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

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

Proposed Activities	5		
Mental Health	Priority area 1: Lo	w intensity mental health services	
Priority Area			
ACTIVITY TITLE	MH1 (1.1) Low int	ensity coaching (New Access)	
Existing,	Existing Activity		
Modified, or New	Previous activity v	vork plan reference 1.2	
Activity			
PHN Program Key	Mental Health		
Priority Area	WNSW PHN HNA	2010.22	
		Identified need	Dago
	Priority Service Access	Access to mental health professionals and services	Page 93
Needs	Service Access	Stepped Care Model	101
Assessment	Health	Mental Health workforce	104
Priority	Workforce	Thereas readily work or oc	
	Mental Health	Mental Health services that are culturally safe,	120
	and services	locally available and affordable	
Aim of Activity	Increase access to	the range of appropriate low intensity mental health	
Aiiii Of Activity	coaching services	across the WNSW PHN region.	
	The activity will first build local capability and capacity by engaging and training		
	a pool of local mental health coaches in Low Intensity Cognitive Behavioural		
	Therapy and the New Access model.		
	The service will provide access to the people within WNSW PHN region with		
	access to free face-to-face, telephone or online support lead by trained		
Description of	coaches.		
Activity	The promotion of the new service will be managed across a variety of		
receivity	mediums, including: GPs, community health centres.		
	This program will initially be trialled as an addition to existing Psychological		
	Therapies Program (Priority Area 3) with ongoing monitoring and evaluation		
		sess the effectiveness of the service.	
	Services will be delivered in a culturally safe way to increase accessibility for		
	Aboriginal and Torres Strait Islander People.		
Target population cohort	Consumers with low to medium intensity mental health issues		
Indigenous	No		
specific			
Coverage	The whole of WNSW PHN region		
Consultation	Stakeholders and	consumers will be engaged during the trial of this activ	ity.

Collaboration	This is provided by the existing Psychological Therapies service provider and
	involves collaboration with Beyond Blue and General Practitioners.
	Provide the anticipated activity start and completion dates (including the
	planning and procurement cycle):
	Activity start date: 1/07/2019
Activity milestone	Activity end date: 30/06/2022
details/ Duration	If applicable, provide anticipated service delivery start and completion dates
	(excluding the planning and procurement cycle):
	Service delivery start date: July 2019
	Service delivery end date: June 2022 No other relevant milestones.
	Please identify your intended procurement approach for commissioning
	services under this activity:
	□ Not yet known
	☐ Continuing service provider / contract extension
	☐ Direct engagement
Commissioning	☐ Open tender
method and	☐ Expression of Interest (EOI)
approach to	☐ Other approach (please provide details)
market	2a. Is this activity being co-designed? No
	2b. Is this activity this result of a previous co-design process? Yes
	3a. Do you plan to implement this activity using co-commissioning or joint-
	commissioning arrangements? No
	3b. Has this activity previously been co-commissioned or joint-commissioned?
	No
Decommissioning	No
Data collection	Mental Health National Minimum Dataset - Yes
Total Planned	
Expenditure	

Proposed Activities	;		
Mental Health Priority Area	Priority area 2: Chi	ild and youth mental health services	
ACTIVITY TITLE	MH2 (2.1) headspa	ace services	
Existing, Modified, or New	Existing Activity		
Activity	Previous activity w	vorkplan reference 2.1	
PHN Program Key Priority Area	Mental Health	2010.00	
	WNSW PHN HNA 2		
	Priority	Identified need	Page
	Service Access	Access to mental health professionals and services	93
Needs	Service Access	Child and Adolescent mental health services	99-
Assessment			100
Priority	Service Access	Stepped Care Model	101
	Health	Mental Health workforce	104
	Workforce		

Aim of Activity	Increase access to a range of appropriate youth mental health services for young people through headspace centres
Description of Activity Target population cohort	Core headspace activity will be maintained in 2019/20 through the centres at Bathurst, Orange, Dubbo and Broken Hill. WNSW PHN will work with the centres to improve sector integration and incorporate headspace services into a stepped care model of youth mental health services for the region. Young people aged 12-25 in those centres and surrounding communities.
Indigenous specific	No
Coverage	Headspace centres provide services from the towns of Bathurst, Orange, Dubbo and Broken Hill, however access is not limited to the residents of these communities
Consultation	Consultation will continue with a range of youth focussed services to ensure that headspace services are integrated with other youth services in the community.
Collaboration	Key stakeholders will be LHD and NGO provided clinical services, including Child and Adolescent Mental Health Services (CAMHS), Like Minds and community mental health. This collaboration will focus on improving referral pathways and integrated service delivery.
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022 If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2022 No other relevant milestones.
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: □ Not yet known □ Continuing service provider / contract extension □ Direct engagement □ Open tender □ Expression of Interest (EOI) □ Other approach (please provide details) 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned?
Decommissioning	No
Data collection	Mental Health National Minimum Dataset - Yes
Total Planned Expenditure	

