



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

Hunter New England and Central Coast PHN

Overview

This Primary Mental Health Care Activity Work Plan covers the period from 1 July 2019 to 30 June 2022. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 36 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.

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 - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 1: Low intensity mental health services
ACTIVITY TITLE	<i>MH1.01 Promotion of digital low intensity platforms</i>
Existing, Modified, or New Activity	Modified <i>2016-19 Activity Work Plan reference/s</i> <i>1.1 Promotion of existing low intensity services and low intensity gateways.</i>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	NxMH17 Limited availability of early intervention services NxMH9 Stigma Associated with Mental Illness, including help seeking
Aim of Activity	The aim of this activity is to promote the use of digitally available, evidence-based platforms and resources for people with, or at risk of developing mild mental illness.
Description of Activity	HNECC will continue to support and promote the Mental Health digital gateway (Head to Health) and facilitate use amongst key groups by way of direct recommendation to clients who are referred through the Central Access and Referral Service (activity 7.1). HNECC PHN will support and promote the availability of validated self-help and digital mental health services as part of a Stepped Care approach to mental health service provision. Similarly, HNECC will utilise social media to promote these resources and work to embed appropriate links in HealthPathways as a key activities to raise the awareness of online, low intensity resources for clinicians and consumers.
Target population cohort	Whole of population
Indigenous specific	No
Coverage	Whole of region
Consultation	Over the past 12 months, HNECC engaged Nexus Management Consultants to facilitate a co-design process. The process undertaken consisted of: <ul style="list-style-type: none"> • Literature Review • National review of current service models

	<ul style="list-style-type: none"> • One strategy workshop engaging a range of stakeholders • Three regional workshops that engaged a broad range of stakeholder to consider a proposed model • GP focus groups • Online consultation
Collaboration	HNECC will work in collaboration with existing providers, Local Health Districts, consumers and community members to continue to refine low intensity digital resources are integrated into existing service structures.
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>Service delivery start date: July 2019 Service delivery end date: June 2022</p>
Commissioning method and approach to market	<input checked="" type="checkbox"/> Not yet known 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No
Data collection	No

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

Mental Health Priority Area	<p>Indicate the mental health priority area this activity falls under.</p> <p>Priority area 1: Low intensity mental health services</p>
ACTIVITY TITLE	<i>MH1.02 Low intensity integration</i>
Existing, Modified, or New Activity	<p>Modified</p> <p>2016-19 Activity Work Plan reference/s 1.2 Commissioning and management of low intensity mental health services.</p>
PHN Program Key Priority Area	Mental Health

Needs Assessment Priority	NxMH17 Limited availability of early intervention services NxMHMH10 Lack of integration and collaboration between mental health services
Aim of Activity	The aim of this activity is to continue to work with providers of low intensity services that are commissioned under other priority areas to improve whole of sector integration within a Stepped Care framework.
Description of Activity	HNECC PHN will continue to manage commissioned low-intensity services (primarily commissioned through engaging a range of mental health professionals and vocationally qualified professionals to deliver evidence based mental health services to people that would otherwise have little or no access to such services) and work with providers to support integration of these services within the overall stepped care system. HNECC will also ensure commissioned low-intensity services are utilising existing digital resources to enhance commissioned service activity.
Target population cohort	Whole of population
Indigenous specific	No
Coverage	Whole of region
Consultation	As this is a continuation of existing activities, consultation has been varied. However, a mix of consultation with providers, clinicians, consumers, carers and Local Health Districts has occurred.
Collaboration	HNECC will work in collaboration with existing providers, Local Health Districts, consumers and community members to continue to refine low intensity services which are integrated into existing service structures.
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2022
Commissioning method and approach to market	<input checked="" type="checkbox"/> Continuing service provider / contract extension 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No
Data collection	No
Funding from other sources	NIL

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

Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 1: Low intensity mental health services
ACTIVITY TITLE	<i>MH1.03 Mental Health Services in Primary Care – Low Intensity</i>
Existing, Modified, or New Activity	Modified <i>2016-19 Activity Work Plan reference/s</i> 3.1 <i>Commissioning of new mental health clinical (allied health/psychology) services</i>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	NxMH17 Limited availability of early intervention services NxMH12 Transport barriers to mental health services NxMH9 Stigma associated with mental illness including help seeking
Aim of Activity	This activities aims to provide easy to access, non-clinical services for those with, or at risk of developing mild mental illness.
Description of Activity	As part of commissioning a suite of services in a Stepped Care Framework, HNECC will procure appropriately experienced organisations to deliver an evidence based low intensity program. Low intensity services will be made available to eligible clients across the HNECC footprint through service delivery by trained and competent coaches. Local service providers will be procured to deliver a suite of services, along with activities MH3.1 and MH4.2
Target population cohort	People with, or at risk of developing mild mental illness.
Indigenous specific	No
Coverage	Whole of region
Consultation	Over the past 12 months, HNECC engaged Nexus Management Consultants to facilitate a co-design process. The process undertaken consisted of: <ul style="list-style-type: none"> • Literature Review • National review of current service models • One strategy workshop engaging a range of stakeholders • Three regional workshops that engaged a broad range of stakeholder to consider a proposed model • GP focus groups • Online consultation • Community and Clinical council consultation
Collaboration	Stakeholder involved in consultation and co-design: <ul style="list-style-type: none"> • Consumers and Carers • Community Members • Current Service Providers • Private clinicians • Not for Profit Organisations • Local Health Districts

	<ul style="list-style-type: none"> • Psychiatrists • GPs <p>Stakeholders involved in additional focus groups:</p> <ul style="list-style-type: none"> • GPs, including those with current HNECC mental health contracts <p>Stakeholders involved in the procurement process:</p> <ul style="list-style-type: none"> • LHDs • Beyond Blue
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2022</p> <p>Service delivery start date: December 2019</p> <p>Service delivery end date: June 2022</p> <p>As this a brand new service and service type for HNECC, service delivery will start within the first six months due to time required to recruit and train coaches.</p>
Commissioning method and approach to market	<p><input checked="" type="checkbox"/> Open tender</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	No
Data collection	Yes
Funding from other sources	
Funding from other sources	NIL

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

Mental Health Priority Area	<p>Indicate the mental health priority area this activity falls under.</p> <p>Priority area 2: Child and youth mental health services</p>
ACTIVITY TITLE	<i>MH2.01 – Commission headspace services</i>
Existing, Modified, or New Activity	<p>Existing Activity</p> <p><i>2016-19 Activity Work Plan reference/s</i></p> <p><i>2.1 Management of existing contracts for youth mental health providers</i></p>

PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	NxMH2 Mental health and suicide prevention needs of youth
Aim of Activity	Commission existing and advocate for new headspace centres, outreach and satellite services in Gosford/Lake Haven, Maitland, Newcastle and Tamworth. The aim of this activity is to increase access for youth and their families to help with issues affecting wellbeing, and to maximise impact of services delivered.
Description of Activity	<p>Continue to commission existing and new youth mental health services via headspace services in four areas: Maitland, Newcastle, Tamworth and Gosford, along with new outreach centres in the New England Area. This will provide community-based services for young people in the HNECC footprint, including rural and remote communities, with or at risk of mental illness, in line with existing and future headspace service delivery model.</p> <p>The PHN will integrate and link programmes into broader primary care activities such as youth complex and suicide prevention, via an approach that leverages its extensive network of primary care stakeholders, national peak bodies (i.e. Beyond Blue, Orygen and headspace National Office), and communities of practice, to identify new outreach/satellite services, and new youth mental health services, that can be enhanced and placed on the headspace platform, thus creating a 'no wrong door' approach.</p> <p>Implementation of the PHN's Stepped Care, and Access and Referral System, will further support integration of programmes into the headspace platform, enabling person centred integration across physical, mental, behavioural, social and vocational support, and drug and alcohol services.</p> <p>HNECCPHN will work with the headspace centres to develop and review annual activity work plans and undertake continuous improvement activities.</p>
Target population cohort	Young people aged 12-25 years
Indigenous specific	Yes Through targeted activities and engagement with the sector via Youth Reference Groups, Interagency Meetings, and Aboriginal Medical Services
Coverage	Whole of PHN region
Consultation	<p>Through established communities of practice, continue to develop effective relationships with headspace Centres, lead agencies, and headspace National Office. Refine performance data and other reporting arrangements, including moving to six monthly reporting.</p> <p>Establish linkages between associated services to promote integration of care, support for digital enablement, and consultation around service re-modelling. Work with the youth sector, young people, school link coordinators and Department of Education to develop models of service that can be delivered to rural and remote communities.</p>
Collaboration	<p>HNECCPHN will work in collaboration with existing providers, Local Health Districts, consumers, community members, headspace National Office, Beyond Blue, Orygen and young people, to design new outreach/satellite services and identify new services that enhance the stepped model of care.</p> <p>HNECCPHN will support the local headspace centres to build and strengthen relationships with other relevant service providers, enabling a more holistic service response for young people.</p>
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2020</p> <p>Service delivery start date: December 2019</p>

	Service delivery end date: June 2022
Commissioning method and approach to market	<input checked="" type="checkbox"/> Continuing service provider / contract extension 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No
Data collection	Yes Headspace MDS, PMHC-MDS

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 2: Child and youth mental health services
ACTIVITY TITLE	<i>MH2.02 – Commission youth complex services in areas of identified need</i>
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity 2016-19 Activity Work Plan reference/s 2.2 Design and commissioning of new youth mental health services
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	NxMH2 Mental health and suicide prevention needs of youth
Aim of Activity	Improved outcomes for youth experiencing severe and/or complex mental illness
Description of Activity	<p>In collaboration and partnership with headspace National Office, Orygen, and stakeholders, commission and expand the provision of continuity of care (through Phase 1 and Phase 2 of youth complex services) into headspace centres to support young people within the primary care setting who experience or are at risk of developing severe mental illness.</p> <p>The Youth Complex Mental Health Service aims to address the following:</p> <ul style="list-style-type: none"> • Compliment, not duplicate, the existing service system; • Utilising the Mental Health & Suicide Prevention Needs Assessment to identify service gaps in youth mental health services cross the HNECCPHN region; • Commission services that address these gaps and integrate with existing services; • Building workforce capacity and sustainability, particularly in rural and remote areas; • Promotion of early intervention with the aim of altering disease trajectory and improve patient outcomes; and

	<ul style="list-style-type: none"> • Provide the right clinical care and support as soon as possible with resultant improvements in a young person's mental health, well-being and other presenting issues that may impact their health, as well as providing benefits for the community more broadly.
Target population cohort	Young people aged 12-25 years
Indigenous specific	Yes Through targeted activities and engagement with the sector via Youth Reference Groups, Interagency Meetings, and Aboriginal Medical Services
Coverage	<p>Phase 1:</p> <ul style="list-style-type: none"> • Gwydir, Inverell, Glen Innes, Tenterfield • Moree, Narrabri • Muswellbrook, Upper Hunter, Liverpool Plains • Wyong <p>Phase 2:</p> <ul style="list-style-type: none"> • Tamworth, Gunnedah, Armidale, Walcha, Guyra • Singleton, Cessnock, Dungog • Taree, Gloucester, Great Lakes • Port Stephens
Consultation	<p>HNECCPHN engaged Orygen, the Youth Mental Health National Peak body to facilitate co design workshops with stakeholders and assist with the development of locally based service models.</p> <p>The request for tender and service specification was informed by local members of the community and stakeholders, who attended a series of co design workshops held in each of the funded areas. Approximately 200 people attended the co design workshops. Stakeholders also provided input and feedback to the process via our online social media tool Peoplebank.</p> <p>These workshops were attended by General Practitioners; specialist mental health clinicians from Local Health Districts, private providers; Aboriginal Community Controlled Health Organisations, other primary care and allied community service providers; non-government social support service; school teachers; representatives from the Department of Education; FACS, Disability Services, young people with lived experience; and carers and consumers.</p> <p>The PHN will continue to engage with commissioned providers, specialist mental health services, headspace centres, relevant stakeholders and client/consumer representatives in the region regarding the mental health needs of children and young people.</p>
Collaboration	<p>HNECCPHN will work with local headspace providers, lead agencies, primary child and youth mental health services, headspace National Office and Orygen, to carry out this activity.</p> <p>The strategy, and model of attaching youth complex services to a headspace service provides greater sustainability of the service, enables services to be operational in less time and capacity, and commissioned providers to take a lead role in this activity within their locality.</p>
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2020</p>
Commissioning method and approach to market	<p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process?</p>

	Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No
Data collection	Yes Headspace MDS, PMHC-MDS

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

Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 3: Psychological therapies for rural and remote, under-served and / or hard to reach groups
ACTIVITY TITLE	<i>MH3.01 Psychological Services – Mental Health Services in Primary Care</i>
Existing, Modified, or New Activity	Modified <i>2016-19 Activity Work Plan reference/s</i> <i>3.1 Commissioning of new mental health clinical (allied health/psychology) services.</i> <i>3.2 Implementation of change process to move from previous service model to model developed from co-design process.</i> <i>4.1 Commissioning of new primary mental health nursing services and coordination of smooth transition from MHNIP to new service model.</i>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	NxMH10 Lack of integration and collaboration between mental health services NxMH16 Reduced capacity or services to recruit and retain allied health staff
Aim of Activity	This activity aims to provide efficient and effect evidence based psychological interventions for people with moderate mental illness who are not otherwise able to access services. This activity forms the moderate intensity step in HNECC's Stepped Care Model and provide a higher intensity service than services commissioned under activity 1.3 and a lower intensity service than services commissioned under activity 4.2.
Description of Activity	Following program review and co-design, psychological services for hard to reach populations will be commissioned across HNECC in early 2019 for services to commence July 1, 2019. This service will form part of a suite of services commissioned in a stepped care framework. The newly commissioned services will be client directed and better integrated with higher and lower intensity services, including services commissioned under activities 1.3 and 4.2 Access to services will be via a regional Access and Referral service activity 7.1 to ensure clients are directed to the most appropriate service. Services will be delivered by appropriately experienced and qualified allied health providers. Innovate models of delivery that improve access to hard to reach populations (such as outreach models and colocations) are encouraged.

