Review of Primary Health Network Business Model & Mental Health Flexible Funding Model

MENTAL HEALTH COORDINATING COUNCIL

Submission to the Department of Health and Aged Care Services

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Submission to the Department of Health and Aged Care: Review of Primary Health Networks Business Model & Mental Health Flexible Funding Model

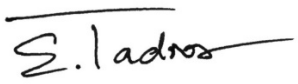
Introduction

Mental Health Coordinating Council (MHCC) is the peak body for community-managed mental health organisations (CMOs) in New South Wales (NSW) and is a Registered Training Organisation (RTO) delivering accredited and non-accredited programs. We represent community-based, not-for-profit/non-government organisations who support people living with mental health challenges. MHCC's 150 members assist people to live well in the community by delivering mental health and psychosocial supports including social inclusion, rehabilitation, and clinical services. Our purpose is to promote a strong and sustainable community-managed mental health sector with the investment, resources, and workforce it needs to provide effective psychosocial, health and wellbeing programs and services to the people of NSW.

MHCC provides policy leadership, promotes legislative reform and systemic change, and develops resources to assist community-based organisations build their capacity to deliver quality services informed by a human rights-based, trauma-informed, recovery-oriented practice approach. MHCC works closely with Mental Health Australia on matters of national interest to the sector, including cross-governmental collaboration, bilateral agreements, and the NDIS, and with the Mental Health Alliance, a partnership of state-based peak bodies and professional associations, on matters of mutual interest in NSW.

In completing this submission, MHCC has responded to the consultation questions posed by the Government, informed by the available literature and a survey that was widely circulated to our members and the sector, and from conversations with PHN staff of organisations that are MHCC member organisations. We have provided recommendations where possible based on some contemporary research and evidence-informed papers and the feedback collected from our survey.

We thank the Government for the opportunity to provide commentary on this significant area of reform and express our willingness to be consulted on any matters concerning the review of the PHN Business Model and Flexible Funding Model for Mental Health including future investment and implementation of a strategic plan and framework for service delivery reform.



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Background

Primary Health Networks (PHNs) were established by the Australian Government in 2015 in response to the recommendations of the Review of Medicare Locals conducted by John Horvath (2014). PHNs have two key objectives: "improving the efficiency and effectiveness of health services for people, particularly those at risk of poor health outcomes; and improving the coordination of health services and increasing access and quality support for people".

PHNs are non-government organisations funded through Australian Government grants. Since the establishment of PHNs in 2015–16, Health has committed $11.6 billion to PHNs in grant funding. The commissioned services and activities of PHNs contributed to seven programs across three outcomes in Health's 2022–23 Corporate Plan[1]. The seven priority health areas comprise mental health, Aboriginal and Torres Strait Islander health, population health, the health workforce, digital health, aged care, and alcohol and other drug services. The PHN Program is a national network of 31 PHNs, administered by 29 individual not-for-profit, non-government organisations (NGO). PHNs are governed by skills-based Boards and supported by GP- led Clinical Councils and Community Advisory Committees.

Since they were established, the primary care sector has changed significantly and the role of PHNs has expanded in response to primary care and digital reforms, COVID-19, climate-driven emergencies, and impacts from workforce shortages. However, PHN policy settings have not changed significantly since they were established. The Department of Health and Aged Care is initiating a review to examine the PHN Program business model in the context of the changing operating environment, and to ensure the Program is structured to meet Government objectives. The Department has sought responses across five key topics:

- Program Objectives and Activities
- Program Governance
- Regional Planning, Communication, and Engagement
- Program Funding Arrangements
- Mental Health Flexible Funding Stream

The primary objectives of PHNs are to keep people healthy and well, particularly those with severe and enduring mental and physical health conditions and reduce avoidable hospital presentations in their regions. To accomplish this, PHNs deliver programs using a 'place-based' approach by tailoring initiatives to meet their local population's health needs.

Under the PHN Strategy 2023-24[2], PHNs are expected to achieve their objectives through three core functions:

- Coordinate and integrate local health care services in collaboration with state Local Hospital Networks (LHNs) or equivalent, to improve quality of care, people's experience, and efficient use of resources.
- Commission primary care and mental health services to address population health needs and gaps in service delivery and improve access and equity.
- Capacity-build and provide practice support to primary care and mental health providers to support quality care delivery.

MHCC's understanding is that the feedback will be aggregated and analysed to identify key trends, themes, and priority areas, and that the Department will use summarised insights to provide advice to Government on addressing key concerns and enhancing the effectiveness of the PHN Program.

Consultation Questions 1:

Program Objectives and Activities

1. **Are the roles of PHNs clear and understood by stakeholders, including your own organisation? How will the relative importance of the different roles need to evolve to meet broader changes in health policy and delivery?**

1.1. What are the key roles played by PHNs, and how should the balance between local insight and national consistency be managed for each role?

The roles of Primary Health Networks (PHNs) are generally clear and understood by stakeholders including MHCC and its member organisations. PHNs are responsible for improving the efficiency and effectiveness of health services, particularly for people at risk of poor health outcomes, and improving the coordination of health services to ensure people receive 'the right care in the right place at the right time'. They work across seven priority health areas: mental health, Aboriginal and Torres Strait Islander health, population health, the health workforce, digital health, aged care, and alcohol and other drug services.

The relative importance of these roles will need to evolve to meet broader challenges in mental health policy and service delivery in a dynamic environment. For example, as health policies increasingly emphasise integrated care and meeting unmet need as identified in a number of state and federal reviews and gap analyses[3], an increased focus on psychosocial disability in PHNs will be required.

Additionally, as the population ages, the role of PHNs in aged care and chronic disease management may become more prominent alongside the mental health needs of older persons, not well covered through the aged care service system. The ongoing evaluation and adaptation of PHN roles will be crucial to align with evolving health priorities and ensure the effectiveness of health service delivery. PHNs also have an important role in supporting General Practice, other health providers and mental health community-managed organisations (CMOs) through training, resources, and practice improvement initiatives.

PHNs must operate within a framework of national standards and guidelines to ensure consistency in service quality and delivery across different regions. Nationally consistent performance measures and reporting frameworks will also help to monitor performance and evaluate the effectiveness of PHNs, ensuring accountability and continuous improvement. However, each PHN must respond to local needs which involves identifying service gaps and commissioning services to address these needs. Enhancing service coordination includes developing care pathways and facilitating communication between different healthcare providers. PHNs must commission health services based on the unique needs of the local populations. This involves planning, procuring, and monitoring services to ensure they meet the needs of the community.

To manage the balance, there needs to be flexibility within a framework, and PHNs should have the flexibility to tailor services to local needs while adhering to national standards and guidelines. This ensures that local insights are incorporated without compromising on consistency and quality. By effectively managing the balance between local insight and national consistency, PHNs can ensure that health services are both responsive to local needs and aligned with broader health policy objectives.

Regular reviews of both local and national performance data can help identify areas where adjustments are needed to better balance local insights with national consistency. It is critical that a broad range of stakeholders, including local communities, healthcare providers, and national bodies, are involved in decision-making processes. This will help ensure that both local and national perspectives are considered.

1.2. How have the roles of PHNs evolved over the past 9 years to align with changing objectives, and how are they expected to adapt in the next 5 years?

In NSW, PHNs have increasingly focused on integrating services across the healthcare system. This includes fostering partnerships with Local Health Networks (LHNs), Local Health Districts (LHDs) and CMOs. It is expected that they will also enhance regional integration of services, working closely with various stakeholders to create a more cohesive and efficient healthcare system over time. However, it must be said that there is variability across the PHNs as to the active nature in which they engage, promote and integrate with their LHN, LHD and CMOs.

PHNs have taken on leadership roles within their communities, working to develop and enhance the performance of the primary care sector. They have become central drivers for reform and equitable access to health and social care.

PHNs have adopted innovative approaches to commissioning services, tailored to the specific health needs of their local populations. This has involved a shift towards more strategic and outcome-focused commissioning.

There has been a strong emphasis on building the capacity of primary care providers through education, training, and support to improve care coordination and patient outcomes. Looking ahead to the next five years, PHNs are expected to continue adapting to meet emerging healthcare challenges and priorities: They will play a crucial role in driving mental health reforms, including the commissioning of mental health services to ensure they meet the needs of their communities.

MHCC suggest that PHNs will need to have a continued focus on delivering person-centred and person-led care, ensuring that services are tailored to the individual needs of consumers including strengthening their efforts to work with Aboriginal and Torres Strait Islander services and communities, and other diverse communities, aiming to improve health outcomes and reduce inequalities.

PHNs will be at the forefront of system transformation, implementing innovative models of care and leveraging technology to improve service delivery and consumer outcomes. These adaptations will help PHNs continue to meet the evolving needs of their communities and contribute to a more integrated and effective healthcare system in Australia.

MHCC as the peak for NSW CMOs has two PHNs currently listed as Members. We propose that all NSW PHNs become members of MHCC given the planning and commissioning role that PHNs have with the CMO sector. Membership should likewise be replicated for all state and territory PHNs with their relevant CMO peak.

It may also be worth considering peak membership as a requirement in funding agreements, as well as membership to the relevant CMO consumer/carer peak bodies in each state.

The value of MHCC membership is not only that members represent a robust alliance of CMOs that provides mutual support and that influences the sector, but that together, we shape the future of mental health supporting better outcomes for people living with mental health challenges. Our collective voice ensures that the needs of the sector and services are heard and advocated for with government and policymakers.

Membership provides exclusive access to a range of benefits designed to elevate CMO impact and support members including: have access to sector insights, updates, news, information, and contribute to and stay abreast of systemic reform in NSW and nationally; participate in exclusive events and receive discounted and scholarship professional development and training; have access to evidence-based resources and sector leading tools for compliance; and have opportunities to showcase initiatives through our networks.

1.3. What key examples can you share of the key benefits delivered by PHNs?

PHNs work to ensure that consumers, especially those living with severe mental health challenges, receive coordinated care across different healthcare providers. This fosters a more comprehensive care plan tailored to their needs.

By focusing on preventive care and effective management of chronic conditions, PHNs have been shown to reduce hospital admissions and readmissions. For instance, one study found that PHNs reduced hospital admissions by 7.4% and readmissions by 9.3%, saving the healthcare system significant costs[4].

PHNs often highlight Health Promotion and Disease Prevention, and conduct outreach programs, workshops, and health events, forums and seminars to disseminate information on healthy lifestyles and preventive measures. They can help to identify gaps in healthcare services and work to fill these gaps by commissioning necessary services. This ensures that communities have better access to essential healthcare services, including mental health supports in the community and preventive care programs.

PHNs collect and analyse data to identify health trends and issues within communities. They use this information to develop and implement quality improvement plans, which can lead to better health outcomes for the population. Such benefits highlight the vital role that PHNs play in enhancing the quality and efficiency of healthcare delivery, ultimately leading to healthier communities.

1.4. What activities or programs does your PHN excel at delivering, or should be recognised as a national leader?

PHNs in Australia are known for their excellence in several key areas including innovative mental health programs, which include early intervention, integrated care, and support for people living with severe mental health challenges. They are often able to assist people manage their health difficulties especially as they relate to their mental health and medication, such as with diabetes, heart disease, weight problems and respiratory illnesses.

However, there is a marked discrepancy between PHNs in engagement, responsiveness, activities, and outcomes. MHCC receives feedback from member CMOs that often reflects the excellent services provided particularly by very large PHNs and where CMOs have multiple PHNs to work with, in comparison to CMOs not being commissioned at all by their local PHN.

MHCC members particularly indicate that workers perceive significant variations in the resources, motivation, and culture of PHNs, resulting in “unacceptable” disparities across districts and unmet community needs.

Some PHNs working in remote areas excel in delivering culturally appropriate health services to Indigenous communities, focusing on cultural safety, improving health outcomes and reducing disparities. PHNs are also known for their work in older person’s mental health providing support and services to help older Australians maintain their health and independence.

Many PHNs are at the forefront of implementing digital health solutions, such as telehealth services and electronic health records, to improve access to care and streamline services.