Proposed Activities	5			
Mental Health	Priority area 2: Child and youth mental health services			
Priority Area				
ACTIVITY TITLE	MH2 (2.2) Rural Youth Mental Health Strategy			
Existing,	Existing Activity			
Modified, or New	Previous activity wo	orkplan reference 2.2		
Activity				
PHN Program Key	Mental Health			
Priority Area				
	WNSW PHN HNA 2			
	Priority	Identified need	Page	
	Service Access	Access to mental health professionals and services	93	
Needs	Service Access	Child and Adolescent mental health services	99-	
Assessment			100	
Priority	Service Access	Stepped Care Model	101	
·	Health	Mental Health workforce	104	
	Workforce	Mantal Haalth comitace that are sulturally safe	120	
	Mental Health and services	Mental Health services that are culturally safe, locally available and affordable	120	
		a range of appropriate youth mental health services for	or .	
Aim of Activity		igh rural youth mental health services.	JI	
		ntinue to commission the following three activities:		
		h Mental Health Service (RYMHS).		
		e clinical services, assertive outreach/engagement an	nd case	
		HS will target young people aged 12-25, who are not		
	_	services or experience service access barriers. RYMH	S will	
		specific geographic communities of:		
	Sub Region 1: Parkes, Forbes, Condobolin, and Cowra			
	Sub-Reg	gion 2: Coonabarabran, Coonamble, Walgett and Gilg	andra	
	• Sub-Re	gion 3: Cobar, Nyngan and Narromine		
	2. Psychiatry	Consultation and Liaison Service.		
Description of	The service will pro	vide psychiatry consultation, liaison and assessment t	to	
Activity	General Practitioners throughout the WNSW PHN region.			
	3. Grief, Loss and Trauma Interventions for Children and Young People			
	The service will have 3 components.			
	Deliver specialised individual and group counselling for children			
	and young people aged 10-18 years of age.			
	Provide training and consultancy to local services working with, or in contact with, the target group. This is a region wide activity.			
	in contact with, the target group. This is a region wide activity.			
	Provide education and information sessions to schools. This is a region wide activity.			
	region wide activity. Services will be delivered in a culturally safe way to increase accessibility for			
	Aboriginal and Torres Strait Islander People.			
	Children and young people (up to 25yo) in remote and hard to reach localities.			
Target population				
cohort	Young people in remote communities who require support in relation to grief			
Indigenous	and trauma.			
Indigenous specific	No			
эреспіс	This is a whole of	WNSW PHN region activity. Although remoteness i	is more	
Coverage	This is a whole of WNSW PHN region activity. Although remoteness is more prevalent in the west, there are many small rural communities that experience			
Coverage	barriers to access across all areas of the region.			
	authors to decess decess an areas of the region.			

	Component 1:
	 Sub Region 1: Parkes, Forbes, Condobolin, and Cowra Sub-Region 2: Coonabarabran, Coonamble, Walgett and Gilgandra Sub-Region 3: Cobar, Nyngan and Narromine Component 2: Whole PHN region
	Component 3: Whole PHN region
Consultation	WNSW PHN will continue to consult and engage with local service providers that focus on youth mental health and grief and trauma service for youth.
Collaboration	Component 1: The model is built around the need for the service to be fully integrated with existing services and supports (e.g., LHDs, headspace centres, psychological services, TAFE, schools) and is underpinned by a focus on strategies that embed integration. Component 2: The PHN has co-commission this service in partnership with at least five other PHN partners in NSW (Hunter New England Central Coast, South Eastern NSW, Central and Eastern Sydney, Sydney North and Murrumbidgee). This service is available to all GPs in WNSW PHN. Component 3: Service providers will be expected to collaborate closely with local schools to provide education, information and support. WNSW PHN expects these collaborative activities to enhance the capability of mainstream providers and the schooling system
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022 If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2022 No other relevant milestones.
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: □ Not yet known □ Continuing service provider / contract extension □ Direct engagement □ Open tender □ Expression of Interest (EOI) □ Other approach 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes Component 2 will be an activity co-commissioned in partnership with five other PHNs. 3b. Has this activity previously been co-commissioned or joint-commissioned? Yes Only Component 2.
Decommissioning	No
Data collection	Mental Health National Minimum Dataset - Yes for Rural Youth Mental Health Service (RYMHS). Psychiatry Consultation and Liaison Service and Grief, Loss and Trauma Interventions services collect other data.

Proposed Activities	;		
Mental Health	Priority area 3: Psychological therapies for rural and remote, under-serviced		
Priority Area	and / or hard to reach groups		
ACTIVITY TITLE	MH3 (3.1) Psychological therapy services for under-serviced groups		
Existing,	Existing Activity		
Modified, or New	Previous activity wo	rkplan reference 3.1	
Activity			
PHN Program Key	Mental Health		
Priority Area			
	WNSW PHN HNA 20		
	Priority	Identified need	Page
	Service Access	Access to mental health professionals and services	93
Needs	Service Access	Stepped Care Model	101
Assessment	Health	Mental Health workforce	104
Priority	Workforce		
	Mental Health	Mental Health services that are culturally safe,	120
	and services	locally available and affordable	
	Increase access to a	ppropriate psychological therapies for underserviced	
Aim of Activity	groups	F	
		alt in the provision of evidence based, short term	
	•	entions to people with a diagnosable mild, moderate	, or in
	some cases severe n	nental illness, or to people who have attempted, or a	re at
	risk of, suicide or sel	f-harm where access to other services is not appropr	iate.
Description of	The service will be re	esponsive to the unique challenges and needs of the	rural
Activity	and remote commu	nities within the WNSW PHN region and allow for fle	xible
		elivery include but not limited to telephone or video	
		es will be delivered in a culturally safe way to increas	se
	accessibility for Aboriginal and Torres Strait Islander People.		
	The activity will include monitoring and evaluation of the service delivery.		
Target population	People in rural and remote communities who require access to psychological and other allied health supports to manage their mental health.		
cohort	No		
Indigenous specific	INO .		
Coverage	Whole PHN region		
	Consultation will occur through WNSW PHN Community, Clinical and Aboriginal		
Consultation		ded service providers and local general practices.	
	•	ar West Local Health Districts, and other rural and re	mote
Collaboration	service organisation	ns will be involved in supporting this activity.	
	Provide the anticipa	ted activity start and completion dates (including the	9
	planning and procurement cycle):		
	Activity star	t date: 1/07/2019	
Activity milestone	Activity end date: 30/06/2022		
details/ Duration	If applicable, provide anticipated service delivery start and completion dates		
details, Baration	(excluding the planning and procurement cycle):		
	Service delivery start date: July 2019		
	Service delivery end date: June 2022		
	No other relevant m		
Commissioning		ur intended procurement approach for commissionir	ng
method and	services under this a	•	
approach to	□ Not yet known		
market	☐ Continuing service provider / contract extension		
	☐ Direct engagement		