	Transition between existing and new services will be carefully planned with all providers and a transition period of up to six months will be offered to allow for continuity of care and client choice.
Target population cohort	People with mild to moderate mental health issues who are otherwise unable to engage in psychological services due to a range of factors including, but not limited to age, socioeconomic status, rurality, Aboriginality and cultural background.
Indigenous specific	No
Coverage	Whole of region
Consultation	Over the past 12 months, HNECC engaged Nexus Management Consultants to facilitate a co-design process. The process undertaken consisted of: <ul style="list-style-type: none"> • Literature Review • National review of current service models • One strategy workshop engaging a range of stakeholders • Three regional workshops that engaged a broad range of stakeholder to consider a proposed model • GP focus groups • Online consultation • Community and Clinical council consultation
Collaboration	Stakeholder involved in consultation and co-design: <ul style="list-style-type: none"> • Consumers and Carers • Community Members • Current Service Providers • Private clinicians • Not for Profit Organisations • Local Health Districts • Psychiatrists • GPs Stakeholders involved in additional focus groups: <ul style="list-style-type: none"> • GPs, including those with current HNECC mental health contracts Stakeholders involved in the procurement process: <ul style="list-style-type: none"> • LHDs
Activity milestone details/ Duration	Activity start date: 1/03/2018 Activity end date: 30/06/2022 Service delivery start date: July 2019 Service delivery end date: June 2022
Commissioning method and approach to market	<input checked="" type="checkbox"/> Open tender 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes

	3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No
	3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No
Data collection	Yes

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

Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 4: Mental health services for people with severe and complex mental illness including care packages
ACTIVITY TITLE	<i>MH4.01 Transitional Care Packages</i>
Existing, Modified, or New Activity	Modified Activity <i>2016-19 Activity Work Plan reference/s 4.2 Management of Transitional care package program and expansion of service locations.</i>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	NxMH10 Lack of integration and collaboration between mental health services NxMH9 Stigma associated with mental illness including help seeking
Aim of Activity	The aim of this activity is to reduce re-presentation and re-hospitalisation of people with mild to moderate mental illness who have complex psychosocial comorbidities.
Description of Activity	Three sites have been commissioned as part a pilot program from 1/06/2018. HNECC will continue to work collaboratively with both Local Health Districts to support people with mild to moderate mental illness who have complex presentations transitioning from acute services to primary care. The program is delivered by clinicians and peer workers who collocate with tertiary services. Packages are time limited and it is expected that appropriate referrals and linkages are made, thus ensuring continuity of care.
Target population cohort	People admitted with tertiary services with complex presentations.
Indigenous specific	No
Coverage	- Maitland - Tamworth - Central Coast
Consultation	Consultation with both LHDs was undertaken prior to commencement.
Collaboration	There is ongoing collaboration between HNECC, the three providers, both LHDs and consumers to ensure efficient implementation and evaluation of the programs.

Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2020 Service delivery start date: July 2019 Service delivery end date: June 2020
Commissioning method and approach to market	<input checked="" 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. 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No
Data collection	Yes

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

Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 4: Mental health services for people with severe and complex mental illness including care packages
ACTIVITY TITLE	<i>MH4.02 Clinical Care Coordination – Mental Health Services in Primary Care</i>
Existing, Modified, or New Activity	Modified Activity <i>2016-19 Activity Work Plan reference/s</i> <i>4.1 Commissioning of new primary mental health nursing services and coordination of smooth transition from MHNIP to new service model.</i>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	NxMH8 Needs of people experiencing moderate to severe mental illness NxMH10 Lack of integration and collaboration between mental health services NxMH11 Cost barriers to accessing mental health and suicide prevention services NxMH22 Barriers for mental health nurses to gain credentials to work in general practice
Aim of Activity	This activity aims to provide efficient and effect evidence based clinical care coordination for people with severe and complex mental illness. This activity

	forms the high intensity step in HNECC's Stepped Care Model and provide a higher intensity service than services commissioned under activity 1.3 and activity 4.2
Description of Activity	<p>Following program review and co-design, clinical care coordination will be commissioned across HNECC in early 2019 for services to commence July 1, 2019. This service supersedes MHNIP and will form part of a suite of services commissioned in a stepped care framework. The newly commissioned services will be client directed and better integrated with higher and lower intensity services, including services commissioned under activities 1.3 and 4.2. Access to services will be via a regional Access and Referral service (activity 7.1) to ensure clients are directed to the most appropriate service. Clinical care coordination will ideally be delivered by Credentialed Mental Health Nurses. However, noting workforce issues across the HNECC region, there is the opportunity for appropriately qualified and experienced nurses who are working towards credentialing to deliver the services. In areas of true Credentialed Mental Health Nursing failure, senior allied health clinicians may be able to deliver clinical care coordination activities that are within their professional scope of practice.</p> <p>Transition between existing and new services will be carefully planned with all providers and a transition period of up to six months will be offered to allow for continuity of care and client choice.</p>
Target population cohort	People with severe and complex mental illness.
Indigenous specific	No
Coverage	Whole of region
Consultation	<p>Over the past 12 months, HNECC engaged Nexus Management Consultants to facilitate a co-design process. The process undertaken consisted of:</p> <ul style="list-style-type: none"> • Literature Review • National review of current service models • One strategy workshop engaging a range of stakeholders • Three regional workshops that engaged a broad range of stakeholder to consider a proposed model • GP focus groups • Online consultation
Collaboration	<p>Stakeholder involved in consultation and co-design:</p> <ul style="list-style-type: none"> • Consumers and Carers • Community Members • Current Service Providers • Private clinicians • Not for Profit Organisations • Local Health Districts • Psychiatrists • GPs <p>Stakeholders involved in additional focus groups:</p>

	<ul style="list-style-type: none"> GPs, including those with current HNECC mental health contracts <p>Stakeholders involved in the procurement process:</p> <ul style="list-style-type: none"> LHDs
Activity milestone details/ Duration	<p>Activity start date: 30/06/2019</p> <p>Activity end date: 30/06/2022</p> <p>Service delivery start date: July 2019</p> <p>Service delivery end date: June 2022</p>
Commissioning method and approach to market	<p><input checked="" type="checkbox"/> Open tender</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>
Decommissioning	No
Data collection	Yes

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

Mental Health Priority Area	<p>Indicate the mental health priority area this activity falls under.</p> <p>Priority area 4: Mental health services for people with severe and complex mental illness including care packages</p>
ACTIVITY TITLE	<i>MH4.03 GP Psychiatry Consultation Service</i>
Existing, Modified, or New Activity	<p>Existing Activity</p> <p><i>2016-19 Activity Work Plan reference/s</i> <i>4.3 Collaboration with NSW/ACT PHN Network partners to continue commissioning of GP psychiatry consultation Service.</i></p>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>NxMH15 Reduced access to psychiatrists</p> <p>NxMH14 Support for GPs to play a central role in mental health care</p>
Aim of Activity	This activity aims to support General Practice to manage clients with mental health concerns in primary care by providing timely access to specialist advice.
Description of Activity	To support General Practitioners to manage clients with mental health concerns appropriately in primary care, HNECC have co-commissioned a GP Psychiatry Consultation Service in collaboration with select partners from the

