



Australian Government

Department of Health



An Australian Government Initiative

Activity Work Plan 2019-2021: National Psychosocial Support measure

This Activity Work Plan template has the following parts:

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

Northern Sydney PHN

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

Overview

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

Important documents to guide planning

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

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

Formatting requirements

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

1. (a) Planned activities for 2019-20 to 2020-21 – National Psychosocial Support Measure

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

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
ACTIVITY TITLE	NPS1: Commissioning non-clinical mental health services to deliver the National Psychosocial Support Measure in the Northern Sydney PHN (NSPHN) region.
Existing, Modified, or New Activity	Existing Activity <i>Activity 1. Commissioning of non-clinical mental health services to deliver the National Psychosocial Support Measure in the NSPHN region.</i>
Aim of Activity	This activity aims to support people with severe mental illness and associated psychosocial disability who are not eligible to receive support through the National Disability Insurance Scheme (NDIS). The service will address identified needs by providing recovery oriented, individually-tailored supports, such as assisting with developing social skills, maintaining stable housing and improving physical wellbeing, among others.
Description of Activity	<p>Psychosocial Support Services have been commissioned for delivery in the NSPHN region, with the service commencing in January 2019. The commissioned service provides:</p> <ul style="list-style-type: none"> • Comprehensive bio-psychosocial assessment and support planning; • Assertive, outreach-based individual support to enable clients to access and maintain housing, increase participation in the workforce, develop social networks and manage activities of daily living; • Practical support to enable clients to develop social skills, access community activities and address issues exacerbating loneliness and isolation <p>NSPHN has worked with the commissioned provider to enable rapid service establishment and will support the ongoing delivery of the commissioned service through proactive contract management. This includes regular provider support meetings, development of an annual service plan, quarterly reports, and six-monthly financial reporting. In addition, NSPHN will provide ad-hoc support to the service provider based on needs.</p> <p>NSPHN will provide guidance and support to the service provider around strategies to engage with GPs, consumers, other local service providers and Northern Sydney Local Health District (NSLHD). NSPHN will also continue to link the service provider with local partners and other local services, including other mental health and alcohol and other drugs commissioned services. NSPHN will also promote the service through its communication pathways, including PHN website, eNews, mass email communications and events.</p> <p>All activities related to evaluation of the commissioned service align with</p>

	<p>NSPHN’s Commissioning Evaluation Framework. The service provider will also report into the Primary Mental Health Care National Minimum Data Set, which will provide an indicator of outputs and outcomes.</p> <p>NSPHN will continue to work closely with the provider to ensure appropriate annual budgeting, monitor budget tracking, and monitor service uptake to ensure appropriate use of the budget to deliver value for money.</p> <p>NSPHN has worked with the commissioned provider throughout the service establishment phase to support integration with relevant clinical mental health services, including those provided by NSLHD. The service provider has been linked in with other NSPHN commissioned services to ensure the development of appropriate referral pathways and facilitate opportunities for integrated service delivery. NSPHN will continue to work with the commissioned provider to promote the service and further develop links with primary care and relevant sector partners. This will involve undertaking targeted education events and incorporation of the program on local HealthPathways.</p> <p>The service established through the National Psychosocial Support Measure will be included in service mapping undertaken to inform the regional mental health and suicide prevention plan. Service pathways developed through the regional planning process will incorporate psychosocial programs commissioned by NSPHN.</p> <p>NSPHN consulted widely with stakeholders in the region to ensure that gaps between Commonwealth and State funded mental health services are addressed. This consultation allowed NSPHN to ensure that the commissioned service does not duplicate existing psychosocial services. It was a requirement in the Request for Proposal that the proposed service complement existing programs and did not duplicate other available supports.</p> <p>NSPHN has worked closely with the commissioned provider, NSLHD representatives and other sector stakeholders to ensure that NPSM services effectively meet the needs of those in the region who are not able to access NDIS. This has included identifying priority groups less likely to be able to access NDIS, including:</p> <ul style="list-style-type: none"> • People under 25 years • People experiencing homelessness • People with personality disorders • People with co-existing substance misuse issues • Aboriginal and Torres Strait Islander people • People from culturally and linguistically diverse backgrounds
<p>Target population cohort</p>	<p>People with severe mental illness and associated psychosocial disability who are not eligible for assistance through the NDIS, and who are not receiving psychosocial services through programs such as Partners in Recovery (PIR), Day to Day Living (D2DL) or the Personal Helpers and Mentors (PHaMs).</p> <p>Through the needs assessment and consultation process, particular cohorts were identified as having a potentially high need for this service including:</p> <ul style="list-style-type: none"> • People under 25 years • People experiencing homelessness • People with personality disorders

