



Australian Government

Department of Health



An Australian Government Initiative

Activity Work Plan 2019-2022:

Primary Mental Health Care Funding

This Activity Work Plan template has the following parts:

1. The Primary Mental Health Care Activity Work Plan for the financial years 2019-20, 2020-2021 and 2021-2022. Please complete the table of planned activities funded under the following:
 - Primary Mental Health Care Schedule - Primary Mental Health and Suicide Prevention - Flexible Funding
 - Primary Mental Health Care Schedule - Indigenous Mental Health - Flexible Funding
 - Primary Mental Health Care Schedule - Per- and Poly- Fluoroalkyl Substances (PFAS) – Flexible Funding
2. The Indicative Budget for the financial years 2019-20, 2020-21 and 2021-22. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
 - Primary Mental Health Care Schedule - Primary Mental Health and Suicide Prevention - Operational and Flexible Funding
 - Primary Mental Health Care Schedule - Indigenous Mental Health - Flexible Funding
 - Primary Mental Health Care Schedule - Per- and Poly- Fluoroalkyl Substances (PFAS) – Flexible Funding

Northern Sydney PHN

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

Overview

Throughout the process of developing the regional Mental Health and Suicide Prevention Needs Assessment and subsequent Activity Work Plans, NSPHN has worked with key stakeholders to identify the priority underserved populations in the region, to review the provision of existing primary mental health services and identify and prioritise opportunities for sector reform and improvement.

The vision for NSPHN is to create an integrated mental health system that provides efficient and streamlined access to the most appropriate level and type of treatment for users of the service, whilst providing support to general practice and the wider mental health sector to navigate this system efficiently and effectively.

NSPHN key mental health focus for 2019 – 2022

Two key areas for focus for NSPHN in mental health in 2019-2022 are:

Strengthening and enabling stepped care functionality

NSPHN will continue to work with commissioned service providers, other local services, general practice, community stakeholders and representative bodies strengthen referral pathways and support best practice in service delivery.

Within the stepped care framework, NSPHN will work with commissioned mental health service providers to ensure that clients have access to the level and type of support that meets their needs. Clients will be supported to access lower or higher intensity mental health services as required. To achieve this, NSPHN will continue to work with service providers and the wider service sector to streamline referral pathways and support effective communication and collaboration between services, to facilitate and enhance the impact of stepped care.

Undertake collaborative planning to inform the future development of mental health and suicide prevention activity

Throughout 2019-2020, NSPHN will work with Northern Sydney Local Health District and other key local stakeholders to produce a Joint Regional Mental Health and Suicide Prevention Plan. The Joint Regional plan will support the integrated delivery of mental health and suicide prevention services within the Northern Sydney PHN region by identifying needs and gaps, and aiming to orient resources to reduce duplication, remove inefficiencies, and encourage innovation.

The Joint Regional Mental Health and Suicide Prevention Plan will provide a roadmap for the NSPHN region in the years beyond 2020. Following the production of a foundational plan, opportunities to address priority actions identified will be pursued with Northern Sydney Local Health District and other regional partners.

Clinical Governance

NSPHN has built competencies in commissioning through developing a strong governance structure, establishing a Clinical Governance Committee as part of its overall Corporate Governance framework, that provides a basis to support sound governance and person-centred outcomes within commissioned services.

NSPHN ensures strong governance within commissioned services through:

- Regular provider support meetings between the NSPHN and commissioned organisation to support continuous improvement in quality and outcomes, which show clinical effectiveness, patient safety and patient experience.
- A Clinical Risk Register to identify and present risk associated with commissioned services to the Clinical Governance Committee.
- Development of resources to guide the commissioning procurement process, ensure consistency and manage risk.
- Clinical governance and quality requirements embedded into all commissioned service contracts.
- A robust contract and deliverables register and performance management system in place.

Data collection and reporting

In line with Northern Sydney PHN's commissioning approach, data collection will commence at the beginning of any commissioning activity in order to identify what the initial gaps are and to accurately inform desired outcomes of commissioned activity. The iterative collection and use of relevant data sources will further support the development, quality improvement, monitoring and evaluation of commissioned activities

NSPHN will continue to develop outcome measures and reporting systems to allow reporting on the Primary Mental Health Care Minimum Data Set (PMHC MDS) to inform the evaluation of commissioned services, utilising a range of Patient Reported Outcomes Measures (PROMS) and Patient Reported Experience Measures (PREMS).

NSPHN Commissioning Evaluation Framework

Following the development of NSPHN's *Commissioning Evaluation Framework*, NSPHN will continue to utilise the principles of the Quadruple Aim in evaluating health care services to promote a culture of continuous quality improvement across commissioned services.

The Quadruple Aim framework encourages a population health approach that balances delivery of high value care at an appropriate cost, allowing for better patient experience delivered from an engaged workforce.

NSPHN will continue to support commissioned mental health and suicide prevention services to meet the needs of the local community and will support commissioned clinical structures and processes to promote and develop best practice, and to enhance optimum outcomes for service users. This is consistent with the NSPHN vision of *achieving together - better health, better care*.

1. (a) Planned activities for 2019-20 to 2021-22

- **Primary Mental Health and Suicide Prevention Funding**
- **Indigenous Mental Health Funding**
- **Response to PFAS Funding**

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2022.

Proposed Activities - Priority 1 – Low Intensity Mental Health Services	
Mental Health Priority Area	Priority area 1: Low intensity mental health services
ACTIVITY TITLE	MH 1.1 Continue to support delivery of low intensity mental health services
Existing, Modified, or New Activity	Existing Activity - 1.1. Continue to support delivery of Low Intensity Mental Health commissioned service and to facilitate access to low intensity mental health services (e.g. coaching services, group programs and e-mental health programs)
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Priority Title: Low Intensity Services – Access and awareness Needs Assessment page reference: page 84 Identified as possible option: Yes
Aim of Activity	Increase access to low intensity mental health services for people experiencing mild forms of mental illness by providing coaching services to facilitate use of evidence-based digital self-help tools.
Description of Activity	NSPHN will continue to commission telephone-based coaching services to support people with or at risk of developing mild to moderate mental illness to select and utilise evidence-based self-help programs. The commissioned service provides: <ul style="list-style-type: none"> • Guided self-help • Psychoeducation • Sign posting to available online and face-to-face support interventions <p>Activities to support the development of low intensity services will include:</p> <ul style="list-style-type: none"> • Work with commissioned provider to undertake promotional activities to raise awareness of service, including engagement with GPs and other service providers • Hold focus groups and reviews to inform what consumers and referrers want/expect from low intensity services, how they want to access

