

# Market Sounding

Service Delivery Re-Design & Recommissioning

Supporting general practice, commissioning health services into gaps and driving service integration.

## Acknowledgements

Western Victoria Primary Health Network acknowledges First Nations people of the lands and waterways on which we stand.

We pay our respects to their Ancestors and Elders, past, present and emerging. We recognise their diversity, resilience, and the ongoing place that Aboriginal and Torres Strait Islander people hold in our communities. We pay our respects to the Elders, both past and present and commit to working together in the spirit of mutual understanding, respect and reconciliation.

We'd also like to acknowledge all people who have personal experience of living with a health condition. The voice of people with lived experience is essential in the development of our work.

Supporting general practice, commissioning health services into gaps and driving service integration.

# Market Sounding Etiquette

**To manage a smooth progression through the presentation, registered participants will be muted, with only the presenter and the slides visible during the session**

## Questions:

- If you have questions during the session, please type these into the chat and they will be responded to after the presentation.
- Questions asked throughout all sessions will be available on WVPHN website.
- Additional feedback can be emailed to [tenders@westvicphn.com.au](mailto:tenders@westvicphn.com.au)

WVPHN **will be recording this session for probity purposes.** Presentation slides and other related materials are available on our website.

# Market Sounding Content

1. Purpose
2. Probity
3. Context and Introduction
  - Place-based Commissioning
4. Service Model:
  - AOD
  - Mental Health
5. Market Feedback
6. Next Stages (Timeline)
7. Questions

Supporting general practice, commissioning health services into gaps and driving service integration.

# Context

- Between May and September 2021, WVPHN undertook a series of research initiatives and design activities with stakeholders and consumers to develop enhanced service models for AOD and Mental Health.
- Proposed AOD and MH service models have been aligned with key state and federal government recommendations including those from the Royal Commission into Victoria's Mental Health System and WVPHN's recent co-design process
- The re-design of AOD and MH service models has been guided by the development and implementation of the WVPHN Place Based Commissioning approach which aims to achieve optimal health and wellbeing outcomes that are responsive to needs in local contexts

# Funding Streams

- The re-design of WVPHN commissioned mental health services includes the integration of two of WVPHN's key mental health programs, **Psychological Therapy Services for underserved groups (PTS)** and **Services and Treatment for Enduring and Persistent Mental Illness (STEPMI)**.
- In the new MH service model, WVPHN is looking to commission providers that have the capacity and capability to deliver both services.
- The re-design of WVPHN-commissioned AOD services will see the re-commissioning of two of WVPHN's core AOD funding streams – **the Drug and Alcohol Program (DAP)** and the **National Ice Action Strategy (NIAS) program**.
- Current contracts for the delivery of MH and AOD services under the above funding streams will NOT continue past 31 March 2023. Opportunities to access funding to deliver the re-designed service models will be via an upcoming open tender process.

# Purpose

Western Victoria Primary Health Network will be presenting our new AOD and MH service models.

The purpose is to engage with current and potential suppliers to gain valuable insight and feedback regarding key elements of the proposed service models to support successful commissioning outcomes.

Our goals are:

- To present our new AOD and MH service models.
- To gauge suppliers' interest in delivering the proposed service models developed for the recommissioning process.
- Deliver an open and free space to discuss the planned service models and explore opportunities for joint commissioning.
- Understand the capacity, feasibility, and risks of the proposed service models from service provider perspective.
- Investigate opportunities to support a collaborative and partnership approach to service delivery and collect information for planned procurement process- plan to share contact details of attendees to support partnership development (let us know if you want to opt out)

# Probity and Transparency

## Probity support the achievement of a successful process by applying accepted probity principles

- This process will be conducted in accordance with probity protocols. Key probity requirements include.
  - Acting with integrity and impartiality
  - Ensuring market equality
  - Consistent and transparent processes
  - Secure and confidential market engagement information
  - Identify and managing conflicts of interest
- Please contact our probity, contract and procurement manager with any probity related questions you may have in relation to the process:

Leigh McKay  
Contract and Procurement  
Western Victoria Primary Health Network  
Ph: 03 5222 0870  
E: leigh.mckay@westvicphn.com.au.