	<ul style="list-style-type: none"> • People with co-existing substance misuse issues • Aboriginal and Torres Strait Islander people • People from culturally and linguistically diverse backgrounds
Indigenous specific	No
Coverage	This activity will cover the entire NSPHN region. The commissioned service provider operates on an outreach basis from three physical locations across the region.
Consultation	<p>NSPHN undertook extensive consultation to support this activity. Consultation with NSLHD and the National Disability Insurance Agency was undertaken via face to face meetings. These meetings were held to identify gaps in service provision, barriers to accessing services for the local population and opportunities to work in partnership to further understand needs in the region and implement commissioned services. These meetings have also been a key element to building relationships and capacity in the sector.</p> <p>NSPHN held a co-design workshop, with representation from a broad variety of stakeholders who considered current service needs, barriers and challenges, and identified key service features for the program to be commissioned.</p> <p>NSPHN also released two surveys to allow broad reach for co-design. One survey was targeted at consumers, families and carers, while the other was targeted at service providers. The surveys were shared widely with NSPHN's networks, including NSLHD's peer workforce. The survey was advertised on the NSPHN website and via the eNews. More than 60 people responded to this survey, all of whom shared varying perspectives and identified priorities for the NPSM.</p> <p>NSPHN consulted with its local networks, including the Community Council, Clinical Council, and the Mental Health and Alcohol and Other Drugs Advisory committee.</p> <p>Overall consultees for the NPSM activity included:</p> <ul style="list-style-type: none"> • NSLHD • Consumers • Carers • GPs • The local Indigenous community • Allied health • NGO mental health and alcohol & other drugs service providers • Peer workers • Mental health nurses • Case managers
Collaboration	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>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>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2018 Activity end date: 30/06/2021</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: 1/1/2019 Service delivery end date: 30/6/2021</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 psychosocial 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 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>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>

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

ACTIVITY TITLE	NPS2: Commissioning transition support services for clients of PIR, PHaMs & D2DL
Existing, Modified, or New Activity	New Activity
Aim of Activity	<p>This activity will provide consistency to clients in PIR, PHaMs and D2DL who have not yet transitioned to the NDIS. Existing service providers will be required to continue current service delivery to these clients while assisting them to test eligibility for the NDIS. It is expected that maintaining existing support relationships will enable a smoother transition to NDIS or other ongoing support. Service providers will assist clients to fill out NDIS applications, gather required evidence and, where necessary, will advocate with NDIS representatives to ensure an appropriate package of support is received.</p>
Description of Activity	<p>This activity will involve contracting the current providers delivering Partners in Recovery (PIR), Personal Helpers and Mentors (PHaMs), and Day to Day Living (D2DL) for twelve months of service.</p> <p>This activity will require extensive work with current service providers to identify active client numbers, understand existing challenges in transitioning people to the NDIS, and to specify the requirements moving forward to facilitate both transition to the NDIS and ongoing support for those assessed as ineligible.</p> <p>NSPHN will develop service agreements with the current providers and follow up with proactive contract management. Proactive contract management will ensure that the service providers continue to work with clients to test eligibility for NDIS, transition eligible clients to the NDIS, and continue service delivery to those who are ineligible for the NDIS until they are able to transition to another ongoing service provider. NSPHN will provide additional support to each service provider to assist those hard to reach clients to test eligibility for the NDIS. NSPHN will work with providers to facilitate service delivery through regular provider meetings, quarterly reports and ad-hoc reporting as required.</p> <p>By working closely with current PIR, PHaMs and D2DL service providers, NSPHN will determine the most cost-effective path to continuing psychosocial service delivery to clients currently registered with those service. This will include building an understanding of the timeframe and ongoing potential costs for those who are yet to test eligibility for the NDIS. Contract management and ongoing review of transition rates will enable NSPHN to ensure that finances are being used appropriately.</p> <p>The support needs of people with severe mental illness and associated psychosocial disability will be a key focus of the Northern Sydney joint regional mental health and suicide prevention plan. The interface between primary care, secondary and tertiary services and the NDIS will be an area of investigation. Regional planning will provide an important opportunity to clarify service pathways for people with severe mental illness, especially those unable to access support through the NDIS.</p>

