



Australian Government
Department of Health



An Australian Government Initiative

Northern Sydney Primary Health Network

Mental Health

Activity Workplan 2021-2025

Northern Sydney - Primary Mental Health Care 2021/22 – 2024/25 Activity Summary View



MH-H2H - 1 - Head to Health Intake Assessment and Phone service



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-H2H

Activity Number *

1

Activity Title *

Head to Health Intake Assessment and Phone service

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

Aim of Activity *

To improve access to mental health services in the community through the continued commissioning of the Head to Health phone line.

Description of Activity *

In September 2021, Northern Sydney PHN commissioned a local mental health service provider to establish the Head to Health intake phone line and clinical hub for the Northern Sydney region. The Head to Health phone service provides initial clinical assessment where required and service navigation to connect people to the right mental health services to meet their identified needs. It is designed to complement mental health support lines and services already provided in the community, including crisis support lines and the NSW Health Mental Health Line service which facilitates intake into tertiary services. The Head to Health phone service operates alongside the Head to Health clinical hub and the Head to Health digital platform to provide a suite of

entry points to engagement, assessment and treatment for people with a range of mental health needs. The commissioned Head to Health phone line and hub provider will continue to:

- Deliver evidence informed, person-centred and recovery oriented mental health services in the community, aligned with a stepped care approach.
- Complement, not replace, or duplicate, mental health services already provided in the community.
- Provide an accessible, responsive service that meets consumers' needs and provides expertise in assessment of needs, information, linkage and support, and treatment.
- Provide evidence-based interventions including individual psychological interventions and care coordination, delivered by an appropriately qualified and credentialed multidisciplinary workforce via multi-modal service delivery as per client needs.
- Accept referrals from any source including but not limited to self-referrals, carers and families, GPs, mental health clinicians and other health professionals.
- Adhere to the Head to Health model of care and state-wide Head to Health Initial Assessment and Referral processes
- Provide required reporting on clients accessing Head to Health services
- Work with local mental health, healthcare and social service providers to promote Head to Health, support clients to access the services required to meet their holistic health needs and to support service integration at the local level.
- Undertake ongoing data collection and reporting into the PMHC MDS. All data collected aligned to the PMHC MDS Data Model (Head to Health extension) including client, episode, head to health episode, IAR data and practitioner data.

Needs Assessment Priorities *

Needs Assessment

Northern Sydney PHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
People with mental illness - access and screening	92



Activity Demographics

Target Population Cohort

The target population is residents of the NSPHN region who are experiencing emotional distress, mental ill health, and/or addiction, and their families and carers.

Indigenous Specific *

No

Indigenous Specific Comments

N/A

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process, co-design consultations and procurement. Stakeholder engagement methods included community and service provider forums, surveys, and one-to-one engagement.

NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services. The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:

- NSPHN Board, Clinical Council and Community Council
- General Practice
- Allied health
- Northern Sydney Local Health District – Mental Health Drug & Alcohol
- Family and Community Services • NGO Mental Health and AOD Service Providers
- Lived experience
- Carers
- the local Aboriginal community

NSPHN will continue to consult with local networks and interagencies to the service is meeting community need.

Collaboration

This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Police, local councils, AOD service providers, youth services, educational facilities, and suicide prevention sector leaders. Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.



Activity Milestone Details/Duration

Activity Start Date

06/09/2021

Activity End Date

30/06/2023

Service Delivery Start Date

September 2021

Service Delivery End Date

June 2023

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A



MH - 1100 - Continue to support delivery of low intensity mental health services



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1100

Activity Title *

Continue to support delivery of low intensity mental health services

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 1: Low intensity mental health services

Aim of Activity *

Increase access to evidence-based low intensity mental health services for people experiencing, or at risk of, mild to moderate mental illness.

Description of Activity *

NSPHN undertook a commissioning process to establish a new low intensity mental health service in the region. NSPHN commissioned a service provider to deliver evidence-based psychological interventions to a high volume of clients in the region.

NSPHN will continue to commission low intensity mental health services for people aged 18 years and over who are experiencing, or at risk of, mild to moderate mental illness. Services include:

- Evidence-based psychological interventions delivered by mental health wellbeing practitioners
- Multimodal services that incorporate evidence based psychological interventions tailored to individual needs

NSPHN will work with the provider to:

- Increase engagement in areas of geographic need (including Ryde and Hornsby LGAs)
- Further integration with related stakeholders including commissioned service providers, other local services, general practice, and community stakeholders to strengthen referral pathways and support best practice in service delivery
- Respond flexibly to the emerging needs of the community in response to the COVID-19 pandemic
- Support ongoing collection of service activity data into the Primary Mental Health Care Minimum Data Set (PMHC MDS), informing evaluation of the commissioned service in alignment with the NSPHN Commissioning Evaluation Framework. All data captured aligns to the PMHC MDS data model including client, episode, service contact, outcome measures and practitioner data.

The low intensity mental health service links to other mental health services along the stepped care continuum, supporting navigation to higher intensity services and complementary services including primary care, social support and vocational/educational services as appropriate.

The expected outcomes from this activity are:

- Improved access to evidence based psychological services
- Increased accessibility to services early in the development of mental illness to improve chances of recovery and long-term mental health and wellbeing
- Greater awareness and uptake of low intensity mental health services
- Improved mental health outcomes for people with or at risk of developing mild mental illness

Needs Assessment Priorities *

Needs Assessment

Northern Sydney PHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Low intensity services - access and awareness	93



Activity Demographics

Target Population Cohort

The target population cohort is people residing in the NSPHN region who are experiencing, or are at risk of developing, mild mental illness, aged 18 years and over.

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN undertook an extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment, co-design and procurement process. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol and Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.

The NSPHN Mental Health and Alcohol and Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:

- NSPHN Board, Clinical Council and Community Council
- General Practice

- Allied health
- Northern Sydney Local Health District – Mental Health Drug and Alcohol
- Family and Community Services
- NGO Mental Health and AOD Service Providers
- Lived experience
- Carers
- the local Aboriginal community

In addition, as part of NSPHN Commissioning Evaluation Framework (CEF), ongoing consultation to assess the impact of commissioned services will inform further quality and service improvement initiatives. NSPHN works closely with the commissioned service provider to support ongoing quality improvement through quarterly provider support meetings and submission of quarterly progress reports and monthly data submissions into the PMHC MDS, aligned to the CEF. NSPHN undertakes an annual evaluation of the service collating information captured from progress reports, provider support meetings and PMHC MDS data in a dashboard format, aligned to the CEF. The dashboard is presented to the NSPHN Board and Clinical Governance Committee and informs development of quality improvement metrics for the next financial year.

Collaboration

Northern Sydney PHN will continue to work in collaboration with relevant stakeholders including General Practice, community allied health providers, Northern Sydney LHD and commissioned low intensity mental health service providers to establish referral pathways and effective communication processes.

Training and promotion of low intensity mental health services will be supported by NSPHN in collaboration with commissioned service providers, accredited mental health training providers, eMHPrac and relevant academic organisations.



Activity Milestone Details/Duration

Activity Start Date

01/07/2021

Activity End Date

30/06/2025

Service Delivery Start Date

July 2021

Service Delivery End Date

June 2025

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

See activity consultation and collaboration for further detail.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



MH - 1200 - Promote access to low intensity mental health services



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1200

Activity Title *

Promote access to low intensity mental health services

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 1: Low intensity mental health services

Aim of Activity *

Promote awareness of and support referrals to, low intensity and digital mental health services.

Description of Activity *

NSPHN will continue to promote awareness of and support referrals to, low intensity and digital mental health services, including:

- Head to Health
- MindSpot
- Black Dog Institute

Activities to support access to low intensity services will include:

- Work with commissioned providers and other relevant organisations to undertake promotional activities to raise awareness of service, including engagement with GPs and other service providers
- Work with eMHPrac to provide education to GPs and other service providers on the use of digital mental health services.

The expected outcomes from this activity are:

- Greater awareness and uptake of low intensity mental health services
- Improved mental health outcomes for people with or at risk of developing mild mental illness

Needs Assessment Priorities ***Needs Assessment**

Northern Sydney PHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Low intensity services - access and awareness	93



Activity Demographics

Target Population Cohort

The target population cohort is people residing in the NSPHN region who are experiencing, or are at risk of developing, mild mental illness.

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment, co-design and procurement process. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol and Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.

The NSPHN Mental Health and Alcohol and Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:

- NSPHN Board, Clinical Council and Community Council
- General Practice
- Allied health
- Northern Sydney Local Health District – Mental Health Drug and Alcohol
- Family and Community Services
- NGO Mental Health and AOD Service Providers
- Lived experience
- Carers
- the local Aboriginal community

Collaboration

Northern Sydney PHN will continue to work in collaboration with relevant stakeholders including General Practice, community allied health providers, Northern Sydney LHD and commissioned low intensity mental health service providers to establish referral pathways and effective communication processes.

Training and promotion of low intensity mental health services will be supported by NSPHN in collaboration with commissioned service providers, accredited mental health training providers, eMHPrac and relevant academic organisations.



Activity Milestone Details/Duration

Activity Start Date

01/07/2020

Activity End Date

30/06/2025

Service Delivery Start Date

July 2020

Service Delivery End Date

June 2025

Other Relevant Milestones

NSPHN completed the Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol & Other Drugs Plan (the Regional Plan) in December 2020. The Regional Plan outlines activities to further embed the Stepped Care approach and to better coordinate and integrate mental health services in the Northern Sydney region. The timeframe for implementation of the activities outlined in the Regional Plan is 2021-2026.



