of Activity	<p>The aim of this activity is to implement a continuum of primary mental health services within a stepped care approach that ensures a range of intervention type that makes the best use of available workforce and technology and responds to individual and population mental healthcare needs.</p> <p>This will be achieved by commissioning an appropriately skilled and capable consultancy to facilitate and drive regional mental health planning, in consultation with stakeholders, including:</p> <ul style="list-style-type: none"> <li>• Aggregation of outputs and outcomes from activities identified in other priority areas in particular activities 1.1.1, 1.1.5, 2.2, 3.2, 3.3, 4.1.2, 4.2, 4.3, 5.3 and 6.1;</li> <li>• Development of an agreed population stratification process for community based mental healthcare;</li> <li>• Define and establish a menu of evidence based interventions required to establish model;</li> <li>• Undertake a comprehensive workforce/service mapping process to determine service gaps;</li> <li>• Define health pathways in collaboration with Tasmanian Health pathways project;</li> <li>• Design and establish a primary mental health care sector governance framework and responsibility guidelines.</li> </ul> <p>All elements will then contribute to a Joint Mental Health Commissioning Strategy for Tasmania which has the imprimatur of all relevant stakeholders including but not exclusively Primary Health Tasmania, DHHS, THS, GPs' Flourish (Mental Health Consumers), Mental Health Carers Tasmania, Mental Health Council of Tasmania.</p>
Target population cohort	Tasmanian population and Tasmanian health services

<p>Consultation</p>	<p>This activity will be funded and implemented by Primary Health Tasmania who will collaborate closely with commissioned provider(s), DHHS, THS, GPs, Mental Health Council of Tasmania, Consumer and carer groups, UTAS, private mental health providers, mental health peak bodies.</p> <p>Primary Health Tasmania will also engage via its internal mechanisms such as the Clinical Advisory Council and Community Advisory Council, Mental Health and Commissioning Stakeholder Advisory Group to obtain advice and endorsement of activities.</p> <p>The Tasmanian Health Pathways project incorporates extensive consumer, provider and stakeholder input as part of its approach to pathway development.</p>
<p>Collaboration</p>	<p>PHT is working closely with DHHS to ensure alignment between health service planning activities, including use of the National Mental Health Service Planning Framework.</p>
<p>Duration</p>	<p>The planned activity will be two years in duration.</p> <p>Appointment of the commissioned consultant will be completed by May 2017.</p> <p>Collaborative development and co-design of stepped mental healthcare models will commence and be progressed in 2016-17. Resultant models of care will be commissioned/co-commissioned in line with agreed findings in 2017-18 and beyond.</p>
<p>Coverage</p>	<p>All elements of this activity will be directed to the entire PHN 601 region.</p>
<p>Commissioning method</p>	<p>Primary Health Tasmania will utilise its Commissioning Framework to guide all commissioning processes.</p>
<p>Approach to market</p>	<p>Request for Quotation</p>
<p>Performance Indicator</p>	<p><b>Local Performance Indicators (LI):</b></p> <p>LI.1 - Evidence based person-centred stepped model of mental health care (output indicator)</p> <p>LI.2 - Proportion of PHN flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness (outcome indicator)</p> <p>LI.3 - Self-reported improved health and well-being outcomes of people with mental health illness receiving stepped model of mental health care (outcome indicator)</p>

<p>Local Performance Indicator target (where possible)</p>	<p><b>Local Performance Indicator Targets:</b></p> <p>LI.1 - Evidence based person-centred stepped model of mental health care implemented in the Tasmanian mental health sector by 2017</p> <p>LI.2 - % increase self-reported improved health and well-being outcomes of people with mental health illness receiving stepped model of mental health care</p>
<p>Local Performance Indicator Data source</p>	<p>Clinical Outcome data will be collected by Primary Health Tasmania commissioned service providers in line with key performance indicators set in individual contract execution specifications.</p> <p>Primary Health Tasmania is establishing a range of fit for purpose data management portals for use by its commissioned providers</p> <p>Data will also be derived from relevant National (e.g. ABS, AIHW, MDS) and State government (DHHS) databases</p> <p>Health Pathways access and utilisation data will be set and collected by Primary Health Tasmania</p> <p>Primary Health Tasmania commissioned provider data system.</p>