	<ul style="list-style-type: none"> Evaluate uptake against other low intensity services to inform ongoing commissioning. This evaluation may reveal alternative or additional models to increase reach of low intensity services across the region and will inform future commissioning. <p>The expected outcomes from this activity are:</p> <ul style="list-style-type: none"> Greater awareness and uptake of low intensity mental health services Improved mental health outcomes for people with or at risk of developing mild mental illness
Target population cohort	The target population cohort is people residing in the NSPHN region who are experiencing, or are at risk of developing, mild mental illness.
Indigenous specific	No
Coverage	This activity will cover the entire PHN region.
Consultation	<p>NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment, co-design and procurement process. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol and Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol and Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:</p> <ul style="list-style-type: none"> NSPHN Board, Clinical Council and Community Council General Practice Allied health Northern Sydney Local Health District – Mental Health Drug and Alcohol Family and Community Services NGO Mental Health and AOD Service Providers Lived experience Carers the local Aboriginal community <p>In addition, as part of NSPHN Commissioning Evaluation Framework, ongoing consultation to assess the impact of commissioned services will inform further quality and service improvement initiatives.</p>
Collaboration	<p>Northern Sydney PHN will continue to work in collaboration with relevant stakeholders including General Practice, community allied health providers, Northern Sydney LHD and commissioned low intensity mental health service providers to establish referral pathways and effective communication processes.</p> <p>Training and promotion of low intensity mental health services will be supported by NSPHN in collaboration with commissioned service providers, accredited mental health training providers, eMHPPrac and relevant academic organisations.</p>
Activity milestone details/ Duration	<p>Commissioned service activity continues. The timelines relevant to this activity work plan are outlined below</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2022</p>

	NSPHN will complete its joint regional mental health and suicide prevention plan by June 2020. The findings from the planning process may guide future commissioning and development of low intensity mental health services.
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

Proposed Activities - Priority area 2: Child and youth mental health services

Mental Health Priority Area	Priority area 2: Child and youth mental health services
ACTIVITY TITLE	<i>MH 2.1 Support local headspace services to further develop flexible service options</i>
Existing, Modified, or New Activity	Modified Activity - 2.1 Support new Lead Agent in set up and delivery of local headspace centres to maximise impact of services delivered.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Priority Title: Children and Young People – Support for children and young people with mental health issues Needs Assessment page reference: page 85 Identified as possible option: Yes
Aim of Activity	Increase access to support for young people experiencing mild to moderate mental illness
Description of Activity	<p>NSPHN will work with the headspace lead agent to continue to operate services aligned to the core headspace model integrity framework from the Brookvale and Chatswood centres. NSPHN will also work with the lead agent to further develop and promote flexible service options to improve access for young people across the region. This will include:</p> <ul style="list-style-type: none"> • Provision of out of hours support (weeknights and weekends) • Delivery of services in identified hubs to respond to geographic areas of need • Engagement of general practices in the region to build referral pathways <p>The expected outcomes are:</p> <ul style="list-style-type: none"> • headspace services are accessible for young people across the region • Increased awareness of headspace services among GPs and other service providers • More integrated services, leading to better outcomes for young people experiencing mental health issues
Target population cohort	Young people aged 12-25 experiencing mild to moderate mental health issues
Indigenous specific	No
Coverage	This activity will cover the entire NSPHN region.
Consultation	NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN needs assessment, co-design and procurement process. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.

	<p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:</p> <ul style="list-style-type: none"> • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District – Mental Health Drug & Alcohol • Family and Community Services • NGO Mental Health and AOD Service Providers • Lived experience • Carers • the local Aboriginal community <p>In addition, as part of NSPHN Commissioning Evaluation Framework, ongoing consultation to assess the impact of commissioned services will inform further quality and service improvement initiatives.</p>
Collaboration	<p>Collaboration with headspace Lead Agent and headspace National Office to ensure implementation of model integrity framework and ongoing performance of headspace centres. Collaboration with local youth service providers, GPs and related services to promote headspace services and support integration.</p>
Activity milestone details/ Duration	<p>Commissioned service activity continues. The timelines relevant to this activity work plan are outlined below:</p> <p style="padding-left: 40px;">Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p style="padding-left: 40px;">Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>NSPHN will complete its joint regional mental health and suicide prevention plan by June 2020. The findings from the planning process may guide future commissioning and development of youth mental health services.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p>

	3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No

Proposed Activities - Priority area 2: Child and youth mental health services

Mental Health Priority Area	Priority area 2: Child and youth mental health services
ACTIVITY TITLE	<i>MH 2.2 Continue to commission services for young people with/at risk of severe mental illness</i>
Existing, Modified, or New Activity	Existing Activity - 2.3 Commission early intervention models of services for young people with/at risk of severe mental illness.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Priority Title: Children and Young People – Support for children and young people with mental health issues Needs Assessment page reference: page 85 Identified as possible option: Yes
Aim of Activity	Increase access to appropriate support services for young people aged 12-25 years experiencing, or at risk of developing, moderate to severe mental illness.
Description of Activity	NSPHN will continue to commission services for young people with, or at risk of developing severe mental illness. Services include clinical case management, psychological therapies and access to affordable psychiatry. NSPHN will work with commissioned provider to: <ul style="list-style-type: none"> • Ensure sustainability of service • Increase engagement in areas of geographic need (including Ryde and Hornsby LGAs) • Further integration with related services including headspace, schools, general practice, homelessness services and drug and alcohol services <p>Expected outcomes of this activity include:</p> <ul style="list-style-type: none"> • Better access to services for young people with/at risk of severe mental illness • Improved mental health and wellbeing outcomes for serviced young people • Diversion of inappropriate ED presentations • Better coordination and collaboration between youth mental health services
Target population cohort	Young people in the NSPHN region aged 12-25 years experiencing, or at risk of developing, moderate to severe mental illness
Indigenous specific	No
Coverage	This activity will cover the entire NSPHN region.
Consultation	NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts throughout the NSPHN Needs assessment process, co-design and procurement of youth severe services.

