



Australian Government
Department of Health



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

South Eastern Melbourne PHN

When submitting this Activity Work Plan 2019-2021 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and has been endorsed by the CEO.

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.

Important documents to guide planning

The following documents will assist in the preparation of your Activity Work Plan:

- Activity Work Plan guidance material;
- PHN Needs Assessment Guide;
- PHN Program Performance and Quality Framework;
- Primary Health Networks Grant Programme Guidelines;
- The Fifth National Mental Health and Suicide Prevention Plan; and
- Clause 3, Financial Provisions of the Standard Funding Agreement.

Formatting requirements

- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables, or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

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	<p><i>NPS1 – Implementation and Service Delivery of Psychosocial Support Services.</i></p> <p><i>Psychosocial Support Services (PSS) is the term SEMPHN have used to reflect the type of services that will be delivered via the NPS measure and Continuity of Support (COS) service.</i></p> <p><i>1 – Roll-out and commencement of service delivery of PSS, non-clinical mental health services through commissioned provider(s)</i></p> <p><i>2 – Oversee newly implemented non-clinical mental health services to ensure alignment with service delivery model and service design elements</i></p> <p><i>3 – Alignment of Continuity of Support service elements within PSS</i></p> <p><i>4 – Embed established data collection and storage for NPS measure and COS</i></p> <p><i>5 – Ongoing monitoring/assessment/reporting on service delivery outcomes and financial acquittals</i></p>
Existing, Modified, or New Activity	New Activity
Aim of Activity	<p><i>This activity focuses on the roll-out of the PSS via successfully commissioned provider(s). The implementation of the PSS nonclinical mental health services aims to assist people with severe mental illness resulting in reduced psychosocial functional capacity who are not more appropriately supported through the National Disability Insurance Scheme (NDIS).</i></p> <p><i>The activity aims to provide optimal support that enables people to effectively manage the impacts of mental illness and participate meaningfully in everyday life. Service delivery is less intense, short term and builds psychosocial functional capacity to address individual needs and complements clinical mental health and broader physical health and social support.</i></p>
Description of Activity	<p><i>PSS will be delivered via three clusters across the SEMPHN catchment. Offering services and supports from a range of non-clinical community-based support to build an individual's capacity to achieve their recovery goals in the community, rather than providing ongoing support.</i></p> <p><i>The PSS model is designed to deliver a range of key service elements. These are:</i></p> <ul style="list-style-type: none"> <i>• Psychosocial support interventions</i> <i>• Group based psychosocial intervention programs</i> <i>• Assertive Outreach and Specialist Psychosocial Interventions for hard to reach communities</i>

- *Support coordination and navigation*
- *Family and carer psychosocial supports*
- *Flexible Funding Brokerage*

The model focuses on building ability and stability in one or more of the following areas:

- *Social skills and friendships*
- *Family connections*
- *Managing daily living needs*
- *Financial management and budgeting*
- *Finding and maintaining a home*
- *Vocational skills and goals, including volunteering*
- *Education and training goals*
- *Building broader life skills including confidence and resilience*
- *Maintaining physical wellbeing, including exercise*
- *Managing drug and alcohol addictions, including tobacco*

Complimentary to NPS is the Continuity of Support Service (COS). COS funded services will be designed to align closely with NPS funded psychosocial support services and more broadly within the scope of the PSS. COS services will support individual's ineligible for the NDIS.

Ongoing monitoring of service implementation will be established to collaboratively work with the successful provider(s) to ensure a skilled, non-clinical mental health workforce is established to deliver these service elements.

SEMPHN will commission this funding to be implemented in a flexible carefully planned way which complements the State funded psychosocial supports and does not duplicate support available from existing programs, including those transitioning to the NDIS.

Referrals will come from a variety of sources and the Provider will be expected to coordinate with a range of SEMPHN service providers within the LGA cluster. Including establishing pathways with other community services that are not directly involved with Mental Health. Services should be embedded within or linked to clinical services to support an integrated team approach to meeting the needs of people with severe mental illness, and form part of a multi-agency care plan.

Assessment will be informed through consumer led strengths-based assessment and recovery action planning. The PSS will utilise the Life Skills Profile 16 (LSP-16) for assessment and identification of service element(s) for recovery action planning, reviews and outcomes. Additionally, the Service Provider(s) contracted for the psychosocial support services can use:

- *Camberwell Assessment of Need (CAN-C)*
- *The Process of Recovery Questionnaire (QPR)*

The NPS measure will be incorporated in the Regional Integrated Mental Health, AOD and Suicide Prevention Plan.