Some PHNs have very effective Child and Adolescent Mental Health Services (CAMHS)[5]. These programs are crucial for supporting the mental health and emotional well-being of young people. They offer comprehensive care including assessment, treatment, and ongoing support for children and adolescents which includes individual therapy, family therapy, and group programs. The CAMHS model offers multidisciplinary teams delivered by a team of professionals such as child psychiatrists, psychologists, social workers, occupational therapists, and specialist nurses. This multidisciplinary approach ensures that young people receive holistic care tailored to their needs. CAMHS also emphasise the importance of involving families in care planning and treatment acknowledging that family support is crucial for the recovery and well-being of young people.

Specialist CAMHS programs are for example: "Getting on Track in Time" and “Got It! “- for early intervention in young children, and the Perinatal Infant Mental Health Service (PIMHS) for families affected by severe mental illness. Many CAMHS are community-based, providing care close to home and in familiar environments. This helps in reducing the stigma associated with mental health treatment and makes it more accessible. For complex presentations, CAMHS also provides crisis intervention and acute care services, ensuring that young people in urgent need receive timely and appropriate support.

1.5. What additional roles, if any, should PHNs take on—either broadly or in specific circumstances—to better address community needs?

PHNs need to consider their efforts as both different and appropriately complimentary to the work of NSW Health especially in relation to for example expanding their efforts in health promotion and education by conducting more outreach programs, workshops, and health fairs. This can help communities adopt healthier lifestyles and preventive measures. Likewise, by strengthening partnerships with local organisations, schools, and businesses PHNs could enhance the reach and impact of PHN programs. Collaborative efforts would likely lead to more comprehensive and integrated health services.

PHNs can play a more active role in working with their relevant State/Territory CMO peak in advocating for policies that address social determinants of health, such as housing, education, and employment. By influencing policy, they can help create environments that support better health outcomes.

PHNs could enhance crisis intervention capabilities, especially in a mental health and substance use context, to help PHNs respond more effectively to emergencies and provide timely support to those in need.

They could also more proactively conduct regular community health assessments to identify emerging health issues and tailor their programs to meet the specific needs of their communities.

By expanding the use of digital health technologies, such as telehealth and mobile health apps, PHNs could improve access to care, especially in remote and underserved areas. Similarly, by addressing environmental health issues, such as pollution and climate change, PHNs could protect communities from health risks associated with environmental factors.

1.6. Are there roles currently performed by PHNs that might be more effectively managed by other organisations? If so, why and how?

MHCC suggest that there are some roles currently performed by PHNs that might be more effectively managed by other organisations, such as community-managed mental health organisations (CMOs). A few examples are:

- CMOs often have more specialised expertise and resources for providing intensive mental health services, including support for severe mental health conditions and psychosocial supports and rehabilitation. These organisations can offer more tailored and comprehensive care compared to PHNs, which characteristically have a broader focus.

- Peer support programs, involving individuals with lived experience of mental health challenges providing support to others, can be more effectively managed by CMOs. They are often better able to train and support peer workers and integrate them into their service delivery culture and models.

- CMOs are often more adept at providing culturally appropriate services and engaging with specific communities, such as for First Nations and culturally and linguistically diverse groups. They can offer more personalised and relevant care that respects cultural practices and values.

- While PHNs can coordinate crisis services, mental health CMOs may be better positioned to provide immediate, on-the-ground crisis intervention and acute care in a safer community-based environment. CMOs operate from a trauma-informed recovery-oriented practice approach and often have the flexibility and specialised staff to respond quickly and effectively to mental health and other crises.

- Addressing the social determinants of health, such as housing and employment, can be more effectively managed by CMOs. Recent evaluations have clearly demonstrated the effectiveness of these services that can provide integrated support that addresses both mental health and social needs, and that keeps people safe and well in the community[6].

By collaborating with and supporting these specialised CMO support services, PHNs can focus on their strengths in coordination, integration, and primary care, while ensuring that individuals receive the most effective and appropriate services from the most appropriate service providers.

Feedback from MHCC members also suggests that PHN budgets should be overseen by a publicly transparent and independent body to ensure fair allocation of funds based on areas of need, and to prevent any inappropriate use of funding. Some members also report that they do not get equal opportunities in tendering because PHNs often stick to previously funded organisations that they know, leaving others out of the market.

Consultation Questions 2:

Program Governance

2. Is the governance of PHNs and the broader PHN Program appropriate, efficient and effective?

The governance of PHNs and the broader PHN Program is designed to be appropriate, efficient, and effective, but according to a recent audit "there are always areas for improvement"[7].

PHNs are governed by skills-based boards, which include Clinical Councils and Community Advisory Committees. These structures aim to ensure that PHNs have the necessary expertise and community input to make informed decisions.

The PHN Program Performance and Quality Framework outlines clear indicators and outcomes to measure the effectiveness and efficiency of PHNs. This framework helps ensure that PHNs are meeting their objectives and continuously improving. However, this framework needs updating.

PHNs are tasked with improving care coordination, and ensuring consumers receive the right care at the right time. This involves working closely with LHNs and other healthcare providers to create a seamless healthcare experience. This is not always achieved and is particularly patchy across regions where service access and workforce are limited.

PHNs receive operational, flexible, and program-specific funding, allowing them to address both national priorities and local health needs. This flexibility is crucial for tailoring services to the unique needs of their communities.

While the governance framework is reasonably robust, there are challenges such as ensuring consistent performance across all PHNs and adapting to changing healthcare needs. Continuous evaluation and stakeholder engagement are essential for addressing these challenges. Feedback from MHCC members particularly highlighted calls for the inclusion of lived experience representatives on Community Advisory Committees to ensure the needs of the affected communities are effectively represented.

Overall, the governance of PHNs is structured to be effective, but ongoing assessment and adaptation are necessary to meet evolving community needs.

PHN organisational governance

2.1. What challenges, if any, arise from PHNs operating as non-governmental organisations (NGOs)? Please provide examples and suggestions for addressing these challenges.

Operating as NGOs, PHNs face several challenges and opportunities, these include:

- Fluctuating Funding - NGOs often face fluctuations in funding, which can impact the sustainability of their programs and other services. Diversifying funding sources by seeking grants, partnerships, and community donations can help stabilise finances. Additionally, developing long-term funding strategies and maintaining strong relationships with funders are crucial.

- Human Resources - Attracting and retaining skilled staff can be difficult for NGOs due to limited resources and competition with other sectors and other states. Investing in staff development, offering competitive benefits, and creating a positive and sustainable work environment can help retain talent.

- Strategic Planning - NGOs may struggle with strategic planning due to limited expertise and resources. Ensuring the availability of ongoing training and capacity-building workshops for staff and board members can improve strategic planning skills. Collaborating with external consultants or advisors can also provide valuable insights and support.

- Community Engagement - Effectively engaging with diverse communities and understanding their unique needs can be challenging, especially when it is hard to employ workers with an understanding of those special needs. Building strong relationships with community leaders and stakeholders, conducting regular needs assessments, and involving the community in program design and implementation can improve engagement and relevance.

- Policy Influence - NGOs may have limited influence on policy decisions that affect their operations and the communities they serve. Strengthening advocacy efforts by forming coalitions with other organisations and their peak bodies, engaging in policy dialogues, and leveraging data and evidence to support their positions can enhance their influence, and assist them.

2.2. Are there specific issues or areas of concern related to PHN governance? What measures or improvements could be implemented to address these?

There are several specific issues and areas of concern related to the governance of PHNs. Here are some key challenges and potential ways to address them:

- Funding and Resource Allocation - Inconsistent and unpredictable funding can hinder long-term planning and program sustainability. Implementing multi-year funding agreements and diversifying funding sources can provide more stability. Additionally, transparent and equitable resource allocation processes can ensure that funds are directed where they are most needed.

- Stakeholder Engagement - Ensuring meaningful engagement with all stakeholders, including community members, healthcare providers, and other organisations, can be challenging. Establishing regular forums for stakeholder input, using participatory decision-making processes, and enhancing communication channels can improve engagement and ensure that diverse perspectives are considered.

- Accountability and Transparency - Maintaining high levels of accountability and transparency in decision-making and operations is crucial but can be difficult to achieve consistently. Strengthening governance frameworks with clear roles, responsibilities, and performance metrics can enhance accountability. Regular public reporting and independent audits can also increase transparency.

- Integration and Coordination - Effective integration and coordination of services across different sectors and providers can be complex. Developing integrated care models and fostering strong partnerships with Local Health Networks, CMOs and other stakeholders can improve

coordination. Utilising digital health tools to share information and streamline processes can also enhance integration.

- Capacity Building - Building and maintaining the capacity of PHN staff and governance bodies to effectively manage and deliver services is essential. Investing in ongoing training and professional development for staff and board members can enhance their skills and knowledge. Encouraging a culture of continuous improvement and learning can also support capacity building.

By addressing these issues through targeted measures, PHNs can strengthen their governance and improve their ability to meet community health needs effectively.

PHN Program governance

2.3. Are the processes currently used to measure and manage PHN performance sufficiently clear? Are there any challenges with these processes, and what potential improvements could be made?

A recent audit determined that the Department of Health and Ageing has failed to show the PHN model is delivering its objectives. It also found the IT system used to monitor the performance of Australia's PHNs "isn't up to scratch and called on Health to implement something that's fit for purpose. When it comes to performance management Health needs to lift its game, according to a new audit report in 2024" [8].

> "Health has not demonstrated that the PHN delivery model is achieving its objectives," the report by Auditor General Grant Hehir says.

The audit looked at whether Health is appropriately monitoring compliance and performance of individual PHNs, as well as the overall performance of the PHN delivery model. It concluded the department has only been partly effective in its performance management of PHNs. It also said that Health had no evaluation plans for the PHN delivery model after 2018, and hasn't conducted a comprehensive delivery model evaluation of the program,

> "A 2018 early implementation evaluation was inconclusive about the achievement of objectives at that early stage in the delivery model's implementation," and a "lack of baseline and relevant performance data impedes understanding of whether the delivery model has met its objectives."

The PHN delivery model was first implemented in 2015 and lacked an assurance framework until 2021, although specific guidance and tools to support assurance activity have been in place since 2016. An assurance strategy and schedule were established in 2022 and a risk management plan in 2023. The assurance framework establishes responsibilities for assurance activities including audits of individual PHNs[9].

There are several oversight bodies, although an Auditor-General Report on Performance Management of PHNs Operational Working Group was disbanded in 2022. Grant agreements with PHNs appropriately establish governance, acquittal, and performance reporting requirements. However, Health has not complied with Commonwealth Grant Rules and Guidelines requirements to publish on GrantConnect approximately $10 billion in grants awarded to PHNs[10].

Nevertheless, the auditor found compliance and assurance arrangements were largely fit for purpose, but assurance was weakened by record-keeping practices and a lack of public transparency. He also found performance measurement and reporting only partly fit for purpose, with public performance reporting neither timely nor informative.

Current Processes

- Performance and Quality Framework - The PHN Program Performance and Quality Framework outlines the indicators and outcomes used to measure PHN performance[11]. This framework helps ensure that PHNs are meeting their objectives across several priority areas.
- Annual Performance Reports - PHNs are required to submit annual performance reports, which are used to assess their progress and identify areas for improvement.
- Compliance and Assurance - The Department of Health and Aged Care monitors PHN compliance with grant agreements and ensures that PHNs adhere to the required standards and guidelines.

Challenges

- Data Quality and Consistency - Ensuring the accuracy and consistency of data collected from different PHNs can be challenging. Variations in data collection methods and reporting standards can affect the reliability of performance assessments.
- Outcome Measurement - Measuring long-term health outcomes and the impact of PHN programs can be complex. Some indicators may not fully capture the effectiveness of interventions or the broader impact on community health.
- Resource Constraints - Limited resources and funding can hinder the ability of PHNs to implement comprehensive performance measurement and management processes.

Potential Improvements

- Standardised Data Collection - Implementing standardised data collection and reporting methods across all PHNs can improve data quality and consistency. This can be supported by enhanced training and resources for PHN staff.
- Enhanced IT Systems - Upgrading IT systems for monitoring and reporting can streamline data management and improve the accuracy of performance assessments. This includes better integration of digital health tools and electronic health records.
- Regular Evaluations - Conducting regular, independent evaluations of PHN programs can provide valuable insights into their effectiveness and identify areas for improvement. These evaluations should include feedback from stakeholders and community members.
- Capacity Building - Investing in capacity building for PHN staff can enhance their skills in performance measurement and management. This includes training in data analysis, program evaluation, and quality improvement.