	<p>NSPHN will continue to consult with local service providers, sector partners, consumers and their families to ensure commissioned services are meeting the needs of the local community.</p> <p>Stakeholder engagement methods include community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:</p> <ul style="list-style-type: none"> • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District – Mental Health Drug & Alcohol • NGO Mental Health and AOD Service Providers • Lived experience • Carers • the local Aboriginal community
Collaboration	<p>NSPHN will continue to work closely with the following stakeholders to further support the delivery of youth severe services across the region:</p> <ul style="list-style-type: none"> • Northern Sydney Local Health District Child & Youth Mental Health Service • headspace • Local Councils • Orygen (National Centre for Youth Excellence) • NSW Department of Education • General practice • Alcohol & Other Drugs services
Activity milestone details/ Duration	<p>Commissioned service activity continues. The timelines relevant to this activity work plan are outlined below:</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>NSPHN will complete its joint regional mental health and suicide prevention plan by June 2020. The findings from the planning process may guide future commissioning and development of youth mental health services.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)

	<p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

Proposed Activities - Priority area 3: Psychological therapies for rural and remote, under-served and / or hard to reach groups

Mental Health Priority Area	Priority area 3: Psychological therapies for rural and remote, under-served and / or hard to reach groups
ACTIVITY TITLE	MH 3.1 Continue to commission services that provide psychological therapies to underserved, hard to reach/at risk groups
Existing, Modified, or New Activity	<p>Existing Activity</p> <p>3.1 Continue to support delivery of commissioned services that provide psychological therapies to underserved, hard to reach/at risk groups including; people experiencing homelessness, women experiencing perinatal depression, children under 12, older people and people from CALD backgrounds (including Chinese and Korean speaking populations, new arrivals and humanitarian entrants).</p>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>Priority Title: Hard to reach and at-risk groups</p> <p>Needs Assessment page reference: pages 85, 86</p> <p>Identified as possible option: Yes</p>
Aim of Activity	Improve access to psychological therapies for identified underserved, hard-to-reach and at-risk groups. Support effective use of services along the stepped care continuum.
Description of Activity	<p>NSPHN will continue to operate a central clinical intake and triage hub that will assess, prioritise and link clients referred by GPs and other service providers.</p> <p>Commissioned providers will continue to accept and service referrals provided by NSPHN. Regular review of clinical progress of clients receiving service will be undertaken with the expectation that people are matched to the appropriate intensity of care, based on the developed principles of stepped care. This may include the transition of care required to low intensity services as people’s needs decrease or to mental health nursing services if people’s needs increase.</p> <p>Psychological commissioned services incorporate the following key features that have been identified through extensive consultation:</p> <ul style="list-style-type: none"> • Continue to provide psychological therapies by appropriately qualified mental health professionals in the remit of one to one sessions, groups and other flexible options – based on level of need and as listed below. • Flexibility in session length (e.g. provision for half hour sessions). • Flexibility in source of referral – e.g. provisional referrals to enable services to commence while arrangements are made for the client to see a GP for a Mental Health Treatment Plan. • Ability to provide sessions over the phone, via secure internet connections as well as face to face.

	<ul style="list-style-type: none"> • Locating providers in services that populations of need already access (e.g. Early Childhood centres, neighbourhood & community centres). • Enhanced capacity to provide care coordination and participate in case conferencing. • Team based care involving GPs, psychiatrists, paediatricians, psychologists, and appropriately trained and qualified allied health professionals • Identification and recruitment of providers with local language skills. • Development of more group programs, including Dialectical Behaviour Therapy. • Demonstrated ability to provide culturally appropriate and trauma informed care. <p>NSPHN will continue to work with commissioned service providers, other local services, general practice, community stakeholders and representative bodies strengthen referral pathways and support best practice in service delivery.</p> <p>The expected outcomes for this activity are:</p> <ul style="list-style-type: none"> • Increased access to psychological therapies for underserved groups, including those who are not better suited to Better Access • Improved psychological wellbeing for participants • Improved matching and sign posting of clients to services along the stepped care continuum <p>Psychological therapies providers are required to provide appropriate care coordination for clients. This includes regular communication with the client's GP and others relevant to their care. Client progress is reviewed at regular intervals throughout treatment and referrals to higher or lower intensity services are made as appropriate.</p>
Target population cohort	<p>People in the NSPHN region experiencing mild to moderate mental illness. Identified underserved groups include:</p> <ul style="list-style-type: none"> - People experiencing financial disadvantage - Children aged 0-12 years - Aboriginal and Torres Strait Islander people - People who self-harm or who are at non-urgent risk of suicide (including those who have attempted suicide and those bereaved by suicide or loss) - Individuals from culturally and linguistically diverse (CALD) backgrounds - Women experiencing perinatal depression and/or anxiety - People experiencing homelessness - People who identify as lesbian, gay, bisexual, transgender or intersex - People with intellectual disability and co-occurring mental illness - Carers
Indigenous specific	No
Coverage	This activity will cover the entire NSPHN region.

<p>Consultation</p>	<p>NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process and co-design consultations. Stakeholder engagement methods have included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>NSPHN will continue to consult with local stakeholders, including GPs, allied health providers and service users to ensure that psychological therapies are meeting the needs of underserved groups.</p>
<p>Collaboration</p>	<p>This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, local Aboriginal community representatives and services, General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, youth services, educational facilities and employment services.</p> <p>Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.</p>
<p>Activity milestone details/ Duration</p>	<p>Commissioned service activity continues. The timelines relevant to this activity work plan are outlined below.</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>NSPHN will complete its joint regional mental health and suicide prevention plan by June 2020. The findings from the planning process may guide future commissioning and development of psychological therapies for underserved groups.</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?</p>

	<p>No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned?</p> <p>No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services?</p> <p>No</p>
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>Yes</p>

Proposed Activities - Priority area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups

Mental Health Priority Area	Priority area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
ACTIVITY TITLE	MH 3.2 Commission in-reach psychological therapies for people residing in Residential Aged Care Facilities
Existing, Modified, or New Activity	New Activity
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Priority Title: Older People Needs Assessment page reference: page 86 Identified as possible option: Yes
Aim of Activity	Improve access to psychological therapies for people residing in Residential Aged Care Facilities with or at risk of developing mental illness. Support service provision along the stepped care continuum.
Description of Activity	<p>Building on initial services established in January 2019, NSPHN will undertake commissioning for organisations to provide in-reach mental health services to local Residential Aged Care Facilities.</p> <p>Commissioned providers will accept and service referrals provided by RACF staff including GPs and Senior Nurses.</p> <p>Commissioned services will incorporate the following key features that have been identified through extensive consultation:</p> <ul style="list-style-type: none"> • Appropriate triage and prioritisation of referrals • Provision of in-reach psychological therapies by appropriately qualified mental health professionals in the remit of one to one sessions, groups and other flexible options – based on level of need and as listed below. • Flexibility in session length (e.g. provision for half hour sessions). • Approaches tailored to the needs of the older population, including specific Cognitive Behavioural Therapy approaches, Reminiscence Therapy, Acceptance and Commitment Therapy • Enhanced capacity to provide care coordination and participate in case conferencing. • Team based care involving GPs, nurses, RACF care staff and other allied health professionals • Provision of culturally appropriate and trauma informed care • Provision of capacity building activities including training and education for RACF staff to improve ability to recognise and respond to the mental health needs of residents. <p>Aligned to the ramp up of funds provided by the Commonwealth, services will expand over time. This will include the development of lower and higher intensity service options.</p>