<b>Planned Activity - Priority Area 8: Regional mental health and suicide prevention plan</b>	
<b>Priority Area</b>	<b>Priority Area 8: Regional mental health and suicide prevention plan</b>
Activity(ies) / Reference	<p>8.1 Work in partnership with all relevant stakeholders to implement and embed the Tasmanian Suicide Prevention Strategy 2016-2020 (including the subsidiary Suicide Prevention Workforce Development and Training Plan and Youth Suicide Prevention Plan). As per Activity 7.1.1, work in partnership with relevant stakeholders to develop and implement a whole of system Joint Mental Health Commissioning Strategy for primary mental health services in Tasmania.</p> <p>Key priorities for Primary Health Tasmania within this activity include:</p> <p>8.1.1 Working closely with all stakeholders to develop a whole of government and cross-sector approach to suicide prevention in Tasmania;</p> <p>8.1.2 Improving referral pathways to services and programs so people know how and where to get support;</p> <p>8.1.3 Completing a sector agreement with respect to the Joint Mental Health Commissioning Strategy for primary mental health services in Tasmania</p> <p>8.1.4 Working in partnership to establish accessible and evidence-based early intervention and psychological therapeutic services and commission/co-commission such services;</p>
Existing or New Activity	Existing Activity
Description of Activity	<p>The aim of this activity is to develop and implement collaborative processes that reduce fragmentation and duplication of services and streamline consumer access to, and navigation of their individual mental healthcare service needs.</p> <p>This will be achieved through:</p> <ul style="list-style-type: none"> <li>• Establishing joint planning and service delivery approaches including co-commissioning approaches where relevant;</li> <li>• Primary Health Tasmania actively participating at a systems level in appropriate governance and oversight of primary mental health care service delivery mechanisms and structures;</li> <li>• Primary Health Tasmania actively participating in the Tasmanian Suicide Prevention Committee;</li> <li>• Primary Health Tasmania in collaboration with other stakeholders undertaking service and workforce mapping of suicide prevention interventions;</li> <li>• Drawing on outputs and outcomes delivered through activities 5.1, 5.2, 5.3, 7.1, 7.2, 7.3 and 7.4 to support and inform ongoing work.</li> </ul>
Target population cohort	Tasmanian population and Tasmanian health services

<p>Consultation</p>	<p>This activity will be funded and implemented by Primary Health Tasmania who will collaborate closely with commissioned provider(s), DHHS, THS, GPs, Mental Health Council of Tasmania, Consumer and carer groups, UTAS, private mental health providers, mental health peak bodies.</p> <p>Primary Health Tasmania will also engage via its internal mechanisms such as the Clinical Advisory Council and Community Advisory Council, Mental Health and Commissioning Stakeholder Advisory Group to obtain advice and endorsement of activities.</p> <p>The Tasmanian Health Pathways project incorporates extensive consumer, provider and stakeholder input as part of its approach to pathway development.</p>
<p>Collaboration</p>	<ul style="list-style-type: none"> <li>• Primary Health Tasmania will collaborate closely in the joint implementation of these activities with DHHS, THS, GPs, Mental Health Council of Tasmania, consumer and carer groups, UTAS, private mental health providers, mental health peak bodies and other key stakeholders.</li> <li>• Primary Health Tasmania will be actively engaged in the Tasmanian Suicide Prevention Committee.</li> <li>• Primary Health Tasmania will also engage via its internal mechanisms such as the Clinical Advisory Council and Community Advisory Council, Mental Health Commissioning Advisory Group to obtain advice and endorsement of activities.</li> <li>• The Tasmanian Health Pathways project incorporates extensive consumer, provider and stakeholder input as part of its approach to pathway development.</li> </ul>
<p>Duration</p>	<p>The planned activity will be two years in duration.</p> <p>Activity 8.1.1 – 8.1.4 - 2016-17</p> <p>Activity 8.1.4 - 2017-18 (continued)</p>
<p>Coverage</p>	<p>All elements of this activity will be directed to the entire state.</p>
<p>Commissioning method</p>	<p><b>NA</b></p>
<p>Approach to market</p>	<p><b>NA</b></p>
<p>Performance Indicator</p>	<p><b><i>Local Performance Indicators (LI):</i></b></p> <p>LI.1 - A whole of government and cross-sector approach to mental health and suicide prevention in Tasmania (output indicator)</p>

	<p>LI.2 - The Tasmanian Suicide Prevention Strategy 2016-2020 and whole of system Joint Mental Health Commissioning Strategy for primary mental health services in Tasmania developed and implemented (process indicator)</p> <p>LI.3 - Increased number of people with mental health illness receiving appropriate mental health services through referral pathways (outcome indicator)</p>
<p>Local Performance Indicator target (where possible)</p>	<p><b>Local Performance Indicator Targets:</b></p> <p>Performance Targets to be developed in collaboration with stakeholder groups</p>
<p>Local Performance Indicator Data source</p>	<p>Clinical Outcome data will be collected by Primary Health Tasmania commissioned service providers in line with key performance indicators set in individual contract execution specifications.</p> <p>Primary Health Tasmania is establishing a range of fit for purpose data management portals for use by its commissioned providers</p> <p>Data will also be derived from relevant National (e.g. ABS, AIHW, MDS) and State government (DHHS) databases.</p> <p>Health Pathways access and utilisation data will be set and collected by Primary Health Tasmania</p>

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