



Australian Government
Department of Health

phn

An Australian Government Initiative

Activity Work Plan 2019-2021: National Psychosocial Support measure

This Activity Work Plan template has the following parts:

1. The National Psychosocial Support Activity Work Plan for the financial years 2019-20 and 2020-2021. Please complete the table of planned activities funded under the following:
 - Psychosocial Support Schedule, Item B.3 – National Psychosocial Support Measure
2. The Indicative Budget for the financial years 2019-20 and 2020-21. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
 - Psychosocial Support Schedule, Item B.3 – National Psychosocial Support Measure

Hunter New England and Central Coast PHN

Version 6
Updated July 29, 2019
(To include CoS and Interface specific budgets)

Overview

This National Psychosocial Support Activity Work Plan covers the period from 1 July 2019 to 30 June 2021. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 24 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

1. (a) Planned activities for 2019-20 to 2020-21

– National Psychosocial Support Measure

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2021.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
ACTIVITY TITLE	NP1.01 - Undertaking needs assessment and planning to determine the psychosocial needs of the target population cohort throughout the HNECC region
Existing, Modified, or New Activity	Existing Activity <i>2018/2019 Activity Work Plan: NPS PSS1</i>
Aim of Activity	The aim of this activity is to design services that meet the needs of the target population cohort while complementing existing state and Commonwealth funded services.
Description of Activity	<p>The Needs Assessment and service gap analysis has been conducted by an external consultant. It has identified areas of unmet need of psychosocial services and priorities for services to be commissioned. The assessment has been informed using a range of qualitative and quantitative sources including data extracted from the National Mental Health Service Planning Framework and other population health planning resources; consultation with stakeholders' information available in Health Pathways and HNECCs Service Directories; and direct interviews and workshops conducted with key stakeholders, including consumers and providers.</p> <p>This Needs Assessment and its recommendations will be used as a platform for the design of psychosocial support services that complement existing services and meet the needs of people with severe and complex mental illness in the HNECC region.</p>
Target population cohort	People with severe mental illness and reduced psychosocial function who are not eligible for assistance through the NDIS, and who are not receiving psychosocial services through programs such as Partners in Recovery (PIR), Day to Day Living (D2DL) or the Personal Helpers and Mentors (PHaMs).
Indigenous specific	No
Coverage	HNECC Region
Consultation	The Needs Assessment was informed by a range of sources through a variety of consultation, collaboration and communication exercises. This will include communication and consultation with key internal and external stakeholders including Local Health Districts, Aboriginal Medical Services, Primary Care Clinicians, HNECC's Clinical and Community Advisory groups, Consumers, Carers, and local Providers.

	An external Consultant was engaged to facilitate a range of workshops held across the HNECC region that focussed on consumer and provider experiences within the psychosocial landscape throughout the HNECC region.
Collaboration	The NPS Measure is underpinned by the Bilateral Agreement between the Commonwealth and New South Wales governments. The Agreement commits both parties to ongoing interest and investment to ensure the target population cohort can access psychosocial services to optimise mental health outcomes and support recovery, thereby reducing avoidable demand for health services. HNECC collaborated with consumers, carers, service providers and non-government organisations to gather information to develop recommendations that will inform HNECC PHN in the designing of services and in the commissioning process under the NPS.
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: Service delivery start date: July 2019 Service delivery end date: June 2022
Commissioning method and approach to market	<input checked="" type="checkbox"/> Other approach The Needs Assessment body of work was put out to tender amongst select providers used previously by the PHN with expertise in this field and the consultant was selected from this select group. 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	NP1.02 - Commissioning of non-clinical psychosocial services
Existing, Modified, or New Activity	Modified Activity <i>Phase 1: 2018/2019 Activity Work Plan NPS PSS3</i> <i>Phase 2: New Activity has been added for 2019/2021</i>
Aim of Activity	The aim of this activity is to give greater access to psychosocial support services and improved outcomes for people with severe mental illness