	<p>NSPHN will work with commissioned service providers, RACFs, general practice, community stakeholders and representative bodies strengthen referral pathways and support best practice in service delivery.</p> <p>The expected outcomes for this activity are:</p> <ul style="list-style-type: none"> • Increased access to psychological therapies for people residing in RACFs • Improved psychological wellbeing for participants • Improved matching and sign posting of clients to services along the stepped care continuum • Enhanced capacity of RACF staff to identify and respond to mental health issues in residents <p>Psychological therapies providers are required to provide appropriate care coordination for clients. This includes regular communication with the client's GP, families and others relevant to their care. Client progress is reviewed at regular intervals throughout treatment and referrals to higher or lower intensity services will be made as appropriate.</p>
Target population cohort	Older people residing in Residential Aged Care Facilities across the NSPHN region experiencing, or at risk of, mental illness.
Indigenous specific	No
Coverage	This activity will cover the entire NSPHN region. Building on initial services provided, NSPHN will work with newly commissioned provider/s to ensure equitable distribution of mental health services in RACFs across the region. Commissioned provider/s will operate a central intake and triage that will facilitate access to services across the region. NSPHN will work with commissioned provider/s to promote the services across the region and build referral pathways. NSPHN will continue to work with regional stakeholders including RACF staff, NSLHD Older Persons Mental Health team and local GPs to ensure that commissioned services are responsive to the needs of facilities across the region.
Consultation	<p>NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process and co-design consultations. Stakeholder engagement methods have included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>NSPHN will continue to consult with local stakeholders, including RACFs, GPs, allied health providers and service users to ensure that psychological therapies are meeting the needs of underserved groups.</p>
Collaboration	This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, RACFs, local Aboriginal community representatives and services, General Practice, community allied health providers, NSLHD Older Persons Mental Health Service, local mental health service providers and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, youth services, educational facilities and employment services.

	Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.
Activity milestone details/ Duration	<p>Commissioned service activity continues. The timelines relevant to this activity work plan are outlined below.</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>NSPHN will complete its joint regional mental health and suicide prevention plan by June 2020. The findings from the planning process may guide future commissioning and development of psychological therapies for underserved groups.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input checked="" type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

Proposed Activities - Priority area 4: Mental health services for people with severe and complex mental illness including care packages

Mental Health Priority Area	Priority area 4: Mental health services for people with severe and complex mental illness including care packages
ACTIVITY TITLE	<i>MH 4.1 Continue to commission mental health services for people with severe and complex mental illness</i>
Existing, Modified, or New Activity	Existing Activity - 4.1 Further support delivery of commissioned services that provide a regional approach to care of people with severe and complex mental health needs.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Priority Title: People with severe mental illness and complex needs – Service Coordination, Access to Psychological Support Services Needs Assessment page reference: p. 82, 83 Identified as possible option: Yes.
Aim of Activity	Increase access to appropriate support and improve clinical outcomes for people with severe mental illness and complex needs.
Description of Activity	<p>NSPHN will continue to support delivery of commissioned service for people with severe mental illness and complex needs. The commissioned service has built upon the previous Mental Health Nurse Incentive Program and provides therapeutic interventions, clinical care coordination and case management support for people with severe mental illness not more appropriately serviced by the Northern Sydney Local Health District community mental health teams.</p> <p>NSPHN will work with commissioned provider to:</p> <ul style="list-style-type: none"> • Increase engagement in areas of geographic need (including Ryde and Hornsby LGAs) • Increase capacity of service to provide additional clinical supports • Further integration with related services including general practice, psychosocial support services, NDIS, homelessness services and drug & alcohol services <p>Expected outcomes from this activity include:</p> <ul style="list-style-type: none"> • Increased engagement in appropriate mental health services for people with severe mental illness • Decreased need for urgent or acute care • Better service coordination and navigation for people with severe mental illness and complex needs. <p>Commissioned services for people with severe mental illness provide care coordination and case management. Services provided are responsive to client needs. It is a requirement of the service that clients are not moved through the service without linkage to more appropriate support services being established.</p>
Target population cohort	People living in the NSPHN region experiencing severe and complex mental illness.
Indigenous specific	No

Coverage	This activity will cover the entire NSPHN region.
Consultation	<p>NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process and co-design consultations. Stakeholder engagement methods have included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:</p> <ul style="list-style-type: none"> • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District – Mental Health Drug & Alcohol • NGO Mental Health and AOD Service Providers • Lived experience • Carers • the local Aboriginal community <p>Regular consultation will inform the ongoing commissioning of this service. This will include representation from:</p> <ul style="list-style-type: none"> • General Practice • Psychiatry • NSLHD Mental Health Services • Mental Health Nurses • People with a lived experience of severe mental illness • Carers
Collaboration	<p>This activity will be led by Northern Sydney PHN and undertaken in collaboration with the commissioned service provider, General Practice, psychiatry, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, and employment services.</p> <p>Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.</p>
Activity milestone details/ Duration	<p>Commissioned service activity continues. The timelines relevant to this activity work plan are outlined below.</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>NSPHN will complete its joint regional mental health and suicide prevention plan by June 2020. The findings from the planning process may guide future commissioning and development of services for people with severe mental illness and complex needs.</p>
Commissioning method and	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p>

<p>approach to market</p>	<p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

Proposed Activities - Priority area 4: Mental health services for people with severe and complex mental illness including care packages