By addressing these challenges and implementing these improvements, the processes for measuring and managing PHN performance can become more effective and efficient.

Support for improvement

2.4. How could the Department support PHNs in enhancing capability and performance? What alternative bodies (whether current or conceptual) could further contribute to achieving these objectives?

Health established a program logic for the PHN delivery model in 2015, which was revised in 2018 and 2023. The 2018 program logic[12] contains most of the expected elements of a program logic and provides information about how the PHN delivery model will achieve outcomes. According to the 2024 audit, the 2023 program logic introduces new objectives for the PHN delivery model, lacks clarity and is not aligned with guidance on developing program logics.

Measures related to the mental health priority area, check compliance with grant agreement reporting and other requirements, and assess the quality of outputs or the achievement of outcomes. Performance measures contained in mental health grant agreements are useful and support the adoption of an 'outcomes orientation', as recommended by the Commonwealth Grants Rules and Guidelines. There is a performance framework which sets out 39 additional PHN 'performance' measures and 15 'organisational' measures. These measures are used to monitor individual PHNs' performance and, when aggregated, to conclude on the performance of the delivery model as a whole. Of the 39 performance measures, 20 measures are assessing something other than compliance with grant agreement requirements. These measures provide a basis for assessment over time; represent a mix of qualitative, quantitative, effectiveness and output measures; and mainly have targets.

However, the relevance of stated PHN delivery model objectives is sometimes unclear, and there is a reliance on unverified PHN-supplied data for some measures. Health planned to improve PHN performance measures by July 2023, however this was delayed to June 2024 (p.9). Feedback from MHCC members has suggested that the Department should establish consistent KPIs and expectations for PHNs to actively support priority populations, including people with disability.

Evidence has shown that Health's PHN performance reporting is not timely, complete or consistently useful. A publicly available PHN annual report has been produced for three of the five years that the PHN delivery model has been operational, and an annual report has been required. There is a lack of transparency, in that as at, December 2023, there is no performance information publicly available about 2021–22 or 2022–23.

Annual reports have been published years after the time period to which they apply. Health does not report against all the measures it has established, and published reports do not include analysis of financial information, the efficiency of PHNs, comparative analysis across PHNs or information on individual PHN performance. Some measures rely on secondary data that is unavailable. Annual reports partly rely on PHN self-reported performance information that is not always provided. Sufficient investment must be made available to ensure that data collection is built into the system so that reporting can occur as necessary to ensure performance objectives are met at both an organisational and program level[13].

A fit-for-purpose evaluation plan for the PHN delivery model was developed in 2015, which planned for evaluation activities up to December 2017. Despite a departmental evaluation strategy which indicates the importance of ongoing program monitoring and evaluation for new and high value policies or programs such as the PHN delivery model, there was no evaluation plan for the PHN delivery model after December 2017. A 2018 evaluation focused on the early implementation of the PHN delivery model. The PHN delivery model has not been comprehensively evaluated to determine whether it is meeting its objectives.

There have been 23 evaluations of pilot programs and time-limited grants provided through PHNs, however Health has not undertaken a consolidated review of findings from these evaluations to reach a conclusion about the effectiveness of the overall delivery model. An early implementation evaluation reported in 2018 was inconclusive about whether the PHN delivery model was achieving its objectives but stated there were early indications of progress towards achieving objectives. MHCC member feedback emphasised that the evaluation of services and programs should encompass all aspects of service delivery, including the participation of individuals who have exited programs early. Additionally, evaluations should not be conducted only at the end of a program, as this can bias the assessment of successful outcomes.

Although there has been some improvement between 2018–19 and 2020–21 in PHNs' average performance against some measures, no baseline data for these measures and the lack of relevant performance measures means that it is not possible to conclude if the PHN delivery model has met its objectives. Without effective data collection and evaluation processes in place it is difficult for PHNs to identify what program quality improvements are necessary and determine what capacity building initiatives should be introduced to enhance broad based improvements.

The Department of Health and Aged Care can support PHNs in enhancing capability and performance through several measures including:

Departmental Support

- Funding Stability - Provide multi-year funding agreements to ensure financial stability and enable long-term planning and sustainability. This reduces the uncertainty associated with annual funding cycles and allows PHNs to develop and sustain comprehensive programs.

- Capacity Building - Offer regular training and professional development opportunities for PHN staff and board members. This will enhance skills in areas such as data analysis, program evaluation, and strategic planning, leading to more effective service delivery.

- Technical Assistance - Provide technical support and resources for implementing digital health initiatives and integrated care models. This could improve the efficiency and effectiveness of health services through better use of technology and coordinated care.

- Performance Monitoring - Strengthen the Performance and Quality Framework[14] with clear, measurable indicators and regular feedback. This will ensure accountability and continuous improvement in PHN operations and outcomes.

- Stakeholder Engagement - Facilitate stronger partnerships between PHNs, LHNs, CMOs and other stakeholders including people with lived and living experience, their carers and kin. This will enhance collaboration and integration of services, leading to better health outcomes for communities.

Alternative Bodies

- Community-Managed Mental Health Organisations (CMOs) can provide specialised services, such as mental health support and health management, leveraging their expertise and community connections. They can complement PHN efforts by addressing specific health needs and engaging with hard-to-reach populations.

- Academic Institutions - Universities and research institutions can partner with PHNs to conduct health research, evaluate programs, and provide evidence-based recommendations. This collaboration can enhance the quality and effectiveness of PHN programs through rigorous research and innovation.

- Peak bodies - Organisations such as MHCC which is also a Registered Training Organisation can offer training, resources, and advocacy for PHNs. They are an industry-based training body that tailors training and education to the sector. They can support professional development and ensure that PHNs have access to the latest best practice approaches and policy updates.

- Private Sector Partnerships - Collaborations with private healthcare providers and technology companies can bring additional resources and expertise to PHNs. These partnerships can help implement advanced health technologies and innovative care models, improving service delivery and patient outcomes.

By leveraging these supports and partnerships, PHNs can enhance their capability and performance, ultimately leading to better health outcomes for the communities they serve.

Regional Planning, Communication and Engagement

Consultation Questions 3:

3. Does the PHN Program support regional planning, effective communication and engagement between relevant stakeholders?

Local collaboration partners

3.1. How do PHNs engage with stakeholders across primary and acute care sectors, including GPs, allied health providers, Local Hospital Networks (LHNs), state departments, and community services? What aspects of these engagement processes work well, and where could improvements be made?

In MHCC's view the PHN Program supports regional planning, effective communication, and engagement between relevant stakeholders, however we note the variability of this between and across PHNs in NSW. Some PHNs are very active, engaged and genuinely supportive in their partnerships while others are less so. Feedback from MHCC members highlights that people working in the CMO sector have experienced difficulties in engaging with PHNs due to perceived "differing and individualistic priorities" of the various PHNs.

Regional Planning

PHNs are required to develop regional health needs assessments and annual activity plans. These documents are aligned with national and state-based policy frameworks and are designed to address the specific health needs of their communities.
This regional planning process involves:

- Data Collection and Analysis - Gathering and analysing health data to identify priority areas and inform decision-making.

- Effective communication - Is critical for PHNs to coordinate care and integrate services. PHNs use various strategies to maintain clear and consistent communication with stakeholders, including:
  - Regular Meetings and Forums- Hosting regular meetings and forums with healthcare providers, community groups, and other stakeholders to discuss plans, share updates, and gather feedback.
  - Digital Platforms: Utilising digital platforms and tools to facilitate communication and information sharing among stakeholders.

- Stakeholder Engagement - PHNs are committed to engaging with a wide range of stakeholders to ensure that their programs and services are responsive to community needs. This includes:
  - Community Advisory Committees - Establishing committees that include representatives from the community to provide input and guidance on PHN activities.
  - Partnerships and Collaborations - Forming partnerships with LHNs, CMOs and other relevant bodies to enhance service delivery and address health disparities.

Challenges and Improvements

While the PHN Program has robust processes in place, there are challenges such as ensuring consistent engagement across all regions and effectively integrating feedback into planning and decision-making. Potential improvements include:

- Enhanced Training - Providing additional training for PHN staff on stakeholder engagement and communication strategies.
- Improved IT Systems - Upgrading IT systems to better support data collection, analysis, and information sharing.
- Regular Evaluations - Conducting regular evaluations of engagement processes to identify areas for improvement and ensure that stakeholder feedback is effectively incorporated.

By addressing these challenges and implementing these improvements, the PHN Program can further enhance its support for regional planning, communication, and stakeholder engagement.

3.2. What are the expectations of different stakeholder groups of PHN regional planning, engagement, and communication? Are these expectations currently met, and should there be minimum requirements to guide these activities?

Different stakeholder groups have varied expectations of PHN regional planning, engagement, and communication. MHCC suggest some key expectations and investigated from the literature whether they are currently met[15], along with suggestions for minimum requirements:

Stakeholder Expectations

- Healthcare Providers - Expect clear communication about regional health priorities, funding opportunities, and collaborative initiatives. This is usually met, but there can be inconsistencies in communication and engagement across different regions. To improve this, it would be necessary to establish standardised communication protocols and regular updates can enhance consistency. Feedback from MHCC members highlights the need for greater transparency in local funding allocations to enhance their understanding of the funding landscape and the rationale behind the decision-making. MHCC members further agree that minimum requirements and KPIs be set for regional planning, engagement, and communication.

- Community Members - Expect meaningful involvement in decision-making processes and transparency about how their input is used. This is sometimes met. While PHNs engage communities, feedback loops are sometimes weak, leading to a perception that input is not always acted upon. To improve engagement, implement clear feedback mechanisms and regularly report on how community input influences decisions can build trust.

- Local Hospital Networks (LHNs) – Expect effective coordination and integration of services to ensure seamless patient care. This is variably met with some regions having strong partnerships, while others face challenges in coordination. To bring about improvement, it would be necessary to develop formal agreements and joint planning sessions to strengthen collaboration.

- Government Bodies – Expect accountability and evidence of effective use of funds to improve health outcomes. This is generally met through performance and quality frameworks[16], but there is room for more rigorous evaluation. In order to improve evaluation processes enhancing performance metrics and conducting independent evaluations can ensure accountability[17].

Minimum Requirements

- Standardised Engagement Framework - This requires that all PHNs adopt a standardised stakeholder engagement framework that outlines clear processes for involving stakeholders in planning and decision-making The benefit of this is that it ensures consistency and transparency across all regions.

- Regular Reporting and Feedback - PHNs should provide regular reports on stakeholder engagement activities and outcomes, including how stakeholder input has been used. This will build trust and demonstrate accountability.

- Capacity Building – Requires ongoing training for PHN staff in stakeholder engagement and communication skills. This enhances the effectiveness of engagement activities and ensures staff are equipped to manage diverse stakeholder needs.

- Performance Metrics - Clear, measurable performance metrics for engagement and communication activities are necessary and should monitored. This provides a basis for evaluating the effectiveness of engagement efforts and identifying areas for improvement.

By addressing these expectations and implementing these minimum requirements, PHNs can enhance their regional planning, engagement, and communication efforts, ultimately leading to better health outcomes for their communities.

3.3. Are current PHN boundaries appropriately aligned with service delivery boundaries? Are there opportunities to adjust these boundaries to better support stakeholder consultation and engagement?

The alignment of PHN boundaries with service delivery boundaries is a complex issue. Currently, PHN boundaries are designed to align with LHNs and other regional health service boundaries to facilitate collaboration and reduce duplication of efforts. This alignment aims to improve the efficiency and effectiveness of health service delivery. However, there are ongoing discussions about the potential for adjusting these boundaries to better support stakeholder consultation and engagement. Opportunities for adjustment could include:

- Enhanced Collaboration - Adjusting boundaries to better align with community needs and local health service providers could foster stronger partnerships and more effective service delivery.
- Stakeholder Engagement - Redefining boundaries to include more relevant stakeholders could improve consultation processes, ensuring that all voices are heard and considered in decision-making.
- Flexibility and Responsiveness - Creating more flexible boundaries that can adapt to changing health needs and demographics could enhance the responsiveness of PHNs to emerging health challenges.