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

See activity consultation and collaboration for further detail.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



MH - 2100 - Support local headspace services to further develop flexible service options



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2100

Activity Title *

Support local headspace services to further develop flexible service options

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 2: Child and youth mental health services

Aim of Activity *

Increase access to support for young people experiencing mild to moderate mental illness

Description of Activity *

NSPHN will continue to work with the headspace lead agent to continue to operate services aligned to the core headspace model integrity framework from the Brookvale and Chatswood centres. NSPHN will also work with the lead agent to further develop and promote flexible service options to improve access for young people across the region.

This will include:

- Provision of out of hours support (weeknights and weekends)
- Delivery of services in identified hubs to respond to geographic areas of need
- Engagement of general practices and schools in the region to build referral pathways
- Undertaking new initiatives to meet service demand and reduce wait times
- Ongoing data collection into the headspace platform application interface (hAPI), aligned to the headspace data model

The expected outcomes are:

- headspace services are accessible for young people across the region
- Increased awareness of headspace services among GPs and other service providers
- More integrated services, leading to better outcomes for young people experiencing mental health issues

Needs Assessment Priorities *

Needs Assessment

Northern Sydney PHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Children and young people - mental health support	94



Activity Demographics

Target Population Cohort

Young people aged 12-25 experiencing mild to moderate mental health issues

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN needs assessment, co-design and procurement process. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.

The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:

- NSPHN Board, Clinical Council and Community Council
- General Practice
- Allied health
- Northern Sydney Local Health District – Mental Health Drug & Alcohol
- Family and Community Services
- NGO Mental Health and AOD Service Providers
- Lived experience
- Carers
- the local Aboriginal community

In addition, as part of NSPHN Commissioning Evaluation Framework, ongoing consultation to assess the impact of commissioned services will inform further quality and service improvement initiatives. NSPHN works closely with the commissioned service provider to support ongoing quality improvement through quarterly provider support meetings and submission of quarterly progress reports and ongoing data submissions into hAPI, aligned to the CEF. NSPHN undertakes an annual evaluation of the service collating information captured from progress reports, provider support meetings and hAPI data in a dashboard format, aligned to the CEF. The dashboard is presented to the NSPHN Board and Clinical Governance Committee and informs development of quality improvement metrics for the next financial year.

Collaboration

Collaboration with headspace Lead Agent and headspace National Office to ensure implementation of model integrity framework and ongoing performance of headspace centres. Collaboration with local youth service providers, GPs and related services to promote headspace services and support integration.



Activity Milestone Details/Duration

Activity Start Date

01/07/2019

Activity End Date

30/06/2025

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2025

Other Relevant Milestones

NSPHN completed the Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol & Other Drugs Plan (the Regional Plan) in December 2020. The Regional Plan outlines activities to further develop approaches to meet the needs of young people experiencing, or at risk of developing, mental illness in the Northern Sydney region. The timeframe for implementation of the activities outlined in the Regional Plan is 2021-2026.



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

See activity consultation and collaboration for further detail.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



MH - 2200 - Continue to commission services for young people with/at risk of severe mental illness



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2200

Activity Title *

Continue to commission services for young people with/at risk of severe mental illness

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 2: Child and youth mental health services

Aim of Activity *

Increase access to appropriate support services for young people aged 12-25 years experiencing, or at risk of developing, moderate to severe mental illness.

Description of Activity *

NSPHN will continue to commission services for young people with, or at risk of developing severe mental illness. Services include clinical case management, psychological therapies and access to affordable psychiatry.

NSPHN will work with commissioned provider to:

- Ensure sustainability of service
- Increase engagement in areas of geographic need (including Ryde and Hornsby LGAs)
- Further integration with related services including headspace, schools, general practice, homelessness services and drug and alcohol services
- Develop new initiatives to meet service demand and reduce wait times
- Support ongoing collection of service activity data into the Primary Mental Health Care Minimum Data Set (PMHC MDS), informing evaluation of the commissioned service in alignment with the NSPHN Commissioning Evaluation Framework. All data captured aligns to the PMHC MDS data model including client, episode, service contact, outcome measures and practitioner data.

Expected outcomes of this activity include:

- Better access to services for young people with/at risk of severe mental illness
- Improved mental health and wellbeing outcomes for serviced young people
- Diversion of inappropriate ED presentations
- Better coordination and collaboration between youth mental health services

Needs Assessment Priorities *

Needs Assessment

Northern Sydney PHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Children and young people - mental health support	94



Activity Demographics

Target Population Cohort

Young people in the NSPHN region aged 12-25 years experiencing, or at risk of developing, moderate to severe mental illness.

Indigenous Specific *

No

Indigenous Specific Comments

N/A

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts throughout the NSPHN Needs assessment process, co-design and procurement of youth severe services. NSPHN will continue to consult with local service providers, sector partners, consumers and their families to ensure commissioned services are meeting the needs of the local community. Stakeholder engagement methods include community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.

The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:

- NSPHN Board, Clinical Council and Community Council
- General Practice
- Allied health
- Northern Sydney Local Health District – Mental Health Drug & Alcohol
- NGO Mental Health and AOD Service Providers
- Lived experience
- Carers
- the local Aboriginal community

NSPHN continues to utilise the NSPHN Commissioning Evaluation Framework (CEF), based on the Quadruple Aim to evaluate the impact of the service and identify opportunities for service improvement. NSPHN works closely with the commissioned service provider to support ongoing quality improvement through quarterly provider support meetings and submission of quarterly

progress reports and monthly data submissions into the PMHC MDS, aligned to the CEF. NSPHN undertakes an annual evaluation of the service collating information captured from progress reports, provider support meetings and PMHC MDS data in a dashboard format, aligned to the CEF. The dashboard is presented to the NSPHN Board and Clinical Governance Committee and informs development of quality improvement metrics for the next financial year.

Collaboration

NSPHN will continue to work closely with the following stakeholders to further support the delivery of youth severe services across the region:

- Northern Sydney Local Health District Child & Youth Mental Health Service
- headspace
- Local Councils
- Orygen (National Centre for Youth Excellence)
- NSW Department of Education
- General practice
- Alcohol & Other Drugs services



Activity Milestone Details/Duration

Activity Start Date

01/07/2019

Activity End Date

30/06/2025

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2025

Other Relevant Milestones

NSPHN completed the Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol & Other Drugs Plan (the Regional Plan) in December 2020. The Regional Plan outlines activities to further develop approaches to meet the needs of young people experiencing, or at risk of developing, mental illness in the Northern Sydney region. The timeframe for implementation of the activities outlined in the Regional Plan is 2021-2026.



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

See activity consultation and collaboration for further detail

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



MH - 3100 - Continue to commission services that provide psychological therapies to hard-to-reach/at risk groups



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3100

Activity Title *

Continue to commission services that provide psychological therapies to hard-to-reach/at risk groups

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 3: Psychological therapies for rural and remote, under-served and / or hard to reach groups

Aim of Activity *

Improve access to psychological therapies for identified under-served, hard-to-reach and at-risk groups. Support effective use of services along the stepped care continuum.

Description of Activity *

NSPHN will continue to operate a central clinical intake and triage hub that will assess, prioritise and link clients referred by GPs and other service providers.

Commissioned providers will continue to accept and service referrals provided by NSPHN. Regular review of clinical progress of clients receiving service will be undertaken with the expectation that people are matched to the appropriate intensity of care, based on the developed principles of stepped care. This may include the transition of care required to low intensity services as people's needs decrease or to mental health nursing services if people's needs increase.

Psychological commissioned services incorporate the following key features that have been identified through extensive consultation:

- Continue to provide psychological therapies by appropriately qualified mental health professionals in the remit of one-to-one sessions, groups and other flexible options – based on level of need and as listed below.
- Flexibility in session length (e.g. provision for half hour sessions).
- Flexibility in source of referral – e.g. provisional referrals to enable services to commence while arrangements are made for the client to see a GP for a Mental Health Treatment Plan.
- Ability to provide sessions over the phone, via secure internet connections as well as face to face.
- Locating providers in services that populations of need already access (e.g. Early Childhood centres, neighbourhood & community centres).
- Enhanced capacity to provide care coordination and participate in case conferencing.

- Team based care involving GPs, psychiatrists, paediatricians, psychologists, and appropriately trained and qualified allied health professionals
- Identification and recruitment of providers with local language skills.
- Development of more group programs, including Dialectical Behaviour Therapy.
- Demonstrated ability to provide culturally appropriate and trauma informed care.

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

The expected outcomes for this activity are:

- Increased access to psychological therapies for underserved groups, including those who are not better suited to Better Access
- Improved psychological wellbeing for participants
- Improved matching and sign posting of clients to services along the stepped care continuum

Psychological therapies providers are required to provide appropriate care coordination for clients. This includes regular communication with the client’s GP and others relevant to their care. Client progress is reviewed at regular intervals throughout treatment and referrals to higher or lower intensity services are made as appropriate.

NSPHN will work with commissioned service providers to respond flexibly to the emerging needs of the community in response to the COVID-19 pandemic. This will include ongoing delivery of telehealth and face-to-face services and developing approaches for newly identified at-risk populations. NSPHN will also continue to work closely with commissioned service providers to support collection of service activity data into the Primary Mental Health Care Minimum Data Set (PMHC MDS), informing evaluation of the commissioned service in alignment with the NSPHN Commissioning Evaluation Framework. All data captured aligns to the PMHC MDS data model including client, episode, service contact, outcome measures and practitioner data.