	NSW PHN Network. The service is free for GPs and provides consultation and advice from a psychiatrist around a range of queries including: diagnosis; medication management; referral options; risk assessment and safety planning.
Target population cohort	General Practitioners
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	Whole of region
Consultation	Prior to commissioning this service, HNECC consulted with key stakeholders including General Practice and the LHDs. Other PHNs in the partnership also conducted local consultation.
Collaboration	HNECC continues to work in collaboration with existing providers, Local Health Districts, General Practice and the NSW PHN Network to refine and improve this service.
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 30/06/2019</p> <p>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</p> <p>Service delivery end date: June 2022</p> <p>Any other relevant milestones?</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 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?</p> <p>No</p> <p>2b. Is this activity this result of a previous co-design process?</p> <p>Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?</p>

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

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	<p>Indicate the mental health priority area this activity falls under.</p> <p>Priority area 5: Community based suicide prevention activities</p>
ACTIVITY TITLE	MH5.01 Capacity building of Primary Care to respond effectively and in an ongoing way to Suicide.
Existing, Modified, or New Activity	New Activity
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>NxMH14- Support GPs to play a central role in mental health care</p> <p>NxMH1- High rates of mental illness, intentional self-harm and suicide</p> <p>NxMH2- Mental health and suicide prevention needs of youth</p> <p>NxMH3- Mental health and suicide prevention needs of males aged 25-65</p> <p>NxMH4- Mental health and suicide prevention needs of males aged over 80 years</p> <p>NxMH5 -Mental Health and suicide prevention needs of aboriginal and Torres Strait Islander people</p> <p>NxMH7- Mental health and suicide prevention needs of members of the LGBTIQ community</p> <p>NxMH9- Stigma associated with mental illness including help seeking</p> <p>NxMH10 – Lack of integration and collaboration between mental health services</p> <p>NxMH18 – Lack of cross-sectoral mental health promotion and prevention and suicide prevention strategies</p> <p>NxMH22 -Barriers for mental health nurses to gain credentials to work in general practice</p>
Aim of Activity	Ensure primary care have a clear understanding of the role they play in suicide prevention and ongoing treatment and care for people who are suicidal, after

	<p>an attempt or those bereaved by suicide. Ensure focus is paid to high risk groups including but not limited to:</p> <ul style="list-style-type: none"> • Youth • Males 25-65 • Males over 80 • Aboriginal and Torres Strait Islander people • Older people in aged care facilities • LGBTQI community
Description of Activity	<p>Development and implementation of a regional education program of suicide education, events discussion and integration to increase the primary care sectors ability to clearly understand their role in suicide prevention, ongoing treatment and reduction of stigma related to help seeking.</p> <p>The goal of this education program will be to emphasise the understanding the 'Suicide Prevention is everybody's business'.</p> <p>It will also explore and support the self-care of clinicians in the primary care sector to ensure they are seeking help when it is needed.</p>
Target population cohort	Primary Care Clinicians including GPs
Indigenous specific	<p>Yes</p> <p>Suicide prevention needs of Aboriginal and Torres Strait Islander people are a high risk group in the needs assessment so will be targeted in this plan. There will be consultation facilitated through the aboriginal health team with key local aboriginal people and groups to ensure the program will meet the needs of each different community.</p>
Coverage	Whole of PHN
Consultation	<p>HNECC PHN will take advantage of already established alliances with the two LHDs in our region, clinical and community councils and GP advocacy groups.</p> <p>Also utilising a network of education providers and trainers.</p>
Collaboration	<p>HNECC PHN will collaborate with experts in suicide prevention, relevant primary care peak bodies, primary care clinicians and those with a lived experience of suicide to develop and implement this plan. This will take advantage of already established alliances, clinical and community councils and GP advocacy groups.</p>
Activity milestone details/ Duration	<p>Activity start date: 01/07/2019</p> <p>Activity end date: 30/06/2022</p>
Commissioning method and approach to market	<p>X Not yet known</p> <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? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No
Data collection	No

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 5: Community based suicide prevention activities
ACTIVITY TITLE	MH5.02 Suicide Follow up and Support
Existing, Modified, or New Activity	New Activity
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	NxMH1- High rates of mental illness, intentional self-harm and suicide NxMH2- Mental health and suicide prevention needs of youth NxMH3- Mental health and suicide prevention needs of males aged 25-65 NxMH4- Mental health and suicide prevention needs of males aged over 80 years NxMH5 -Mental Health and suicide prevention needs of aboriginal and Torres Strait Islander people NxMH6- Mental health and suicide prevention needs of older people residing in aged care facilities NxMH7- Mental health and suicide prevention needs of members of the LGBTIQ community NxMH9- Stigma associated with mental illness including help seeking NxMH10 – Lack of integration and collaboration between mental health services NxMH14- Support GPs to play a central role in mental health care NxMH19- Limited capacity of services to develop and implement an approach to quality NxMH21- Lack of systematic evidence based post-vention strategy across communities
Aim of Activity	Effective follow up support for those in a suicidal crisis, have attempted suicide or are bereaved by suicide.
Description of Activity	Commissioning of evidence based aftercare services for those who have attempted suicide or are in a suicidal crisis. This activity will attempt to reduce representation to hospital. Supporting the establishment and integration of local suicide postvention groups to minimise contagion and ensure all people effected by the suicide have their psychological needs met.
Target population cohort	Whole of population with priority to high risk population groups
Indigenous specific	Yes Suicide prevention needs of Aboriginal and Torres strait Islander people are a high risk group in the needs assessment so will be targeted in this activity. There will be consultation facilitated through the aboriginal health team with key local aboriginal people and groups to ensure the program will meet the needs of each different community.
Coverage	Whole PHN
Consultation	Consultation with relevant LHD mental health and emergency departments to support preventable hospital avoidance

Collaboration	HNECC PHN will collaborate with experts in suicide prevention, service providers, primary care clinicians and those with a lived experience of suicide to develop these services. This will take advantage of already established alliances and clinical and community councils			
Activity milestone details/ Duration	Activity start date: 01/07/2019 Activity end date: 30/06/2022			
Commissioning method and approach to market	<p>X Not yet known X Continuing service provider / contract extension X 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>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? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? Yes</p>			
Decommissioning	1a. Does this activity include any decommissioning of services? No (drop-down menu)			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes			
Funding from other sources				
Funding from other sources				

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 5: Community based suicide prevention activities
ACTIVITY TITLE	MH5.03 Regional planning for suicide prevention

