Australian Government
Department of Health

phn
An Australian Government Initiative

Updated Activity Work Plan 2016-2019: Primary Mental Health Care Funding

Murray PHN

Overview

This Activity Work Plan is an update to the 2016-18 Activity Work Plan submitted to the Department in February 2017. However, activities can be proposed in the Plan beyond this period.

Mental Health Activity Work Plan 2016-2019

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

The Plan should:

a) Provide an update on the planned mental health services to be commissioned from 1 July 2016, consistent with the grant funding guidelines.

b) Outline the approach to be undertaken by the PHN in leading the development with regional stakeholders including LHNs of a longer term, more substantial *Regional Mental Health and Suicide Prevention plan* (which is aligned with the Australian Government Response to the Review of Mental Health Programmes and Services (available on the Department's website). This will include an outline of the approach to be undertaken by the PHN to seek agreement to the longer term *regional mental health and suicide prevention plan* from the relevant organisational signatories in the region, including LHNs.

c) Outline the approach to be taken to integrating and linking programmes transitioning to PHNs (such as headspace, and the Mental Health Nurse Incentive Programme services) into broader primary care activities, and to supporting links between mental health and drug and alcohol service delivery.

d) Have a particular focus on the approach to new or significantly reformed areas of activity – particularly Aboriginal and Torres Strait Islander mental health, suicide prevention activity, and early activity in relation to supporting young people presenting with severe mental illness.

In addition, PHNs will be expected to provide advice in their Mental Health Activity Work Plan on how they are going to approach the following specific areas of activity in 2016-19 to support these areas of activity:

- Develop and implement clinical governance and quality assurance arrangements to guide the primary mental health care activity undertaken by the PHN, in a way which is consistent with section 1.3 of the *Primary Health Networks Grant Programme Guidelines* available on the PHN website at *http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Program_Guidelines,* and which is consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce.
- Ensure appropriate data collection and reporting systems are in place for all commissioned services to inform service planning and facilitate ongoing performance monitoring and evaluation at the regional and national level, utilising existing infrastructure where possible and appropriate.
- Develop and implement systems to support sharing of consumer clinical information between service providers and consumers, with appropriate consent and building on the foundation provided by myHealth Record.
- Establish and maintain appropriate consumer feedback procedures, including complaint handling procedures, in relation to services commissioned under the activity.

Value for money in relation to the cost and outcomes of commissioned services needs to be considered within this planning process.

1. (a) Strategic Vision

Murray PHN seeks to improve health outcomes in our communities and bridge the health equity gap for our most vulnerable people. We seek to address service access and coordination of care that considers local solutions in context to the health system. With an annual budget about 1% of the health expenditure across our region each year, we understand that within the complex health system and with finite funds, our capacity to improve health outcomes lies within our ability to build partnerships and collaboration across the sector and with providers. This is a core element of our understanding and approach to commissioning that we refer to as our relational commissioning model.

As such, relational commissioning understands the following:

- Building and sharing evidence is fundamental to quality outcomes and continuous improvement;
- Strong market analysis requires working closely with health service providers to build collaboration and innovation, and
- Strong and well-informed partnerships are requisite across the whole service system.

System strengthening requires health services to collaborate and work together to support an integrated service system and coordination of care for clients. Murray PHN recognises the importance of general practice in primary mental health service provision and its important care coordination role.

Throughout 2018-2019, Murray PHN is investing in primary mental health treatment services and provider capability initiatives across the catchment to strengthen service system capability and alignment with stepped care logic and reform. Murray PHN will work in partnership with mental health consumers, carers and providers to reorient primary mental health services to the six priority areas for PHN mental health funding. The services will operate according to a Stepped care model, with a focus on continuous improvement of equity of access and quality of care provided to consumers, carers and communities. Murray PHN will commission services in accordance to the Australian Government Response to the Mental Health Commission's Contributing Lives, Thriving Communities report and the Fifth Mental Health Plan. This means that we will enable:

• Support of early intervention and access to lower intensity interventions;
• Self-management including digital mental health services;
• Evidence-based commissioning of a range of services across the continuum of need;
• Priority areas and treatment options for underserviced and vulnerable groups, and
• Design and commissioning of treatment services for those who experience severe and/or complex mental ill-health.

Services will be provided based on Murray PHN planning that configures the catchment into 13 local mental health service areas, which are predominantly contiguous Local Government Areas (LGAs). This provides a general guide for design delivery approaches and supports local area-based planning and context.