	This activity involves extension of existing services to current clients of Commonwealth psychosocial support programs. Clients transitioning to NDIS will be supported to access the service types and levels that best meet their needs. Communication with clients' existing support networks, including staff from State-funded mental health services will be key to ensuring safe and successful transition to longer term support services.
Target population cohort	The target population for this activity is people with severe mental illness who are currently receiving psychosocial support services through Partners in Recovery (PIR), Day to Day Living (D2DL) or the Personal Helpers and Mentors (PHaMs) programs, and who require ongoing support while applying for or transitioning to the NDIS.
Indigenous specific	No
Coverage	This activity will cover the entire NSPHN region.
Consultation	<p>NSPHN has engaged with the current providers of PIR, PHaMs and D2DL to understand the ongoing needs for the 2019-20 financial year. This has included;</p> <ul style="list-style-type: none"> - determining current client numbers and the breakdown of clients who are in the process of transition to NDIS (including those yet to apply) - identifying costs required to support service delivery - identifying additional support required to aide the transition of clients who have been difficult to engage in applying to NDIS. <p>Service agreements for 2019-20 will be developed with each provider. Ongoing contract management and regular meetings will ensure that providers are adequately supported to assist clients to transition to appropriate longer term supports.</p>
Collaboration	<p>The role of current service providers in this activity will be to determine the need over the 2019-20 and identify required budget. NSPHN will work closely with these providers to ensure continuity of service delivery and to support transition to the most appropriate ongoing service.</p> <p>Existing or newly appointed staff of PIR, PHaMS and D2DL will be involved in supporting hard to reach clients to apply for the NDIS. This may include close collaboration with others involved in the care of these clients to ensure NDIS applications are completed.</p>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 1/04/2019 Activity end date: 30/06/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: July 2019 Service delivery end date: June 2020</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</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</p>

	<p>provider has provided this service, and their performance to date.</p> <ul style="list-style-type: none"> <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? 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? Yes</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p> <p>The current service providers of PIR, PHaMs and D2DL will be decommissioned by 30.6.2020. At that time, any client who has not already transitioned to NDIS will be supported by the established CoS service. It is expected that the new CoS service will commence by March 2020. This will allow for adequate transition between current and new service providers.</p>