Needs Assessment Priorities *

Needs Assessment

Northern Sydney PHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Aboriginal and Torres Strait Islander people - access to psychological support	94
CALD - access to psychological services	94
Children and young people - mental health support	94
Intellectual disability and co-occurring mental illness - access to psychological services	96
Women experiencing perinatal depression - access to psychological services	96
LGBTI - access to mental health and primary care services	95
People who are homeless/at risk of homelessness - access to mental health and primary care services	95



Activity Demographics

Target Population Cohort

People in the NSPHN region experiencing mild to moderate mental illness. Identified under-served groups include:

- People experiencing financial disadvantage
- Children aged 0-12 years
- Aboriginal and Torres Strait Islander people
- People who self-harm or who are at non-urgent risk of suicide (including those who have attempted suicide and those bereaved by suicide or loss)
- Individuals from culturally and linguistically diverse (CALD) backgrounds
- Women experiencing perinatal depression and/or anxiety
- People experiencing homelessness
- People who identify as lesbian, gay, bisexual, transgender or intersex
- People with intellectual disability and co-occurring mental illness
- Carers

Indigenous Specific *

No

Indigenous Specific Comments

N/A

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process and co-design consultations. Stakeholder engagement methods have included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.

NSPHN will continue to consult with local stakeholders, including GPs, allied health providers and service users to ensure that psychological therapies are meeting the needs of underserved groups.

NSPHN continues to utilise the NSPHN Commissioning Evaluation Framework (CEF), based on the Quadruple Aim to evaluate the impact of the service and identify opportunities for service improvement. NSPHN works closely with the commissioned service provider to support ongoing quality improvement through quarterly provider support meetings and submission of quarterly progress reports and monthly data submissions into the PMHC MDS, aligned to the CEF. NSPHN undertakes an annual evaluation of the service collating information captured from progress reports, provider support meetings and PMHC MDS data in a dashboard format, aligned to the CEF. The dashboard is presented to the NSPHN Board and Clinical Governance Committee and informs development of quality improvement metrics for the next financial year.

Collaboration

This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, local Aboriginal community representatives and services, General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, youth services, educational facilities and employment services.

Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.



Activity Milestone Details/Duration

Activity Start Date

01/07/2019

Activity End Date

30/06/2025

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2025

Other Relevant Milestones

NSPHN completed the Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol & Other Drugs Plan (the Regional Plan) in December 2020. The Regional Plan outlines activities to further develop approaches to meet the needs of people experiencing, or at risk of developing, mental illness in the Northern Sydney region. The timeframe for implementation of the activities outlined in the Regional Plan is 2021-2026.

In light of a range of service navigation initiatives currently operating or planned to be established, NSPHN will undertake a review of its mental health triage service in the 2022-23 financial year. This review will aim to ensure that referral pathways for GPs, service providers and consumers are as clear and consistent as possible.



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

See activity consultation and collaboration for further detail.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



MH - 3200 - Commission in-reach psychological therapies for people residing in RACFs



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3200

Activity Title *

Commission in-reach psychological therapies for people residing in RACFs

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups

Aim of Activity *

Improve access to psychological therapies for people residing in Residential Aged Care Facilities with or at risk of developing mental illness. Support service provision along the stepped care continuum.

Description of Activity *

NSPHN will continue to commission in-reach mental health services to local Residential Aged Care Facilities in the region. The commissioned provider will continue to accept and service referrals provided by RACF staff including GPs and Senior Nurses. The commissioned service incorporates the following key features that have been identified through extensive consultation:

- Appropriate triage and prioritisation of referrals
- Provision of in-reach psychological therapies by appropriately qualified mental health professionals in the remit of one to one sessions, groups and other flexible options – based on level of need and as listed below.
- Flexibility in session length (e.g. provision for half hour sessions).
- Approaches tailored to the needs of the older population, including specific Cognitive Behavioural Therapy approaches, Reminiscence Therapy, Acceptance and Commitment Therapy
- Enhanced capacity to provide care coordination and participate in case conferencing.
- Team based care involving GPs, nurses, RACF care staff and other allied health professionals
- Provision of culturally appropriate and trauma informed care
- Provision of capacity building activities including training and education for RACF staff to improve ability to recognise and respond to the mental health needs of residents.

In addition to in-reach psychological therapies, the commissioned service provides low intensity services including:

- Group and individual support programs
- Psychoeducation
- Support to enhance social skills including participation in social activities
- Support to improve communication skills and emotional regulation

- Support to improve and maintain physical wellbeing

Aligned to the ramp up of funds provided by the Commonwealth, services will expand over time. This will include increasing provision of lower and higher intensity services. NSPHN will work with commissioned service providers, RACFs, general practice and representative bodies to strengthen referral pathways and support best practice in service delivery.

The expected outcomes for this activity are:

- Increased access to appropriate mental health interventions for people residing in RACFs
- Improved psychological wellbeing for participants
- Improved matching and sign posting of clients to services along the stepped care continuum
- Enhanced capacity of RACF staff to identify and respond to mental health issues in residents

Psychological therapies providers are required to provide appropriate care coordination for clients. This includes regular communication with the client’s GP, families and others relevant to their care. Client progress is reviewed at regular intervals throughout treatment and referrals to higher or lower intensity services will be made as appropriate.

NSPHN continues to work closely with commissioned service provider to support collection of service activity data into the Primary Mental Health Care Minimum Data Set (PMHC MDS), informing evaluation of the commissioned service in alignment with the NSPHN Commissioning Evaluation Framework. All data captured aligns to the PMHC MDS data model including client, episode, service contact, outcome measures and practitioner data.

Needs Assessment Priorities *

Needs Assessment

Northern Sydney PHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Health of older people - access to psychological services and preventive mental health programs	95



Activity Demographics

Target Population Cohort

Older people residing in Residential Aged Care Facilities across the NSPHN region experiencing, or at risk of, mental illness.

Indigenous Specific *

No

Indigenous Specific Comments

N/A

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process and co-design consultations. Stakeholder engagement methods have included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.

NSPHN will continue to consult with local stakeholders, including RACFs, GPs, allied health providers and service users to ensure that psychological therapies are meeting the needs of underserved groups.

NSPHN continues to utilise the NSPHN Commissioning Evaluation Framework (CEF), based on the Quadruple Aim to evaluate the impact of the service and identify opportunities for service improvement. NSPHN works closely with the commissioned service provider to support ongoing quality improvement through quarterly provider support meetings and submission of quarterly progress reports and monthly data submissions into the PMHC MDS, aligned to the CEF. NSPHN undertakes an annual evaluation of the service collating information captured from progress reports, provider support meetings and PMHC MDS data in a dashboard format, aligned to the CEF. The dashboard is presented to the NSPHN Board and Clinical Governance Committee and informs development of quality improvement metrics for the next financial year

Collaboration

This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, RACFs, local Aboriginal community representatives and services, General Practice, community allied health providers, NSLHD Older Persons Mental Health Service, local mental health service providers and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, youth services, educational facilities and employment services. Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.



Activity Milestone Details/Duration

Activity Start Date

01/07/2019

Activity End Date

30/06/2023

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2023

Other Relevant Milestones

NSPHN completed the Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol & Other Drugs Plan (the Regional Plan) in December 2020. The Regional Plan outlines activities to further develop approaches to meet the needs of older people experiencing, or at risk of developing, mental illness in the Northern Sydney region. The timeframe for implementation of the activities outlined in the Regional Plan is 2021-2026.



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

See activity consultation and collaboration for further detail.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



MH - 4100 - Continue to commission mental health services for people with severe and complex mental illness



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

4100

Activity Title *

Continue to commission mental health services for people with severe and complex mental illness

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 4: Mental health services for people with severe and complex mental illness including care packages

Aim of Activity *

Increase access to appropriate support and improve clinical outcomes for people with severe mental illness and complex needs.

Description of Activity *

NSPHN will continue to support delivery of commissioned service for people with severe mental illness and complex needs. The commissioned service has built upon the previous Mental Health Nurse Incentive Program and provides therapeutic interventions, clinical care coordination and case management support for people with severe mental illness not more appropriately serviced by the Northern Sydney Local Health District community mental health teams.

NSPHN will work with commissioned provider to:

- Increase engagement in areas of geographic need (including Ryde and Hornsby LGAs)
- Increase capacity of service to provide additional clinical supports
- Address the needs of people experiencing severe mental illness and co-occurring conditions including alcohol and other drug misuse, intellectual disability and physical health issues
- Further integration with related services including general practice, psychosocial support services, NDIS, homelessness services and drug & alcohol services
- Support ongoing collection of service activity data into the Primary Mental Health Care Minimum Data Set (PMHC MDS), informing evaluation of the commissioned service in alignment with the NSPHN Commissioning Evaluation Framework. All data captured aligns to the PMHC MDS data model including client, episode, service contact, outcome measures and practitioner data.

Expected outcomes from this activity include:

- Increased engagement in appropriate mental health services for people with severe mental illness
- Decreased need for urgent or acute care
- Better service coordination and navigation for people with severe mental illness and complex needs.

Commissioned services for people with severe mental illness provide care coordination and case management. Services provided are responsive to client needs. It is a requirement of the service that clients are not moved through the service without linkage to more appropriate support services being established.