Governance arrangements are ensured through a range of systems and polices including:

- DoH Contractual Agreements and Schedules
- Murray PHN Governance Committee
- Murray PHN Contract and Performance Management
- Murray PHN Procurement Policy
- Murray PHN Stakeholder Engagement Policy

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

Priority Area 1: Low intensity mental health services	
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	
Existing, Modified, or New Activity	Modified
Description of Activity	This activity specifically seeks to improve access to low intensity child mental health services within primary health care settings, specifically General Practice in a local community context. Murray PHN will work with specialist, family support and General Practice stakeholders to develop and invest in a new model of care. The aim being to strengthen service integration of family support and primary mental and physical health services. This includes: - Form and support a collaborative care model which provides access by underserviced populations to a range of services across identified need - Resource child mental health specialist for trail sites - Establish and embed referral pathways to strengthen integration across social, physical and mental health services - Invest in professional development and secondary consultation to support General Practice in providing best quality care. This would include coordination and referrals for children and their families with mental illness. 18/19 will provide for model of care and trial/s to be established and evaluated. Subject to review, opportunities for enhancement and development at scale would be assessed for subsequent year. This activity will build upon primary mental health investment across the catchment, be evidence based and align with the stepped care approach.
Target population cohort	The target cohort is children aged under 12 years with a focus on underserviced populations, such as children living in out-of-home care.
Consultation	Client, community and clinical consultation processes will be informed by Murray PHN company-wide engagement practice and contemporary, evidence based consultation methodologies. Company

	consultation mechanisms are underpinned by the current community and clinical advisory structures and networks. Building on this, specific consultation will occur to engage paediatric and general clinical specialists from primary and acute sectors. NGO organisations from the social support services sector provide scope to consider cross impacts and opportunities across the health and human services systems sector. Participation from children and family advocates is regarded as central to ensuring client-centred focus.
Collaboration	As described above.
Duration	July 2018 – June 2019
Coverage	Albury / Wodonga, Mildura and Bendigo regional areas are identified as potential trial sites on the basis of evidence of priority need and workforce capacity.
Commissioning method (if relevant)	Trial sites will be approached directly, with selection being based on location and provider capability.
Approach to market	Direct approach

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

Priority Area 2: Child and youth mental health services	
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	Improved access and quality of care for child and youth mental health services are addressed through three key areas of activity. These are: 1.1 Youth Headspace Centres located in Shepparton, Bendigo, Wodonga, Swan Hill and Mildura 1.2 Youth early intervention mental health services for young people with or at risk of severe mental ill health. 1.3 Mental health services for children within a stepped care approach
Existing, Modified, or New Activity	Modified
Description of Activity	1.1 This activity will maintain existing headspace centres in Albury Wodonga, Shepparton, Bendigo, Swan Hill and Mildura to strengthen integration locally through the headspace needs-based model. It will also support connections within the broader service system and across sectors to achieve improved outcomes for young people. 1.2 This activity will evaluate the effectiveness of newly commissioned services that strengthen access for young people with, or at risk of, severe mental ill health. Locations of newly commissioned services are Mildura, Swan Hill, Bendigo, Shepparton and Wodonga. 1.3 This activity will improve access to child mental health services within primary health care settings, specifically General Practice in a local community context utilizing a stepped care approach. This activity is described in greater detail in Priority 1: Low Intensity and Priority 3: Psychological therapies for rural and remote under-serviced and hard to reach groups.
Target population cohort	1.1 Young people aged 12- 25 years across the Murray PHN catchment with a focus on service provision in the five headspace sites and an increase of access to headspace services beyond the

	current post code access profile. Vulnerable population groups will be specifically supported through service innovation to improve their service access. 1.2 Young people aged 12- 25 years across the Murray PHN who are at risk of, or experiencing, severe mental ill-health and Children up to 12 through Child Mental Health services. 1.3 Children aged up 12 years across Murray PHN.
Consultation	Client, community and clinical consultation processes will be informed by Murray PHN companywide engagement practice and contemporary, evidence based consultation methodologies. Company consultation mechanisms are underpinned by the current community and clinical advisory structures and networks. Building on this, targeted consultation will occur with regional primary health and acute health providers to support ongoing collaboration. It will also provide feedback relating to: uptake and implementation; equity of access for priority groups, and service integration. Client experience and participation is central to continuous improvement and understanding impact. This is a key responsibility of service providers to report and provide evidence as part of contractual responsibilities with Murray PHN.
Collaboration	1.1 Murray PHN will work closely with headspace Centres and lead agencies headspace consortia, headspace National Office (hNO), area mental health services, AOD treatment providers, primary care, education and employment stakeholders to develop and review service integration, workforce capacity building and pathway development. 1.2 Murray PHN will work closely with headspace Centres and lead agencies and their consortia partners and Orygen, the Centre of Excellence in Youth Mental Health, focussing on services for young people who are at risk of or experiencing severe mental ill-health. The company will facilitate opportunities for the headspace centres to share knowledge and learnings with each other. The company will also collaborate with hNO Research and Data unit to build capacity of the HAPI/Tableau platform to report relevant performance measures for this project. Contribution and collaboration with the PHN's nationally (who are also commissioning services in this area) will occur via the Orygen National Network forums.