	☐ Open tender
	☐ Expression of Interest (EOI)
	☐ Other approach
	2a. Is this activity being co-designed? No
	2b. Is this activity this result of a previous co-design process? No
	3a. Do you plan to implement this activity using co-commissioning or joint-
	commissioning arrangements? No
	3b. Has this activity previously been co-commissioned or joint-commissioned?
	No
Decommissioning	No
Data collection	Mental Health National Minimum Dataset - Yes
Total Planned	
Expenditure	

Proposed Activities	S			
Mental Health Priority Area	Priority area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups			
ACTIVITY TITLE	MH3 (3.2) Psychological	ogical therapy services for Residential Aged Care		
Existing,	Existing Activity			
Modified, or New				
Activity	,	orkplan reference 3.2		
PHN Program Key Priority Area	Mental Health			
	WNSW PHN HNA 2			
	Priority	Identified need	Page	
Needs	Service Access	Access to mental health professionals and	93	
Assessment		services		
Priority	Service Access	Stepped Care Model	101	
	Health	Mental Health workforce	104	
	Workforce		1	
Aim of Activity	Residential Aged C	appropriate psychological therapies for people livi are Facilities	ng in	
	WNSW PHN will implement two activity components to improve access in			
	residential aged ca	re facilities (RACF) to psychological therapies:		
Description of Activity	Component 1: Work with existing commissioned provider of psychological therapies in WNSW to increase capacity and begin providing services directly residents in RACFs requiring psychological therapies. This will be delivered in the initial period to between 3-6 RACFs, so that service delivery dynamics can be understood and inform Component 2. Component 2: Establish a collaborative co-design process to plan and developed ongoing solutions for providing psychological therapies in RACFs.			
Target population		Residents of Residential Aged Care Facilities diagnosed with or at high risk of		
cohort	experience mild to moderate Mental Illness requiring psychological therapies.			
Indigenous	No			
specific				
Coverage	Component 1: This will initially be provided in 3-6 sites (RACFs)			
Coverage	Component 2: This	s is a whole of WNSW PHN region activity.		
	•	· ·	7	

	Component 1: will be delivered in consultation with the service provider and the identified RACFs included in the initial period.
Consultation	Component 2: Consultation will occur through a collaborative codesign process
	with a range of stakeholders, including service providers, GPs, RACFs,
	consumers and carers.
	Component 2: Consultation will occur through a collaborative codesign process
Collaboration	with a range of stakeholders, including service providers, GPs, RACFs,
	consumers and carers, or other relevant support services.
	Provide the anticipated activity start and completion dates (including the
	planning and procurement cycle):
	Activity and data: 1/01/2019
Activity milestone	Activity end date: 30/06/2022 If applicable, provide anticipated service delivery start and completion dates
details/ Duration	(excluding the planning and procurement cycle):
	Service delivery start date: July 2019
	Service delivery start date: June 2022
	No other relevant milestones.
	Please identify your intended procurement approach for commissioning
	services under this activity:
	☑ Not yet known
	☑ Continuing service provider / contract extension
	☐ Direct engagement.
	☐ Open tender
	☐ Expression of Interest (EOI)
Commissioning	\square Other approach (please provide details)
method and	
approach to	Component 1: Variation to existing contract with commissioned service provider
market	Component 2: Select tender (agency or consultant) or WNSW PHN recruitment.
	2a. Is this activity being co-designed? Yes
	2b. Is this activity this result of a previous co-design process? No
	3a. Do you plan to implement this activity using co-commissioning or joint-
	commissioning arrangements? Yes
	3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No
Data collection	Mental Health National Minimum Dataset - Yes

Proposed Activities	
Mental Health	Priority area 4: Mental health services for people with severe and complex
Priority Area	mental illness including care packages.
ACTIVITY TITLE	MH4 (4.1) MHNIP Services
Existing,	Existing Activity
Modified, or New	
Activity	Previous activity workplan reference 4.1
PHN Program Key	Mental Health
Priority Area	

	WNSW PHN HNA 2019-22				
	Priority	Identified need	Page		
	Service Access	Access to mental health professionals and services	93		
Needs	Service Access	Primary mental health care	98		
Assessment	Service Access	Chronic mental health	100		
Priority	Health	Mental Health workforce	104		
,	Workforce				
	Mental Health	Mental Health services that are culturally safe,	120		
	and services	locally available and affordable			
_	Increase access to a	ppropriate services for severe and complex mental ill	lness.		
Aim of Activity		ion of mental health nursing services.	,		
		To provide timely access to MHNIP services across our region. This is achieved			
	through two deliver	_			
		•			
	•	ised model where MHNIP services are provided in a	_		
	•	three densely populated towns within the Eastern	part of		
Description of		PHN region (Orange, Bathurst, Cowra).	ملعد الم		
Activity		remote approach based on the WNSW PHN hub mod			
		erage being provided with a two-hour radius from,	Dubbo,		
	Cobar, Brok	en Hill, Bourke and Walgett.			
	These services will be	pe provided in a culturally safe way to increase acces	ssibility		
	for Aboriginal and T	orres Strait Islander People.			
Target population	People with severe	and complex mental illness			
cohort	reopie with severe	and complex mental filless			
Indigenous	No				
specific					
Coverage	Apart from the existing placed-based MHNIP services in Bathurst, Orange, and Cowra, coverage for the program will be based on the WNSW PHN Hub model, i.e. these services provide coverage for a two-hour radius from, Dubbo, Cobar,				
	Broken Hill, Bourke	and Walgett.			
a 1	Consultation will oc	cur through WNSW PHN Community, Clinical and Abo	original		
Consultation		ssess uptake and accessibility of the services.	. 0		
Collaboration	-	development of this program will be done in collaboration providers, clinicians and consumers in the region.	oration		
	Provide the anticina	ted activity start and completion dates (including the	د		
	planning and procur	,	-		
	Activity star	•			
	Activity end				
Activity milestone	., .,	,			
details/ Duration	If applicable, provid	le anticipated service delivery start and completion d	ates		
,	• •	ning and procurement cycle):			
		very start date: July 2019			
	Service delivery end date: June 2022				
	No other relevant m				
		ur intended procurement approach for commissionir	ng		
Commissioning	services under this a	·	-		
method and	☐ Not yet know	-			
approach to	•	ervice provider / contract extension			
market	☐ Direct engagement				
ar Not	☐ Open tender				
	□ Open tender				