These adjustments could help PHNs better meet the needs of their communities and improve overall health outcomes.

PHN Clinical Council and Community Advisory Committee

3.4. How do PHNs establish and use Clinical Committees and Community Advisory Councils? What factors contribute to their effectiveness, and are there areas for improvement?

PHNs establish Clinical Committees and Community Advisory Councils to ensure local engagement and input into decision-making processes.

They typically operate as follows:

Establishment and Use

- Clinical Committees - These are usually led by GPs and other healthcare professionals. Their role is to provide clinical leadership and guidance to the PHN, ensuring that health services are aligned with clinical best practices and local health needs.
- Community Advisory Councils - These councils include community members and representatives from various local organisations. Their purpose is to ensure that the community's voice is heard in the planning and delivery of health services.

Factors Contributing to Effectiveness

Several factors contribute to the effectiveness of these committees and councils:

- Diverse Representation - Including a wide range of stakeholders, such as healthcare providers, patients, and community leaders, ensures that different perspectives are considered.
- Clear Objectives and Roles - Clearly defined goals and responsibilities help members understand their roles and contribute effectively.
- Regular Communication - Ongoing communication between the committees, councils, and the PHN board helps maintain alignment and address issues promptly.
- Support and Training - Providing members with the necessary training and resources enhances their ability to contribute meaningfully.

Areas for Improvement

While these structures are generally effective, there are areas where improvements can be made:

- Engagement with CMO and Consumer and Carer Peaks: Active membership (where relevant, and engagement of the state/territory CMO peaks and the consumer and carer peaks.
- Enhanced Collaboration - Strengthening collaboration between neighbouring PHNs can help address cross-border health issues more effectively.
- Increased Flexibility - Allowing for more flexible meeting schedules and formats can accommodate the diverse needs of committee and council members.
- Greater Community Engagement - Expanding outreach efforts to include more community members and underrepresented groups can ensure a broader range of voices are heard.

By focusing on these areas, PHNs can further enhance the effectiveness of their Clinical Committees and Community Advisory Councils, ultimately leading to better health outcomes for their communities.

Measuring effective collaboration

3.5. How should PHNs assess whether their collaborations with stakeholders are effective and result in measurable improvements in health outcomes and other key performance indicators? What tools, metrics, or approaches could support this evaluation?

Assessing the effectiveness of collaborations between PHNs and stakeholders involves evaluating both the process and outcomes of these partnerships. Here are some key steps and tools that can support this evaluation:

Steps to Assess Collaboration Effectiveness

- Define Clear Objectives - Establish specific, measurable goals for the collaboration, such as improved health outcomes, increased access to services, or enhanced stakeholder engagement.
- Develop Evaluation Frameworks - Use frameworks that outline the inputs, activities, outputs, and outcomes of the collaboration. This helps in systematically assessing each component.

- Collect Data - Gather quantitative and qualitative data through surveys, interviews, and health records to measure progress against the set objectives.
- Analyse Outcomes - Compare the collected data against baseline measurements to determine the impact of the collaboration on health outcomes and other key performance indicators.
- Engage Stakeholders - Involve stakeholders in the evaluation process to ensure their perspectives and experiences are considered.

Feedback from MHCC members recommends that collected data should be reported to and analysed by an independent body to ensure objective assessment of health outcomes.

Tools and Metrics

- Complexity-Aware Monitoring (CAM) - This includes methods like social network analysis and outcome mapping to understand the dynamics and impacts of collaborations.
- Key Performance Indicators (KPIs) - Use specific KPIs related to health outcomes, service delivery efficiency, patient satisfaction, and stakeholder engagement.
- Surveys and Interviews- Regularly conduct surveys and interviews with stakeholders to gather feedback on the collaboration process and outcomes**.**
- Health Outcome Metrics -Track metrics such as hospitalisation rates, disease prevalence, and patient health improvements to measure the direct impact on health.
- Cost-Benefit Analysis - Evaluate the financial aspects of the collaboration to ensure it provides value for money and efficient use of resources.

Feedback from MHCC members particularly calls for targeting relevant peak bodies through stakeholder surveys and interviews.

Areas for Improvement

- Enhanced Data Sharing - Improve data sharing mechanisms between PHNs and stakeholders to ensure timely and accurate information flow.
- Continuous Feedback Loops- Establish continuous feedback mechanisms to regularly assess and adjust the collaboration strategies based on real-time data.
- Capacity Building- Invest in training and resources for stakeholders to enhance their ability to contribute effectively to the collaboration.

By implementing these steps and utilising these tools, PHNs can better assess the effectiveness of their collaborations and make informed decisions to improve health outcomes and stakeholder engagement.

PHN Program Funding Arrangements

PHN's are managed by the Australian Government through grant funding arrangements[18]. Funding includes a combination of core and individual program schedules, totalling $1.6 billion across the network in 2023-24. In addition, PHNs also receive funding from other sources such as state governments and philanthropic organisations. PHNs are regulated under the Australian Charities and Not-for-profit Commission (ACNC) and must follow the Commonwealth Grant Rules and Guidelines under the *Public Governance, Performance and Accountability Act* 2013.

Consultation Questions 4:

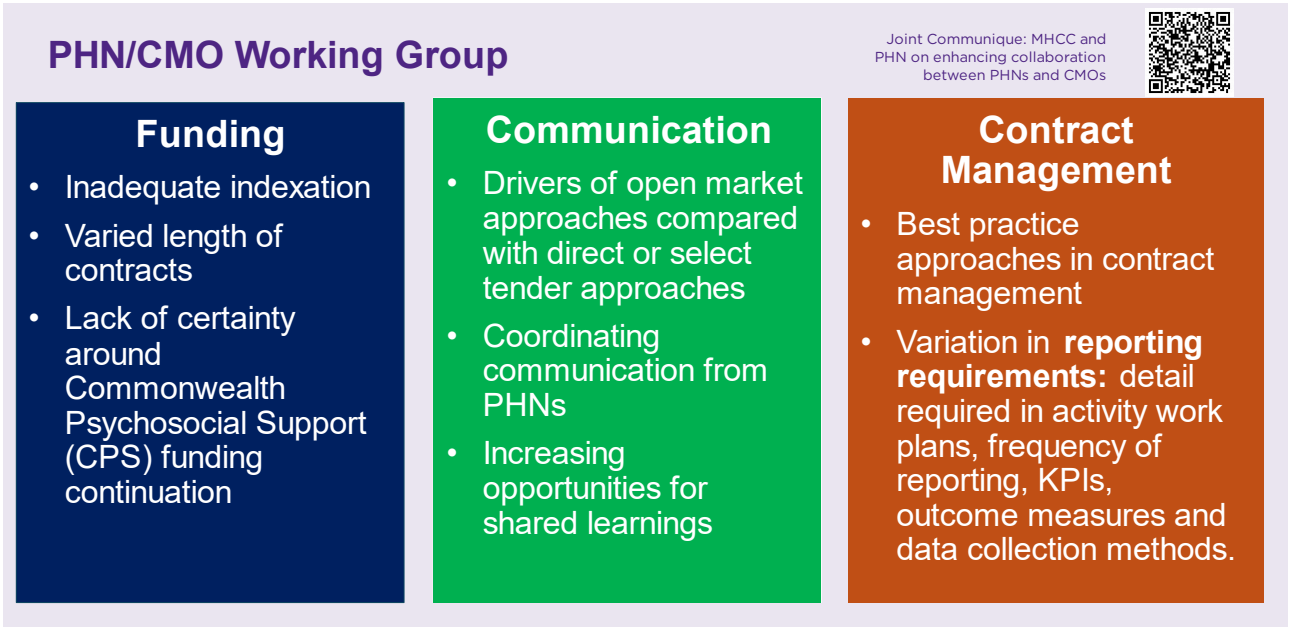
4. Do the current PHN Program funding arrangements support effective delivery of the objectives?

Funding model

4.1. Does the current level of flexibility in PHN funding effectively support the delivery of locally relevant solutions? What changes, if any, could enhance this flexibility while ensuring alignment with nationally consistent health priorities?

The current level of flexibility in PHN funding does partially support the delivery of locally relevant solutions. PHNs receive a mix of operational, flexible, and program-based funding, which allows them to address specific local health needs while aligning with national health priorities. However, there are opportunities to enhance this flexibility further.

In NSW PHNs provide funding to CMOs for the delivery of a range of health and community services including mental health programs and supports in the community. The NSW/ACT PHNs and CMOs have endeavoured to enhance collaboration between PHNs and the sector by identifying a need for open communication and to explore opportunities and challenges together to deliver the best possible outcomes for the community. In May 2023 a working group was established, and an initial workshop was conducted to provide a platform to discuss and address issues pertinent to the sector. The group meets quarterly to drive progress on key issues in its workplan with regular communiques released to keep the sector informed.



Current Flexibility and Its Effectiveness

- Operational Funding - This covers the basic administrative and operational costs of PHNs, ensuring they can function effectively.
- Flexible Funding - This allows PHNs to respond to local health needs and priorities, such as addressing specific community health issues or supporting innovative health programs.
- Program-Based Funding -This is allocated for specific national health priorities and programs, ensuring consistency across Australia.

Enhancing Flexibility

To better support the delivery of locally relevant solutions while maintaining alignment with national priorities, the following changes could be considered:

- Increased Proportion of Flexible Funding -Allocating a larger portion of funding as flexible funding would allow PHNs to tailor their services more closely to local needs.
- Outcome-Based Funding Models - Implementing funding models that reward PHNs based on health outcomes rather than specific activities could encourage more innovative and effective local solutions.
- Streamlined Reporting Requirements- Simplifying reporting requirements for PHNs could reduce administrative burdens and allow them to focus more on service delivery.
- Enhanced Collaboration Mechanisms - Encouraging greater collaboration between PHNs and other local health service providers can help address cross-border health issues and share best practices.
- Regular Review and Adjustment - Periodically reviewing and adjusting funding allocations based on changing local health needs and outcomes can ensure that PHNs remain responsive and effective.

By implementing these changes, PHNs can enhance their ability to deliver locally relevant health solutions while still aligning with nationally consistent health priorities.

4.2. Are there opportunities to streamline core activities or deliver them more efficiently, such as through shared service arrangements or similar models?

There are several opportunities for PHNs to streamline core activities and deliver them more efficiently through shared service arrangements and similar models. Some key approaches that could be considered are:

Shared Service Arrangements

- Administrative Functions - PHNs can share administrative services such as HR, finance, and IT support. This reduces duplication and allows PHNs to focus more on core health service delivery.
- Procurement and Supply Chain - Joint procurement initiatives can lead to cost savings and improved supply chain efficiency. By pooling resources, PHNs can negotiate better terms with suppliers.
- Data Management and Analytics - Shared data platforms and analytics services can enhance the ability to track health outcomes and identify trends across different regions.

Efficiency Improvements

- Standardised Processes - Implementing standardised processes across PHNs can reduce variability and improve efficiency. This includes clinical protocols, reporting procedures, and patient management systems.
- Telehealth and Digital Health Solutions - Expanding the use of telehealth and other digital health solutions can improve access to care and reduce the need for physical infrastructure.
- Collaborative Training Programs - Joint training and professional development programs for staff can ensure consistent quality of care and reduce training costs.

Factors for Success

- Strong Governance - Effective governance structures are essential to manage shared services and ensure accountability.
- Stakeholder Engagement - Engaging stakeholders, including healthcare providers and community members, in the planning and implementation of shared services ensures that the solutions meet local needs.
- Continuous Improvement - Regularly reviewing and refining shared service arrangements based on feedback and performance data helps maintain their effectiveness.

By adopting these approaches, PHNs could streamline their operations, reduce costs, and improve the quality of care they provide.

Operational experience of the funding approach

4.3. Do current funding arrangements create challenges for service delivery? If so, what changes could be made to address these issues and improve outcomes?