Existing, Modified, or New Activity	Modified Activity 2016-19 Activity Work Plan reference/s 5.2 Regional Suicide Prevention Plan.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	NxMH1- High rates of mental illness, intentional self-harm and suicide NxMH2- Mental health and suicide prevention needs of youth NxMH3- Mental health and suicide prevention needs of males aged 25-65 NxMH4- Mental health and suicide prevention needs of males aged over 80 years NxMH5 -Mental Health and suicide prevention needs of aboriginal and Torres Strait Islander people NxMH6- Mental health and suicide prevention needs of older people residing in aged care facilities NxMH7- Mental health and suicide prevention needs of members of the LGBTIQ community NxMH9- Stigma associated with mental illness including help seeking NxMH10 – Lack of integration and collaboration between mental health services NxMH14- Support GPs to play a central role in mental health care NxMH17 -Limited availability of early intervention services NxMH18 – Lack of cross-sectoral mental health promotion and prevention and suicide prevention strategies NxMH19- Limited capacity of services to develop and implement an approach to quality NxMH21- Lack of systematic evidence based post-vention strategy across communities
Aim of Activity	Evidenced based and partnered regional planning of suicide prevention through the use of dynamic simulation
Description of Activity	To ensure evidence based commissioning of suicide prevention services that are co-designed with local LHDs, services providers and those with a lived experience HNECC PHN will be engaging the Sax Institute to do a Dynamic Simulation process for a regional plan for suicide prevention, that will inform the joint Regional Mental Health and Suicide Prevention Plan (activity MH8.1) This process will not only support evidenced based procurement but will support the commissioning cycle through evaluation and support service providers to be accountable to the community they work for. This process will assist HNECC PHN to effectively commission services with the limited available suicide prevention resources to targeted populations and areas in the region. This may involve decommissioning of some services based on the outcomes of the tool.
Target population cohort	Whole of population
Indigenous specific	Yes Suicide prevention needs of Aboriginal and Torres strait Islander people are a high risk group in the needs assessment so will be targeted in this plan. There will be consultation facilitated through the aboriginal health team with key local

	aboriginal people and groups to ensure the program will meet the needs of each different community.
Coverage	Whole of PHN
Consultation	<p>Customisation and validation of the system dynamics model The consultation involves the co-development of the decision support tool in partnership with the LHD and local stakeholders. To achieve this, will be three participatory workshops as follows:</p> <ul style="list-style-type: none"> • Workshop 1. A collaborative model building team, consisting of expert modellers as well as multidisciplinary subject matter experts and local stakeholders, come together in a 1-day face-to-face workshop to review the existing tool in depth and identify aspects for customisation to the HNECC context and to prioritise interventions to be integrated. The customisation of the model will draw on published literature / evidence, available local data sources, local knowledge and expert consensus to arrive at a plausible, testable, locally appropriate model. The behaviour of the system over time will be displayed graphically by the computer modelling engine solving a set of difference equations using integration approximation and other numerical analysis techniques. • Workshop 2. The collaborative model building team come together for a second workshop to view and critique the model that has been customised based on the discussions at workshop 1 and between-workshop consultations with stakeholders. During Workshop 2 the model architecture, key assumptions and interventions integrated are discussed by the group. Further required data sources (inputs) to inform the parameterisation of the model are identified and processes required to gain access to these data are discussed. • Workshop 3. The team come together again (for a half day). At this workshop the penultimate version of the model (revised based on input received at Workshop 2) is presented back to the collaborative model building group for verification, discussion, consensus, feedback of results, and further input on preferred visualisation of model outputs. The key insights derived from the model and their implications for service planning, commissioning and evaluation are presented and discussed.
Collaboration	LHDs will partner through financial and in-kind contribution to the project. All other stakeholders will be involved in development of the model and supporting the commissioning priorities for the region.
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 01/07/2019 Activity end date: 30/06/2020</p>
Commissioning method and approach to market	<p>X Not yet known</p> <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? Co-commissioning</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	Dependent on outcomes of the tool
Data collection	No

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	<p>Indicate the mental health priority area this activity falls under.</p> <p>Priority area 5: Community based suicide prevention activities</p>
ACTIVITY TITLE	MH5.04 Lifespan support and sustainability
Existing, Modified, or New Activity	<p>Modified</p> <p>2016-19 Activity Work Plan reference/s</p> <p>5.3 Continue to support LifeSpan Consortiums.</p>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>NxMH1- High rates of mental illness, intentional self-harm and suicide</p> <p>NxMH2- Mental health and suicide prevention needs of youth</p> <p>NxMH3- Mental health and suicide prevention needs of males aged 25-65</p> <p>NxMH5 -Mental Health and suicide prevention needs of aboriginal and Torres Strait Islander people</p> <p>NxMH9- Stigma associated with mental illness including help seeking</p> <p>NxMH14- Support GPs to play a central role in mental health care</p> <p>NxMH17 -Limited availability of early intervention services</p> <p>NxMH18 – Lack of cross-sectoral mental health promotion and prevention and suicide prevention strategies</p>
Aim of Activity	Support the two trial Lifespan programs in our region and support the groups to develop sustainability plans post the trial of the program.
Description of Activity	Continue to support the Lifespan trials in Newcastle and on the Central Coast as key partner in the project ensuring engagement of the primary care sector. Also support both sites to develop sustainability plans post project to ensure momentum from the project isn't lost.
Target population cohort	Whole of population
Indigenous specific	Yes

	Suicide prevention needs of Aboriginal and Torres strait Islander people are a high risk group in the needs assessment so will be targeted in this program. There will be consultation facilitated through the aboriginal health team with key local aboriginal people and groups to ensure the program will meet the needs of each different community.
Coverage	Newcastle and Gosford, Wyong LGAs Areas targeted by the Black Dog institute due to higher than state average of deaths by suicide.
Consultation	Both sites hold leadership and alliance meetings to engage with many sectors in the community supporting the whole of community or systems approach to suicide prevention.
Collaboration	Lifespan brings together health, emergency services, local business, education, environment, NGOs and local government to look at suicide prevention as a community approach. HNECC will continue to link with these groups as appropriate for the project
Activity milestone details/ Duration	Activity start date: 01/07/2019 Activity end date: 30/12/2019 Newcastle lifespan finishes in June 2019 and Central Coast December 2019
Commissioning method and approach to market	X Not yet known 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? NO 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No
Data collection	No

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

Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 5: Community based suicide prevention activities
ACTIVITY TITLE	MH5.05 Community based suicide prevention activities
Existing, Modified, or New Activity	Existing

	2016-19 Activity Work Plan reference/s 5.1 Recommission existing Suicide prevention services.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	NxMH1- High rates of mental illness, intentional self-harm and suicide NxMH2- Mental health and suicide prevention needs of youth NxMH3- Mental health and suicide prevention needs of males aged 25-65 NxMH5 -Mental Health and suicide prevention needs of aboriginal and Torres Strait Islander people NxMH7- Mental health and suicide prevention needs of members of the LGBTIQ community NxMH9- Stigma associated with mental illness including help seeking
Aim of Activity	Recommissioning of current suicide prevention community-based programs
Description of Activity	Recommissioning of current suicide prevention community-based programs including community education, community capacity building and counselling services. Outcomes of the dynamic simulation process will support future recommendations for this activity.
Target population cohort	Whole of population
Indigenous specific	Yes Suicide prevention needs of Aboriginal and Torres strait Islander people are a high-risk group in the needs assessment so are be targeted in this program. There will be consultation facilitated through the aboriginal health team with key local aboriginal people and groups to ensure the program will meet the needs of each different community.
Coverage	Whole of population
Consultation	This is an existing activity and feedback on service appropriateness is through quarterly reporting, clinical and community councils, and other alliance meetings,
Collaboration	N/A
Activity milestone details/ Duration	Activity start date: 01/07/2019 Activity end date: 30/06/2022
Commissioning method and approach to market	X Continuing service provider / contract extension 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned?