	☐ Expression of Interest (EOI)
	\square Other approach (please provide details)
	2a. Is this activity being co-designed? No
	2b. Is this activity this result of a previous co-design process? No
	3a. Do you plan to implement this activity using co-commissioning or joint-
	commissioning arrangements? No
	3b. Has this activity previously been co-commissioned or joint-commissioned?
	No
Decommissioning	No
Data collection	Mental Health National Minimum Dataset - Yes
Total Planned	
Expenditure	

Proposed Activities	S			
Mental Health Priority Area	Priority area 5: Cor	nmunity based suicide prevention activities		
ACTIVITY TITLE	MH5 (5.1) Eastern,	MH5 (5.1) Eastern, Central & Far West Regions Suicide Prevention		
Existing, Modified, or New Activity	Modified Activity The proposed actividentified in the pr 5.1 Suicide Prevent 5.2 GP Training and 5.3 Western NSW	vity brings together several activities that were individ evious 2016 -19 AWP: tion Services	ually	
PHN Program Key Priority Area	Mental Health			
Needs Assessment Priority	Priority Mental Health and services Mental Health and services Service Access Health Workforce Mental Health and services	Identified need Suicide risk factors; suicide and vulnerable groups Intentional self-harm hospitalisations Chronic mental health Mental Health workforce Mental Health services that are culturally safe, locally available and affordable	Page 40 41 100 104 120	
Aim of Activity	 To provide locally relevant activities for suicide prevention including: Research, plan and deliver activities in accordance with a detailed local needs analysis; the Lifespan model; and recommendations of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report (2016) Identify and focus on at risk populations including one or more of the following: Indigenous people, young people; males, particularly those in the mining and agricultural industries. Establish and support networks of People with Lived Experience in Western and Far Western LHD regions. 			
Description of Activity		ents of the activity include:		

	 Undertake detailed analysis and service mapping with community members and service providers. Develop and implement Local Government Area (LGA) based Suicide Prevention Plans in accordance with identified needs, the Lifespan Model and ATSISPEP Report recommendations. These plans will also inform the wider "Regional Mental Health and Suicide Prevention Plan" (Activity MH: 8.1). Implementation of the LGA based plans may include:
	 Development and monitoring of clear service agreements and referral pathways between current providers of suicide prevention, crisis care, after care (post hospital discharge) and bereavement services in the Far West LHD Delivery of a range of workforce training – from programs suitable
	for first responders to GP's and specialist clinicians Community awareness raising and gatekeeper training Work in schools to promote resilience and help-seeking Engagement of local media to ensure responsible reporting of mental illness and suicide
	 Other innovative responses to local needs. Collaborate with Roses in the Ocean to engage, train and support networks of people with lived experience across the region
	There will be a focus on cultural safety in suicide prevention activities to increase accessibility and appropriateness for Aboriginal and Torres Strait Islander People and communities.
Target population cohort	High risk groups that are identified in local population demographics and needs. It will be expected that Aboriginal people will be one of these groups in many LGAs covered by the project.
Indigenous specific	No
Coverage	 The activity has three geographical clusters across the PHN region: Eastern: Bathurst, Blayney, Oberon, Orange and Cabonne LGA's Central: Dubbo, Narromine, Warren, Bogan and Gilgandra LGA's Far West: City of Broken Hill, Wentworth, Balranald and Central Darling LGA's and the Unincorporated Far West Region.
Consultation	Consumers, local service providers, WNSW PHN Community, Clinical and Aboriginal Health Councils
Collaboration	 Collaboration with stakeholders will occur through: The identification and development of the LGA based suicide prevention plans The development and monitoring of clear referral pathways The establishment, training and support of networks of people with lived experience.
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2022 Service delivery start date: July 2019 Service delivery end date: June 2022 No other Milestones.
Commissioning method and approach to market	Please identify your intended procurement approach for commissioning services under this activity: □ Not yet known 区ontinuing service provider / contract extension

	☐ Direct engagement.
	☐ Open tender
	\square Expression of Interest (EOI)
	\square Other approach
	2a. Is this activity being co-designed? No
	2b. Is this activity this result of a previous co-design process? No
	3a. Do you plan to implement this activity using co-commissioning or joint-
	commissioning arrangements? No
	3b. Has this activity previously been co-commissioned or joint-commissioned?
	No
Decommissioning	No
	Mental Health National Minimum Dataset - Yes
Barra di arta d	The majority of activities commissioned do not involve provision of (clinical)
Data collection	support to individuals. However, should this be sought/delivered, the provider
	will be required to enter relevant data into the PMHC MDS.
Total Planned	
Expenditure	