Mental Health Priority Area	Priority area 4: Mental health services for people with severe and complex mental illness including care packages
ACTIVITY TITLE	<i>MH 4.2 Establish mental health shared care program</i>
Existing, Modified, or New Activity	New Activity
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Priority Title: People with Severe Mental Illness and Complex Needs – Service coordination, Access to primary care services Needs Assessment page reference: pages 82, 83 Identified as possible option: Yes.
Aim of Activity	Establish a shared care program in collaboration with Northern Sydney Local Health District to improve the health outcomes for people experiencing severe mental illness
Description of Activity	<p>The establishment of a shared care program with Northern Sydney Local Health District mental health services will include the following activities:</p> <ul style="list-style-type: none"> • Plan, identify need and co-design a model of shared care with GPs focussing on meeting the physical needs identified in this cohort, working with people linked to the Northern Sydney Local Health District and services commissioned by the PHN. • Continue to provide education and access to screening tools for GPs to meet the physical needs in all mental health patients, while linking to appropriate services through health pathways and the PHN triage line • Deliver education and training for GPs including clinical attachments with NSLHD • Explore co-location of LHD mental health nursing staff in general practices <p>The expected outcomes of this activity are:</p> <ul style="list-style-type: none"> • Improved physical health outcomes for shared care clients • Improved pathways between primary care and specialist mental health services • Improved communication between primary care and NSLHD mental health services <p>The focus of this activity is ensuring continuity of care – matching people to the support services they require and facilitating effective communication between primary care services and secondary & tertiary services.</p>
Target population cohort	People with severe mental illness, including those receiving support from Northern Sydney Local Health District community mental health services.
Indigenous specific	No
Coverage	This activity will cover the entire NSPHN region.

Consultation	<p>A working group will be established to guide development of this activity. The working group will include representation from:</p> <ul style="list-style-type: none"> - General practice - Northern Sydney Local Health District - Community Managed Organisations - Consumers - Carers - NSPHN mental health team
Collaboration	<p>This activity will be led by Northern Sydney PHN and undertaken in collaboration with General Practice, psychiatry, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, and employment services.</p> <p>Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.</p>
Activity milestone details/ Duration	<p>Commissioned service activity continues. The timelines relevant to this activity work plan are outlined below.</p> <p style="padding-left: 40px;">Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p style="padding-left: 40px;">Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>NSPHN will complete its joint regional mental health and suicide prevention plan by June 2020. The findings from the planning process may guide future commissioning and development of shared care activities for people with severe mental illness and complex needs.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

Decommissioning	1a. Does this activity include any decommissioning of services? No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications.
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No

Proposed Activities - Priority area 4: Mental health services for people with severe and complex mental illness including care packages

Mental Health Priority Area	Priority area 4: Mental health services for people with severe and complex mental illness including care packages
ACTIVITY TITLE	<i>MH 4.3 GP Psychiatry Support Line</i>
Existing, Modified, or New Activity	New Activity
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Priority Title: People with severe mental illness & complex needs – Service coordination, Access to primary care services Needs Assessment page reference: p. 82, 83 Identified as possible option: Yes
Aim of Activity	Support GPs to access telephone-based psychiatry advice to support the management of patients with severe mental illness
Description of Activity	<p>Access to low cost psychiatry support is a challenge in the NSPHN region. Many people with severe mental illness receive their primary clinical support from their GP. Working in collaboration with five Primary Health Networks across NSW, NSPHN will co-commission a telephone-based psychiatry support service for GPs. The GP Psychiatry Support Line will provide advice and support to GPs on:</p> <ul style="list-style-type: none"> • Diagnosis of mental illness • Clinical assessment and investigation • Medication prescribing and review • Safety planning <p>NSPHN and the commissioned provider will proactively engage with GPs to promote access to the Psychiatry Support Line.</p> <p>The expected outcomes of this activity are:</p> <ul style="list-style-type: none"> • Enhanced GP management of people experiencing severe mental illness • Improved pathways between primary care and specialist mental health services • Improved health outcomes for people experiencing severe mental illness <p>The focus of this activity is ensuring GPs have access to specialist input for their patients. Psychiatry support will enable continuity of care – increasing GP capacity to maintain involvement in the care of patients experiencing severe mental illness and facilitating effective communication between primary care services and specialist services.</p>
Target population cohort	People with severe mental illness, including those receiving support from Northern Sydney Local Health District community mental health services.
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>

	If yes, briefly describe how this activity will engage with the Indigenous sector.
Coverage	This activity will cover the entire NSPHN region.
Consultation	<p>Consultation to inform the development of this activity has included representation from:</p> <ul style="list-style-type: none"> - General practice - Northern Sydney Local Health District - Community Managed Organisations - Consumers - Carers - NSPHN mental health team <p>Local GPs and the NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee will remain a key source of advice on the ongoing delivery of this activity.</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:</p> <ul style="list-style-type: none"> • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District – Mental Health Drug & Alcohol • NGO Mental Health and AOD Service Providers • Lived experience • Carers • the local Aboriginal community
Collaboration	<p>NSPHN has worked with representatives from South Eastern NSW PHN, Central & Eastern Sydney PHN, Hunter New England Central Coast PHN, Murrumbidgee PHN and Western NSW PHN to develop this activity.</p> <p>The involved PHNs have a memorandum of understanding to outline the commitment required from each to support the ongoing delivery of the program. An Advisory Group has been established to monitor performance of the service and guide future directions. The Advisory Group meets quarterly and is chaired by South Eastern NSW PHN.</p> <p>Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.</p>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p>

	<p>Any other relevant milestones? NSPHN will complete its joint regional mental health and suicide prevention plan by June 2020. The findings from the planning process may guide future commissioning and development of shared care activities for people with severe mental illness and complex needs.</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input checked="" type="checkbox"/> Other approach (please provide details) <p>Co-commissioning approach with South Eastern NSW PHN, Central & Eastern Sydney PHN, Hunter New England Central Coast PHN, Murrumbidgee PHN and Western NSW PHN.</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? Yes</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No (drop-down menu)</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No</p>