Needs Assessment Priorities *

Needs Assessment

Northern Sydney PHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
People with severe mental illness and complex needs - access to mental health services	90
People with severe mental illness and complex needs - service coordination	91



Activity Demographics

Target Population Cohort

People living in the NSPHN region experiencing severe and complex mental illness.

Indigenous Specific *

No

Indigenous Specific Comments

N/A

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process and co-design consultations. Stakeholder engagement methods have included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.

The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:

- NSPHN Board, Clinical Council and Community Council
- General Practice
- Allied health
- Northern Sydney Local Health District – Mental Health Drug & Alcohol
- NGO Mental Health and AOD Service Providers
- Lived experience

- Carers
- the local Aboriginal community

Regular consultation will inform the ongoing commissioning of this service. This will include representation from:

- General Practice
- Psychiatry
- NSLHD Mental Health Services
- Mental Health Nurses
- People with a lived experience of severe mental illness
- Carers

NSPHN consults with a range of community stakeholders through participation on local interagencies, working groups and network meetings. In addition to the stakeholders mentioned above, NSPHN liaises with police representatives, NSW Ambulance, private mental health service providers and other community groups to support delivery of commissioned services.

NSPHN continues to utilise the NSPHN Commissioning Evaluation Framework (CEF), based on the Quadruple Aim to evaluate the impact of the service and identify opportunities for service improvement. NSPHN works closely with the commissioned service provider to support ongoing quality improvement through quarterly provider support meetings and submission of quarterly progress reports and monthly data submissions into the PMHC MDS, aligned to the CEF. NSPHN undertakes an annual evaluation of the service collating information captured from progress reports, provider support meetings and PMHC MDS data in a dashboard format, aligned to the CEF. The dashboard is presented to the NSPHN Board and Clinical Governance Committee and informs development of quality improvement metrics for the next financial year.

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. Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.



Activity Milestone Details/Duration

Activity Start Date

01/07/2019

Activity End Date

30/06/2025

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2025

Other Relevant Milestones

NSPHN completed the Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol & Other Drugs Plan (the Regional Plan) in December 2020. The Regional Plan outlines activities to further develop approaches to meet the needs of people experiencing severe mental illness in the Northern Sydney region. The timeframe for implementation of the activities outlined in the Regional Plan is 2021-2026.



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

See activity consultation and collaboration for further detail.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



MH - 4200 - GP Psychiatry Support Line



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

4200

Activity Title *

GP Psychiatry Support Line

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 4: Mental health services for people with severe and complex mental illness including care packages

Aim of Activity *

Support GPs to access telephone-based psychiatry advice to support the management of patients with severe mental illness

Description of Activity *

Access to low-cost psychiatry support is a challenge in the NSPHN region. Many people with severe mental illness receive their primary clinical support from their GP. Working in collaboration with seven Primary Health Networks across NSW, NSPHN will continue to co-commission a telephone-based psychiatry support service for GPs. The GP Psychiatry Support Line will provide advice and support to GPs on:

- Diagnosis of mental illness
- Clinical assessment and investigation
- Medication prescribing and review
- Safety planning

NSPHN and the commissioned provider will proactively engage with GPs to promote access to the Psychiatry Support Line.

The expected outcomes of this activity are:

- Enhanced GP management of people experiencing severe mental illness
- Enhanced support for GPs in responding to mental health issues exacerbated by the COVID-19 pandemic
- Improved pathways between primary care and specialist mental health services
- Improved health outcomes for people experiencing severe mental illness

The focus of this activity is ensuring GPs have access to specialist input for their patients. Psychiatry support will enable continuity of care – increasing GP capacity to maintain involvement in the care of patients experiencing severe mental illness and facilitating effective communication between primary care services and specialist services.

Needs Assessment Priorities *

Needs Assessment

Northern Sydney PHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
People with severe mental illness and complex needs - service coordination	91
People with severe mental illness and complex needs - access to primary care services	91



Activity Demographics

Target Population Cohort

People with severe mental illness, including those receiving support from Northern Sydney Local Health District community mental health services.

Indigenous Specific *

No

Indigenous Specific Comments

N/A

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Consultation to inform the development of this activity has included representation from:

- General practice
- Northern Sydney Local Health District
- Community Managed Organisations
- Consumers
- Carers
- NSPHN mental health team

Local GPs and the NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee will remain a key source of advice on the ongoing delivery of this activity.

The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:

- NSPHN Board, Clinical Council and Community Council
- General Practice
- Allied health
- Northern Sydney Local Health District – Mental Health Drug & Alcohol
- NGO Mental Health and AOD Service Providers
- Lived experience
- Carers

- the local Aboriginal community

NSPHN continues to utilise the NSPHN Commissioning Evaluation Framework (CEF), based on the Quadruple Aim to evaluate the impact of the service and identify opportunities for service improvement. NSPHN undertakes an annual evaluation of the service, collating information captured from quarterly activity reports in a dashboard format, aligned to the CEF. The dashboard is presented to the NSPHN Board and Clinical Governance Committee and informs development of quality improvement metrics for the next financial year.

Collaboration

NSPHN has worked with representatives from South Eastern NSW PHN, Central & Eastern Sydney PHN, Hunter New England Central Coast PHN, Murrumbidgee PHN, North Coast PHN, Nepean Blue Mountains PHN and Western NSW PHN to develop this activity.

The involved PHNs have a memorandum of understanding to outline the commitment required from each to support the ongoing delivery of the program. An Advisory Group has been established to monitor performance of the service and guide future directions. The Advisory Group meets quarterly and is chaired by South Eastern NSW PHN.

Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.



Activity Milestone Details/Duration

Activity Start Date

01/07/2019

Activity End Date

30/06/2023

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2023

Other Relevant Milestones

NSPHN completed the Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol & Other Drugs Plan (the Regional Plan) in December 2020. The timeframe for implementation of the activities outlined in the Regional Plan is 2021-2026.



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes -Co-commissioning approach with South Eastern NSW PHN, Central & Eastern Sydney PHN, Hunter New England Central Coast PHN, Murrumbidgee PHN, North Coast PHN, Nepean Blue Mountains PHN and Western NSW PHN.

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

Yes

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

Co-design: See activity consultation and collaboration for further detail.

Co-commissioning: Co-commissioning approach with South Eastern NSW PHN, Central & Eastern Sydney PHN, Hunter New England Central Coast PHN, Murrumbidgee PHN, North Coast PHN, Nepean Blue Mountains PHN and Western NSW PHN.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



MH - 5100 - Continue to commission community based suicide postvention services



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

5100

Activity Title *

Continue to commission community-based suicide postvention services

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

Aim of Activity *

Provide psychological and psychosocial supports to people who have attempted suicide or are at risk of suicide

Description of Activity *

NSPHN will continue to commission services to provide psychological and psychosocial support to people who have accessed hospital or general practice services due to suicide risk. Clients will receive psychological therapies from accredited mental health clinicians and will be linked to appropriate support services, including General Practice and other health, mental health and social support providers and provided practical assistance to address factors impacting suicide risk. Clients will be supported to undertake safety and resilience planning, develop and maintain support networks and address the psychosocial issues which may be exacerbating suicide risk. This area of activity will continue to work with Emergency Department and mental health in-patient and community staff, GPs and other service providers on hospital discharge processes and post discharge pathways.

NSPHN will work with the commissioned service providers to:

- Improve uptake in identified areas of geographic need (Hornsby and Ryde LGAs)
- Work with GPs to deliver effective care coordination
- Work with other key stakeholders to support collaborative support arrangements
- Respond to needs emerging as a result of the COVID-19 pandemic
- Support ongoing collection of service activity data into the Primary Mental Health Care Minimum Data Set (PMHC MDS), informing evaluation of the commissioned service in alignment with the NSPHN Commissioning Evaluation Framework. All data is captured aligns to the PMHC MDS data model including client, episode, service contact, outcome measures and practitioner data.

The expected outcomes of this activity are:

- Improved access to timely, personalised support for people at risk of suicide

- Improved mental health outcomes for clients
- Improved local service pathways
- Enhanced community capacity to respond to suicide crises

Needs Assessment Priorities *

Needs Assessment

Northern Sydney PHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Suicide prevention	92



Activity Demographics

Target Population Cohort

People who have accessed services following a suicide attempt

Indigenous Specific *

No

Indigenous Specific Comments

N/A

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process, co-design consultations and procurement. Stakeholder engagement methods included community and service provider forums, surveys, and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.

The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:

NSPHN Board, Clinical Council and Community Council

- General Practice
- Allied health
- Northern Sydney Local Health District – Mental Health Drug & Alcohol
- Family and Community Services
- NGO Mental Health and AOD Service Providers
- Lived experience
- Carers
- the local Aboriginal community

NSPHN will continue to consult with local suicide prevention networks and interagencies to ensure suicide prevention services are meeting community need.

Collaboration

This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Police, local councils, AOD service providers, youth services, educational facilities, and suicide prevention sector leaders. Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.



Activity Milestone Details/Duration

Activity Start Date

01/07/2019

Activity End Date

30/06/2025

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2025

Other Relevant Milestones

NSPHN completed the Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol & Other Drugs Plan (the Regional Plan) in December 2020. The Regional Plan outlines activities to further support a coordinated and collaborative approach to suicide prevention in the Northern Sydney region. This includes integration with NSW Health Towards Zero Suicides activities and other funded suicide prevention initiatives. The timeframe for implementation of the activities outlined in the Regional Plan is 2021-2026.