Existing funding arrangements can create significant challenges for service delivery. There are some key issues and potential changes that could improve outcomes:

Challenges

- Complexity and Fragmentation - The healthcare system often involves multiple funders, including federal, state, and private entities. This complexity can lead to inefficiencies, duplication of services, and gaps in care.
- Reporting and Accountability – The multiple funding system needs to be streamlined to ensure that gaps are addressed, outcomes are evaluated, and that accountability includes sharing information to avoid duplication and enhance care coordination.
- Inadequate Incentives for Preventive Care - Current funding models often prioritise acute care over preventive measures and other support services, which can lead to higher long-term costs and poorer health outcomes.
- Workforce Shortages - Nonprofit and public sectors face labour shortages, making it difficult to meet the increasing demand for services.
- Unpredictable Funding - Variability in state and federal funding can create uncertainty, making it hard for organisations to plan and deliver consistent services.

Potential Changes

- Simplifying Funding Models - Moving towards a single-payer system or more streamlined funding arrangements could reduce complexity and improve care coordination.
- Incentivising Preventive Care - Adjusting funding models to prioritise preventive care and management of chronic conditions could improve long-term health outcomes and reduce costs.
- Increasing Investment in Workforce Development - Governments and funders could increase investments in training, recruitment, and retention strategies to address labour shortages.
- Stabilising Funding Streams - Ensuring more predictable and stable funding from government sources could help organisations plan better and deliver more consistent services.

Addressing these challenges requires a coordinated effort from all stakeholders, including government, and service providers.

Mental Health Flexible Funding Stream

The PHN Mental Health Flexible Funding Stream (MHFFS) was introduced in 2016 and subsequently expanded as part of the Australian Government's broader reforms to mental health care. It aims to enable PHNs to commission tailored, regionally appropriate mental health services that address the unique needs of their local communities. The funding stream supports a stepped-care approach, emphasising flexibility in delivering services across a continuum of mental health needs, from early intervention to acute care.

Consultation Questions 5:

5. What is the role of PHNs in commissioning services through the mental health flexible funding stream within the mental health and suicide prevention system, and how effective has it been? How could that role evolve to be more efficient and effective?

Role within the mental health system

5.1. How has the landscape of mental health and suicide prevention system changed since the introduction of the Mental Health Flexible Funding Stream (MHFFS) in 2016? Please provide the key changes based on evidence or policy changes relevant to your organisation.

Since the introduction of the Mental Health Flexible Funding Stream (MHFFS) in 2016, there have been several notable changes in the landscape of mental health and suicide prevention systems:

Key Changes

- Increased Flexibility in Funding -The MHFFS allowed for more adaptable funding arrangements, enabling service providers to tailor their programs to better meet local needs. This flexibility has led to more innovative and responsive mental health services.

- Enhanced Focus on Community-Based Care - There has been a shift towards mental health community-based and CMO services, reducing reliance on hospital-based care. This change aims to provide more accessible and preventive care, which can help in early intervention and reduce the burden on acute care facilities.

- Improved Coordination and Integration - The funding stream has encouraged better coordination between different service providers, including primary care, mental health services, and social services. This integration is crucial for providing wrap-around services to individuals with complex needs.

- Emphasis on Suicide Prevention - Specific funding has been allocated to suicide prevention programs, leading to the development of targeted interventions and support services. These programs focus on high-risk groups and aim to reduce the incidence of suicide through early identification and intervention.

- Data-Driven Approaches - There has been a greater emphasis on using data to inform policy and practice. This includes tracking outcomes and using evidence-based practices to improve service delivery and effectiveness.

5.2. What further changes in mental health and suicide prevention system do you predict, and how could the role of the MHFFS adapt to support these changes effectively?

The future of mental health and suicide prevention is poised for significant advancements, driven by evolving societal needs, technological innovations, and a deeper understanding of mental health. Here are some key predictions and how the Mental Health Flexible Funding Stream (MHFFS) could adapt to support these changes effectively:

Predicted Changes in Mental Health and Suicide Prevention

- Community-Based Prevention - There will likely be a stronger emphasis on community-based prevention strategies, integrating mental health support into everyday settings like schools, workplaces, and community centres. MHFFS can allocate funds to expand community-based initiatives, providing training and resources to local leaders and organisations.

- Technological Integration - The use of technology, including telehealth, mental health apps, and AI-driven tools, will become more prevalent in providing accessible mental health care. MHFFS can invest in and promote the use of these technologies, ensuring they are accessible to all demographics, especially underserved populations.

- Holistic and Integrated Care Models - There will likely be a shift towards holistic care models that integrate mental health with physical health, social services, and substance use treatment. MHFFS can develop integrated care pathways that coordinate services across different sectors, ensuring a more comprehensive approach to mental health care.

- Focus on Health Equity - Addressing health disparities will become a central focus, with targeted strategies to support historically marginalised communities. MHFFS can implement equity-centred frameworks and ensure that all programs are inclusive and culturally sensitive, actively working to reduce barriers to care.

- Data-Driven Approaches - The use of data and research to inform policy and practice will increase, with a focus on real-time data collection and analysis. MHFFS can enhance its data collection and analysis capabilities, using this information to continuously improve services and outcomes.

Adapting the Role of MHFFS

To effectively support these changes, MHFFS can:

- Expand Training and Education - Provide ongoing training for staff and community partners on the latest mental health practices and technologies.
- Strengthen Partnerships - Collaborate with other health and social service organizations to create a seamless network of support.
- Advocate for Policy Change - Work with policymakers to advocate for laws and regulations that support mental health initiatives and reduce stigma.
- Increase Accessibility - Ensure that services are accessible to all, including through the use of technology and by addressing social determinants of health.
- Engage Communities - Involve community members in the design and implementation of programs to ensure they meet local needs and are culturally appropriate.

By adapting to these predicted changes, MHFFS can play a crucial role in advancing mental health and suicide prevention efforts, ultimately leading to better outcomes for individuals and communities.

5.3. What challenges do PHNs face in delivering their role within the mental health and suicide prevention system? How can these challenges be addressed to improve outcomes?

PHNs face several challenges in delivering their role within the mental health and suicide prevention system. Here are some of the key challenges and potential strategies to address them[19]:

Challenges

- Fragmentation and Siloing of Services - Mental health services are often fragmented, with poor integration between different service providers and sectors. This can lead to gaps in care, making it difficult for individuals to navigate the system and receive comprehensive support.

- Workforce Shortages and Training - There is a shortage of trained mental health professionals, and existing staff may lack sufficient training in mental health literacy. This can result in inadequate care and support for individuals living with mental health challenges.

- Funding Constraints - Limited and inconsistent funding can hinder the ability of PHNs to implement and sustain effective mental health programs. This can affect the availability and quality of services provided.

- Data and Evaluation Limitations - There is often a lack of real-time data and robust evaluation mechanisms to inform policy and practice. This can impede the ability to measure outcomes and make evidence-based improvements.

- Stigma and Cultural Barriers - Stigma around mental health and cultural barriers can prevent individuals from seeking help. This can lead to underutilisation of available services and poorer mental health outcomes.

Strategies to Address Challenges

- Enhancing Integration and Coordination - Develop integrated care models that facilitate collaboration between different service providers, including mental health, physical health, and social services. This will lead to an improved continuity of care and easier navigation for individuals seeking support.

- Investing in Workforce Development - Increase funding for training programs to enhance the skills of existing staff and attract new professionals to the field. This will foster a more knowledgeable and capable workforce, leading to better care for individuals with mental health issues.

- Securing Sustainable Funding - Advocate for commitment for consistent and adequate funding from government and other sources to support long-term mental health initiatives. The outcome will be to establish more stable and reliable services for individuals in need.

- Improving Data Collection and Evaluation - Implement advanced data collection and analysis systems to monitor service delivery and outcomes in real-time. This will enhance the ability to make data-driven decisions and continuously improve services.

- Addressing Stigma and Cultural Sensitivity - Launch public awareness campaigns and provide culturally sensitive training for staff to reduce stigma and improve accessibility. This will result in an increased utilisation of mental health services and better engagement with diverse communities.

By addressing these challenges through targeted strategies, PHNs can improve their effectiveness in delivering mental health and suicide prevention services, ultimately leading to better outcomes for individuals and communities.

5.4. How does your PHN currently coordinate services and referral pathways across the stepped care continuum? How could this evolve in the future?

PHNs typically coordinate services and referral pathways across the stepped care continuum by:

- Assessment and Triage - Using standardised tools to assess patient needs and determine the appropriate level of care.
- Service Integration - Collaborating with various healthcare providers, including GPs, mental health services, and CMOs, to ensure seamless service delivery.
- Referral Pathways - Establishing clear referral pathways to guide patients through different levels of care, from low-intensity interventions to specialised services.
- Care Coordination - Employing care coordinators or peer navigators to support consumers in navigating the healthcare system and accessing the services their want and need[20].
- Data Sharing: Utilising health information systems to share consumer data securely among providers, ensuring informed consent and continuity of care.

In the future, this coordination could evolve through:

- Enhanced Digital Health Solutions - Implementing advanced digital tools like telehealth, electronic health records, and AI-driven decision support systems to streamline referrals and care coordination.
- Personalised Care Plans - Leveraging data analytics to create more personalised care plans based on individual consumer aspirations, needs and outcomes.
- Integrated Models of Care - Developing more integrated models that bring together physical and mental health services, together with social inclusion initiatives under one umbrella.
- Community Engagement - Increasing community engagement and partnerships to address social determinants of health and improve access to care and supports.
- Continuous Improvement - Adopting continuous quality improvement processes to regularly evaluate and enhance service delivery and consumer and family outcomes.

Operational experience of the Mental Health Flexible Funding Stream (MHFFS)

5.5. Does the current funding allocation under the MHFFS support PHNs in meeting the objectives of the program? Have any challenges appeared over time as community needs and priorities have evolved?

The current funding allocation under the Mental Health Flexible Funding Stream does support PHNs in meeting the objectives of the program by enabling them to commission primary mental health care services for people with severe mental illness[21]. This includes high-intensity psychological services and clinical care coordination, which are crucial for addressing both mental and physical health needs. Nevertheless, several challenges have emerged over time as community needs and priorities have evolved:

- Access and Affordability - Many individuals still face difficulties accessing mental health services due to a shortage of providers and high costs[22].
- Evolving Community Needs - As mental health issues become more complex and widespread, the demand for services often outpaces the available resources.
- Integration of Services - Ensuring seamless integration between primary care, specialist services, and community support remains a significant challenge.
- Funding Flexibility - There is a need for more flexible funding to adapt to changing community needs and to support innovative approaches to mental health care[23].

Addressing these challenges will require ongoing adjustments to funding models, increased investment in mental health services, and enhanced collaboration between various stakeholders.

5.6. What changes to the funding allocation under the MHFFS could better support PHNs in addressing evolving needs and achieving program objectives effectively?

To better support PHNs in addressing evolving needs and achieving program objectives effectively, several changes to the funding allocation under the Mental Health Flexible Funding Stream could be considered:

- Increased Flexibility - Allowing PHNs more discretion in how they allocate funds can enable them to respond more swiftly to local mental health needs and emerging issues. This could include the ability to reallocate funds between different programs or services as needed.

- Outcome-Based Funding - Shifting towards an outcome-based funding model can incentivise PHNs to focus on achieving specific mental health outcomes. This approach can help ensure that funding is directed towards programs that demonstrate effectiveness and impact.

- Enhanced Data Collection and Reporting - Improving data collection and reporting requirements can help PHNs better understand the needs of their communities and the effectiveness of their programs. This data can inform future funding decisions and program adjustments.

- Capacity Building - Allocating funds specifically for capacity building can help PHNs develop the skills and infrastructure needed to deliver high-quality mental health services. This could include training for staff, investment in technology, and development of partnerships with other health and social services.

- Community Engagement - Encouraging PHNs to engage more with their communities can help ensure that services are tailored to local needs. This could involve funding for community consultations, partnerships with local organisations, and initiatives that promote mental health awareness and stigma reduction.

- Integrated Care Models - Supporting integrated care models that combine mental health services with primary care can improve access to comprehensive care. This approach can help address the complex needs of individuals with co-occurring mental health and physical health conditions.