	No
Decommissioning	Dependent on outcomes of regional suicide prevention planning
Data collection	Yes

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

Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 6: Aboriginal and Torres Strait Islander mental health services
ACTIVITY TITLE	MH6.01 Aboriginal and Torres Strait Islander Mental Health Services Commissioning
Existing, Modified, or New Activity	Existing Activity <i>2016-19 Activity Work Plan reference/s</i> 6.1 <i>Management of existing Aboriginal Mental Health contracts.</i> 6.2 <i>Development and promotion of social and emotional health and suicide prevention initiatives.</i>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Hunter New England And Central Coast Primary Health Network Needs Assessment 2019 – 2022, Page 27; <ul style="list-style-type: none"> • Commission primary mental health services targeted at Aboriginal and Torres Strait Islander people • Investigate culturally appropriate low intensity social and emotional health and suicide prevention initiatives with the view to commissioning appropriate services in areas of need
Aim of Activity	Improve access to joined-up, integrated, culturally appropriate and safe mental health services that holistically meet the mental health and healing needs of Aboriginal and Torres Strait Islander people.
Description of Activity	The HNECC PHN utilises a commissioning framework in the contracting of Aboriginal and Torres Strait Islander Mental Health services, inclusive of the following activities; Commission evidence-based primary mental health care services in line with a best practice stepped care approach that: <ul style="list-style-type: none"> • provide a range of services to meet local needs; • make the best use of available workforce and technology; • ensure workforce skills and qualifications are commensurate with the level of service being commissioned; • complement and link to other closely connected services; • are integrated across the whole mental health system;

	<ul style="list-style-type: none"> • have the flexibility to enable service provision to be adjusted to address new and emerging priorities and/or hot spots; and • are culturally appropriate and meet the needs and preferences of patients, their families and communities. <p>Develop and improve the cultural competence of service providers to ensure all services meet the needs and preferences of Aboriginal and Torres Strait Islander people;</p> <p>Enable linkages between commissioned and existing services to enable a joined approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services to enhance and better integrate Aboriginal and Torres Strait Islander mental health services at the local level;</p> <p>Promote referral pathways and follow up services to support patients</p> <p>Support the development of joined up assessment processes and referral pathways enabling patients to seamlessly transition between services as required.</p>
Target population cohort	Aboriginal and Torres Strait Islander people experiencing low – severe mental illness, across the life span.
Indigenous specific	<p>Yes</p> <p>HNECC PHN works in collaboration with relevant local Indigenous organisations including Aboriginal Community Controlled Health Services (ACCHSs) and with mainstream primary health care organisations to identify and assess the ongoing, specific mental health needs of HNECC Aboriginal and Torres Strait Islander communities.</p> <p>The HNECC PHN engages Aboriginal Communities, inclusive of Aboriginal Community Controlled Organisations, through ongoing collaboration with Regional Aboriginal Health Alliances inclusive of the HNE and CC LHDs Aboriginal Health Services Units and Aboriginal Medical Services, the HNECC PHN Aboriginal Health Access Team and Local Partnership Networks.</p>
Coverage	Services are currently funded throughout the entire PHN region (15 SA3's) as per identified need.
Consultation	<p>Utilising a commissioning framework, the HNECC PHN works in partnership with HNECC Aboriginal Communities and Community Controlled services to;</p> <ul style="list-style-type: none"> • Understand the needs of the community by analysing data, engaging and consulting with Aboriginal consumers, clinicians, carers and providers, peak bodies, community organisations; • Co-design solutions; engage with stakeholders, including consumer representatives, peak bodies, community organisations, potential providers and other funders, to develop evidence-based and outcome-focused solutions; and • Manage through relationships; work in partnership, building connections at multiple levels of partner Community Controlled organisations and facilitate links between stakeholders

Collaboration	The HNECC PHN will seek to engage The Healing Foundation in the facilitation and development of <i>Community Healing Plans</i> in acknowledging that services that seek to support healing, work best when solutions are culturally strong, developed, driven at the local level and led by Aboriginal and Torres Strait Islander people. HNECC PHN recognises that the healing needs and priorities of communities are different and in achieving the objective of this Activity, the HNECC PHN is committed to working in collaboration with The Healing Foundation to co-design and resource healing programs that meet the needs of local communities.
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2022 Service delivery start date: July 2019 Service delivery end date: June 2022
Commissioning method and approach to market	<input checked="" type="checkbox"/> Continuing service provider / contract extension <input checked="" type="checkbox"/> Expression of Interest (EOI) 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No
Data collection	Yes

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

Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 7: Stepped care approach
ACTIVITY TITLE	MH7.01 Central Access and Referral
Existing, Modified, or New Activity	New Activity
PHN Program Key Priority Area	Mental Health

Needs Assessment Priority	<p>NxMH1- High rates of mental illness, intentional self-harm and suicide</p> <p>NxMH2- Mental health and suicide prevention needs of youth</p> <p>NxMH3- Mental health and suicide prevention needs of males aged 25-65</p> <p>NxMH4- Mental health and suicide prevention needs of males aged over 80 years</p> <p>NxMH5 -Mental Health and suicide prevention needs of aboriginal and Torres Strait Islander people</p> <p>NxMH6- Mental health and suicide prevention needs of older people residing in aged care facilities</p> <p>NxMH7- Mental health and suicide prevention needs of members of the LGBTIQ community</p> <p>NxMH9- Stigma associated with mental illness including help seeking</p> <p>NxMH10 – Lack of integration and collaboration between mental health services</p> <p>NxMH14- Support GPs to play a central role in mental health care</p> <p>NxMH19- Limited capacity of services to develop and implement an approach to quality</p>
Aim of Activity	<p>This activity aims to develop capacity and improve integration of the Stepped Care Model across HNECC, by implementing a model of stepped care. Core to this model is a Central Access and Referral Service that assesses and facilitates client referrals to appropriate service types.</p>
Description of Activity	<p>Following an extensive co-design process, HNECC have developed, and is in the process of commissioning services in a stepped care framework (activities MH1.3, MH3.1 and MH4.2). One component of the model is a Central Access and Referral Service which will conduct a standardised clinical assessment of all referrals to services provided under activities 3.1 and 4.2. This will be aligned with Department Guidance and will correctly stratify and facilitate referral into services or to appropriate digital platforms (activity MH1.1).</p> <p>HNECC’s commissioning will focus on maximising capacity within the local Primary Health sector to provide services across the spectrum of stepped care. To augment the steps commissioned by HNECC, the completion of a joint regional mental health and suicide intervention plan (activity will include services delivered by community and Local Health District partners.</p> <p>Through the commissioning of all services outlined in this AWP, HNECC work to strengthen standards in regard to clinical governance, clinical information storage, performance reporting and consumer and staff feedback processes. This will be further supported by continued development of electronic referral pathways and common data management processes.</p>
Target population cohort	All of population
Indigenous specific	No
Coverage	All of region.
Consultation	<p>Over the past 12 months, HNECC engaged Nexus Management Consultants to facilitate a co-design process. The process undertaken consisted of:</p> <ul style="list-style-type: none"> • Literature Review