Proposed Activities	5		
Mental Health Priority Area	Priority area 5: Community based suicide prevention activities		
ACTIVITY TITLE	MH5 (5.2) Indigend	ous led suicide prevention networks	
Existing,	Modified Activity		
Modified, or New	(Previously Activity	6.3)	
Activity	N.4 + - + -		
PHN Program Key Priority Area	Mental Health		,
	Priority	Identified need	Page
	Mental Health and services	Suicide risk factors; suicide and vulnerable groups	40
Needs Assessment	Mental Health and services	Intentional self-harm hospitalisations	41
Priority	Service Access	Chronic mental health	100
Friority	Health	Mental Health workforce	104
	Workforce		
	Mental Health	Mental Health services that are culturally safe,	120
	and services	locally available and affordable	
A C A		ntinue to develop community led, culturally responsi	
Aim of Activity	PHN region.	nous specific suicide prevention network across the W	/NSW
	The activity will co	nsolidate and strengthen the knowledge, skills and ini	tiatives
	of the Indigenous led community suicide prevention networks. This includes		
	not only strengthening each group but also ensuring their involvement in the		
	development and implementation of the WNSW PHN Regional Mental Health		
Description of	and Suicide Preven		
Activity	The activity has two main components:		
	Strengthening the individual networks – Develop network specific strategic plans based on local need and priorities aligned to the Fifth		
		al Health and Suicide Prevention Plan. Support the ne	
		port grants, localised training and education to develo	
	, with small supp	or to develo	P 00.1

	ongoing capacity. Monitoring and evaluation to assess the effectiveness of the networks and the activities they undertake.		
	Engagement of the networks to inform the development of the WNSW		
	PHN Mental Health Suicide Prevention Plan – A local annual forum will be		
	held to bring representatives from each network together with other		
	relevant regional stakeholders such as suicide prevention and crisis support		
	workers, LHD's, Police, Ambulance and the Department of Education. The		
	forum will allow the sharing of information on latest research findings,		
	relevant training and resources but most importantly it will be used as a		
	mechanism to share practical local knowledge and experience to assist in co-designing, enhancing and reviewing the development of the WNSW PHN		
Towns to the Control	Mental Health and Suicide Prevention Plan.		
Target population cohort	Aboriginal and Torres Strait Islander community members.		
Indigenous	Yes		
specific			
	Indigenous led networks are based in towns across the whole PHN Region:		
Coverage	Dubbo, Walgett, Brewarrina, Condobolin, Dareton, Menindee, Broken Hill and		
	Wilcannia.		
Constitution	Consultation will continue to occur with Aboriginal Local Community Working		
Consultation	Parties in each area; Consumers; Community; Aboriginal Regional Assemblies;		
	service providers working in the sector. At the local level, networks have and/or will engage will a range of different		
	community and service sector stakeholders, depending on the foci of their		
	strategic plans.		
Collaboration	At the regional level and through their involvement in the proposed Regional		
	Forum, delegates from the networks will also collaborate with a wide range of		
	stakeholders in the design and monitoring of the Regional Suicide Prevention		
	Plan.		
	Activity start date: 1/07/2019		
	Activity end date: 30/06/2022		
Activity milestone	Control delicerated data del 2010		
details/ Duration	Service delivery start date: July 2019 Service delivery end date: June 2022		
	The Regional Suicide Prevention Forum is scheduled to occur annually.		
	Please identify your intended procurement approach for commissioning		
	services under this activity:		
	☐ Not yet known		
	☐ Direct engagement		
	☐ Open tender		
Commissioning			
method and	☐ Other approach		
approach to	2a. Is this activity being co-designed? No		
market	2b. Is this activity this result of a previous co-design process? Yes		
	The activities are based on consultations with network members and the		
	current provider.		
	3a. Do you plan to implement this activity using co-commissioning or joint-		
	commissioning arrangements? No		
	3b. Has this activity previously been co-commissioned or joint-commissioned? No		
B			
Decommissioning	No		

Data collection	Mental Health National Minimum Dataset - No		
Total Planned Expenditure			
Proposed Activities	5		
Mental Health Priority Area		riginal and Torres Strait Islander mental health serv	rices
ACTIVITY TITLE	MH6 (6.1): Impleme to support Aborigin	ent a model for Social Emotional Wellbeing (SEWB) al communities.	program
Existing, Modified, or New Activity	Existing Activity (Previous activity 6.	·	
PHN Program Key Priority Area	Indigenous Mental	Health	
	WNSW PHN HNA	2019-22	
	Priority	Identified need	Page
Needs Assessment	Service Access	Access to mental health professionals and services	93
Priority	Mental health and services	Trauma	65
	Mental health and services	Mental Health services that are culturally safe, locally available and affordable	120
Aim of Activity	This program aims to provide access to culturally responsive Social and Emotional Wellbeing (SEWB) services including activities and SEWB workforce for Aboriginal people living in the WNSW PHN region.		
	This activity funds ACCHOs across the WNSW PHN region to provide comprehensive, evidence-based Social and Emotional Wellbeing (SEWB) services. SEWB Workers will engage in a variety of SEWB activities, as nominated by each contracted ACCHO, to ensure SEWB programs are locally relevant and activities are available for all Aboriginal people, regardless of whether they access primary healthcare services from ACCHOs, AMSs or mainstream general practices. This activity includes the following elements:		
	Workforce:		
Description of Activity	 Social and Emotional Wellbeing Workers (or other suitable qualified persons, as nominated by individual ACCHO/AMS) to deliver SEWB programs and ebbed into AMSs. The implementation of this project will be commissioned and coordinated ongoing internally through a SEWB Enhancement Project Officer. 		
		ining and Support provided by a Lead Agency:	
	 SEWB Worker training (Certificate IV Social and Emotional Wellbeing), provided where local workforce requires training 		
	 SEWB Workforce support – Individual and Group Supervision to members of the SEWB Network. 		
	 Establishment 	of Western NSW SEWB Network:	
		mment of SEWB Network comprising all SEWB work the region, regardless of position funding source, in SEWB workers funded by Department Prime Minis Cabinet	cluding:
	•	SEWB workers funded by WNSW PHN	