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

See activity consultation and collaboration for further detail.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



MH - 5200 - Deliver targeted community-based suicide prevention initiatives



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

5200

Activity Title *

Deliver targeted community-based suicide prevention initiatives

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

Aim of Activity *

Increase access to evidence-based suicide prevention training and education programs for local GPs and identified gatekeepers.

Description of Activity *

NSPHN will continue to undertake activity to support GPs and identified gatekeepers to better understand the indicators for suicide risk and assess and intervene where appropriate. This activity will also involve the development of relevant resources and the streamlining of referral pathways.

NSPHN will expand upon existing community-based suicide prevention activities including:

- improving care coordination and service pathways for people at risk of or bereaved by suicide.
- developing a regional systems-based suicide prevention framework
- leading a local suicide prevention and critical incident response protocol
- commissioning and/or adapting services, activities and training packages for at-risk cohorts in the community to identify and respond early to distress.
- working with community leaders and people with lived experience to commission services that offer support via multiple channels including online, telephone, videoconference and face to face to meet community needs.
- building the capacity and capability of the local workforce to respond to suicide and distress and link people with appropriate supports and services.
- commissioning peer support and mentorship programs for people at risk of or impacted by suicide
- employment of a full-time equivalent Suicide Prevention Regional Response Coordinator who will take primary responsibility for engagement, coordination and integration of early intervention and suicide prevention activities across regional stakeholders and service providers.

The expected outcomes of this activity are:

- Improved detection of, and responses to, people at risk of suicide
- Improved local service pathways
- Enhanced community capacity to respond to suicide risk.

Needs Assessment Priorities *

Needs Assessment

Northern Sydney PHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Suicide prevention	92



Activity Demographics

Target Population Cohort

GPs and other identified gatekeepers, including police, sporting and surf clubs and community service providers.

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process, co-design consultations and procurement. Stakeholder engagement methods included community and service provider forums, surveys, and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services. The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:

- NSPHN Board, Clinical Council and Community Council
- General Practice
- Allied health
- Northern Sydney Local Health District – Mental Health Drug & Alcohol
- Family and Community Services
- NGO Mental Health and AOD Service Providers
- Lived experience
- Carers
- the local Aboriginal community

NSPHN will continue to consult with local suicide prevention networks and interagencies to ensure gatekeeper training activities are meeting community need.

Collaboration

This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Police, local councils, AOD service providers, youth services, educational facilities, and suicide prevention sector leaders. Training will be delivered in partnership with accredited training organisations including Black Dog Institute. 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

NSPHN has established a Suicide Prevention Working Group as an activity arising from the Regional Plan. NSPHN will continue to collaborate with this working group and the local Suicide Prevention Community Action Group to implement and coordinate community-based suicide prevention activities.



Activity Milestone Details/Duration

Activity Start Date

01/07/2019

Activity End Date

30/06/2025

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2025

Other Relevant Milestones

Northern Sydney Joint Regional Mental Health, Suicide Prevention and Drug & Alcohol Plan (the Regional Plan) was completed in December 2020. The Regional Plan outlines activities to further support a coordinated and collaborative approach to suicide prevention in the Northern Sydney region. The timeframe for implementation of the activities outlined in the Regional Plan is 2021-2026.



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

See activity consultation and collaboration for further detail.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



MH - 5300 – Continue to commission the Way Back Support Service



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

5300

Activity Title *

Continue to commission the Way Back Support Service

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

Other Program Key Priority Area Description**Aim of Activity ***

Provide psychosocial support to people who have attempted suicide or are at risk of suicide

Description of Activity *

NSPHN has commissioned a local service provider to deliver The Way Back Support Service. The Way Back Support Service provides psychosocial support to people who have accessed hospital or general practice services following a suicide attempt. Clients are linked to appropriate support services, including General Practice and other health, mental health and social support providers and provided practical assistance to address factors impacting suicide risk. Clients are serviced for a period of approximately three months to support safety and resilience planning, develop and maintain support networks and address the psychosocial issues which may be exacerbating suicide risk. The Way Back Support Service is funded in part by NSW Health and will involve close collaboration with NSLHD Mental Health Drug & Alcohol and Emergency Departments.

NSPHN will continue to work with the commissioned service provider to:

- Strengthen relationships with relevant referrers (Emergency Department staff, NSLHD Mental Health staff, GPs and other mental health and social support providers).
- Maintain shared governance and partnership arrangements with Northern Sydney LHD to clarify and support referral pathways
- Increase engagement with GPs and other key stakeholders
- Strengthen collaborative working arrangements with relevant health services

- Respond to needs emerging as a result of the COVID-19 pandemic
- Support ongoing collection of service activity data into the Primary Mental Health Care Minimum Data Set (PMHC MDS), informing evaluation of the commissioned service in alignment with the NSPHN Commissioning Evaluation Framework. All data is captured aligns to the Way Support Service data model including client, episode, TWB-episode, TWB-critical incidents, TWB-needs identification, service contact, outcome measures and practitioner data.

NSPHN will fund complementary mental health support services and initiatives to support the holistic mental health needs of people who have made a suicide attempt or are in suicidal crisis.

The expected outcomes of this activity are:

- Improved access to timely, personalised support for people at risk of suicide
- Improved local service pathways
- Enhanced community capacity to respond to suicide crises

Needs Assessment Priorities *

Needs Assessment

Northern Sydney PHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Suicide prevention	92



Activity Demographics

Target Population Cohort

People who have accessed services following a suicide attempt

Indigenous Specific *

No

Indigenous Specific Comments

N/A

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process, co-design consultations and procurement. Stakeholder engagement methods included community and service provider forums, surveys, and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services. The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:

- NSPHN Board, Clinical Council and Community Council

- General Practice
- Allied health
- Northern Sydney Local Health District – Mental Health Drug & Alcohol
- Family and Community Services
- NGO Mental Health and AOD Service Providers
- Lived experience
- Carers
- the local Aboriginal community

NSPHN will continue to consult with local suicide prevention networks and interagencies to ensure suicide prevention services are meeting community need.

NSPHN continues to utilise the NSPHN Commissioning Evaluation Framework (CEF), based on the Quadruple Aim to evaluate the impact of the service and identify opportunities for service improvement. NSPHN works closely with the commissioned service provider to support ongoing quality improvement through quarterly provider support meetings and submission of quarterly progress reports and monthly data submissions into the PMHC MDS, aligned to the CEF. NSPHN undertakes an annual evaluation of the service collating information captured from progress reports, provider support meetings and PMHC MDS data in a dashboard format, aligned to the CEF. The dashboard is presented to the NSPHN Board and Clinical Governance Committee and informs development of quality improvement metrics for the next financial year.

Collaboration

This activity will be led by Northern Sydney PHN and undertaken in collaboration with Northern Sydney Local Health District. Beyond Blue and NSW Health will be involved in the implementation and governance of the Way Back Support Service. The service provider will be expected to engage with other commissioned services, General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Police, local councils, AOD service providers, youth services, educational facilities, and suicide prevention sector leaders. Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.



Activity Milestone Details/Duration

Activity Start Date

01/06/2020

Activity End Date

30/06/2023

Service Delivery Start Date

October 2020

Service Delivery End Date

June 2023

Other Relevant Milestones

NSPHN completed the Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol & Other Drugs Plan (the Regional Plan) in December 2020. The Regional Plan outlines activities to further support a coordinated and collaborative approach to suicide prevention in the Northern Sydney region. The timeframe for implementation of the activities outlined in the Regional Plan is 2021-2026.



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

The Way Back Support Service is funded by the Commonwealth Department of Health and NSW Health as a result of a bilateral agreement. NSPHN will continue to work with NSW Health and Northern Sydney Local Health District to support the delivery of the Way Back Support Service.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



MH - 6100 - Continue to commission community based Aboriginal Mental Health Services



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

6100

Activity Title *

Continue to commission community based Aboriginal Mental Health Services

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 6: Aboriginal and Torres Strait Islander mental health services

Aim of Activity *

Increase access to culturally appropriate health and wellbeing support for Aboriginal and/or Torres Strait Islander people

Description of Activity *

NSPHN will continue to commission community based Aboriginal Mental Health Services for Aboriginal and Torres Strait Islander people in the SNHN region. Services include:

- Culturally appropriate mental health and suicide prevention services to Aboriginal and Torres Strait Islander people within the NSPHN region
- Provision of mental health care coordination for people from and Aboriginal and/or Torres Strait Islander background
- Social and emotional wellbeing support
- Targeted mental health support and care navigation for individuals identified at risk

NSPHN will continue to work with the provider to:

- improve the quality of culturally safe mental health services by facilitating access to Aboriginal Mental Health First Aid training
- increase the number of Aboriginal and Torres Strait Islander people accessing mental health services
- provide consultation to local organisations on how to support culturally appropriate service delivery
- support local service providers and key stakeholders including schools, boarding houses and universities to recognise the indicators for suicide risk in Aboriginal and Torres Strait Islander young people and assess and intervene where appropriate by providing access to Aboriginal Mental Health First Aid training
- ensure access to evidence-based suicide prevention services, including psychological therapies for young people identified as being at risk
- provide culturally appropriate mental health services to community members impacted by the COVID-19 pandemic
- support collection of service activity data into the Primary Mental Health Care Minimum Data Set (PMHC MDS), informing evaluation of the commissioned service in alignment with the NSPHN Commissioning Evaluation Framework. All data captured aligns to the PMHC MDS data model including client, episode, service contact, outcome measures and practitioner data.