	<ul style="list-style-type: none"> National review of current service models One strategy workshop engaging a range of stakeholders Three regional workshops that engaged a broad range of stakeholder to consider a proposed model GP focus groups Online consultation
Collaboration	<p>Stakeholder involved in consultation and co-design:</p> <ul style="list-style-type: none"> Consumers and Carers Community Members Current Service Providers Private clinicians Not for Profit Organisations Local Health Districts Psychiatrists GPs <p>Stakeholders involved in additional focus groups:</p> <ul style="list-style-type: none"> GPs, including those with current HNECC mental health contracts <p>Stakeholders involved in the procurement process:</p> <ul style="list-style-type: none"> LHDs
Activity milestone details/ Duration	<p>Activity start date: 01/07/2018 30/06/2019</p> <p>Activity end date: 30/6/2019 30/06/2022</p> <p>Service delivery start date: July 2019</p> <p>Service delivery end date: June 2022</p>
Commissioning method and approach to market	<p><input checked="" type="checkbox"/> Open tender</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>
Decommissioning	No
Data collection	No

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

Mental Health Priority Area	<p>Indicate the mental health priority area this activity falls under.</p> <p>Priority area 8: Regional mental health and suicide prevention plan</p>
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ACTIVITY TITLE	MH8.01 Joint Regional Mental Health and Suicide Prevention Plan
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	NxMH19- Limited capacity of services to develop and implement an approach to quality NxMH10 – Lack of integration and collaboration between mental health services
Aim of Activity	To develop a joint Regional Mental Health and Suicide Prevention Plan with LHDs.
Description of Activity	A joint plan will be developed to identify barriers, enablers and strategies to improve mental health services across the region in an integrated way.
Target population cohort	Stakeholders
Indigenous specific	No
Coverage	Whole of region
Consultation	Exact consultation is to be determined, but it is envisaged that key stakeholders including consumers, carers, LHDs, service providers and clinicians will be involved in the development of the plan.
Collaboration	Local Health Districts
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2020
Commissioning method and approach to market	<input checked="" type="checkbox"/> Not yet known 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No
Data collection	No

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

Mental Health Priority Area	<p>Indicate the mental health priority area this activity falls under.</p> <p>Click to choose mental health priority area PFAS</p>
ACTIVITY TITLE	MH9.01 Response to PFAS Exposure: Additional specialised mental health and counselling services
Existing, Modified, or New Activity	Existing Activity
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	This activity is a Departmental directed activity and response and as such is not identified in the HNECC PHN Needs Assessment.
Aim of Activity	To ensure affected community members in Williamstown are able to gain access to appropriate education, services, testing and support including reimbursement if they fear they may have been exposed to contamination.
Description of Activity	Briefing held for all current contracted providers of PHN MHS to alert them to supplementary funding available for eligible consumers affected by the contamination, with rates in line with current contracts. Resourcing provided and information, including provider list and reimbursement claim form and statutory declaration placed on website for public access. Services promoted through local meetings and community leaders. Due to transient nature of some of the workforce in the affected area and timeframe of contamination, all providers in the HNECC footprint have received resourcing and education. The PHN will maintain current arrangements and facilitate payment of sessions.
Target population cohort	Describe the cohort that this activity will target.
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>Click to choose</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	<p>Outline coverage of the activity. Where area covered is not the whole PHN region, provide the statistical area as defined in the Australian Bureau of Statistics (ABS), or LGA.</p> <p>People effected by the Williamstown PFAS exposure. Primary focus on providers in the Hunter, with inclusion of NE and CC regions and creation of pathways into primary care support outside the HNECC region as appropriate and or required.</p>
Consultation	<p>Please provide details of stakeholder engagement and consultation activities undertaken or to be undertaken to support this activity.</p> <p>Consultation will be conducted with key stakeholders via the MH/D&A expert reference group as well as through provider networks. Consumer consultation will be conducted utilising PHN online consumer engagement platform</p>

	(PeopleBank) as well as the community advocacy and support group representing the Williamstown community.
Collaboration	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.</p> <p>Collaboration with other government departments in providing GP, provider and public education.</p> <p>Collaboration with local community leaders to promote available service pathways.</p> <p>Collaboration with PHN MHS providers and GPs to ensure access for affected consumers across the PHN footprint.</p> <p>Collaboration with other PHN and primary care providers outside HNECC footprint in cases where eligible participants have left the footprint.</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: 1/07/2016 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: February 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones?</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 <input checked="" 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> <p>HNECC PHN will negotiate and discuss as appropriate, with the Department should the local support group identify any additional and/ or alternative therapies which may assist those impacted. As such it is possible some co-design with the group might take place, as indicated below.</p> <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?</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 (drop-down menu)</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>No</p> <p>HNECC PHN does not collect patient level data. It will however, collect data around volume including the number of claims made and the number of mental health sessions accessed under the program. This data will be reported back in the appropriate 6- and 12-month reports</p>

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

Mental Health Priority Area	<p>Indicate the mental health priority area this activity falls under.</p> <p>Click to choose mental health priority area</p> <p>Mental Health in Residential Aged Care Facilities – <i>DOH commenced 2018/2019</i></p>
ACTIVITY TITLE	MH10.01 Mental Health in Residential Aged Care Facilities
Existing, Modified, or New Activity	Existing Activity
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	NxMH6- Mental health and suicide prevention needs of older people residing in aged care facilities
Aim of Activity	To improve access to primary mental health care services to people living in the region's Residential Aged Care Facilities.
Description of Activity	HNECC currently commission service providers to deliver evidence based short term evidence based psychological interventions in a primary care setting, for people with mental illness or the provisional diagnosis of mental illness who are less likely to have their needs met through other primary mental health care services. In line with old ATAPS guidelines, these services have traditionally not been allowed to be delivered into Residential Aged Care Facilities. HNECC have funded a small number of sessions of psychological services into Residential Aged Care through allied health funding in two LGAs and have more recently expanded these services in an additional two pilot locations. To enhance the

	reach of these clinical services, sessions and funding will be allocated specifically for provision of service to the target cohort.
Target population cohort	Residents of Aged Care Facilities living in the HNECC PHN region with or at risk of developing mental illness.
Indigenous specific	No
Coverage	Whole of PHN region.
Consultation	Over the past 12 months, HNECC engaged Nexus Management Consultants to facilitate a co-design process. The process undertaken consisted of: <ul style="list-style-type: none"> • Literature Review • National review of current service models • One strategy workshop engaging a range of stakeholders • Three regional workshops that engaged a broad range of stakeholder to consider a proposed model • GP focus groups • Online consultation
Collaboration	Collaboration will occur with relevant aged care stakeholders, including RACFs, LHD aged care services, psycho-geriatricians, consumers and their carers.
Activity milestone details/ Duration	Activity start date: 1/12/2018 Activity end date: 30/06/2022 Service delivery start date: January 2019 Service delivery end date: June 2022
Commissioning method and approach to market	<input checked="" type="checkbox"/> Continuing service provider / contract extension <input checked="" type="checkbox"/> Open tender 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No
Data collection	Yes