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

ACTIVITY TITLE	NPS3: Commissioning non-clinical mental health services to ensure Continuity of Support (CoS) for clients not transitioning to NDIS.
Existing, Modified, or New Activity	New Activity
Aim of Activity	This activity aims to provide continuity of services to PIR, PHaMs and D2DL clients who are not eligible for the NDIS. Existing providers will be required to continue current service delivery to these clients until such time that they can transition to newly commissioned CoS services. This will ensure that clients of these existing programs will not fall through the gaps or experience significant disruptions in services when transitioning to a new provider.
Description of Activity	<p>This activity will consist of:</p> <ul style="list-style-type: none"> • Contracting with existing PIR, PHaMS & D2DL providers to provide up to 12 months of Continuity of Support (CoS) services for existing clients who have had NDIS applications declined • Undertaking co-design and consultation across the NSPHN region to determine the needs for ongoing CoS services • Conducting an open tender process to identify a preferred provider to deliver CoS services from 2020 onwards (in line with future funding), and; • Proactively managing the contract for CoS services <p>This activity will involve consultation across the NSPHN region to identify ongoing psychosocial support requirements for people who currently receive support through PIR, PHaMs or D2DL and who are not eligible for the NDIS. NSPHN will consult with these clients, service providers and other appropriate stakeholders to determine the most appropriate service model for CoS services. Consultation will take place via face to face meetings, a co-design session, and surveys to facilitate access for those hard to reach people who will be requiring the service.</p> <p>An open tender process will be used to determine an appropriate CoS service provider. Proposals will be scored against evaluation criteria by an independent Tender Evaluation Panel. Once the preferred provider is identified and contracted, proactive contract management will begin with the aim of establishing, monitoring and evaluating the commissioned service. To allow for safe transition of clients, the commissioned service will commence in March 2019.</p> <p>In the transition phase to CoS, NSPHN will work closely with all service providers to ensure that all clients requiring transition to CoS are assisted to transition into the new service safely and efficiently. NSPHN will then work with the new commissioned service provider during establishment and ongoing to monitor and evaluate the service.</p> <p>Co-design and consultation will be the most efficient way to ensure that commissioned services support integrated clinical and psychosocial service delivery. Through consulting clients of the current services as well as other key</p>

	<p>stakeholders such as service providers, NSPHN will identify a cost-effective service as well as appropriate assessment and outgoing referral pathways.</p> <p>Contract management and ongoing evaluation of the newly commissioned CoS service will enable the provider and NSPHN to review the service model and adapt it as required to ensure that it addresses the needs of service users.</p> <p>The support needs of people with severe mental illness and associated psychosocial disability will be a key focus of the Northern Sydney joint regional mental health and suicide prevention plan. The interface between primary care, secondary and tertiary services and the NDIS will be an area of investigation. Regional planning will provide an important opportunity to clarify service pathways for people with severe mental illness, especially those unable to access support through the NDIS.</p> <p>This activity involves extension of existing services to current clients of Commonwealth psychosocial support programs. The newly commissioned CoS service will meet the range of needs of existing clients. Communication with clients' existing support networks, including staff from State-funded mental health services will be key to ensuring safe and successful transition to longer term support services. NSPHN will work with the newly commissioned CoS service to ensure that service delivery is integrated with relevant services in the local region and that the service complements rather than duplicates other programs.</p>
Target population cohort	The target population for this activity is people with severe mental illness who are currently receiving psychosocial support services through Partners in Recovery (PIR), Day to Day Living (D2DL) or the Personal Helpers and Mentors (PHaMs) program and have been deemed ineligible for the NDIS.
Indigenous specific	No
Coverage	This activity will cover the entire NSPHN region.
Consultation	<p>This activity will involve consultation across the NSPHN region to identify ongoing psychosocial support requirements for people who currently receive support through PIR, PHaMs or D2DL and who are not eligible for the NDIS.</p> <p>NSPHN will consult with these clients, service providers and other appropriate stakeholders to determine the most appropriate service model for CoS services. Consultation will take place via face to face meetings, dedicated co-design sessions, and surveys to facilitate input from as many relevant stakeholders as possible.</p>
Collaboration	<p>The role of the current providers and clients of the PIR, PHaMs and D2DL services will be to aide in the determination of service specifications for CoS services. This will include identifying the most appropriate service model based upon the needs of the clients who are likely to transition to CoS services and considering such factors as staffing models.</p> <p>A representative Tender Evaluation Panel will be convened to evaluate applications and determine the most appropriate service provider to deliver Continuity of Support based upon the proposed service model, organisational capacity and experience of delivering similar services.</p>

	<p>NSPHN will work closely with the PIR, PHaMS and D2DL providers and the newly commissioned CoS provider to ensure that the transition process for clients is safe, comprehensive and clearly communicated for all involved.</p>
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/04/2019 Activity end date: 30/06/2021</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2021</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 psychosocial 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 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 checked="" 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? 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? Yes</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications. The current service providers of PIR, PHaMs and D2DL will be decommissioned by 30.6.2020. The newly commissioned CoS service will be established by March 2020 to enable adequate transition for clients.</p>