	 SEWB workers funded by other sources
	SEWB Program Funding:
	 Allocation of funding to deliver a range of SEWB programs (as
	nominated by the locally commissioned ACCHOs) across all LGAs in
	the Western NSW PHN region.
Target population	Aboriginal communities in the WNSW PHN region.
cohort	
	Yes
	These services are provided by Aboriginal people for Aboriginal people.
Indigenous	Contracted service providers are from ACCHO/AMS Sector and are encouraged
specific	to identify local Aboriginal people with local knowledge and connection to
·	community to employ as SEWB workers. Contracted organisations will identify
	their own local community preferences for the SEWB programs funded by this
Coverage	Activity. Whole of WNSW PHN region.
Consultation	WNSW PHN Aboriginal Health Council, AMSs and ACCHOs.
Consultation	Both the design process and the implementation of the program has been
	undertaken collaboratively with the following groups:
	ACCHO and AMSs
	WNSW PHN Aboriginal Health Council
Collaboration	Department of Prime Minister and Cabinet (PM&C)
	PM&C are also funding some SEWB workers in the WNSW PHN region (not via
	WNSW PHN). These SEWB workers will be supported by WNSW PHN to
	participate in the Western NSW SEWB Network. WNSW PHN is only funding
	SEWB workers in LGAs where positions are not currently funded by PM&C.
	Provide the anticipated activity start and completion dates (including the
	planning and procurement cycle):
	Activity start date: 1/07/2019
Activity milestone	Activity end date: 30/06/2022
details/ Duration	If applicable, provide anticipated service delivery start and completion dates
actails, Daration	(excluding the planning and procurement cycle):
	Service delivery start date: July 2019
	Service delivery end date: June 2022
	1. Please identify your intended procurement approach for commissioning
	services under this activity:
	□ Not yet known
	□ Continuing service provider / contract extension
	☐ Direct engagement
Commissioning	☐ Open tender
method and approach to market	☐ Expression of Interest (EOI)
	☐ Other approach
	2a. Is this activity being co-designed? No
	2b. Is this activity this result of a previous co-design process? Yes
	3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes
	3b. Has this activity previously been co-commissioned or joint-commissioned?
	Yes
Decommissioning	No
Data collection	Mental Health National Minimum Dataset - No
_ ata concentr	The state of the s

Proposed Activities	5		
Mental Health	Priority area 7: Step	pped care approach	
Priority Area			
ACTIVITY TITLE	MH7 (7.1) Stepped Care Implementation in General Practice Project		
Existing,	Existing Activity		
Modified, or New			
Activity	Previous activity wo	orkplan reference 7.3	
PHN Program Key	Mental Health		
Priority Area			
	WNSW PHN HNA 20		
Needs	Priority	Identified need	Page
Assessment	Healthy systems	Care integration and coordination	84
Priority	& coordination		100
·	Service access	Chronic mental health	100
	Service Access	Stepped Care Model	101
Aim of Activity	requiring mental he	t and resources for GPs to screen, assess and assist pa	atients
		d on the success of the Black Dog Institute (BDI) Stepp	ed Care
	•	sly trialled successfully by WNSW PHN.	ca care
	·	•	
Description of		gage local general practices and help General Practition	
Activity	l .	plement stepped care in the primary health context. I by the use of an innovative Decision Support Tool th	
7.00.1.0 ,	•	ctice software that will enhance their ability to assess	
		•	
	patient's mental health needs in a stepped care framework. This is not a direct service delivery activity.		uncet
Target population	Mental health consumers engaging general practice (this is not a direct service		
cohort	delivery activity).		
Indigenous	No		
specific			
Coverage	Whole of WNSW PHN region		
Consultation		loped with the support of BDI and General Practices i	n the
	region WNSW PHN will continue to collaborate with the above agencies to develop		
Collaboration		Stepped Care model	siob
	· · · · · · · · · · · · · · · · · · ·	ated activity start and completion dates (including th	ρ.
	planning and procu		
Activity milestone	Activity sta	• •	
details/ Duration	Activity end		
	No other relevant n	nilestones.	
	1. Please identify yo	our intended procurement approach for commissioni	ng
Commissioning method and approach to market	services under this activity:		
	□ Not yet known		
	☐ Continuing service provider / contract extension		
	☐ Direct engagement. Black Dog Institute will be engaged to provide their		
		m. In 2017/18 a trial of the Black Dog platform was	
		plemented. The feedback from GPs was favourable a	
	•	of the platform across WNSW PHN requires using Bl	аск
		ry system / tool.	
	☐ Open tender		
	☐ Expression o	f Interest (EOI)	

	 ☑ Other approach - The implementation of this project will be commissioned internally through a General Practice Stepped Care Implementation Project Officer. 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned?
Decommissioning	No
Data collection	Mental Health National Minimum Dataset - No