# AOD and Mental Health Service Models- guiding principles

- The proposed Service Models encompass Mental Health and AOD services and focus on a person-centred approach to care, treatment, and management.
- The service models are influenced by **key guiding principles** that informed the re-design;
  - taking a person-centred approach
  - elevating the value of the voices and skills of people with lived experiences
  - supporting service integration, care coordination and partnerships
  - ensuring multidisciplinary workforces
  - ensuring services meet the needs of the people using them
  - emphasising the importance of consumer, provider, and carer experiences
  - focusing on outcomes and
  - ensuring equitable access.

# AOD and Mental Health Service Models- priority areas

- There are six key priority areas embedded in the service models, identified through review of existing services and best practice literature and based on valuable feedback from lived experience, workforces and stakeholder engagement that identified the key elements necessary for a successful service delivery system.
  - 1)** Streamlined Screening, Assessment and Referrals
  - 2)** Integrated, Coordinated Care and Partnerships
  - 3)** Person Centred & Outcomes Focussed Service Delivery
  - 4)** Culturally Safe and Inclusive Services
  - 5)** Building Workforce Capacity
  - 6)** Targeted Funding Model

# Service Model

For AOD the most appropriate tool must be used based on person-centered approach,

For Mental Health, consistent use of the K10 or K5 where appropriate

WHOQOL

Referral pathways within and between AOD, MH and other sectors

Initial Assessment and Referral (IAR) – all mental health service and AOD where MH present.

Warm Transfers

Universal use of screening and assessment tools

"How can we help – if not us, who?"



## Streamlined Screening, Assessment & Referrals



The proposed service model seeks to support coordination of care within and across sectors by promoting shared screening & assessment tools and clear referral pathways.



## Integrated, Coordinated Care & Partnerships

The proposed service model will have a strong focus on partnership approaches within sub-regions & across sectors



Embed, encourage & supporting collaborative shared-cared plans

Partnerships and engagement that addresses the psychosocial and emotional wellbeing of the client's needs – cultural safe responses

Demonstrate ways to formalise partnership arrangements such as a Memorandum of Understanding (MOU)

Stakeholder engagement & partnerships to be better supported

Commissioned programs are targeted to priority groups who cannot access care

Improve service availability - flexibility in modality preference

Measuring outcomes in line with the quadruple aim framework

A  
O  
D

Targeting specific priority areas place/region/LGA supporting the social construct of the community

Supportive care across the spectrum of service delivery for consumers needs

Wraparound care



## Person centered Service Delivery & Outcomes focused

The proposed service models will support person centred, recovery focused service delivery.

Combined PTS & STEPPI services

Biopsychosocial & trauma informed approaches to care - evidence informed therapeutic treatments

Stepped-care model

M  
H

Targeted, multidisciplinary approaches to ensure holistic needs are met

Ongoing consumer and carer engagement with providers in the development of services



## Culturally Safe Services

Developing The proposed service will focus on ensuring that all commissioned programs and services are being delivered in a culturally safe way



Supports First Nations communities to lead, direct and guide

Meaningful collaborations with ACCHO's

Delivering appropriate care that supports diverse groups including LGBTQIA+, gender diverse and multicultural groups.

Delivery of culturally safe care – mandatory Cultural Awareness Training

Support the delivery of services tailored for First Nations Peoples needs

Providing services that are equitable, accessible and meet the diverse needs of the community.

Workforce supported by strong clinical governance

Build workforce capabilities – upskilling and additional training, professional development plans, volunteers and partnerships.

Support implementation of dual diagnosis assessment across AOD and MH

Increase workforce diversity through the integration of peer and culturally specific roles

Support rural and remote areas where shortages exist.



## Building Workforce Capacity

The proposed service model supports a multidisciplinary, collaborative workforce by focusing on recruitment, retention, capacity and capability with strong clinical governance in place.



## Targeted Funding Model

The proposed service model will be supported through block funding that considers allocation of a proportion of funding to support the delivery of care in rural areas, the development and maintenance of partnership approaches and standardised cost structures that are evidence based.



Rural Loading - Financial incentives to support rural and remote workforce to encourage recruitment and retention through salary and relocation incentives/stimulus

Placed-based commissioning – funding allocations based on disadvantaged and priority needs area – WVPHN to provide reports of data to all service providers so providers are aware of the areas in need

KPIs and financial incentives for partnerships, collaboration with other sectors, shared-cared plans, stakeholder engagement (GP's, health professionals, clinicians)

Combine mental health and AOD funding where possible and where guidelines allow for this flexibility.