The expected outcomes of this activity are:

- Increased engagement of local Aboriginal and Torres Strait Islanders in mental health and wellbeing services
- Increased provision of culturally safe and appropriate treatment services
- Improved mental health and wellbeing outcomes for serviced Aboriginal & Torres Strait Islander clients.

Needs Assessment Priorities *

Needs Assessment

Northern Sydney PHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Aboriginal and Torres Strait Islander people - access to psychological support	94



Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander residents of the NSPHN region who experience, or are at risk of developing, mental illness.

Indigenous Specific *

Yes

Indigenous Specific Comments

The commissioned service is a well-established community managed organisation. The service aims to employ Aboriginal candidates in the care co-ordination role(s). The service has established strong networks with local Aboriginal services, including Northern Sydney Aboriginal Health Service and Bungee Bidjel Health Clinic.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts throughout the NSPHN Needs Assessment process, co-design consultations and procurement. Stakeholder engagement methods included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.

The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of 4 times a year and includes representation from:

- the local Aboriginal community
- NSPHN Board, Clinical Council and Community Council
- General Practice
- Allied health
- Northern Sydney Local Health District – Mental Health Drug & Alcohol teams and NLSHD Aboriginal Steering Committee
- Family and Community Services
- NGO Mental Health and AOD Service Providers

- Lived experience
- Carers

NSPHN continues to consult with local Aboriginal networks and interagencies to ensure commissioned services are meeting the needs of the local community. NSPHN and its commissioned Aboriginal mental health service are represented on the Northern Sydney Indigenous Services Collaborative.

NSPHN continues to utilise the NSPHN Commissioning Evaluation Framework (CEF), based on the Quadruple Aim to evaluate the impact of the service and identify opportunities for service improvement. NSPHN works closely with the commissioned service provider to support ongoing quality improvement through quarterly provider support meetings and submission of quarterly progress reports and monthly data submissions into the PMHC MDS, aligned to the CEF. NSPHN undertakes an annual evaluation of the service collating information captured from progress reports, provider support meetings and PMHC MDS data in a dashboard format, aligned to the CEF. The dashboard is presented to the NSPHN Board and Clinical Governance Committee and informs development of quality improvement metrics for the next financial year.

Collaboration

This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, local Aboriginal community representatives and services, General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, youth services, educational facilities and employment services.

Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.



Activity Milestone Details/Duration

Activity Start Date

01/07/2019

Activity End Date

30/06/2024

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2024

Other Relevant Milestones

NSPHN completed the Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol & Other Drugs Plan (the Regional Plan) in December 2020. The Regional Plan outlines activities to further engage with Aboriginal community members and service providers to further co-design and collaborate on solutions to the mental health issues that are most important to the local region. The timeframe for implementation of the activities outlined in the Regional Plan is 2021-2026.



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

See activity consultation and collaboration for further detail.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



MH - 7100 - Undertake activities to support a stepped care approach to mental health



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

7100

Activity Title *

Undertake activities to support a stepped care approach to mental health

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

Aim of Activity *

Promote a stepped care approach to mental health to enable General Practitioners and other service providers to facilitate access for clients to the right level and type of support. Undertake activities to increase the local community's understanding and awareness of mental health issues.

Description of Activity *

NSPHN will continue to undertake activities to promote a stepped care approach. This will include:

- In-practice education and support to General Practitioners to raise awareness of available services along the stepped care continuum and support referral pathways
- Facilitating access to accredited mental health education events for GPs, allied health practitioners and other service providers including RACF staff
- Implementation of tools and resources arising from the Department of Health Initial Referral and Assessment project
- Stepped Care workshops with commissioned providers and NSLHD
- Development of common assessment guidelines and resources
- Development and promotion of HealthPathways
- Increase access to accredited mental health training including Mental Health First Aid for CALD and Aboriginal community members
- Resourcing to commissioned service providers to enhance capacity to respond to service demand across the stepped care continuum
- Support to commissioned service providers to enhance readiness to respond to emergencies and the health impacts of climate-related events
- Support to commissioned service providers to enhance community wellbeing and promote community development, utilising a compassionate communities' approach

The expected outcomes of this activity are:

- Enhancement of referral pathways to enable effective step up and down levels of service intensity
- Appropriate uptake of services along the stepped care continuum
- Increased provider confidence to identify and refer for a range of mental health issues
- Enhanced capacity within the local community to access appropriate mental health care

Needs Assessment Priorities *

Needs Assessment

Northern Sydney PHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
People with severe mental illness and complex needs - access to mental health services	90
People with severe mental illness and complex needs - access to psychosocial services	90
People with mental illness - access and screening	92
Suicide prevention	92
People with severe mental illness and complex needs - access to primary care services	91
People with severe mental illness and complex needs - service coordination	91
Low intensity services - access and awareness	93



Activity Demographics

Target Population Cohort

Residents of the NSPHN region who experience, or are at risk of developing, mild, moderate or severe mental illness. The local service system, including GPs, allied health practitioners and service providers.

Indigenous Specific *

No

Indigenous Specific Comments

N/A

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process and co-design consultations. Stakeholder engagement methods have included community and service provider forums, surveys and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs

Advisory Committee to advise on local priorities and guide the development of commissioned services.

The NSPHN Mental Health and Alcohol and Other Drugs Advisory Committee meets a minimum of 4 times a year and includes representation from:

- NSPHN Board, Clinical Council and Community Council
- General Practice
- Allied health
- Northern Sydney Local Health District – Mental Health Drug & Alcohol
- Family and Community Services
- NGO Mental Health and AOD Service Providers
- Lived experience
- Carers
- the local Aboriginal community

NSPHN will continue to consult with relevant stakeholders to support the implementation of a stepped care approach to mental health care across the region. Specific engagement activities including focus sessions and stakeholder interviews will be undertaken to inform NSPHN’s approach.

Collaboration

This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, youth services, educational facilities and employment services.

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. Department of Health will provide guidance and resources on assessment and referral for people experiencing mental health issues.

Research organisations and recognised sector leaders will provide education and resources to support stepped care.



Activity Milestone Details/Duration

Activity Start Date

01/07/2019

Activity End Date

30/06/2025

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2025

Other Relevant Milestones

NSPHN completed the Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol & Other Drugs Plan (the Regional Plan) in December 2020. The Regional Plan outlines activities to further embed the Stepped Care approach and to better coordinate and integrate mental health services in the Northern Sydney region. The timeframe for implementation of the activities outlined in the Regional Plan is 2021-2026.



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

See activity consultation and collaboration for further detail.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



MH - 8100 - Develop & implement joint regional mental health & suicide prevention plan in partnership with NSLHD



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

8100

Activity Title *

Develop & implement joint regional mental health & suicide prevention plan in partnership with NSLHD

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 8: Regional mental health and suicide prevention plan

Other Program Key Priority Area Description**Aim of Activity ***

Implement actions arising out of the Regional Mental Health and Suicide Prevention Plan developed in partnership with Northern Sydney Local Health District and other key stakeholders.

Description of Activity *

The Northern Sydney Mental Health, Suicide Prevention and Alcohol and Other Drugs Regional Plan is underpinned by six priority areas:

1. Addressing fragmentation of service delivery, through regional planning processes that support systems approaches, co-design and partnership.
2. Building community capacity to prevent and respond to suicide attempts and deaths.
3. Improving the physical health and nutrition of people living with mental health and alcohol and other drug issues.
4. Improving health literacy through establishing and implementing opportunities to increase community awareness of services and improving access.
5. Improving mental health and alcohol and other drug outcomes of population priority groups.
6. Enhancing coordination and service access for people with alcohol and other drug issues.

The Regional Plan has a five year focus (2021 - 2026) and will guide high quality decision making, ensuring that resources are targeted to best respond to local mental health, suicide prevention and alcohol and other drug needs. The Regional Plan will provide a platform for NSPHN, NSLHD and local service partners to:

- support service integration

- clarify responsibilities at a regional level,
- guide commissioning and delivery of mental health services
- embed partnerships needed to make optimal use of resources

This activity incorporates existing initiatives including building the capacity of Primary Health Care providers in the region to deliver high quality, patient-centred and coordinated care for people experiencing mental illness through development of shared care arrangements.

NSPHN will work in partnership with Northern Sydney Local Health District and other regional partners to implement activities outlined in the Regional Plan.

Needs Assessment Priorities *

Needs Assessment

Northern Sydney PHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
People with severe mental illness and complex needs - access to mental health services	90
People with severe mental illness and complex needs - access to psychosocial services	90
People with mental illness - access and screening	92
Suicide prevention	92
People with severe mental illness and complex needs - access to primary care services	91
People with severe mental illness and complex needs - service coordination	91
People with co-occurring AOD and mental health disorders - service coordination	97
Low intensity services - access and awareness	93



Activity Demographics

Target Population Cohort

The target population is residents of the NSPHN region who experience, or are at risk of developing, mental illness.