Description of Activity	<p>Phase 1: A short-term strategy to ensure services commence January 1, 2019. HNECC will directly commission existing Partners In Recovery (PIR) service providers to deliver psycho-social services that meet the needs of the specified cohort population. Services focus on client capacity building through a strengths-based, person-centred approach with a recovery-oriented practice. This is achieved through the following process: Assessment; Planning; Mentoring; Plan Review and Service Exit.</p> <p>Current services are delivered through both individual and group sessions depending on the client’s needs and recovery goals. The client will work together with a care worker to identify his/her goals and create an individualised care plan, that includes an exit plan with on-going third-party supports where needed. Currently, most services are delivered in-house by the Provider and are supported by a facilitator and/or a mentor.</p> <p>Phase 2: A long-term strategy, following on from Phase 1. HNECC will commission locally relevant psycho-social services to meet the needs of people with severe and complex mental illness. This activity will include a procurement procedure through open tender. The commissioning of services for Phase 2 will be informed by the psychosocial Needs Assessment that was conducted in the later part of 2018. Services will focus on client capacity building through a strengths-based, person-centred approach with a recovery-oriented practice. This will be achieved through the process of: Assessment; Planning; Mentoring; Plan Review and Service Exit</p> <p>Clients will be linked to local and relevant third-party services that are delivered within the community to ensure the consistency of service availability and equity of access to people across the region. Providers situated within the LHD clusters will be targeted to ensure services are delivered across all LGAs within the clusters. Clients will be managed by the provider where they will work directly with the client in identifying goals and developing a comprehensive care plan that includes a well-planned exit strategy. In areas where there are no existing programs, providers shall deliver cost-effective and accessible services.</p>
Target population cohort	People with severe mental illness and reduced psychosocial function who are not eligible for assistance through the NDIS, and who are not receiving psychosocial services through programs such as Partners in Recovery (PIR), Day to Day Living (D2DL) or the Personal Helpers and Mentors (PHaMs).
Indigenous specific	No
Coverage	HNECC Region
Consultation	<p>The nature of services that will be delivered will be dependent on the findings from the Needs Assessment that was largely informed via stakeholder consultation.</p> <p>HNECC has conducted face to face stakeholder consultation throughout the region and will maintain consistent and on-going consultation with commissioned Providers to ensure appropriate psychosocial services are being delivered to the cohort population and that those services are being appropriately reported against.</p>

	HNECC will maintain regular and consistent consultation, collaboration and communication with key stakeholders including Local Health Districts, Aboriginal Medical Services, Primary Care Clinicians, HNECC's Clinical and Community Advisory groups, other non-clinical Service Providers and NGOs through various means.
Collaboration	HNECC will maintain regular and consistent collaboration and communication with key stakeholders including local service providers, local health districts, Aboriginal Medical Services, HNECC's Clinical and Community Advisory groups, other non-clinical Service Providers and NGOs through various means.
Activity milestone details/ Duration	Activity start date: 2/08/2018 Activity end date: 31/12/2021 Service delivery start date: January 2019 Service delivery end date: December 2021
Commissioning method and approach to market	<input checked="" type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input checked="" type="checkbox"/> Open tender Direct Engagement: HNECC PHN used this approach for Phase 1 of the commissioning process as services had to reach a new target population cohort and they had to be on the ground in a short time period. It was recommended HNECC work with an existing PIR Agency in each area of HNECC region in the first year of the program before being more deeply informed via Needs Assessment in the second round of commissioning services, where an open tender process is planned. For Phase 2 we are planning an open tender process 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	NP1.04 National Psychosocial Support – Extension (NPS-Extension)
Existing, Modified, or New Activity	New Activity