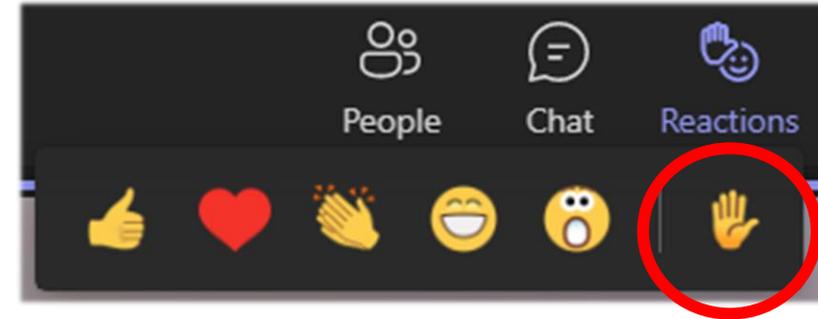
# Market Feedback

**1) Do you think this service model will enable better coordinated and Integrated care for PHN funded AOD and Mental Health Programs?**

**2a) What is the capacity of the market to deliver the proposed models?**

*(For the Mental Health service model, what supports the capability to deliver an integrated service that can support people with moderate to severe mental illness?)*

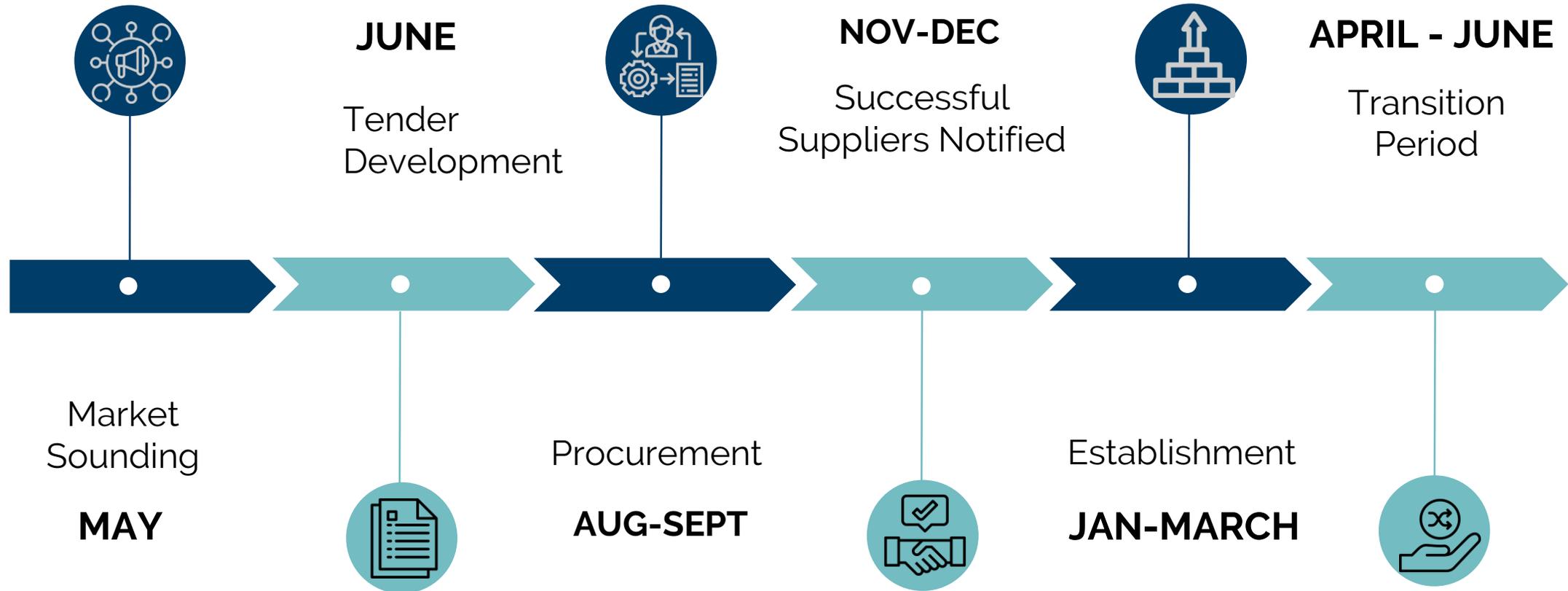
**2b) What support would you require from WVPHN?**



**3) What factors would contribute to successful coordination and partnerships in the context of the proposed service model?**

**4) Do you have any questions, concerns, or feedback regarding the draft service models?**

# Next Steps - Timeline 2022-2023



# Questions