Indigenous Specific *

No

Indigenous Specific Comments

N/A

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Broad ranging consultation activities were undertaken to inform the Regional Plan. The consultation process involved a range of strategies including:

- Review of relevant local and national policy and planning documentation including recommendations from current planning and needs assessment documents
- Interviews with key individuals and groups to assist in identifying priority areas for inclusion within the plan
- Synthesis of findings to enable priority areas for the plan to be determined by the steering committee
- Conduct of consultation Workshops/ Forums including:
 - NSPHN Clinical and Community Councils
 - NSLHD Aboriginal Advisory Committee
 - Local Government Authorities
 - Various local interagency meetings including:
 - Mental Health and Drug and Alcohol
 - Youth Drug and Alcohol
 - Refugee and Settlement
 - Homelessness
 - Intellectual Disability
 - Community Drug Action Teams
 - Lived experience and carer forum
 - Suicide support group
 - Service provider forum
 - Various meetings with NSLHD clinicians / teams and facilities
 - Individual meetings with Community Managed Organisations and other service providers

More than 400 people participated in consultation meetings for the Regional Plan, including more than 50 people identifying either as a carer or having lived experience of mental illness and/or alcohol and other drug use.

NSPHN will continue to engage with key regional stakeholders including service providers and community members to inform the implementation of the activities outlined in the Regional Plan.

Collaboration

This activity will be led by Northern Sydney PHN and undertaken in partnership with Northern Sydney Local Health District. A governance group for the regional plan has been established with representation from NSPHN, NSLHD, local community managed organisations, consumers and carers. A Regional Leadership Group has been established to guide implementation of the Regional Plan. The Leadership Group includes representation from General Practice, community allied health providers, commissioned service providers and staff and other relevant service providers including NSW Family and Community Services, AOD service providers, local councils, youth services, educational facilities and employment services. Working groups focusing on specific priority areas within the Regional Plan have also been established. These include working groups focused on youth mental health, suicide prevention and development of a regional service directory.

Service gaps and priorities will be further explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local regional networks and forums.



Activity Milestone Details/Duration

Activity Start Date

01/07/2019

Activity End Date

30/06/2025

Service Delivery Start Date

July 2019

Service Delivery End Date

December 2026

Other Relevant Milestones

NSPHN completed the Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol & Other Drugs Plan (the Regional Plan) in December 2020. The Regional Plan outlines activities to further embed the Stepped Care approach and to better coordinate and integrate mental health services in the Northern Sydney region. The timeframe for implementation of the activities outlined in the Regional Plan is 2021-2026.



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



MH - 9100 - Initial Assessment and Referral



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

9100

Activity Title *

Initial Assessment and Referral

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

Aim of Activity *

The aim of the Activity is to support General Practitioners (GPs) and clinicians in the primary care setting, using the stepped care model to select the least intensive level of care, for a person presenting for mental health assistance by using the Initial Assessment and Referral (IAR) tool. This will contribute to achieving nationally consistent levels of care for persons presenting with similar conditions.

Description of Activity *

NSPHN will engage one full-time equivalent IAR Training and Support Officer (TSO) for 2021-22 and 2022-23 period and part-time for the period 2023-24 to 2024-25, with the implementation of the Initial Assessment and Referral (IAR) decision support tool and support General Practitioners (GPs), practice staff and commissioned mental health service providers to learn about, use and embed the IAR into practice within the NSPHN region to determine the most appropriate care type and intensity for individuals.

In consultation with Clinical Councils and local GPs, NSPHN (led by the IAR TSO) will develop a plan for disseminating and implementing the National IAR Guidelines locally. This plan will define the activities that will encourage local adoption and implementation - forecasting anticipated challenges and developing strategies to address these challenges. NSPHN will arrange for payment to GPs, using the funding under this Activity, who attend and complete the full IAR training. IAR TSOs will keep records of GP attendance throughout each training session, ensure the training is completed, and provide informal updates to the Department at monthly meetings. IAR TSOs will be responsible for providing required reports to the Department with details on how many GPs have been trained and remunerated and how many GPs are booked in for future training.

IAR TSOs will collect feedback from training participants and utilise information to inform continuous quality improvement activities. This will include providing feedback to the National IAR Project Manager.

Needs Assessment Priorities *

Needs Assessment

Northern Sydney PHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
People with mental illness - access and screening	92



Activity Demographics

Target Population Cohort

For people with, or at risk of, mental illness and/or suicide.

Indigenous Specific *

No

Indigenous Specific Comments

N/A

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process, co-design consultations and procurement. Stakeholder engagement methods included community and service provider forums, surveys, and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services. The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:

- NSPHN Board, Clinical Council and Community Council
- General Practice
- Allied health
- Northern Sydney Local Health District – Mental Health Drug & Alcohol
- Family and Community Services
- NGO Mental Health and AOD Service Providers
- Lived experience
- Carers
- the local Aboriginal community

NSPHN will continue to consult with local networks and interagencies to ensure training activities are meeting community need.

Collaboration

This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers. Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.



Activity Milestone Details/Duration

Activity Start Date

15/06/2022

Activity End Date

30/06/2025

Service Delivery Start Date

June 2022

Service Delivery End Date

June 2025

Other Relevant Milestones

NSPHN completed the Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol & Other Drugs Plan (the Regional Plan) in December 2020. The Regional Plan outlines activities to further embed the Stepped Care approach and to better coordinate and integrate mental health services in the Northern Sydney region. The timeframe for implementation of the activities outlined in the Regional Plan is 2021-2026.



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes - Activity to be delivered by IAR Training and Support Officer recruited by NSPHN.

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

See activity consultation and collaboration for further detail.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



MH - 10100 - Mental Health Support for floods



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

10100

Activity Title *

Mental Health Support for floods

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

Aim of Activity *

To provide mental health services to meet the short and medium-long term needs arising from trauma and loss associated with the 2022 floods and support local communities impacted by recent floods to promote wellbeing and resilience. Activities will strengthen community connectedness and build capacity of local community leaders to enable early identification of people at risk of the long-term effects of disasters and emergencies.

Description of Activity *

NSPHN is working with the local community to understand the mental health impacts of the March 2022 floods. NSPHN will work with local stakeholders including Northern Beaches Council, Northern Sydney Local Health District, commissioned service providers and other community groups to review support needs and implement strategies to improve wellbeing and resilience amongst impacted communities.

NSPHN will work with local service providers to deliver support via:

- i. Increasing provision of psychological therapies and other mental health services for communities affected by floods
- iii. headspace services – assisting to manage increased demand at headspace centres in Brookvale and Chatswood
- ii. Wellbeing and Resilience Grants – commissioning small community grants that fund activities to support mental health and healing activities following floods/extreme weather events and allow communities to actively participate in their recovery. The grants will be administered across two phases – Community engagement grants and Community Development Grants. Community engagement grants will focus on cultivating community engagement and consultation to determine the impact of extreme weather events, identify initiatives that the communities believe will assist with their wellbeing/resilience and build an understanding of existing community assets that can be leveraged to support local resilience programs. Key findings from community engagement grants will be utilised to inform the criteria for community development grants, which will be focussed on funding non-government organisations and other community organisations to deliver local resilience programs in affected communities.

Needs Assessment Priorities *

Needs Assessment

Northern Sydney PHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
People with mental illness - access and screening	92



Activity Demographics

Target Population Cohort

Flood impacted communities in the Northern Sydney region.

Indigenous Specific *

No

Indigenous Specific Comments

N/A

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN will undertake consultation with the local community, service providers and subject matter experts to ensure a full understanding of the mental health supports required to address the ongoing impacts of the 2022 floods. This will include consultation with:

- NSPHN Board, Clinical Council and Community Council
- General Practice
- Allied health
- Northern Sydney Local Health District – Mental Health Drug & Alcohol
- NSLHD Counter Disaster Unit
- Resilience NSW
- Family and Community Services
- NGO Mental Health
- Service Providers
- Lived experience representatives
- Carers
- the local Aboriginal community
- Existing local networks and interagencies
- Local councils
- Community members

Collaboration

This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, General Practice, community allied health providers, NSLHD, local mental health service providers, Resilience NSW and other relevant service

providers including NSW Police, local councils, AOD service providers, youth services, educational facilities, and suicide prevention sector leaders.

Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.



Activity Milestone Details/Duration

Activity Start Date

01/06/2022

Activity End Date

30/06/2024

Service Delivery Start Date

June 2022

Service Delivery End Date

June 2024

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: Yes

Open Tender: Yes

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

NSPHN will undertake consultation and co-design with the local community, service providers and subject matter experts to design and implement the mental health supports required to address the ongoing impacts of the 2022 floods.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



MH-CV19 - 1 - COVID-19 Emergency Mental Health Support



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-CV19

Activity Number *

1

Activity Title *

COVID-19 Emergency Mental Health Support

Existing, Modified or New Activity *

Existings Activity



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 3: Psychological therapies for rural and remote, under-served and / or hard to reach groups

Aim of Activity *

Deliver targeted mental health support services to population cohorts disproportionately impacted by the COVID-19 pandemic including older people, culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander community members.

Description of Activity *

NSPHN has engaged a commissioned service provider to deliver mental health support services including psychological interventions to people over 65 (and Aboriginal and Torres Strait Islander people over 55) living either in the community or in RACFs who are experiencing social isolation and/or loneliness as a result of the COVID-19 pandemic and who are at risk of, or have, mental health issues.