Proposed Activities	5		
Mental Health	Priority area 8: Regional mental health and suicide prevention plan		
Priority Area			
ACTIVITY TITLE	MH8 (8.1) Regional	Mental Health and Suicide Prevention Planning	
Existing,	Modified Activity		
Modified, or New			
Activity	Previous activity wo	orkplan reference 7.1, 8.1 – 8.4	
PHN Program Key	Mental Health		
Priority Area			
	Priority	Identified need	Page
Needs	Healthy systems	Care integration and coordination	84
Assessment	& coordination		
Priority	Service access	Primary mental health care	98
	Service Access	Suicide	100
Aim of Activity	Joint planning and	delivery of a Regional Mental Health and Suicide Pre	vention
Aim of Activity	plan.		
	WNSW PHN will lead the development of a Regional Mental Health and Suicide Prevention Plan in partnership with Western NSW and Far West Local Health Districts. The plan will: Be developed in partnership with consumers and key stakeholders;		
	 Centred around a Stepped Care Framework; Aligned to the 5th National Mental Health and Suicide Prevention Plan; Underpinned by evidence-based planning tools. 		
	The plan will be developed in two stages:		
Description of	Stage 1: Foundational Plan		
Activity	The Foundational Plan will define role and responsibilities across the PHN and LHDs, identify key priorities and commit resources to the development of a comprehensive plan. It will provide directions to ensure that all relevant stakeholders are involved in the process.		
	Stage 2: Comprehe	ensive Plan	
	be informed by sor (5.2). It will outline	e plan is the service delivery plan. The plan will build ume of the work undertaken in Activities MH5 (5.1) at the delivery of integrated, evidence based mental he activities for the region and commits both the PHN a	and MH5 ealth and

	to delivering those services. It is based on a shared understanding of the sector, consumer and carer needs, workforce dynamics and the region itself.
	Collaborative Pairs Program – Consumer Engagement for Mental Health System Improvement
	In 2018/19 WNSW PHN, in collaboration with three other PHNs, Consumer's Health Forum and the Kings Fund (UK) established a new, innovative Consumer Engagement initiative through the Collaborative Pairs program. In WNSW PHN this initiative focused on mental health services, to increase the effective input of both consumers and clinicians in co-design processes and develop local health system improvements, aligned with a stepped care model. This initiative supports place-based solutions and strengthens a consumer voice within the development of the Regional Mental Health and Suicide Prevention Plan. Base on the success of the 2018/19 program, WNSW PHN plans to work with Consumer Health Forum to continue this initiative through 2019/20. An evaluation of the Collaborative Pairs Australian Trial Program is currently underway.
Target population cohort	The development of the plan will ensure the delivery of appropriate evidence-based services to all consumers of mental health services across the PHN region.
Indigenous specific	No
Coverage	Whole of region
Consultation	The development of an evidence based regional mental health and suicide prevention plan will occur within a Stepped Care framework. Consultation on the Stepped Care model has previously been conducted through the Stepped Care Integration Planning Executive Group (SCIPEG), this Group has executive members from key partner organisations as well as representatives from peak bodies in the Mental Health Sector. Consultations will continue to also occur with Western NSW and Far West Local Health District, consumers, local service providers and Government agencies that provide related services across the PHN region. Extensive consultation will be undertaken with the Suicide Prevention networks that have been established as part of Activity MH5 (5.2). Consultation will continue to occur with the WNSW PHN Community, Clinical and Aboriginal Health Councils.
Collaboration	Western NSW and Far Wester NSW LHDs
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2018 Activity end date: 30/06/2022 No other relevant milestones.
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: Not yet known Continuing service provider / contract extension Direct engagement Open tender Expression of Interest (EOI) Other approach 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? No

	3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No
Data collection	Mental Health National Minimum Dataset - No
Total Planned	
Expenditure	

Proposed Activities	S			
Mental Health		w intensity mental health services		
Priority Area	,	,		
ACTIVITY TITLE	<i>MH9 (9.1) -</i> Empo	wering our communities – New low intensity mental h	nealth	
ACTIVITY TITLE	service with a foc	us on relationship/family supports.		
Existing,	Existing Activity			
Modified, or New				
Activity	Reference in 2016	5-2019 AWP D.1		
PHN Program Key Priority Area	Mental Health			
Thomas Area	WNSW PHN Need	ls Assessment 2019-22		
	Priority	Identified need	Page	
	Mental health	Suicide- vulnerable groups	39-	
Needs	and services		41	
Assessment	Service Access	Access to mental health professionals and services	104	
Priority	Service Access	Prevention	104	
A* C A -1* *1		ntensity support services to individuals and families cu	rrently	
Aim of Activity	being affected by	the drought.		
	WNSW PHN will v	vork with stakeholders to co-design and commission a	new.	
		ow intensity, support service for individuals and famili		
	service will be able to offer general support but will have an additional focus of			
	providing assistance for those experiencing relationship/family problems; it will			
	be evidenced based and integrated within a stepped care model to more			
	intense clinical services if warranted.			
	Local services will be engaged in a co-design process to devise a program in			
	which:A suitable evidence based training program in providing low intensity			
Description of	family/relationship support will be identified/developed.			
Activity	Existing staff within drought relief and financial counselling roles will be			
	upskilled to provide low intensity support to individuals and their			
	families experiencing relationship/family problems;			
	 Support and supervision will be provided to those workers by clinicians 			
	with specialist knowledge in relationship and family counse			
	The new service will be promoted through the networks of participating			
	organisations, GPs, local governments, Local Health Districts Mental Health			
		pport lines and WNSW PHN's existing funded mental h	ealth	
	services			