5.7. Do service providers experience challenges in delivering mental health services under the MHFFS? If so, what are these challenges, and how could they be resolved?

We understand that service providers do experience several challenges in delivering mental health services under the Mental Health Flexible Funding Stream. Some of the key challenges and potential solutions are:

Challenges

- Lack of Appropriate Human Resources and Expertise - There is often a shortage of trained mental health professionals, which can limit the capacity to deliver services effectively. Investing in training programs and incentives to attract and retain mental health professionals across all disciplines including support and peer workers can help address this issue. Additionally, leveraging digital health services can expand access to care, especially in underserved areas.

- Cultural Appropriateness of Services - Services may not always be culturally appropriate or sensitive to the diverse needs of the community. Engaging with local communities to develop culturally tailored interventions and employing a diverse and peer workforce that reflects the community can improve service delivery[24].

- Integration with Existing Health Systems - Difficulties in integrating mental health services with existing health systems can lead to fragmented care. Promoting integrated care models that combine mental health services with primary care and CMO mental health services can enhance coordination and continuity of care[25].

- Funding Flexibility - Rigid funding structures can limit the ability of service providers to adapt to changing needs, innovate and respond to local need. Increasing the flexibility of funding allocations can allow providers to respond more dynamically to emerging needs and explore new models of care.

- Data Collection and Reporting - Inadequate data collection and reporting mechanisms can hinder the ability to measure outcomes and improve services. Enhancing data collection and reporting systems can provide better insights into service effectiveness and inform future funding and program decisions.

Potential Solutions

- Capacity Building - Allocating funds specifically for capacity building can help service providers acquire knowledge and develop the necessary skills and infrastructure to deliver high-quality mental health services.

- Community Engagement - Encouraging service providers to engage more with their communities can ensure that services are tailored to meet local needs and increase community buy-in.

- Outcome-Based Funding - Shifting towards an outcome-based funding model can incentivise providers to focus on achieving specific mental health outcomes, ensuring that funding is directed towards effective programs.

- Research Funding – allocate funds to initiate translational research as integral to all program delivery, ensuring evaluation of outcomes and not just focusing on outputs.

Addressing these challenges through targeted solutions can help improve the delivery of mental health services and better meet the needs of the community.

Concluding comment

MHCC thanks the Department of Health and Aged Care for the opportunity to share the evidence we have scoped from the literature as well as from discussions with the NSW PHN Working Group and the broader CMO mental health sector and PHNs about their experiences and perspectives, in addition to comments and ideas gathered from members through a survey.

Please feel free to connect to discuss any details about the issues raised in this paper and future related consultation topics.

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Appendix 1 – Recommendations

Recommendations 1 & 1.1 - These recommendations aim to enhance the clarity of roles and increase the effectiveness and responsiveness of PHNs as the policy and service delivery environment evolves over time.

1. **Evolve PHN Roles**: Adapt PHN roles to address broader challenges in mental health service delivery, with a focus on integrated care and meeting unmet needs, particularly in relation to psychosocial disability.
2. **Respond to Local Needs**: Identify service gaps and commission services to address local needs, developing care pathways and facilitating communication between healthcare providers.
3. **Focus on Aged Care and Mental Health Challenges**: As the population ages, increase the emphasis on addressing the mental health needs of older persons inadequately covered by the aged care system.
4. **Support Health Providers**: Enhance support for General Practice, other health providers, and particularly mental health community-managed organisations (CMOs) through training, resources, and practice improvement initiatives.
5. **Adhere to National Standards**: Operate within a framework of national standards and guidelines to ensure consistency in service quality and delivery across services and regions.
6. **Implement Performance Measures**: Use nationally consistent performance measures and reporting frameworks and guidelines to monitor performance, evaluate effectiveness, and ensure accountability and continuous improvement.
7. **Balance Flexibility and Consistency**: Maintain flexibility to tailor services to local needs, ensuring local insights are incorporated without compromising consistency and quality.
8. **Regular Reviews**: Conduct regular reviews of local and national performance data to identify areas for adjustment, balancing local insights with national consistency.
9. **Inclusive Decision-Making**: Involve a broad range of stakeholders, including local communities, healthcare providers, and national bodies, in decision-making processes to ensure both local and national perspectives are considered.

Recommendations 1.2 - These recommendations aim to enhance the integration, effectiveness, and responsiveness of PHNs as well as align with changing objectives in delivering and supporting health services in the future.

1. **Enhance Integration**: Foster partnerships with Local Health Networks (LHNs), Local Health Districts (LHDs), and Community Managed Organisations (CMOs) to create a more cohesive and efficient healthcare system which will address the existing variability in engagement and integration across PHNs.
2. **System Transformation**: Implement innovative models of care and leverage technology to improve service delivery and consumer outcomes, contributing to a more integrated and effective healthcare system.
3. **Innovative Commissioning**: Adopt strategic and outcome-focused approaches to commissioning services tailored to the specific health needs of local populations.
4. **Capacity Building**: Emphasise capacity building through education, training, and support to improve care coordination and patient outcomes.

5. **Person-Centred Care**: Focus on delivering person-centred and person-led care, ensuring services are tailored to individual needs. Strengthen efforts to work with Aboriginal and Torres Strait Islander services and other diverse communities to improve health outcomes and reduce inequalities.
6. **Membership and Collaboration**: Encourage all NSW PHNs to become members of MHCC and replicate this membership for all state and territory PHNs with their relevant CMO peak. Consider making peak membership a requirement in funding agreements, including membership to relevant consumer/carer peak bodies.

Recommendations 1.3 - These recommendations highlight the vital role that PHNs play in enhancing the quality and efficiency of healthcare delivery, ultimately leading to better health and wellbeing in communities.

1. **Enhance Coordinated Care**: Ensure that consumers, especially those with severe mental health challenges have comprehensive care plans tailored to their needs and receive coordinated care across different healthcare providers.
2. **Focus on Preventive Care**: Emphasise preventive care and effective management of chronic conditions to reduce hospital admissions and readmissions, thereby ensuring better consumer outcomes and saving significant healthcare costs.
3. **Promote Prevention and Early Intervention**: Conduct outreach programs, workshops, health events, forums, and seminars to disseminate information on healthy lifestyles and preventive measures.
4. **Identify and Fill Gaps**: Identify gaps in services and work to fill these gaps by commissioning necessary services, ensuring better access to essential mental health supports and preventive care programs and related healthcare services.
5. **Utilise Data for Quality Improvement**: Collect and analyse data to identify trends and issues within communities and use this information to develop and implement quality improvement plans for better health outcomes.

Recommendations 1.4 – These recommendations highlight areas where PHNs can excel and be recognised as national leaders in delivering high-quality healthcare services.

1. **Innovative Mental Health Programs:** Develop and implement early intervention, integrated care, and support programs for people living with severe mental health challenges. This includes in relation to managing health difficulties related to mental health and treatment, resulting in for example: diabetes, heart disease, weight problems, and respiratory illnesses.
2. **Address Discrepancies Among PHNs:** Work towards reducing discrepancies in engagement, responsiveness, activities, and outcomes among different PHNs. Ensure that all CMOs have equitable opportunities to be commissioned by their local PHNs.
3. **Culturally Appropriate Health Services:** Focus on delivering culturally appropriate health services to Indigenous communities, emphasising cultural safety, improving health outcomes, and reducing disparities.
4. **Support for Older Adults:** Provide support and services to help older Australians maintain their health and independence, particularly in the area of mental health.
5. **Digital Health Solutions:** Implement digital health solutions, such as telehealth services and electronic health records, to improve access to care and streamline services.

6. **Child and Adolescent Mental Health Services (CAMHS):** Develop and support CAMHS programs that offer more comprehensive care, including assessment, treatment, and ongoing support for children and adolescents. Ensure these programs involve multidisciplinary teams and emphasise family involvement in care planning and treatment.
7. **Specialist CAMHS Programs:** Promote and expand specialist CAMHS programs like "Getting on Track in Time" and “Got It!” for early intervention in young children, and the Perinatal Infant Mental Health Service (PIMHS) for families affected by severe mental illness.
8. **Community-Based Care:** Ensure that CAMHS are community-based, providing more accessible care close to home and in familiar environments to reduce the stigma associated with mental health treatment.
9. **Crisis Intervention and Acute Care:** Provide crisis intervention and acute care services that understand complex needs, ensuring that young people in urgent need receive timely and appropriate support.

Recommendation 1.5 – These recommendations suggest additional roles that PHNs could take on to better address community needs and enhance their impact.

1. **Expand Health Promotion and Education**: Conduct more outreach programs, workshops, and health fairs to help communities adopt healthier lifestyles and preventive measures.
2. **Strengthen Partnerships**: Enhance partnerships with local organisations, schools, and businesses to increase the reach and impact of PHN programs, leading to more comprehensive and integrated health services.
3. **Advocate for Policies Addressing Social Determinants of Health**: Play a more active role in advocating for policies that integrate housing, education, and employment to create environments that better support health outcomes.
4. **Enhance Crisis Intervention Capabilities**: Improve crisis intervention capabilities, especially in mental health and substance use contexts, and help them to respond more effectively to emergencies and provide more timely support.
5. **Conduct Regular Community Health Assessments**: Proactively conduct regular community health assessments to identify emerging health issues and tailor programs to meet the specific needs of diverse communities.
6. **Expand Digital Health Technologies**: Increase the use of digital health technologies, such as telehealth and mobile health apps, to improve access to care, especially in remote and underserved areas.
7. **Address Environmental Health Issues**: Focus on addressing environmental health issues, such as pollution and climate change, to protect communities from physical and mental health risks associated with environmental factors.

Recommendations 1.6 – These recommendations propose that certain roles currently performed by PHNs might be more effectively managed by CMOs, allowing PHNs to concentrate on their core strengths and improve overall service delivery.

1. **Leverage Expertise of CMOs**: Delegate intensive mental health services, including support for severe mental health conditions and psychosocial supports, to CMOs that have specialised practice expertise and resources.
2. **Enhance Peer Support Programs**: Allow CMOs to manage peer support programs, as they are better equipped to train and support peer workers and integrate peers into service delivery models.

3. **Provide Culturally Appropriate Services**: Engage CMOs to deliver culturally appropriate and more personalised and relevant care services for specific communities, such as First Nations and culturally and linguistically diverse groups.
4. **Improve Crisis Intervention**: Enable CMOs to provide immediate, on-the-ground crisis intervention and acute care, leveraging off their trauma-informed, recovery-oriented practice approach and skilled workforce.
5. **Address Social Determinants of Health**: Assign CMOs to manage more services that address the social determinants of health, such as housing and employment, to provide more integrated support for both mental health and social needs.
6. **Collaborate with CMOs**: PHNs should collaborate with and support specialised CMO services, focusing on their strengths in coordination, integration, and primary care, while ensuring individuals receive the most effective and appropriate services from the most suitable providers.

Recommendation 2 - These recommendations suggest ways to enhance the governance of PHNs to better address community needs and improve overall effectiveness.

1. **Update the Performance and Quality Framework**: Revise the PHN Program Performance and Quality Framework to ensure it remains relevant and effective in measuring the performance and efficiency of PHNs.
2. **Improve Care Coordination**: Enhance efforts to improve care coordination, particularly in regions with limited-service access and workforce, to ensure people receive the right care at the right time.
3. **Ensure Consistent Performance**: Implement strategies to ensure consistent performance across all PHNs, addressing disparities in service delivery and outcomes.
4. **Adapt to Changing Healthcare Needs**: Continuously evaluate and adapt to changing healthcare needs to ensure the governance framework remains effective and responsive.
5. **Strengthen Stakeholder Engagement**: Increase stakeholder engagement to gather input and feedback, ensuring that PHNs are meeting community needs and expectations.
6. **Leverage Flexible Funding**: Utilise operational, flexible, and program-specific funding to address both national priorities and local health needs, tailoring services to the unique needs of communities.

Recommendations 2.1 – These recommendations address the challenges faced by PHNs operating as NGOs and suggest ways to improve their effectiveness and sustainability.