Proposed Activities - Priority area 5: Community based suicide prevention activities	
Mental Health Priority Area	Priority area 5: Community based suicide prevention activities
ACTIVITY TITLE	<i>MH 5.1 Commission community based suicide postvention services, incorporating Way Back Support program.</i>
Existing, Modified, or New Activity	Modified Activity - 5.1 Continue support of commissioned programs to provide follow up aftercare services and psychosocial support.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Priority Title: Suicide prevention Needs Assessment page reference: page 83 Identified as possible option: Yes.
Aim of Activity	Provide follow up psychosocial support to people who have attempted suicide to address factors impacting suicide risk.
Description of Activity	<p>NSPHN has commissioned a program to provide aftercare and psychosocial support to people who have accessed hospital or general practice services following a suicide attempt. This program links clients to appropriate support services, including General Practice and psychological support providers and provides practical assistance to address factors impacting suicide risk. Clients are serviced for a period of up to three months to support safety and resilience planning, develop and maintain support networks and address the psychosocial issues which may be exacerbating suicide risk. This area of activity will continue to work with Emergency Department and mental health in-patient and community staff, GPs and other service providers on hospital discharge processes and post discharge pathways.</p> <p>NSPHN will work with the commissioned service provider to:</p> <ul style="list-style-type: none"> • Improve uptake in identified areas of geographic need (Hornsby and Ryde LGAs) • Increase engagement with GPs and other key stakeholders • Develop collaborative working arrangements with relevant health services. <p>The expected outcomes of this activity are:</p> <ul style="list-style-type: none"> • Improved access to timely, personalised support for people at risk of suicide • Improved local service pathways • Enhanced community capacity to respond to suicide crises. <p>When agreement between the Commonwealth and NSW Government on the bilateral funding for the Way Back Support Service has been reached and funding from both parties provided, NSPHN will expand suicide postvention support services. NSPHN will work with NSW Ministry of Health, Northern Sydney Local Health District, Beyond Blue and a commissioned provider to implement the Way Back Support Service for the local region. This will increase the availability of postvention services across the region and allow greater in-reach into local hospitals.</p>
Target population cohort	People who have accessed services following a suicide attempt

Indigenous specific	No
Coverage	This activity will cover the entire NSPHN region.
Consultation	<p>NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process, co-design consultations and procurement. Stakeholder engagement methods included community and service provider forums, surveys, and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:</p> <ul style="list-style-type: none"> • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District – Mental Health Drug & Alcohol • Family and Community Services • NGO Mental Health and AOD Service Providers • Lived experience • Carers • the local Aboriginal community <p>NSPHN will continue to consult with local suicide prevention networks and interagencies to ensure suicide prevention services are meeting community need.</p>
Collaboration	<p>This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Police, local councils, AOD service providers, youth services, educational facilities, and suicide prevention sector leaders.</p> <p>Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.</p> <p>NSPHN will work with Beyond Blue, NSW Ministry of Health and Northern Sydney Local Health District to implement the Way Back Support Service in the Northern Sydney region. Quarterly meetings with these key stakeholders and the commissioned service provider will guide implementation of the model in the region.</p>
Activity milestone details/ Duration	<p>Commissioned service activity continues. The timelines relevant to this activity work plan are outlined below.</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p>

	NSPHN will complete its joint regional mental health and suicide prevention plan by June 2020. The findings from the planning process may guide future commissioning and development of suicide prevention services.
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

Proposed Activities - Priority area 5: Community based suicide prevention activities	
Mental Health Priority Area	Priority area 5: Community based suicide prevention activities
ACTIVITY TITLE	<i>MH 5.2 Deliver training and capacity building activities for identified gatekeepers, GPs and health service providers</i>
Existing, Modified, or New Activity	Existing Activity - 5.3 Support GPs and frontline staff to better assess suicide risk and provide appropriate support
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Priority Title: Suicide prevention Needs Assessment page reference: page 83 Identified as possible option: Yes.
Aim of Activity	Increase access to evidence-based suicide prevention training and education programs for local GPs and identified gatekeepers.
Description of Activity	<p>NSPHN will continue to undertake activity to support GPs and identified gatekeepers to better understand the indicators for suicide risk and assess and intervene where appropriate. This activity will also involve the development of relevant resources and the streamlining of referral pathways.</p> <p>This will include:</p> <ul style="list-style-type: none"> • Facilitating access to Applied Suicide Intervention Skills Training (ASIST) and Question Persuade Refer (QPR) training • Facilitating access to Black Dog Institute Advanced Training in Suicide Prevention training • Developing a regional suicide prevention service guide • Provision of targeted education sessions identifying the needs of priority populations, including young people, older people, people who identify as Lesbian Gay Bisexual Transgender or Intersex, Aboriginal and Torres Strait Islander people

	<p>The expected outcomes of this activity are:</p> <ul style="list-style-type: none"> • Improved detection of, and responses to, people at risk of suicide • Improved local service pathways • Enhanced community capacity to respond to suicide risk.
Target population cohort	GPs and other identified gatekeepers, including police, sporting and surf clubs and community service providers.
Indigenous specific	No
Coverage	This activity will cover the entire NSPHN region.
Consultation	<p>NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process, co-design consultations and procurement. Stakeholder engagement methods included community and service provider forums, surveys, and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:</p> <ul style="list-style-type: none"> • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District – Mental Health Drug & Alcohol • Family and Community Services • NGO Mental Health and AOD Service Providers • Lived experience • Carers • the local Aboriginal community <p>NSPHN will continue to consult with local suicide prevention networks and interagencies to ensure gatekeeper training activities are meeting community need.</p>
Collaboration	<p>This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Police, local councils, AOD service providers, youth services, educational facilities, and suicide prevention sector leaders.</p> <p>Training will be delivered in partnership with accredited training organisations including Black Dog Institute.</p> <p>Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.</p>
Activity milestone details/ Duration	<p>Commissioned service activity continues. The timelines relevant to this activity work plan are outlined below.</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2022</p>

	<p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>NSPHN will complete its joint regional mental health and suicide prevention plan by June 2020. The findings from the planning process may guide future commissioning and development of suicide prevention services.</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No</p>

Proposed Activities - Priority area 6: Aboriginal and Torres Strait Islander mental health services	
Mental Health Priority Area	Priority area 6: Aboriginal and Torres Strait Islander mental health services
ACTIVITY TITLE	<i>MH 6.1 Continue to commission community based Aboriginal Mental Health Services</i>
Existing, Modified, or New Activity	Existing Activity - 6.1 Commission services to meet the identified mental health needs of Aboriginal people in the region.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Priority Title: Aboriginal and Torres Strait Islander People – Access to psychological support services Needs Assessment page reference: page 85 Identified as possible option: Yes.
Aim of Activity	Increase access to culturally appropriate health and wellbeing support for Aboriginal and/or Torres Strait Islander people
Description of Activity	<p>NSPHN will continue to work with the commissioned services to:</p> <ul style="list-style-type: none"> • deliver culturally appropriate mental health and suicide prevention services to Aboriginal and Torres Strait Islander people within the NSPHN region • improve the quality of culturally safe mental health services by facilitating access to Aboriginal Mental Health First Aid training • increase the number of Aboriginal and Torres Strait Islander people accessing mental health services • provide consultation to local organisations on how to support culturally appropriate service delivery • support local organisations and service providers including schools, boarding houses and universities to recognise the indicators for suicide risk in Aboriginal and Torres Strait Islander young people and assess and intervene where appropriate by providing access to Aboriginal Mental Health First Aid training • ensure access to evidence-based suicide prevention services, including psychological therapies for young people identified as being at risk <p>The expected outcomes of this activity are:</p> <ul style="list-style-type: none"> • Increased engagement of local Aboriginal and Torres Strait Islanders in mental health and wellbeing services • Increased provision of culturally safe and appropriate treatment services • Improved mental health and wellbeing outcomes for serviced Aboriginal & Torres Strait Islander clients.
Target population cohort	Aboriginal and Torres Strait Islander residents of the NSPHN region who experience, or are at risk of developing, mental illness
Indigenous specific	Yes - The commissioned service is a partnership between a local Aboriginal organisation and a well-established community managed organisation. Employed Support Coordination staff are Aboriginal. The service has established strong networks with local Aboriginal services, including Northern Sydney Aboriginal Health Service and Bungee Bidjel Health Clinic.