The service complements the existing Mental Health in RACFs program and assists clients by:

- addressing loneliness and reconnecting with social networks
- connection to appropriate services, including restoring to services that may have been disrupted by the pandemic
- early intervention to assist in the management of low levels of situational distress
- psychological therapies and/or referral to more specialised supports for ongoing mental ill-health
- tailored management and support for the interaction of physical health needs with mental health issues
- provision of information, advice and assurance to associated families, carers and friends
- referral to volunteers if appropriate, such as to volunteers in the Community Visitors Scheme

NSPHN engaged existing psychological therapies providers to deliver additional psychological services to CALD community members impacted by COVID-19. This includes the provision of in-language psychological therapies to people of Chinese background.

NSPHN has also engaged an existing commissioned service provider to deliver additional psychological therapies and culturally appropriate mental health services to Aboriginal and Torres Strait Islander community members. NSPHN continues to work closely with commissioned service provider to support collection of service activity data into the Primary Mental Health Care Minimum Data Set (PMHC MDS) where appropriate. All data captured aligns to the PMHC MDS data model including client, episode, service contact, outcome and practitioner data.

Needs Assessment Priorities *

Needs Assessment

NSPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Aboriginal and Torres Strait Islander people - access to psychological support	94
CALD - access to psychological services	94
Emergency Response	89
Health of older people - access to psychological services and preventive mental health programs	95



Activity Demographics

Target Population Cohort

People aged over 65 (and Aboriginal and Torres Strait Islander people over 55) living either in the community or in RACFs who are experiencing social isolation and/or loneliness as a result of the COVID-19 pandemic.

CALD community members

Aboriginal and Torres Strait Islander community members

Indigenous Specific *

Yes

Indigenous Specific Comments

A component of this activity will be dedicated to supporting the needs of Aboriginal and Torres Strait Islander people.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process, co-design consultations and procurement. Stakeholder engagement methods included community and service provider forums, surveys, and one-to-one engagement. NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services.

The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes

representation from:

- NSPHN Board, Clinical Council and Community Council
- General Practice
- Allied health
- Northern Sydney Local Health District – Mental Health Drug & Alcohol
- Family and Community Services
- NGO Mental Health and AOD Service Providers
- Lived experience
- Carers
- the local Aboriginal community

NSPHN has engaged with commissioned service providers to develop fit-for-purpose service models to enable rapid service delivery and meet the needs of a maximum number of community members.

Collaboration

This activity will be led by Northern Sydney PHN and undertaken in collaboration with commissioned services, RACFs, local Aboriginal community representatives and services, General Practice, community allied health providers, NSLHD Older Persons Mental Health Service, local mental health service providers and other relevant service providers including NSW Family and Community Services, multicultural health services and interagencies and local councils.

Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.



Activity Milestone Details/Duration

Activity Start Date

14/09/2020

Activity End Date

31/12/2022

Service Delivery Start Date

October 2020

Service Delivery End Date

December 2022

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

See activity consultation and collaboration for further detail.



MH-CV19 - 2 - Head to Health Clinic



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-CV19

Activity Number *

2

Activity Title *

Head to Health Clinic

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

Aim of Activity *

To improve mental health outcomes for people whose wellbeing has been impacted by the COVID-19 pandemic.

Description of Activity *

In September 2021, Northern Sydney PHN commissioned a local mental health service provider to establish the Head to Health intake phone line and clinical hub for the Northern Sydney region.

The Head to Health clinical hub provides multidisciplinary mental health care to people experiencing mild to moderate mental health symptoms and care coordination support to connect people to broader mental health, physical health and social support services to meet their identified needs. It is designed to complement and build capacity of mental health services already provided in the community.

The Head to Health clinical hub operates in conjunction with the Head to Health phone intake service and the Head to Health digital platform to provide a suite of entry points to engagement, assessment and treatment for people with a range of mental health needs.

The commissioned Head to Health phone line and hub provider will continue to:

- Deliver evidence informed, person-centred and recovery oriented mental health services in the community, aligned with a stepped care approach.
- Complement, not replace, or duplicate, mental health services already provided in the community.
- Provide an accessible, responsive service that meets consumers' needs and provides expertise in assessment of needs, information, linkage and support, and treatment.
- Provide evidence-based interventions including individual psychological interventions and care coordination, delivered by an appropriately qualified and credentialed multidisciplinary workforce via multi-modal service delivery as per client needs.

- Accept referrals from any source including but not limited to self-referrals, carers and families, GPs, mental health clinicians and other health professionals.
- Adhere to the Head to Health model of care and state-wide Head to Health Initial Assessment and Referral processes
- Provide required reporting on clients accessing Head to Health services
- Work with local mental health, healthcare and social service providers to promote Head to Health, support clients to access the services required to meet their holistic health needs and to support service integration at the local level.
- Undertake ongoing data collection and reporting into the Primary Mental Health Care Minimum Data Set (PMHC MDS). All data captured aligns to the PMHC MDS data model (Head to Health extension) including client, episode (including '!covid19' episode tags), head to health episode, service contact, outcomes and practitioner data.

Needs Assessment Priorities *

Needs Assessment

NSPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Emergency Response	89



Activity Demographics

Target Population Cohort

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN has undertaken extensive consultation with the local community, service providers and subject matter experts through the NSPHN Needs Assessment process and co-design consultations. Stakeholder engagement methods have included community and service provider forums, surveys and one-to-one engagement.

NSPHN has established a Mental Health and Alcohol & Other Drugs Advisory Committee to advise on local priorities and guide the development of commissioned services. The NSPHN Mental Health and Alcohol & Other Drugs Advisory Committee meets a minimum of four times a year and includes representation from:

- NSPHN Board, Clinical Council and Community Council
- General Practice
- Allied health
- Northern Sydney Local Health District – Mental Health Drug & Alcohol
- NGO Mental Health and AOD Service Providers
- Lived experience
- Carers

- the local Aboriginal community

Regular consultation will inform the ongoing commissioning of this service. This will include representation from:

- General Practice
- Psychiatry
- NSLHD Mental Health Services
- Mental Health Nurses
- People with a lived experience of severe mental illness
- Carers

NSPHN consults with a range of community stakeholders through participation on local interagencies, working groups and network meetings. In addition to the stakeholders mentioned above, NSPHN liaises with police representatives, NSW Ambulance, private mental health service providers and other community groups to support delivery of commissioned services.

NSPHN will utilise the NSPHN Commissioning Evaluation Framework (CEF), based on the Quadruple Aim, to continually monitor and evaluate activity and support ongoing quality improvement through regular provider support meetings, quarterly progress reports and monthly data collection through the PMHC MDS.

Collaboration

This activity will continue to be undertaken in collaboration with commissioned services, General Practice, community allied health providers, NSLHD, local mental health service providers and other relevant service providers including NSW Police, local councils, AOD service providers, youth services, educational facilities, and suicide prevention sector leaders.

Integration and program linkages will be explored through mechanisms within Northern Sydney PHN including the Clinical and Community Councils and the Mental Health and AOD Advisory Committee as well as in local region networks and forums.



Activity Milestone Details/Duration

Activity Start Date

01/09/2021

Activity End Date

31/12/2022

Service Delivery Start Date

September 2021

Service Delivery End Date

December 2022

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A



CHHP - 1 - headspace Wait Time Reduction Program



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

CHHP

Activity Number *

1

Activity Title *

headspace Wait Time Reduction Program

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 2: Child and youth mental health services

Aim of Activity *

Reduce wait times for headspace services and improve access to services for young people experiencing mild to moderate mental illness.

Description of Activity *

NSPHN will work with the headspace lead agent to implement the Demand Management and Enhancement Program activities in the Brookvale and Chatswood centres to assist in reducing wait times and improving access to services. These activities include:

- Engage a clinician at each centre to provide brief intervention group and individual services for young people
- Engage an additional clinician at each centre to provide assessment and brief psychological therapy
- Engage a Project Manager to review service pathways and processes, and develop recommendations for service improvement
- Enhance the brief intervention program and offer a range of groups and individual services on evidence-based topics including problem solving skills, exercise, well-being, and communication skills, to reduce wait times and link young people into appropriate support early
- Provide staff with training and development on the delivery of brief intervention services
- Liaise with headspace National regarding available training and development resources

The expected outcomes from this activity are:

- Improved demand management at headspace services in the NSPHN region
- Increased access and reduced wait time for young people aged 12 to 25 years to access high quality youth friendly mental health support
- Enhanced quality of experience for young people aged 12 to 25 years accessing mental health services provided through headspace

Needs Assessment Priorities *

Needs Assessment

NSPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Children and young people - mental health support	94



Activity Demographics

Target Population Cohort

Young people aged 12-25 experiencing mild-moderate mental health issues

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NSPHN and headspace lead agent have undertaken extensive consultation with representatives from Northern Sydney headspace Consortium, Sector Executive Group (SEG) and Youth Advisory Group (YAG) for Chatswood and Brookvale headspace centres have provided input and feedback to inform the Demand Management and Enhancement Program proposal and have provided support for the proposed programs. Further consultation will be undertaken with identified representatives throughout the implementation of the Demand Management and Enhancement Program activities to ensure the model is effectively meeting the needs of the community.

Collaboration

Collaboration with headspace lead agent and headspace National Office to ensure implementation of the Demand Management and Enhancement Program activities in alignment with the Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services. Collaboration with local youth service providers, Northern Sydney headspace Consortium partners, GPs and related services to increase access to high quality youth friendly mental health support.



Activity Milestone Details/Duration

Activity Start Date

31/07/2021

Activity End Date

30/06/2024

Service Delivery Start Date

July 2021

Service Delivery End Date

June 2024

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

See activity consultation and collaboration for further detail.