1. **Diversify Funding Sources**: Seek grants and partnerships to better stabilise finances and develop long-term funding strategies and maintain strong relationships with funders.
2. **Invest in Human Resources**: Attract and retain skilled staff by investing in workforce development, offering competitive benefits, secure contracts and creating a positive and sustainable work environment.
3. **Improve Strategic Planning**: Provide ongoing training and capacity-building workshops for staff and board members to enhance strategic planning skills and encourage a culture of continuous improvement and learning. Engage external consultants or advisors for additional insights and support.
4. **Enhance Community Engagement**: Build strong relationships with community leaders and stakeholders, conduct regular needs assessments, and involve the community in program design and implementation to improve engagement and relevance.

5. **Strengthen Policy Influence**: Form coalitions with other organisations and their peak bodies, engage in policy dialogues, and leverage data and evidence to support advocacy efforts and enhance policy influence.

Recommendations 2.2 - These recommendations address specific issues related to PHN governance and suggest measures to improve their effectiveness and ability to meet community health needs.

1. **Implement Multi-Year Funding Agreements**: Provide more stability by implementing multi-year funding agreements and diversifying funding sources.
2. **Ensure Transparent Resource Allocation**: Establish transparent and equitable resource allocation processes to direct funds where they are most needed.
3. **Enhance Stakeholder Engagement**: Establish regular forums for stakeholder input, use participatory decision-making processes, and enhance communication channels to ensure meaningful engagement with all stakeholders.
4. **Strengthen Accountability and Transparency**: Enhance governance frameworks with clear roles, responsibilities, and performance metrics. Increase transparency through regular public reporting and independent audits.
5. **Develop Integrated Care Models**: Improve integration and coordination of services by developing integrated care models and fostering strong partnerships with LHNs, CMOs, and other stakeholders. Utilise digital health tools to share information and streamline processes.

Recommendations 2.3 – By addressing these challenges and implementing these improvements, the processes for measuring and managing PHN performance can become more effective and efficient.

1. **Implement Standardised Data Collection**: Standardise data collection and reporting methods across all PHNs to improve data quality and consistency, supported by enhanced training and resources for PHN staff.
2. **Upgrade IT Systems**: Ensure IT systems are up-to-date for monitoring and reporting, and to streamline data management and improve the accuracy of performance assessments, including better integration of digital health tools and electronic health records and information sharing among stakeholders.
3. **Conduct Regular Evaluations**: Perform regular, independent evaluations of PHN programs to gain insights into their effectiveness and identify areas for improvement. These evaluations should include feedback from stakeholders and the community.
4. **Invest in Capacity Building**: Invest in capacity building for PHN staff to enhance their skills in performance measurement and management. This includes training in data analysis, program evaluation, and quality improvement.
5. **Ensure Multi-Year Funding Agreements**: Implement multi-year funding agreements to provide more stability and support long-term planning and program sustainability.
6. **Improve Stakeholder Engagement**: Establish regular forums for stakeholder input, use participatory decision-making processes, and enhance communication channels to ensure meaningful engagement with all stakeholders.

Recommendations 2.4 - By leveraging these supports and partnerships, PHNs can enhance their capability and performance, ultimately leading to better health outcomes for the communities they serve.

1. **Provide Technical Support for Digital Health Initiatives**: Improve the efficiency and effectiveness of health services through better use of technology and coordinated care by offering technical support and resources for implementing digital health initiatives and integrated care models.
2. **Strengthen the Performance and Quality Framework**: Ensure accountability and continuous improvement in PHN operations and outcomes by strengthening the Performance and Quality Framework with clear, measurable indicators and regular feedback.
3. **Facilitate Stronger Partnerships**: Enhance collaboration and integration of services by facilitating stronger partnerships between PHNs, LHNs, CMOs, and other stakeholders, including people with lived and living experience, their carers, and kin.
4. **Leverage Community-Managed Mental Health Organisations (CMOs)**: Complement PHN efforts by leveraging the expertise and community connections of CMOs to provide specialised services, such as mental health support and health management.
5. **Partner with Academic Institutions**: Enhance the quality and effectiveness of PHN programs through rigorous research and innovation by partnering with universities and research institutions to conduct health research, evaluate programs, and provide evidence-based recommendations.
6. **Engage Peak Bodies for Training and Advocacy**: Support professional development and ensure access to the latest best practice approaches and policy updates by engaging peak bodies, such as MHCC, which can offer training, professional development and resources, support innovation and networking opportunities.
7. **Collaborate with Private Sector Partnerships**: Improve service delivery and patient outcomes by collaborating with private healthcare providers and technology companies to bring additional resources and expertise to PHNs.

Recommendations 3 & 3.1 – By addressing these challenges and implementing these improvements, the PHN Program can further enhance its support for regional planning, communication, and stakeholder engagement.

1. **Provide Enhanced Training**: Offer additional training for PHN staff on stakeholder engagement and communication strategies to improve their effectiveness in these areas.
2. **Conduct Regular Evaluations**: Perform regular evaluations of engagement processes to identify areas for improvement and ensure that stakeholder feedback is effectively incorporated into planning and decision-making.
3. **Host Regular Meetings and Forums**: Continue hosting regular meetings and forums with healthcare providers, community groups, and other stakeholders to discuss plans, share updates, and gather feedback.
4. **Utilise Digital Platforms**: Use digital platforms and tools to facilitate communication and information sharing among stakeholders.
5. **Establish Community Advisory Committees**: Create committees that include representatives from the community to provide input and guidance on PHN activities.
6. **Form Partnerships and Collaborations**: Develop partnerships with LHNs, CMOs, and other relevant bodies to enhance service delivery and address health disparities.

Recommendations 3.2 – By addressing these expectations and implementing these minimum requirements, PHNs can enhance their regional planning, engagement, and communication efforts, ultimately leading to better health outcomes for their communities.

1. **Establish Standardised Communication Protocols**: Implement standardised communication protocols and regular updates to ensure clear and consistent communication about regional health priorities, funding opportunities, and collaborative initiatives across different regions.
2. **Implement Clear Feedback Mechanisms**: Develop clear feedback mechanisms and regularly report on how community input influences decisions to build trust and ensure meaningful involvement of community members in decision-making processes.
3. **Develop Formal Agreements and Joint Planning Sessions**: Strengthen coordination and integration of services by developing formal agreements and joint planning sessions with LHNs to ensure seamless care.
4. **Enhance Performance Metrics and Conduct Independent Evaluations**: Improve accountability and evidence of effective use of funds by enhancing performance metrics and conducting independent evaluations to ensure rigorous evaluation processes.
5. **Monitor Clear, Measurable Performance Metrics**: Establish and monitor clear, measurable performance metrics for engagement and communication activities to evaluate the effectiveness of engagement efforts and identify areas for improvement.
6. **Adopt a Standardised Stakeholder Engagement Framework**: Ensure consistency and transparency across all regions by adopting a standardised stakeholder engagement framework that outlines clear processes for involving stakeholders in planning and decision-making.
7. **Provide Regular Reports on Stakeholder Engagement Activities**: Build trust and demonstrate accountability by providing regular reports on stakeholder engagement activities and outcomes, including how stakeholder input has been used.
8. **Offer Ongoing Training for PHN Staff**: Enhance the effectiveness of engagement activities by providing ongoing training for PHN staff in stakeholder engagement and communication skills, ensuring they are equipped to manage diverse stakeholder needs.

Recommendations 3.3 - These adjustments could help PHNs better meet the needs of their communities and improve overall health outcomes.

1. **Adjust Boundaries for Enhanced Collaboration**: Modify PHN boundaries to better align with community needs and local health service providers, fostering stronger partnerships and more effective service delivery.
2. **Create Flexible Boundaries**: Develop more flexible PHN boundaries that can adapt to changing health needs and demographics, enhancing the responsiveness of PHNs to emerging health challenges.
3. **Redefine Boundaries for Improved Stakeholder Engagement**: Redefine PHN boundaries to include more relevant stakeholders, improving consultation processes and ensuring that all voices are heard and considered in decision-making.

Recommendations 3.4 – By focusing on these areas, PHNs can further enhance the effectiveness of their Clinical Committees and Community Advisory Councils.

1. **Engage with CMO and Consumer and Carer Peaks**: Ensure active membership and engagement of state/territory CMO peaks and consumer and carer peaks where relevant.

2. **Strengthen Collaboration Between Neighbouring PHNs**: Enhance collaboration to address cross-border health issues more effectively.
3. **Increase Flexibility in Meeting Schedules and Formats**: Allow for more flexible meeting schedules and formats to accommodate the diverse needs of committee and council members.
4. **Expand Community Engagement**: Ensure diverse representation and increase outreach efforts to include more community members and underrepresented groups to ensure a broader range of voices are heard.
5. **Define Clear Objectives and Roles**: Clearly define goals and responsibilities to help members understand their roles and contribute effectively.
6. **Maintain Regular Communication**: Ensure ongoing communication between the committees, councils, and the PHN board to maintain alignment and address issues promptly.
7. **Provide Support and Training**: Offer necessary training and resources to committee and council members to enhance their ability to contribute meaningfully.

Recommendations 3.5 – By implementing these steps and utilising tools, PHNs can better assess the effectiveness of their collaborations and make informed decisions to improve health outcomes and stakeholder engagement.

1. **Define Clear Objectives**: Establish specific, measurable goals for collaborations, such as improved health outcomes, increased access to services, or enhanced stakeholder engagement.
2. **Develop Evaluation Frameworks**: Use frameworks that outline the inputs, activities, outputs, and outcomes of collaborations to systematically assess each component.
3. **Collect Quantitative and Qualitative Data**: Gather data through surveys, interviews, and health records to measure progress against set objectives.
4. **Analyse Outcomes**: Compare collected data against baseline measurements to determine the impact of collaborations on health outcomes and other key performance indicators.
5. **Engage Stakeholders in Evaluation**: Involve stakeholders in the evaluation process to ensure their perspectives and experiences are considered.
6. **Utilise Complexity-Aware Monitoring (CAM)**: Implement methods like social network analysis and outcome mapping to understand the dynamics and impacts of collaborations.
7. **Use Key Performance Indicators (KPIs)**: Track specific KPIs related to health outcomes, service delivery efficiency, patient satisfaction, and stakeholder engagement.
8. **Conduct Surveys and Interviews**: Regularly gather feedback from stakeholders on the collaboration process and outcomes.
9. **Track Health Outcome Metrics**: Monitor metrics such as hospitalisation rates, disease prevalence, and patient health improvements to measure the direct impact on health.
10. **Perform Cost-Benefit Analysis**: Evaluate the financial aspects of collaborations to ensure value for money and efficient use of resources.
11. **Improve Data Sharing Mechanisms**: Enhance data sharing between PHNs and stakeholders to ensure timely and accurate information flow.
12. **Establish Continuous Feedback Loops**: Regularly assess and adjust collaboration strategies based on real-time data through continuous feedback mechanisms.
13. **Invest in Capacity Building**: Provide training and resources for stakeholders to enhance their ability to contribute effectively to collaborations.

Recommendations 4 & 4.1 – By implementing these changes, PHNs can enhance their ability to deliver locally relevant health solutions while still aligning with nationally consistent health priorities.

1. **Increase Proportion of Flexible Funding**: Allocate a larger portion of funding as flexible funding to allow PHNs to tailor their services more closely to local needs.
2. **Implement Outcome-Based Funding Models**: Introduce funding models that reward PHNs based on health outcomes rather than specific activities to encourage more innovative and effective local solutions.
3. **Streamline Reporting Requirements**: Simplify reporting requirements for PHNs to reduce administrative burdens and allow them to focus more on service delivery.
4. **Enhance Collaboration Mechanisms**: Encourage greater collaboration between PHNs and other local health service providers to address cross-border health issues and share best practices.
5. **Regularly Review and Adjust Funding Allocations**: Periodically review and adjust funding allocations based on changing local health needs and outcomes to ensure that PHNs remain responsive and effective.

Recommendations 4.2 – By adopting these approaches, PHNs can streamline their operations, reduce costs, and improve the quality of care they provide.