Coverage	This activity will cover the entire NSPHN region.
Consultation	<p>NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts throughout the NSPHN Needs Assessment process, co-design consultations and procurement. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of 4 times a year and includes representation from:</p> <ul style="list-style-type: none"> • the local Aboriginal community • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District – Mental Health Drug & Alcohol teams and NLSHD Aboriginal Steering Committee • Family and Community Services • NGO Mental Health and AOD Service Providers • Lived experience • Carers <p>NSPHN continues to consult with local Aboriginal networks and interagencies to ensure commissioned services are meeting the needs of the local community. NSPHN and its commissioned Aboriginal mental health service are represented on the Northern Sydney Indigenous Services Collaborative.</p>
Collaboration	<p>This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, local Aboriginal community representatives and services, General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, youth services, educational facilities and employment services.</p> <p>Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.</p>
Activity milestone details/ Duration	<p>Commissioned service activity continues. The timelines relevant to this activity work plan are outlined below.</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>NSPHN will complete its joint regional mental health and suicide prevention plan by June 2020. The findings from the planning process may guide future commissioning and development of Aboriginal mental health services.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension</p>

	<p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

Proposed Activities - Priority area 7: Stepped care approach	
Mental Health Priority Area	Priority area 7: Stepped care approach
ACTIVITY TITLE	<i>MH 7.1 Undertake activities to support a stepped care approach to mental health</i>
Existing, Modified, or New Activity	Existing Activity - 7.1 Promote a stepped care approach and support the local service system, including general practice, to refer people to the right mental health support at the right time.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Priority Title: Stepped Care Needs Assessment page reference: pages 82-84 Identified as possible option: Yes.
Aim of Activity	Promote a stepped care approach to mental health to enable General Practitioners and other service providers to facilitate access for clients to the right level and type of support
Description of Activity	<p>NSPHN will continue to undertake activities to promote a stepped care approach. This will include:</p> <ul style="list-style-type: none"> • In-practice education and support to General Practitioners to raise awareness of available services along the stepped care continuum and support referral pathways • Facilitating access to accredited mental health education events for GPs, allied health practitioners and other service providers including RACF staff • Implementation of tools and resources arising from the Department of Health Initial Referral and Assessment project • Stepped Care workshops with commissioned providers and NSLHD • Development of common assessment guidelines and resources • Development and promotion of HealthPathways • Promotion of digital mental health services and resources including Head to Health, eMHPac and the Digital Health Guide. <p>The expected outcomes of this activity are:</p> <ul style="list-style-type: none"> • Enhancement of referral pathways to enable effective step up and down levels of service intensity • Appropriate uptake of services along the stepped care continuum • Increased provider confidence to identify and refer for a range of mental health issues
Target population cohort	Residents of the NSPHN region who experience, or are at risk of developing, mild, moderate or severe mental illness. The local service system, including, GPs, allied health practitioners and service providers.
Indigenous specific	No
Coverage	This activity will cover the entire PHN region.
Consultation	NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process and co-design consultations. Stakeholder engagement methods have included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs

	<p>Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol and Other Drugs Advisory Committee meets a minimum of 4 times a year and includes representation from:</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:</p> <ul style="list-style-type: none"> • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health • Northern Sydney Local Health District – Mental Health Drug & Alcohol • Family and Community Services • NGO Mental Health and AOD Service Providers • Lived experience • Carers • the local Aboriginal community <p>NSPHN will continue to consult with relevant stakeholders to support the implementation of a stepped care approach to mental health care across the region. Specific engagement activities including focus sessions and stakeholder interviews will be undertaken to inform NSPHN’s approach.</p>
Collaboration	<p>This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, youth services, educational facilities and employment services.</p> <p>Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.</p> <p>Department of Health will provide guidance and resources on assessment and referral for people experiencing mental health issues.</p> <p>Research organisations and recognised sector leaders will provide education and resources to support stepped care.</p>
Activity milestone details/ Duration	<p>Commissioned service activity continues. The timelines relevant to this activity work plan are outlined below.</p> <p style="padding-left: 40px;">Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p style="padding-left: 40px;">Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>NSPHN will complete its joint regional mental health and suicide prevention plan by June 2020. The findings from the planning process will guide future work required to support service integration and the implementation of a stepped care approach across the region.</p>
Commissioning method and	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p>

<p>approach to market</p>	<p> <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input checked="" type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) </p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No</p>

Proposed Activities - Priority area 7: Stepped care approach	
Mental Health Priority Area	Priority area 7: Stepped care approach
ACTIVITY TITLE	<i>MH 7.2 Building Primary Care Capacity</i>
Existing, Modified, or New Activity	New Activity
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Priority Title: Stepped Care Needs Assessment page reference: pages 82-84 Identified as possible option: Yes
Aim of Activity	Build the capacity of Primary Health Care in the region to deliver high quality, patient-centred and coordinated care for people experiencing, or at risk of developing, mental illness.
Description of Activity	<p>NSPHN will commission local general practices and practitioners to undertake quality improvement activities to further support the provision of mental health care for patients. This will include:</p> <ul style="list-style-type: none"> • Commissioning GPs to undertake screening and provide brief intervention • Supporting use of the Black Dog Institute StepCare program • Trialling implementation of tools and resources arising from the Department of Health Initial Referral and Assessment project <p>The expected outcomes of this activity are:</p> <ul style="list-style-type: none"> • Increased rates of screening and intervention for mental health issues • Appropriate uptake of services along the stepped care continuum • Increased provider confidence to identify and refer for a range of mental health issues
Target population cohort	General practices People experiencing, or at risk of developing, mental illness
Indigenous specific	No
Coverage	This activity will cover the entire PHN region.
Consultation	<p>NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process and co-design consultations. Stakeholder engagement methods have included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.</p> <p>The NSPHN Mental Health and Alcohol and Other Drugs Advisory Committee meets a minimum of 4 times a year and includes representation from:</p> <p>The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:</p> <ul style="list-style-type: none"> • NSPHN Board, Clinical Council and Community Council • General Practice • Allied health