	<i>Ongoing liaison with State Government has informed commissioning process, development of PSS and communication approach to stakeholders. Ongoing collaborative work with the State Government will inform service delivery ensuring alignment and avoiding duplication of service delivery.</i>
Target population cohort	<p><i>The PSS will support two cohorts of people.</i></p> <p><i>COS: Participants of PIR or PHaMs programs as at 30 June 2019 in the SEMPLHN catchment who are ineligible to receive services under the National Disability Insurance Scheme (NDIS) will receive access to long-term, responsive support.</i></p> <p><i>NPS: People with severe mental illness who are not eligible for assistance through the NDIS and are not receiving psychosocial services through other programs will receive a less intense short term service to build psychosocial functional capacity to address individual needs and complement clinical mental health and broader physical health and social support.</i></p>
Indigenous specific	No
Coverage	<p><i>The activity is being rolled out across the entire SEMPLHN catchment via a cluster approach:</i></p> <p><i>Cluster One – Bayside, Glen Eira, Stonnington, and Port Phillip</i></p> <p><i>Cluster Two – Greater Dandenong, Casey, and Cardinia</i></p> <p><i>Cluster Three – Kingston, Frankston, and Mornington Peninsula</i></p>
Consultation	<p><i>A rapid scoping exercise and stakeholder engagement forums were conducted late 2018. Stakeholder feedback and outcomes from these activities have informed the commissioning approach and service model design elements. Feedback and findings were disseminated to stakeholders and providers.</i></p> <p><i>NPS Plan was co-designed across three PHNs that included the scoping of key service elements for the Flexible Funding Brokerage model.</i></p> <p><i>Several consultation activities included:</i></p> <ul style="list-style-type: none"> • <i>Targeted scoping meetings with providers across the SEMPLHN region.</i> • <i>Delivery of extensive stakeholder consultation with MHCSS providers, consumer and carer groups, LHNs (AMHS, community health centres, etc.), NDIS and Local Area Coordinator (LAC) representatives, DOH and DHHS executives, VMIAC, Mental Health Victoria, Tandem (mental health carers), housing and SRS providers, youth services, AOD services, employment providers and subject matter experts (University of Melbourne).</i> • <i>Stakeholder forum including providers, consumers and carers.</i> • <i>Delivery of a joint PHN NPS forum on 4th of September comprising of 80 stakeholders participating in a range of Co Design activities.</i> • <i>Rapid scoping exercise and stakeholder engagement conducted late 2018. Stakeholder feedback and outcomes from scoping exercise informed the commissioning approach, and service model design elements. Feedback and findings were disseminated to stakeholders and providers.</i> • <i>Delivery of two SEMPLHN stakeholder focus groups involving the following cohorts:</i> <ul style="list-style-type: none"> ○ <i>Partners In Recovery (PIR) Support Facilitators and Team Leaders</i> ○ <i>Personal Helpers and Mentor service (PHaMs)</i>

	<ul style="list-style-type: none"> ○ <i>Mental Health Community Support Services (MHCSS) providers</i> ○ <i>Respite services</i> ○ <i>Homelessness services</i> ○ <i>Employment services</i> ○ <i>AOD Services</i> ○ <i>SEMPHN Stepped Care Model providers</i>
Collaboration	<p><i>SEMPHN will investigate opportunities for partnering and/or commissioning not-for-profit organisations to assist to refine the design and application of appropriate models of care. This will build from existing activities that have been delivered, such as:</i></p> <ul style="list-style-type: none"> ● <i>A joint PHN NPS forum delivered in September 2018 comprising of 80 stakeholders participating in a range of Co Design activities.</i> ● <i>In addition, two SEMPHN stakeholder focus groups were coordinated involving the following cohorts, further defined elements of the service model design elements:</i> <ul style="list-style-type: none"> ○ <i>Partners In Recovery (PIR) Support Facilitators and Team Leaders</i> ○ <i>Personal Helpers and Mentor service (PHaMs)</i> ○ <i>Mental Health Community Support Services (MHCSS) providers</i> ○ <i>Respite services</i> ○ <i>Homelessness services</i> ○ <i>Employment services</i> ○ <i>AOD Services</i> ○ <i>SEMPHN Stepped Care Model providers</i> <p><i>Focus Groups with SEMPHN Stepped Care Model providers was also conducted via the Communities of Practice, and feedback and collaboration will continue with existing funded agencies.</i></p>