Aim of Activity	The aim of this activity is to support client services while remaining clients of current Partners in Recovery (PIR), Personal Helpers and Mentors (PHaMs) and Day to Day Living (D2DL) programs test their eligibility for the NDIA and either transition to NDIA services or Continuity of Support (CoS).
Description of Activity	<p>NPS – extension is a 12-month program specifically designed to assess clients’ eligibility for NDIS who were participants of Partners in Recovery (PIR), Personal Helpers and Mentors (PHaMs) and Day to Day Living (D2DL) programs as at 30 June 2019.</p> <p>Providers will deliver similar levels of care to achieve similar outcomes for each client while they are tested for eligibility for NDIS. Once assessment has been received clients will be transitioned into either NDIS or CoS within 14 days.</p> <p>HNECC will engage with providers throughout the NPS-Extension program to ensure in their clients’ transition into either NDIS or Continuity of Supports.</p>
Target population cohort	People who are participants in Partners in Recovery (PIR), Personal Helpers and Mentors (PHaMs) and Day to Day Living (D2DL) programs as at 30 th June 2019.
Indigenous specific	No
Coverage	HNECC Region
Consultation	HNECC has consulted face to face where possible, and otherwise via telephone with all relevant PIR, PHaMs and D2DL providers and the NDIA throughout the planning of this program and will continue to do so through the program period.
Collaboration	HNECC will continue its collaboration and communication with all providers and NDIA throughout the program
Activity milestone details/ Duration	<p>Activity start date: 21/03/2019</p> <p>Activity end date: 30/06/2020</p> <p>Service delivery start date: July 2019</p> <p>Service delivery end date: June 2020</p>
Commissioning method and approach to market	<p><input checked="" type="checkbox"/> Direct engagement. If selecting this option, provide justification for</p> <p>Direct Engagement: HNECC has engaged directly with existing providers of PIR, PHaMs and D2DL programs as NPS-Extension directly targets clients in the above-mentioned programs with the existing providers. This will ensure all participants in PIR, PHaMs and D2DL programs are appropriately transitioned into either NDIS or CoS.</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p>

	3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No
	3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	NP1.05 Continuity of Support (CoS)
Existing, Modified, or New Activity	New Activity
Aim of Activity	The aim of this activity is to provide ongoing services to clients who were previous participants of Partners in Recovery (PIR), Personal Helpers and Mentors (PHaMs) and Day to Day Living (D2DL) programs and are deemed ineligible for supports through the NDIS
Description of Activity	Services for CoS will begin on 1 st July 2019 and will be delivered by providers of PIR, PHaMs and D2DL programs, which will cease on 30 June 2019. Clients in CoS will receive similar levels of care they currently receive in their current programs. HNECC will provide funding, which providers will report against on a quarterly basis. Although this is an ongoing delivery of services, funding has only been received for the initial 12-months.
Target population cohort	People who were participants in Partners in Recovery (PIR), Personal Helpers and Mentors (PHaMs) and Day to Day Living (D2DL) programs as at 30 th June 2019 and are deemed ineligible for assistance through NDIS.
Indigenous specific	No
Coverage	HNECC Region
Consultation	HNECC has regularly consulted face to face and via telephone with all current PIR, PHaMs and D2DL providers and the NDIA. Consultation will continue weekly throughout the transition period, which will taper off to monthly.
Collaboration	HNECC will continue its collaboration and communication with all providers and NDIA throughout the program
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2022 Service delivery start date: July 2019 Service delivery end date: June 2022
Commissioning method and approach to market	<input checked="" type="checkbox"/> Direct engagement. If selecting this option, provide justification for <input checked="" type="checkbox"/> Open tender Direct Engagement – initial 12 months The nature of this program is to continue services for the initial 12 months through existing PIR lead agencies and providers of PHaMs and D2DL programs to ensure participants are appropriately transitioned into CoS. Open Tender following initial 12-months of service delivery

	<p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	NP1.06 Interface funding
Existing, Modified, or New Activity	New Activity
Aim of Activity	The aim of this activity is to provide funding supports for the timely assessment of clients in NPS – Extension for NDIS packages
Description of Activity	<p>Interface funding will be used to help fund the transition of clients in NPS-extension into NDIS, if eligible or CoS if ineligible for a NDIS package over this 12-month period. The funding activities will include:</p> <ul style="list-style-type: none"> - Change Management and Education - NPS Operational Costs - Top up funding to providers to support the transition
Target population cohort	Clients of NPS-extension waiting for an application assessment from NDIS and those who have not yet applied for NDIS package.
Indigenous specific	No
Coverage	HNECC Region
Consultation	HNECC has regularly consulted face to face and via telephone with all providers of the previous PIR, PHaMs and D2DL and will continue to do so with NPS-extension providers throughout the project timeframe
Collaboration	HNECC will continue its collaboration and communication with all providers and NDIA throughout the program
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2020</p> <p>Service delivery start date: July 2019</p> <p>Service delivery end date: June 2020</p>
Commissioning method and approach to market	<p><input checked="" type="checkbox"/> Not yet known</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process?</p>

	No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No