1. **Share Administrative Functions**: PHNs can share administrative services such as HR, finance, and IT support to reduce duplication and allow more focus on core health service delivery.
2. **Implement Joint Procurement Initiatives**: Engage in joint procurement to achieve cost savings and improve supply chain efficiency by pooling resources and negotiating better terms with suppliers.
3. **Utilise Shared Data Platforms and Analytics Services**: Enhance the ability to track health outcomes and identify trends across different regions by using shared data platforms and analytics services.
4. **Standardise Processes Across PHNs**: Implement standardised processes, including clinical protocols, reporting procedures, and consumer management systems, to reduce variability and improve efficiency.
5. **Expand Telehealth and Digital Health Solutions**: Improve access to care and reduce the need for physical infrastructure by expanding the use of telehealth and other digital health solutions.
6. **Develop Collaborative Training Programs**: Ensure consistent quality of care and reduce training costs by offering joint training and professional development programs for staff.
7. **Establish Strong Governance Structures**: Implement effective governance structures to manage shared services and ensure accountability.
8. **Engage Stakeholders in Planning and Implementation**: Involve healthcare providers and community members in the planning and implementation of shared services to ensure solutions meet local needs.
9. **Regularly Review and Refine Shared Service Arrangements**: Maintain the effectiveness of shared services by regularly reviewing and refining arrangements based on feedback and performance data.

Recommendations 4.3 – By addressing funding challenges and implementing these changes, PHNs can improve service delivery and achieve better health outcomes for their communities.

1. **Simplify Funding Models**: Move towards more streamlined funding arrangements to reduce complexity and improve care coordination.
2. **Incentivise Preventive Care**: Adjust funding models to prioritise preventive care and management of chronic conditions to improve long-term health outcomes for consumers and reduce costs.
3. **Increase Investment in Workforce Development**: Governments and funders should increase investments in training, recruitment, and retention strategies to address labour shortages across the entire workforce.
4. **Stabilise Funding Streams**: Ensure more predictable and stable funding from government sources to help organisations plan better and deliver more consistent services.
5. **Streamline Reporting and Accountability**: Simplify the multiple funding system to address gaps, evaluate outcomes, and enhance care coordination by sharing information to avoid duplication.

Recommendations 5 & 5.1 – By implementing these recommendations, PHNs can enhance their role in commissioning services through the MHFFS, making the mental health and suicide prevention system more efficient and effective.

1. **Increase Flexibility in Funding**: Continue to allow adaptable funding arrangements to enable service providers to tailor their programs to better meet local needs, fostering more innovative and responsive mental health services.
2. **Enhance Focus on Community-Based Care**: Further shift towards CMO services to reduce reliance on hospital-based care, providing more accessible and preventive care, and aiding early intervention.
3. **Improve Coordination and Integration**: Strengthen coordination between different service providers, including primary care, mental health services, and social services, to provide comprehensive wrap-around services for individuals with complex needs.
4. **Emphasise Suicide Prevention**: Allocate specific funding to suicide prevention programs, focusing on high-risk groups and developing targeted interventions and support services to reduce suicide through early identification and intervention.
5. **Utilise Data-Driven Approaches**: Continue to emphasise the use of data to inform policy and practice, tracking outcomes, and employing evidence-based practices to improve service delivery and effectiveness.

Recommendations 5.2 – By adapting to these predicted changes, the MHFFS can play a crucial role in advancing mental health and suicide prevention efforts, ultimately leading to better outcomes for individuals and communities.

1. **Expand Community-Based Prevention**: Allocate funds to expand community-based initiatives, providing training and resources to local leaders and organisations to integrate mental health support into everyday settings like schools, workplaces, and community centres.
2. **Invest in Technological Integration**: Promote the use of technology, including telehealth, mental health apps, and AI-driven tools, ensuring they are accessible to all demographics, especially in relation to underserved populations.

3. **Develop Holistic and Integrated Care Models**: Create integrated care pathways that coordinate services across different sectors, ensuring a comprehensive approach to mental health care that includes physical health, social services, and substance use treatment and support services.
4. **Implement Equity-Centred Frameworks**: Focus on addressing health disparities by ensuring all programs are inclusive and culturally sensitive, actively working to reduce barriers to care for historically marginalised communities.
5. **Enhance Data Collection and Analysis**: Improve data collection and analysis capabilities to inform policy and practice, using real-time data to continuously improve services and outcomes.
6. **Provide Ongoing Training and Education**: Offer ongoing training for staff and community partners on the latest mental health practices and technologies.
7. **Strengthen Partnerships**: Collaborate with other health and social service organisations to create a seamless network of support.
8. **Advocate for Policy Change**: Work with policymakers to advocate for legislation and regulations that support mental health initiatives and reduce stigma.
9. **Increase Accessibility**: Ensure that services are accessible to all, including through the use of technology and by addressing social determinants of health.
10. **Engage Communities**: Involve community members in the design and implementation of programs to ensure they meet local needs and are culturally safe and appropriate.

Recommendations 5.3 – By addressing these challenges through targeted strategies, PHNs can improve their effectiveness in delivering mental health and suicide prevention services.

1. **Enhance Integration and Coordination**: Develop integrated care models that facilitate collaboration between different service providers, including mental health, physical health, and social services, to improve continuity of care and ease navigation for individuals seeking support.
2. **Invest in Workforce Development**: Increase funding for training programs to enhance the skills of existing staff and attract new professionals to the field, fostering a more knowledgeable and capable workforce.
3. **Secure Sustainable Funding**: Advocate for consistent and adequate funding from government and other sources to support long-term mental health initiatives, establishing more stable and reliable services.
4. **Improve Data Collection and Evaluation**: Implement advanced data collection and analysis systems to monitor service delivery and outcomes in real-time, enhancing the ability to make data-driven decisions and continuously improve services.
5. **Address Stigma and Cultural Sensitivity**: Launch public awareness campaigns and provide culturally sensitive training for staff to reduce stigma and improve accessibility, resulting in increased utilisation of mental health services and better engagement with diverse communities.

Recommendation 5.4 – By implementing these recommendations, PHNs can improve their coordination of services and referral pathways across the stepped care continuum, leading to more efficient and effective mental health and suicide prevention systems.

1. **Implement Enhanced Digital Health Solutions**: Use advanced digital tools like telehealth, electronic health records, and AI-driven decision support systems to streamline referrals and care coordination.

2. **Develop Personalised Care Plans**: Leverage data analytics to create more personalised care plans based on individual consumer aspirations, needs, and outcomes.
3. **Create Integrated Models of Care**: Develop integrated models that bring together physical and mental health services, along with social inclusion initiatives, under one umbrella.
4. **Increase Community Engagement**: Enhance community engagement and partnerships to address social determinants of health and improve knowledge of and access to care and supports.
5. **Adopt Continuous Quality Improvement Processes**: Regularly evaluate and enhance service delivery and consumer and family outcomes through continuous quality improvement processes.

Recommendations 5.5 – By addressing these funding challenges, PHNs can better meet the objectives of the MHFFS and improve mental health outcomes for their communities.

1. **Increase Access and Affordability**: Address the shortage of providers and high costs to ensure more individuals can access mental health services.
2. **Adapt to Evolving Community Needs**: Continuously adjust funding models to keep pace with the increasing complexity and prevalence of mental health challenges, ensuring resources meet the growing demand for services.
3. **Enhance Integration of Services**: Improve the seamless integration between primary care, specialist services, and community support to provide comprehensive health care.
4. **Increase Funding Flexibility**: Provide more flexible funding to adapt to changing community needs and support innovative approaches to mental health care.

Recommendations 5.6 – By implementing these changes, PHNs can better address evolving needs and achieve program objectives more effectively.

1. **Increase Flexibility in Funding**: Allow PHNs more discretion in how they allocate funds to respond swiftly to local mental health needs and emerging issues, including the ability to reallocate funds between different programs or services as needed.
2. **Implement Outcome-Based Funding**: Shift towards an outcome-based funding model to incentivise PHNs to focus on achieving specific mental health outcomes, ensuring that funding is directed towards programs that demonstrate effectiveness and impact.
3. **Enhance Data Collection and Reporting**: Improve data collection and reporting requirements to help PHNs better understand the needs of their communities and the effectiveness of their programs, as well as informing future funding decisions and program adjustments.
4. **Allocate Funds for Capacity Building**: Provide specific funding for capacity building to help PHNs develop the skills and infrastructure needed to deliver high-quality mental health services, including training for staff, investment in technology, and development of partnerships with other health and social services.
5. **Encourage Community Engagement**: Fund initiatives that promote community engagement to ensure services are tailored to local needs, including community consultations, partnerships with local organisations, and initiatives that promote mental health awareness and stigma reduction.
6. **Support Integrated Care Models**: Allocate funding to support integrated care models that combine mental health services with primary care, improving access to comprehensive care and addressing the complex needs of individuals with co-occurring mental health and physical health conditions.

Recommendation 5.7 – By addressing mental health service delivery challenges through targeted solutions, service providers can improve the delivery of these services and better meet the needs of the community.

1. **Invest in Training Programs and Incentives**: Address the shortage of trained mental health professionals by investing in training programs and providing incentives to attract and retain mental health professionals across all disciplines, including support and peer workers as well as clinicians.
2. **Leverage Digital Health Services**: Expand access to care, especially in underserved areas, by leveraging digital health services.
3. **Develop Culturally Tailored Interventions**: Improve service delivery by engaging with local communities to develop culturally appropriate interventions and employing a diverse and peer workforce that reflects the community.
4. **Promote Integrated Care Models**: Enhance coordination and continuity of care by promoting integrated care models that combine mental health services with primary care and CMO mental health services.
5. **Increase Funding Flexibility**: Allow providers to respond more dynamically to emerging needs and explore new models of care by increasing the flexibility of funding allocations.
6. **Enhance Data Collection and Reporting Systems**: Improve insights into service effectiveness and inform future funding and program decisions by enhancing data collection and reporting systems.
7. **Allocate Funds for Capacity Building**: Help service providers acquire knowledge and develop the necessary skills and infrastructure to deliver high-quality mental health services by allocating funds specifically for capacity building.
8. **Encourage Community Engagement**: Ensure services are tailored to meet local needs and increase community buy-in by encouraging service providers to engage more with their communities.
9. **Implement Outcome-Based Funding**: Incentivise providers to focus on achieving specific mental health outcomes by shifting towards an outcome-based funding model, ensuring that funding is directed towards effective programs.
10. **Allocate Funds for Research**: Initiate translational research as an integral part of all program delivery by allocating funds for research, ensuring evaluation of consumer outcomes and not just focusing on outputs.

Appendix 2 - Final Note on Recommendations – Department of Health and Aged Care

The following recommendations are those listed in the commitment from the Department of Health and Aged Care to address. MHCC support these recommendations to be immediately actioned alongside our recommendations listed above in Appendix 1:

Recommendation 1: The Department of Health and Aged Care ensure that PHNs fully comply with transparency and accountability requirements established in grant agreements, including requirements to participate in and provide data and information for the purposes of evaluation.

Recommendation 2: The Department of Health and Aged Care establish performance measures that are clearly aligned to the Primary Health Networks' and delivery model's objectives.

Recommendation 3: Where there is a reliance on Primary Health Network-supplied data, the Department of Health and Aged Care establish a risk-based methodology for obtaining assurance over the data.

Recommendation 4: The Department of Health and Aged Care report on Primary Health Network performance as soon as practicable following the year to which the majority of the performance information relates.

Recommendation 5: The Department of Health and Aged Care publish individual PHNs' performance data and analysis in annual reports.

Recommendation 6: The Department of Health and Aged Care publicly report on performance measures:

(a) in compliance with the Primary Health Network performance framework by reporting all performance measures; and

(b) in a way that is consistent with the intended purpose of conveying information about performance in addition to compliance with grant agreement requirements.

Recommendation 7: The Department of Health and Aged Care implement a fit-for-purpose IT system for administering Primary Health Networks that supports the accurate capture and reporting of compliance and performance information.

Recommendation 8: The Department of Health and Aged Care: (a) develop an evaluation plan for the Primary Health Network delivery model; and (b) evaluate the Primary Health Network delivery model to determine whether it is achieving its objectives.

References

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