Duration	1.1 We will continue to consistently work with headspace Centres and their Lead Agencies toward ongoing improvements to accessibility, integration, quality and effectiveness. 1.2 Services for young people with, or at risk of, severe ill-health will continue in 18/19. Changes will occur, as required, to service models. This will be dependent on reviews measuring the effectiveness of service delivery models and evidence from performance data.
Coverage	Services will be delivered by headspace Centres, in partnership with their consortia, in Shepparton, Bendigo, Albury -Wodonga, Swan Hill and Mildura. Models of care that provide outreach services (beyond the headspace Centre) are integral to the model of care. Detailed needs assessment for Child Mental Health services will identify hotspots and service gaps to ensure access is targeted toward those in most need.
Commissioning method (if relevant)	1.1 Continuation of existing contractual arrangements will be confirmed by variation of current agreements. 1.2 There is the potential for one headspace service in the NE to be recommissioned. Possible commissioning of a catchment wide cluster evaluation dependent on funding.
Approach to market	1.2 Direct approach may be required for headspace service in the NE dependent on consortia activities.

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

Priority Area 3: Psychological therapies for rural and remote, under-serviced and/or hard to reach groups -	
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	
Existing, Modified, or New Activity	Modified
Description of Activity	This activity provides psychological therapy services (PTS) to be delivered for priority and vulnerable populations including children, Aboriginal and Torres Strait Islander groups, homeless (or at risk of) as well as rural and remote communities. For Murray PHN, specific areas of remoteness include (but not limited to): the Alpine; Buloke; Ouyen; Loddon, and Robinvale communities. This activity is delivered through commissioning arrangements that were completed in the 2017/18 reporting period. It relates to established models of care, collaborative arrangements between service providers (including general practice) and delivery arrangements across the Murray PHN catchment area. Further commissioning activities for PTS Specialists are planned for June-August 2018. Specific delivery arrangements align with stepped care approach and are tailored to local system capability and context, with key elements including: - Strengthening referral and service integration with General Practice - Review of delivery guidelines to ensure priority access for vulnerable populations by identified eligibility requirements - Enhanced collaboration arrangements between providers to build integrated models of care - Care based on K10 or equivalent findings with referral platforms and standards of practice to strengthen referrals to low intensity arrangements, and - Increased use of digital health platforms and telehealth based service delivery to strengthen reach and access for clients. Included within the commissioning arrangements with providers, the scope includes (in addition to provision of services) investment in provider capability. This scope allows for providers to develop locally relevant approaches that address issues such as: - Workforce engagement and development initiatives - Initiatives that address skill shortage (such as develop telehealth modalities and secondary consultations)

	- Support organisational leadership and governance to build provider relationships that meet areas of priority need.
Target population cohort	PTS General: Underserviced groups including those in rural remote areas, Aboriginal and Torres Strait Islander peoples, people at risk of suicide, women with perinatal mental health issues, people with an intellectual disability, people from culturally and linguistically diverse backgrounds and people at risk of homelessness, as well as people with low income. PTS Specialist: Perinatal depression, Child Mental Health, Suicide prevention, Aboriginal and Torres Strait Islander peoples.
Consultation	Client, community and clinical consultation processes will be informed by Murray PHN companywide engagement practice and contemporary, evidence based consultation methodologies. Company consultation mechanisms are underpinned by the current community and clinical advisory structures and networks. Building on this, targeted consultation will occur with regional primary health and acute health providers to support ongoing collaboration. It will also provide feedback relating to: uptake and implementation; equity of access for priority groups, and service integration. Client experience and participation is central to continuous improvement and understanding impact. This is a key responsibility of service providers to report and provide evidence as part of contractual responsibilities with Murray PHN.
Collaboration	Monthly dialogue with funded providers, informed by evidence of performance and effectiveness data, will focus on the continuous improvement and ongoing collaboration between funded providers and Murray PHN.
Duration	The PTS General contracts established in March 2018 will continue until the end of 18/19 financial year. Current PTS Specialist contracts will end in September 2018, with reviewed models of care intended to start by 1 October 2018.
Coverage	Service delivery spans the full coverage of Murray PHN. Commissioning arrangements have been framed in terms of coverage across each of the 13 local government areas.