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

ACTIVITY TITLE	NPS4: Delivering NDIS Interface Services in the NSPHN region.
Existing, Modified, or New Activity	New Activity
Aim of Activity	The aim of this activity is to support the planning, commissioning and establishment of NPS and CoS services and to assist clients to transition to appropriate ongoing supports. This activity will also build the capacity of primary care providers and local services to assist people with severe mental illness and associated psychosocial disability through the process of applying for the NDIS.
Description of Activity	<p>This activity will consist of:</p> <ul style="list-style-type: none"> • Undertaking the consultation, planning and commissioning of transitioning Commonwealth psychosocial support services – PIR, PHaMs & D2DL • Working with providers to ensure integration of supports and services through NPS Transition and CoS • Providing service providers and other stakeholders with information, advice and practical support to assist hard to reach populations to test eligibility for the NDIS • Tracking the progress of transitioning clients and providing solutions where barriers are faced • Working with providers to complete reporting activities against funding outcomes • Delivering information and education to primary care, service providers, consumers and families on available psychosocial supports and how to navigate NDIS <p>This activity will be cost-effective by providing assistance to people to access the appropriate level of care for their needs. Investing in capacity building for primary care providers, service providers, consumers and families to better navigate the NDIS will enable more efficient use of sector resources. Clarifying referral criteria and service pathways will help to avoid unnecessary duplication of efforts and applications that are unlikely to return a favourable outcome.</p> <p>The support needs of people with severe mental illness and associated psychosocial disability will be a key focus of the Northern Sydney joint regional mental health and suicide prevention plan. The interface between primary care, secondary and tertiary services and the NDIS will be an area of investigation. Regional planning will provide an important opportunity to clarify service pathways for people with severe mental illness, especially those unable to access support through the NDIS.</p> <p>NSPHN has established a strong working relationship with NSLHD mental health directorate and will continue to collaborate to ensure that commissioned services and activities meet the needs of the local region. When planning capacity building activities, NSPHN will work with NSLHD and other service providers to ensure that these align with existing activity.</p>

Target population	People experiencing severe mental illness and associated psychosocial disability, their carers, family and kinship groups. Service providers, primary care.
Indigenous specific	No
Coverage	This activity will cover the entire NSPHN region.
Consultation	<p>NSPHN has undertaken extensive consultation to support this activity. Consultation with NSLHD and the National Disability Insurance Agency was undertaken via face to face meetings. These meetings were held to identify gaps in service provision, barriers to accessing services for the local population and opportunities to work in partnership to further understand needs in the region and implement commissioned services. These meetings have also been a key element to building relationships and capacity in the sector.</p> <p>NSPHN held a co-design workshop, with representation from a broad variety of stakeholders who considered current service needs, barriers and challenges regarding NDIS and psychosocial support services.</p> <p>NSPHN also released two surveys to allow broad reach for consultation. One survey was targeted at consumers, families and carers, while the other was targeted at service providers. The surveys were shared widely with NSPHN's networks, including NSLHD's peer workforce. The survey was advertised on the NSPHN website and via the eNews. More than 60 people responded to this survey, all of whom shared varying perspectives and identified priorities for activities to support access to NDIS or other psychosocial support services.</p> <p>NSPHN further consulted with its local networks, including the Community Council, Clinical Council, and the Mental Health and Alcohol and Other Drugs Advisory committee.</p> <p>NSPHN will continue to consult with relevant stakeholders to ensure that activities undertaken to support access to NDIS or other psychosocial supports are appropriately targeted and tailored to meet local need.</p>
Collaboration	<p>Existing or newly appointed staff of PIR, PHaMS and D2DL will be involved in supporting hard to reach populations to apply for the NDIS.</p> <p>NSPHN will continue to collaborate with consumers, carers, family members, service providers and primary care to ensure that there is adequate support for people with severe mental illness and psychosocial disability to access NDIS or other relevant psychosocial supports.</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: 1/04/2019 Activity end date: 30/06/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: May 2019 Service delivery end date: June 2020</p> <p>Any other relevant milestones?</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? 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>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>