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

Mental Health Priority Area	Indicate the mental health priority area this activity falls under.
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	Click to choose mental health priority area Empowering Communities – Drought <i>DOH commenced 2018/2019</i>
ACTIVITY TITLE	MH11.01 Empowering Communities – Drought
Existing, Modified, or New Activity	Existing Activity
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Not previously indicated as a HNECC PHN Needs Assessment Priority Empowering Communities - Drought is a developed response to a Department of Health initiated priority.
Aim of Activity	To support drought impacted and affected communities to build resilience and improve their physical and mental health.
Description of Activity	<p>MH11.01 Ongoing Drought Awareness Primary Care Improvement Officers – Drought Funding Awareness and Opportunity communication and education</p> <ul style="list-style-type: none"> • Drought support promotion embedded into Primary Care Improvement Officer primary care visits and engagements including: <ul style="list-style-type: none"> ○ QPR Training (Mental Health First Aid Training) opportunities – subsidised by HNECC PHN ○ Promotion of changes to Primary mental Health Care referral processes to improve access (via PHN and individual service providers) ○ Development and promotion of Drought specific Referral Pathways - HealthPathways ○ Information on available drought support – Patient Info ○ Ongoing development and updating of the PeopleBank Drought Support page www.peoplebank/hneccphn.com.au <p>MH11.02 Community Grants Applications - January 2019 – September 2019</p> <ul style="list-style-type: none"> • Undertake a solicited, rolling grants process to distribute \$500,000 of the \$1million funds allowing for three tiers of grant funding. • Permanent panel assembled to assess and distribute funding (two PHN representatives, two community-based panel members (eg. CWA, Local Land Services, DPI representative)). <p>MH11.03 Community-led wellbeing activities will be funded during this phase, including:</p> <ul style="list-style-type: none"> • Activities that foster community wellbeing and resilience, reduce stigma, raise awareness of mental health supports and encourage people who need mental health support to access services. This may include community events and workshops. • Classes or training for community members addressing topics such as emotional wellbeing, mental health first aid, managing stress, anxiety or depression, and suicide prevention. • Grant applications will be assessed by the panel every 10 days. <p>MH11.04 Targeted Community Grants Projects - May 2019 – May 2020</p>

	<p>Multi-LGA projects that address:</p> <ul style="list-style-type: none"> • Early intervention and low intensity mental health services and resources, including services that individuals can access without a diagnosis of mental illness or a Mental Health Treatment Plan. • Suicide prevention activities • Workforce capability development projects that improve the capacity of the health and mental health workforce to support people experiencing drought-related distress and provide services that are culturally appropriate. <p>Examples of activities that may be funded include the proposed “Lend a Hand Locum program”.</p> <p>Collaborative initiatives between NSW PHNs could also be funded under this activity phase.</p> <p>Based on the outcomes and priorities identified in Phases 2 and 3, HNECC PHN would potentially undertake a further call for grants to address changing community need and/or supplement projects funded under Phase 3 for further expansion or scope.</p> <p>Recognising and Minimising duplication</p> <p>An environmental scan matrix of local services and drought relief activities has been created for drought affected communities and this will be cross-referenced as part of the assessment of submissions to ensure that funded proposals are not duplicitous. The environmental scan detail has been built from our engagement activities undertaken by our drought engagement officer. This has included internal and external liaison with stakeholders including current funded service providers, NGO organisations, drought charities, attendance at and recording of community events, participation on community drought working groups and taskforces, liaison with state and federal departments (eg. local land services, department of primary industries), peak advisory groups (eg. Rural Doctors Network) and other PHNs, particularly those with neighbouring boundaries (DDWM PHN, WNSW PHN). In terms of the risk of long-term dependency on funding, it will be made clear that grant funding is one-off payment. Additionally applicants will need to outline additional partners and funding, to a) promote joined-up approaches and b) reduce the reliance of grant funding to deliver the activity, especially if a project’s budget is higher than the funding applied for. Sustainability will be assessed on a case-by-case basis, dependant on the type of activity that is being proposed.</p>
Target population cohort	Drought impacted communities across the whole HNECC PHN region.
Indigenous specific	No
Coverage	Drought impacted communities across the whole HNECC PHN region.
Consultation	HNECC PHN will utilise its regular consultation structures including PeopleBank, Clinical and Community Advisory Committees and their wider network banks to facilitate a number of consultation processes. HNECC PHNs Rural Communities project officer will be regularly kept abreast of project developments and act as a further conduit between other important stakeholders including Local Health Districts and bordering PHNs.

	<p>Additionally members of HNECC PHNs team will attend other relevant drought focussed events to further connect with communities most impacted and affected to ensure there is a full understanding of the kinds of help communities need and what will work best for them in terms of access. Our existing communications structures and social media accounts will provide a conduit for information as will our relationships with existing PHN funded service providers and other relevant not-for-profit organisations working in the space to ensure partnerships are developed where appropriate and to minimise the risk duplication of service delivery and saturation.</p> <p>HNECC has an open feedback portal available on our peoplebank drought response page that enables additional consultation with, and feedback from, affected communities. This compliments face-to-face community consultation and engagement activities. Feedback provided by the peoplebank platform is monitored on a daily basis by the HNECC engagement a strategy team, who are also coordinating Empowering our Communities activities. A communication process has been established that clarifies the dissemination of community feedback received for assessment and potential action. When online feedback is received, it is cross-referenced with our repository of local insight and key themes to ensure that it is either a) consistent with community feedback, or b) highlights additional need. The feedback is also referenced against funded activities (both geographically and activity type) to avoid any duplication of services. If there a new need/gap identified, a more detailed consultation will occur to determine if any activity can be implemented to address that need.</p>
Collaboration	This activity is HNECC PHN led and as such consultation will occur we will collaborate where appropriate with individual grant recipients and
Activity milestone details/ Duration	<p>Activity start date: 1/10/2018 Activity end date: 30/06/2021 Service delivery start date: January 2019 Service delivery end date: June 2021</p> <p>Key milestones including planning, procurement and commencement of service delivery</p> <ul style="list-style-type: none"> • September – December, 2019 – Needs identification and stakeholder engagement • January – Additional communication and marketing of upcoming community grant opportunities (traditional and digital communication channels), Community Grants applications open for submissions • Ongoing from January 31 – 10 day rolling assessment of incoming grant applications and 10 day turnaround from approval to funding and service • January – April, 2019 – Development of Identification of targeted projects • May, 2019 – Commencement of targeted grant projects
Commissioning method and approach to market	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Continuing service provider / contract extension <input checked="" 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"/> Other approach (please provide details) <p>Grant applications</p>

	<p>2a. Is this activity being co-designed? No</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	No
Data collection	No