	Needs assessment, informed by data, market analysis and engagement outcomes has informed resource allocation into these service areas that will support place based service planning.
Continuity of care	Commissioning arrangements commence from March 2018 through to June 2019 providing continuity of care for clients across the full 18/19 period. Transition arrangements with incoming and exiting providers are in progress and will provide the assurance for continuity of care for patients leading up to March 1 commencement. Contractual and clinical governance responsibilities of all parties will govern access and continuity of care for clients. Coordinated and regionally targeted communication and relationship management over February with service providers, general practice and community / clinical networks support transition arrangements over this time. Similar transition activities will occur as necessary for PTS Specialist services in Sept- Oct 2018.
Commissioning method (if relevant)	PTS Specialist services will be commissioned to local health services in September 2018. All approaches will be in line with Murray PHN commissioning framework.
Approach to market	Approach to market for PTS General in 17/18 was by open tender and provides for continuity of care until end June 2019. Approach to market for PTS Specialist is scheduled for June-August 2018. The specific approach is dependent on the current needs assessment and planning process.

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

Priority Area 4: Mental health services for people with severe and complex mental illness including care packages	
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	
Existing, Modified, or New Activity	Modified
Description of Activity	This activity will support primary mental health clinical care coordination (PMHCCC) for people living with severe and complex mental illness. Models of care and delivery arrangements have been established through market engagement and commissioning activity that commenced 2017/18. Clinical care coordination will be delivered through contractual arrangements with health services across the catchment. Delivery arrangements are tailored to local system capability and context, with key elements including: - focus on vulnerable and underserviced populations including Aboriginal and Torres Strait Islander people, homeless (or at risk of) and people in rural and remote communities - revision of guidelines to emphasise care coordination and links to physical health care, psychosocial and other supports - improved equity of access through population and areas of needs identified through risk factors, hot spots and local service system boundaries and increased use of digital health options - Improve provider capability through investment in workforce capability and technologies to strengthen clinical and practice integration and streamline referral standards and pathways.
Target population cohort	Adults who experience severe, severe and complex and/or severe and episodic mental illness.
Consultation	Client, community and clinical consultation processes will be informed by Murray PHN companywide engagement practice and contemporary, evidence based consultation methodologies. Company consultation mechanisms are underpinned by the current community and clinical advisory structures and networks. Building on this, targeted consultation will occur with regional primary health and acute health providers to support ongoing collaboration. It will also provide feedback relating to: uptake and implementation; equity of access for priority groups, and service integration.

	Client experience and participation is central to continuous improvement and understanding impact. This is a key responsibility of service providers to report and provide evidence as part of contractual responsibilities with Murray PHN.
Collaboration	Monthly dialogue with funded providers, informed by evidence of performance and effectiveness data that focusses on the continuous improvement and ongoing collaboration between funded providers and Murray PHN.
Duration	Services are contracted until June 2019 in line with Commonwealth schedules.
Coverage	Service delivery spans the full coverage of Murray PHN. Commissioning arrangements have been framed in terms of coverage across each of the 21 local government areas through 13 mental health service areas. Needs assessment, informed by data, market analysis and engagement outcomes has informed resource allocation into these service areas that will support place based service planning.
Continuity of care	Commissioning arrangements commence from March 2018 through to June 2019 providing continuity of care for clients across the full 18/19 period. Transition arrangements with incoming and exiting providers are in progress and will provide the assurance for continuity of care for patients leading up to March 1 commencement. Contractual and clinical governance responsibilities of all parties will govern access and continuity of care for clients. Coordinated and regionally targeted communication and relationship management over February with service providers, general practice and community / clinical networks support transition arrangements over this time.
Commissioning method (if relevant)	There is no further commissioning method planned for 2018/19.
Approach to market	2018/19 arrangements have been established through an RFP open tender process that was completed during 2017/18