	<ul style="list-style-type: none"> • Northern Sydney Local Health District – Mental Health Drug & Alcohol • Family and Community Services • NGO Mental Health and AOD Service Providers • Lived experience • Carers • the local Aboriginal community <p>NSPHN will continue to consult with relevant stakeholders to support the implementation of a stepped care approach to mental health care across the region. Specific engagement activities including focus sessions and stakeholder interviews will be undertaken to inform NSPHN’s approach.</p>
Collaboration	<p>This activity will be led by Northern Sydney PHN and undertaken in collaboration with General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers.</p> <p>Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.</p> <p>Department of Health will provide guidance and resources on assessment and referral for people experiencing mental health issues.</p> <p>Research organisations and recognised sector leaders will provide education and resources to support stepped care.</p>
Activity milestone details/ Duration	<p>Commissioned service activity continues. The timelines relevant to this activity work plan are outlined below.</p> <p style="padding-left: 40px;">Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p style="padding-left: 40px;">Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>NSPHN will complete its joint regional mental health and suicide prevention plan by June 2020. The findings from the planning process will guide future work required to support service integration and the implementation of a stepped care approach across the region.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input checked="" type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process?</p>

	<p>No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?</p> <p>No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned?</p> <p>No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services?</p> <p>No</p>
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>No</p>

Proposed Activities - Priority area 8: Regional mental health and suicide prevention plan	
Mental Health Priority Area	Priority area 8: Regional mental health and suicide prevention plan
ACTIVITY TITLE	<i>MH 8.1 Develop joint regional mental health and suicide prevention plan in partnership with Northern Sydney Local Health District</i>
Existing, Modified, or New Activity	Existing Activity - 8.1 Develop comprehensive regional mental health and suicide prevention plan in collaboration with NSLHD and other stakeholders.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>Priority Title: Stepped Care</p> <p>Needs Assessment page reference: pages 82-84</p> <p>Identified as possible option: Yes – development of service pathways, communication protocols between primary care and acute care services.</p>
Aim of Activity	Develop Regional Mental Health and Suicide Prevention Plan in partnership with Northern Sydney Local Health District and other key stakeholders.
Description of Activity	<p>The Joint Regional Mental Health and Suicide Prevention plan will support the integrated delivery of mental health and suicide prevention services within the Northern Sydney PHN region by identifying needs and gaps, and aiming to orient resources to reduce duplication, remove inefficiencies, and encourage innovation.</p> <p>The Regional Mental Health and Suicide Prevention Plan will address the six core areas of PHN funding relating to:</p> <ul style="list-style-type: none"> • Low Intensity Mental Health Services • Youth Mental Health • Psychological Therapies under-serviced and hard to reach populations • Mental Health Services for people with Severe Mental Illness and Complex Needs • Community Based Suicide Prevention Services • Aboriginal Mental Health and Suicide Prevention <p>The stepped care approach will be the overarching framework for the regional plan.</p> <p>Northern Sydney PHN Mental Health Needs Assessment also identified the following areas of activity to prioritise in the Regional Mental Health and Suicide Prevention Plan:</p> <ul style="list-style-type: none"> • Work with NSLHD, GPs and local mental health service providers to capture and analyse data relevant to service usage, capacity and populations of significant need, including Aboriginal and Torres Islander People. • Conduct further analysis of the increasing rates of self-harm related hospitalisations of young women in the region. • Work with NSLHD and primary care practices to improve transitions between acute and primary care. • Investigate solutions to divert unnecessary ED attendance, including targeted promotion of appropriate after hours services.

	<ul style="list-style-type: none"> • Work with NSLHD and local service providers to explore gaps in service provision for young people with moderate to severe mental health issues. • Provide education and support to GPs and frontline services to identify and address suicide risks. • Work with local service providers to develop models for aftercare case management and support for people who have attempted suicide. • Further explore the provision of individual and group support services for people with a diagnosis of Borderline Personality Disorder. • Investigate service pathways for people with eating disorders and disordered eating. • Map services along the stepped care continuum and support service development and innovation where needed. • Increase the capacity of GPs and Allied Health Providers to effectively respond to the needs of people with severe mental illness and complex needs. • Investigate the availability and appropriateness of low intensity mental health services. • Investigate options to improve access to psychological services and preventative mental health programs for older people. <p>The expected outcome of this activity is production of an agreed and community endorsed Regional Mental Health and Suicide Prevention Plan that can be used to support the integrated delivery of mental health and suicide prevention services and inform future commissioning.</p> <p>The Regional Plan will:</p> <ul style="list-style-type: none"> • support service integration • clarify responsibilities at a regional level, • guide commissioning and delivery of mental health services • embed partnerships needed to make optimal use of resources
Target population cohort	The target population is residents of the NSPHN region who experience, or are at risk of developing, mental illness.
Indigenous specific	No
Coverage	This activity will cover the entire PHN region.
Consultation	<p>Stakeholder engagement and analysis will occur to clarify needs, gaps and service opportunities relating to the above areas. Market analysis and service mapping across these areas will indicate areas of need, service duplication etc. and will inform subsequent strategic commissioned activity.</p> <p>Northern Sydney PHN is continuing to develop its partnership with the Local Health District in order to share data relating to mental health activity, including, but not limited to, mental health admissions and discharge rates. Northern Sydney PHN will work closely with the LHD in joint planning of Mental Health activities where appropriate and of benefit to the local community.</p> <p>Broad ranging community consultation activities will be undertaken to inform the regional plan.</p>

Collaboration	<p>This activity will be led by Northern Sydney PHN and undertaken in partnership with Northern Sydney Local Health District. A governance group for the regional plan has been established with representation from NSPHN, NSLHD, local community managed organisations, consumers and carers. Development of the regional plan will require collaboration with General Practice, community allied health providers, commissioned service providers and staff and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, youth services, educational facilities and employment services.</p> <p>Service gaps and priorities will be further explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.</p>
Activity milestone details/ Duration	<p>Commissioned service activity continues. The timelines relevant to this activity work plan are outlined below.</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2020</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2020</p> <p>The Joint Regional Mental Health and Suicide Prevention plan will be completed in June 2020. From July 2020, further planning will be undertaken to address priorities arising from the joint regional mental health plan.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No</p>