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

ACTIVITY TITLE	<p><i>NPS2 – Psychosocial Transition Support Program (Extension Measure)</i></p> <p><i>1 – Commence transitional arrangements via the Transition Support Program, for the Commonwealth community mental health clients that are in Partners In Recovery (PIR) and Personal Helper and Mentors (PHaMs) programs across the SEMP HN catchment.</i></p> <p><i>2 – Oversee the transition plans that will support clients continue to test for NDIS eligibility or be supported through psychosocial supports through Continuity of Supports program for the period of 1 July 2019 to 30 June 2020.</i></p> <p><i>3 – Alignment of Psychosocial Support service elements with the transition support program.</i></p> <p><i>4 – Embed established data collection and storage.</i></p> <p><i>5 – Ongoing monitoring/assessment/reporting on service delivery outcomes, transitions and financial acquittals.</i></p>
Existing, Modified, or New Activity	New Activity
Aim of Activity	<p><i>This activity focuses on commencing the Psychosocial Transition Support Program via existing commissioned providers.</i></p> <p><i>Transition support processes will be put in place to support the activities being undertaken to transition people with severe mental illness resulting in reduced psychosocial functional capacity, and are participants of PIR, PHaMs to continue to test for eligibility for the NDIS or South Eastern Melbourne PHN's funded Psychosocial Support Services (PSS); ensuring there are no gaps in service delivery for existing participants.</i></p> <p><i>The activity aims to support people to test eligibility for the NDIS whilst continuing to receive psychosocial support that enables people to effectively manage the impacts of mental illness and participate meaningfully in everyday life. Service delivery is time-limited to assist with the transition and complements clinical mental health and broader physical health and social support.</i></p>
Description of Activity	<p><i>The Transition Support program will be delivered across the SEMP HN catchment via existing PIR and PHaMs providers and offering services to help people test eligibility for NDIS or South Eastern Melbourne PHN's funded PSS program and supports from a range of non-clinical community-based supports to help maintain an individual's capacity to achieve their recovery goals in the community.</i></p> <p><i>The Transition Support program is designed to deliver a range of activities that will support the following:</i></p> <ul style="list-style-type: none"> <i>• Test eligibility to NDIS and other transition options including assisting consumers with gathering evidence required for establishing functional/permanent disability for their NDIS application. This activity may be focused particularly on those consumers who have 'declined to apply' or are stalled in the application process.</i>

	<ul style="list-style-type: none"> • Support consumers to re-test their eligibility with the NDIS if they are unhappy with their access decision or their circumstances have changed. • Working closely with current service providers of PIR and PHaMs to support clients to continue to receive supports and to transition to new arrangements for which they are eligible. • Targeted individual support for consumers at times of increased need. • Collecting and managing consumer data received from current PIR, and PHaMs service providers to ensure a smooth transition for consumers to new arrangements. <p>Ongoing monitoring of service implementation and transition plans will be established to collaboratively work with the existing providers to ensure a skilled, non-clinical mental health workforce is established to deliver these activities.</p> <p>Transition Support Services will be provided to existing participants of PIR and PHaMs who have not transitioned into NDIS or who have not been successful in their application to NDIA as at 30 June 2019.</p>
Target population cohort	Participants of PIR or PHaMs programs as at 30 June 2019 in the SEMPHN catchment who are awaiting to test for NDIS eligibility, awaiting an access decision, awaiting their NDIS plan, or awaiting their transition to South Eastern Melbourne PHN's funded Continuity of Support.
Indigenous specific	No
Coverage	The activity is being rolled out across the entire SEMPHN catchment.
Consultation	<p>A number of consultation activities have been coordinated including:</p> <ul style="list-style-type: none"> • Targeted scoping meetings with PIR and PHaMs providers across the SEMPHN region (this engagement continues and is ongoing). • Consultation with the Victorian PIR and NPSM network. • Delivery of extensive stakeholder consultation with MHCSS providers, consumer and carer groups, LHNs (AMHS, community health centres, etc.), NDIS and Local Area Coordinator (LAC) representatives, DOH and DHHS executives. • Stakeholder forum including providers, consumers and carers. <p>A rapid scoping exercise and stakeholder engagement forums were conducted in early 2019. Stakeholder feedback and outcomes from these activities have informed the commissioning approach and service model design elements. Feedback and findings were disseminated to stakeholders and providers.</p>
Collaboration	<p>SEMPHN will investigate opportunities for partnering and/or commissioning not-for-profit organisations to assist to refine the design and application of appropriate models of care. This will build from existing activities that have been delivered, such as:</p> <ul style="list-style-type: none"> • SEMPHN stakeholder focus groups involving the following cohorts, further defined elements of the service model design elements:

	<ul style="list-style-type: none"> ○ <i>Partners In Recovery (PIR) Support Facilitators and Team Leaders</i> ○ <i>Personal Helpers and Mentor service (PHaMs)</i> ○ <i>Mental Health Community Support Services (MHCSS) providers</i> ○ <i>SEMPHN Stepped Care Model providers</i> <p><i>Focus Groups with SEMPHN Stepped Care Model providers was also conducted via the Communities of Practice, and feedback and collaboration will continue with existing funded agencies.</i></p>
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Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	<p><i>NPS3 – Psychosocial Interface</i></p> <p><i>Establishment of the Transition Support Team including recruitment of staff and roll-out of processes and systems to support referrals and consultation arrangements to support transition plans.</i></p>
Existing, Modified, or New Activity	<p><i>New Activity</i></p>
Aim of Activity	<p><i>This activity focuses on establishing the Transition Support Team who will support referrals and consultation arrangements of transition plans for community mental health clients in the SEMPHN catchment.</i></p> <p><i>The Transition Support Team will support the activities being undertaken to transition people with a severe mental illness resulting in reduced psychosocial functional capacity who are not eligible for the NDIS, as well as those who are participants of PIR, PhaMs as at 30 June 2019 to continue to test for eligibility for the NDIS or South Eastern Melbourne PHN's (SEMPHN) funded Psychosocial Support Service (PSS).</i></p> <p><i>The Transition Support Team supports SEMPHN PSS activities to ensure there are no gaps in service delivery for clients.</i></p>
Description of Activity	<p><i>The Psychosocial Interface will involve the following services:</i></p> <ul style="list-style-type: none"> <i>Providing information and advice to all stakeholders on the psychosocial supports and programs available and establishing clear referral processes to ensure smooth transition arrangements are in place.</i> <i>Developing referral pathways for clinicians, community mental health providers and State Government funded clinical mental health services to enable people within the community to access PHN funded psychosocial supports.</i> <i>Link where possible with clinical services and care coordination and support a multi-agency care plan approach for identified participants.</i> <i>Provision of digital and eHealth resources.</i> <p><i>The Provider will be expected to coordinate with a range of SEMPHN service providers within the catchment. Services should be embedded within or linked to clinical services to support an integrated team approach to meeting the needs of people with severe mental illness, and form part of a multi-agency care plan.</i></p> <p><i>Assessment will be informed through consumer led strengths-based assessment and recovery action planning and existing recovery action plans from the aforementioned programs. Psychosocial Interface will utilise the Life Skills Profile 16 (LSP-16) for assessment and identification of service element(s) for recovery action planning, reviews and outcomes. Additionally, the Service Provider contracted for the Psychosocial Support Services can use:</i></p> <ul style="list-style-type: none"> <i>Camberwell Assessment of Need (CAN-C)</i>

	<ul style="list-style-type: none"> <i>The Process of Recovery Questionnaire (QPR)</i>
Target population cohort	<i>People with a severe mental illness resulting in reduced psychosocial functional capacity who are not eligible for the NDIS, as well as those who are participants of PIR, PHaMs as at 30 June 2019 to continue to support testing for eligibility for the NDIS or South Eastern Melbourne PHN's funded Psychosocial Support Services (PSS).</i>
Indigenous specific	No
Coverage	<i>The activity is being rolled out across the entire SEMPHN catchment.</i>
Consultation	<p><i>A number of consultation activities have been coordinated including:</i></p> <ul style="list-style-type: none"> <i>Targeted scoping meetings with PIR and PHaMs providers across the SEMPHN region (this engagement continues and is ongoing).</i> <i>Consultation with the Victorian PIR and NPSM network.</i> <i>Delivery of extensive stakeholder consultation with MHCSS providers, consumer and carer groups, LHNs (AMHS, community health centres, etc.), NDIS and Local Area Coordinator (LAC) representatives, DOH and DHHS executives.</i> <i>Stakeholder forum including providers, consumers and carers.</i> <p><i>A rapid scoping exercise and stakeholder engagement forums were conducted in early 2019. Stakeholder feedback and outcomes from these activities have informed the service model design elements. Feedback and findings were disseminated to stakeholders and providers.</i></p>
Collaboration	<p><i>SEMPHN will investigate opportunities for partnering with not-for-profit organisations to assist to refine the design and application of appropriate models of care. This will build from existing activities that have been delivered, such as:</i></p> <ul style="list-style-type: none"> <i>SEMPHN stakeholder focus groups involving the following cohorts, further defined elements of the service model design elements:</i> <ul style="list-style-type: none"> <i>Partners In Recovery (PIR) Support Facilitators and Team Leaders</i> <i>Personal Helpers and Mentor service (PHaMs)</i> <i>Mental Health Community Support Services (MHCSS) providers</i> <i>SEMPHN Stepped Care Model providers</i> <p><i>Focus Groups with SEMPHN Stepped Care Model providers was also conducted via the Communities of Practice, and feedback and collaboration will continue with existing funded agencies.</i></p>