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

Priority Area 5: Community-based suicide prevention activities	
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	This priority is being addressed through two specific initiatives: 5.1 Collaborative place based community suicide prevention in Benalla 5.2 Specialist psychological therapies for suicide prevention
Existing, Modified, or New Activity	5.1 Existing 5.2 Modified
Description of Activity	5.1 is a collaborative place-based community suicide prevention project based in Benalla in collaboration with DHHS based upon a systems-based approach to suicide prevention. Implementation involves multi sector suicide prevention groups developing local, place-based strategies. Interventions focus on capacity building and enhancing system effectiveness rather than service expansion or new services. 5.2 This activity will improve access to mental health services within primary health care settings for people at risk of suicide. This activity is described in greater detail in Priority 3: Psychological therapies for rural and remote under-serviced and hard to reach groups. This evidence based activity will build upon primary mental health investment across the catchment and align with the stepped care approach.
Target population cohort	5.1 Community members in Benalla who are at risk of suicide including Aboriginal and Torres Strait Islander community members. 5.2 Population health needs assessment will be used to identify communities of greatest need and increase access of services where possible.
Consultation	Client, community and clinical consultation processes will be informed by Murray PHN company-wide engagement practice and contemporary, evidence based consultation methodologies. Company consultation mechanisms are underpinned by the current community and clinical advisory structures and networks.

	Building from this, consultation will continue to occur at several levels including peak bodies, community members, health service providers and other key stakeholders as identified through consultations with the Benalla community groups and including through Lifeline, Mental Health First Aid Live 4 Life and Mind Matters mechanisms.
Collaboration	As above
Duration	5.1 These collaborative four-year place based systems approach projects commenced in 2017. Current PTS Specialist contracts will end in September 2018, with reviewed models of care intended to start by 1 October 2018.
Coverage	5.1 The community place based projects are in Benalla. 5.2 Population health needs assessment will be used to identify communities of greatest need and increase access of services where possible.
Commissioning method (if relevant)	5.2 Revised PTS Specialist services will be commissioned to local health services in September 2018. All approaches will be in line with Murray PHN commissioning framework.
Approach to market	as above

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

Priority Area 6: Aboriginal and Torres Strait Islander mental health services	
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	This activity is addressed through two specific activities being: 6.1 implementation of social and emotional wellbeing framework to improve access to primary health services by Aboriginal and Torres Strait Islander people 6.2 the inclusion of Aboriginal and Torres Strait Islander strategies as part of the suicide prevention activities reported in Activity 5
Existing, Modified, or New Activity	6.1 Existing 6.2 New
Description of Activity	6.1 This activity will strengthen the integration of primary mental health services within a Social and Emotional Wellbeing framework through continued co-design and health system integration and coordination for Aboriginal and Torres Strait Islander people. The evaluation of these integrated services will support the development of the models of care and shared learnings across the service providers. 6.2 Community based suicide prevention that works hand in glove with the existing mainstream project to strengthen the systems based approach and ensure it meets the needs of Aboriginal and Torres Strait Islander community members.
Target population cohort	6.1 Aboriginal and Torres Strait Islander people residing in Murray PHN region and experiencing mental ill-health. 6.2 Aboriginal and Torres Strait Islander community members in Benalla who are at risk of suicide.
Consultation	Client, community and clinical consultation processes will be informed by Murray PHN company wide engagement practice and contemporary, evidence based consultation methodologies. Company consultation mechanisms are underpinned by the current community and clinical advisory structures and networks. Building from this, targeted consultation with Loddon Mallee's Aboriginal Reference Group (LMARG), Aboriginal Controlled Community Organisations (ACCOs) and primary and acute health providers

	support ongoing collaboration and feedback about uptake and implementation, access and clinical and service integration. Client experience and participation is central to continuous improvement and understanding impact. This is a key responsibility of service providers to report and provide evidence as part of contractual responsibilities with Murray PHN.
Collaboration	6.1 Monthly dialogue with funded providers, informed by evidence of performance and data, that focusses on continuous improvement and ongoing collaboration between funded providers and Murray PHN. 6.2 The community based systems approach to suicide prevention activity be embedded within the Benalla project, community members and relevant stakeholders.
Duration	6.1 Current integrated service delivery models of care, subject to funding beyond June, would be continued and would include evaluation that supports service improvement and co-design. 6.2 This project will occur throughout the activity period.
Coverage	6.1 Current Integrated service models are based in Mildura, Robinvale, Bendigo, Shepparton, Echuca and Albury Wodonga. 6.2 This is specific to the Benalla region.
Commissioning method (if relevant)	6.1 Any further commissioning approach will depend on outcomes of evaluation and may include direct approach to current providers. 6.2 Direct approach based on community need and specialised knowledge.
Approach to market	As Above

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

Priority Area 7: Stepped care approach -	
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	
Existing, Modified, or New Activity	Modified
Description of Activity	This activity will embed the stepped care approach in primary mental health settings and specifically in General Practice within a local community context. This activity is delivered through commissioning arrangements that were completed in the 2017/18 reporting period which established models of care, collaborative arrangements between service providers (including general practice) and delivery arrangements across the Murray PHN catchment area. Service delivery arrangements align with a stepped care approach and are tailored to local system capability and context, with key elements including: - Strengthened referral and integration with General Practice - Review of delivery guidelines, and prioritise access for vulnerable populations through eligibility requirements - Enhanced collaboration arrangements between providers to build integrated models of care - Increased use of digital health platforms and telehealth based service delivery to strengthen reach and access for clients. Included within the commissioning arrangements with providers, the scope includes (in additional to provision of services) investment in provider capability. The scope allows for providers to develop locally relevant approaches that address issues such as: - Workforce development and attraction initiatives - Initiatives that address skill shortage (such as develop telehealth modalities and secondary consultations) - Support organisational leadership and governance to build provider relationships to meet areas of priority need.

Target population cohort	The increased application and awareness of stepped care approach will benefit whole of population through early screening and intervention within General Practice and ensure access to psychological therapies for underserviced groups.
Consultation	Client, community and clinical consultation processes will be informed by Murray PHN companywide engagement practice and contemporary, evidence based consultation methodologies. Company consultation mechanisms are underpinned by the current community and clinical advisory structures and networks. Building on this, targeted consultation will occur with regional primary health and acute health providers to support ongoing collaboration. It will also provide feedback relating to: uptake and implementation; equity of access for priority groups, and service integration. Client experience and participation is central to continuous improvement and understanding impact. This is a key responsibility of service providers to report and provide evidence as part of contractual responsibilities with Murray PHN. The Community and Clinical Advisory Councils will continue to be used to test the application of strategy and identify localised needs. The decommissioning and commissioning of new services in 17/18 has supported the reinforcement of low intensity services and monthly relational consultation with service providers will continue the consultation and application of low intensity services and the stepped care approach.
Collaboration	Monthly dialogue with funded providers, informed by evidence of performance and outcome data describes the continuous improvement and ongoing collaboration between funded providers and Murray PHN. Murray PHN will continue to collaborate with service providers and stakeholders to inform the application of stepped care within primary mental health services and by general practice. Key partners include consumer and carer networks, community health services, and regional mental health service systems, with a particular focus on general practice service partnerships occurring as part of ongoing quality improvement in both service delivery and local service system integration.
Duration	Commissioned primary mental health services which include: the application of low intensity services; psychological therapy services, and clinical care coordination for people living with severe mental illness within a stepped care approach are contracted until June 2019.

Coverage	Service delivery spans the full coverage of Murray PHN. Commissioning arrangements have been framed in terms of coverage across each of the 21 local government areas through 13 mental health service areas. Needs assessment, informed by data, market analysis and engagement outcomes has informed resource allocation into these service areas that will support place based service planning.
Commissioning method (if relevant)	Commissioning approach is outlined within the specific priority areas that will contribute to the enablement of stepped care.
Approach to market	Market approach is outlined within the specific priority areas that will contribute to the enablement of stepped care.

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

Priority Area 8: Regional mental health and suicide prevention plan	
Existing, Modified, or New Activity	Modified
Description of Activity	This activity will ensure regional planning of mental health and suicide prevention supports the fifth mental health plan, guides strategic priorities and enables co-investment with key consumer, government, private and not for profit stakeholders. The activity will, through targeted and collaborative methodologies, work to develop a multi-sector strategy through improved knowledge and partnerships to address evidenced primary mental health needs and system gaps.
Target population cohort	Regional planning supports mental health at a whole of population level across the Murray PHN catchment.
Consultation	Client, community and clinical consultation processes will be informed by Murray PHN companywide engagement practice and contemporary, evidence based consultation methodologies. Company consultation mechanisms are underpinned by the current community and clinical advisory structures and networks. Building on this, targeted consultation with regional primary and acute health providers, Victorian Department of Health and Human Services, Local Hospital Networks, NDIS, carer and consumer networks support ongoing collaboration, planning, clinical and service integration. Client experience and participation is central to continuous improvement and understanding impact.
Collaboration	As above
Duration	Ongoing activity over multiple years
Coverage	Murray PHN wide
Commissioning method (if relevant)	N/A
Approach to market	N/A