	Through a co-design process with key stakeholders, a lead agency will be		
	nominated to:		
	 a) Identify and/or develop an evidence based training program for non-clinical staff to provide low intensity support with a focus on individuals/families facing relationship problems b) Deliver training to drought relief and financial counselling workers based in communities most severely affected by drought c) Provide regular supervision and support to the non-clinical workers by staff with specialist qualifications in relationship counselling. This will include identification of cases which would most appropriately be referred to more intensive support. 		
	WNSW PHN will target workers and communities based on the most recent assessments by the Department of Primary Industries of Local Government areas most intensely affected by drought. Four clusters have been identified:		
	a) Forbes, Parkes, Lachlan b) Bourke, Cobar, Central Darling		
	c) Broken Hill and Unincorporated Far West		
	d) Walgett and Warrumbungle		
	Individuals and families in the most severely affected local government areas		
Target population	(as classified by the NSW Department of Primary Industry) and with the highest		
cohort	proportion of residents employed in Agriculture.		
Indigenous	No		
specific	Local government areas (as classified by the NSW Department of Primary		
Coverage	Industry) as most severely affected by the drought.		
	A co-design process will be a key component in the implementation of this		
Consultation	activity. The PHN will work with all relevant stakeholders across the region to		
	ensure that appropriate services are delivered where needed.		
	WNSW PHN will collaborate with existing state and non-government services		
	who work across our region such as:NSW Department of Primary Industry Rural Resilience Program		
	NSW LHD Rural Adversity in Mental Health Program and Farm-gate		
Collaboration	drought peer support workers		
	Rural Financial Counselling Service		
	Centacare		
	Relationships Australia		
	Provide the anticipated activity start and completion dates (including the		
	planning and procurement cycle):		
	Activity start date: 1/07/2019 Activity end date: 30/06/2020		
Activity milestone	If applicable, provide anticipated service delivery start and completion dates		
details/ Duration	(excluding the planning and procurement cycle):		
	Service delivery start date: July 2019		
	Service delivery end date: June 2020		
	No other relevant milestones.		
Commissioning	Please identify your intended procurement approach for commissioning		
method and	services under this activity: ☑ Not yet known		
approach to	☐ Continuing service provider / contract extension		
market	☐ Direct engagement		
	- U·U·		

	☐ Open tender	
	☐ Expression of Interest (EOI)	
	☐ Other approach	
	2a. Is this activity being co-designed? Yes	
	2b. Is this activity this result of a previous co-design process? Yes	
	3a. Do you plan to implement this activity using co-commissioning or joint-	
	commissioning arrangements? No	
	3b. Has this activity previously been co-commissioned or joint-commissioned?	
	No	
Decommissioning	No	
Data collection	Mental Health National Minimum Dataset - No	

Proposed Activities	5			
Mental Health	Priority area 1: Lo	w intensity mental health services		
Priority Area				
ACTIVITY TITLE	MH9 (9.2) - Empowellbeing initiative	wering our communities – Grants to support communi es	ity led	
Existing, Modified, or New Activity PHN Program Key	Existing Activity Reference in 2016 Mental Health	Existing Activity Reference in 2016-2019 AWP D.2		
Priority Area				
·	WNSW PHN Need	s Assessment 2019-22		
Needs	Priority	Identified need	Page	
Assessment	Mental health and services	Suicide- vulnerable groups	39- 41	
Priority	Service Access	Access to mental health professionals and services	104	
	Service Access	Prevention	104	
Aim of Activity	The aim of the activity is to facilitate the delivery of community focused and led wellbeing initiatives that aim to help improve mental health and build community resilience during the drought. This will be achieved through the provision of community wellbeing grants.			
	WNSW PHN has prepared guidelines for applicants and established internal procedures for quick assessment of applications, payment of funds and user-friendly acquittal/reporting methods. Funding amounts will range from \$5,000 - \$50,000 (to be assessed by a panel of 3 stakeholders).			
	Eligibility criteria emphasise the provision of funding for initiatives that:			
Description of Activity	 Health and well being initiatives that engage isolated and/or 'at risk' members of the community. Promote collaboration between (drought) service provider and community stakeholders. Community education sessions to develop Sustainability in natural disasters by increasing mental health literacy and reduce stigma associated with help-seeking. Build the capacity of the local workforce. 			
	WNSW PHN will implement a media and communications strategy to promote the availability of the grants and this will include social and print media, radio, drought-specific and general service provider inter-agencies, and direct			

	communications to relevant organisations such as local government, sporting associations and church groups.		
	Priority will be given to applications from organisations in the most severely affected local government areas (as classified by the NSW Department of Primary Industry) and with the highest proportion of residents employed in farming. All grants will be assessed in accordance with:		
	 The strength of their alignment to purposes of the grants and the 'Empowering our Communities' program guidelines The extent to which proposed activities address gaps (rather than duplicate) existing services and supports. 		
Target population cohort	Drought affected Local Government areas.		
Indigenous specific	No		
Coverage	Whole of region, however priority will be given to communities that are most severely affected by the drought.		
	WNSW PHN has undertaken preliminary consultations with key stakeholder organisations and community/service provider networks. A common theme through these has been communities feeling that:		
Consultation	 they are not being sufficiently consulted about their needs and the type of drought relief being offered that there appears to be a presumption that that individuals and families are experiencing psychological distress and need counselling. This does not adequately acknowledge that although the drought is causing people additional stress, rural and remote communities are resilient and have capacities to look out for and support each other. However, support to strengthen and build on theses capacities would be very welcomed. Initiatives are likely to be more engaging for the community when they are included as part of general events such as field days or sporting competitions. 		
Collaboration	WNSW PHN will continue to work with local stakeholders to ensure that activities are complementing a whole sector approach.		
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020 If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2020 No other relevant milestones.		
Commissioning method and approach to market	Please identify your intended procurement approach for commissioning services under this activity: □ Not yet known □ Continuing service provider / contract extension □ Direct engagement		

	 □ Open tender ⋈ Expression of Interest (EOI) - Provision of Community Grants □ Other approach 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No
Data collection	Mental Health National Minimum Dataset - No

Proposed Activities	s .		
Mental Health	Priority area 1: Low intensity mental health services		
Priority Area	Thomby area 1. Low intensity mental nearth services		
ACTIVITY TITLE	MH9 (9.3) - Empowering our communities – Support to drought affected Aboriginal communities	t	
Existing, Modified, or New Activity	Existing Activity Reference in 2016-2019 AWP D.3		
PHN Program Key Priority Area	Mental Health		
	WNSW PHN Needs Assessment 2019-22		
	Priority Identified need	Page	
Needs	Mental health Trauma and services	65	
Assessment Priority	Mental health Prevention programs and services	66	
	Mental health Mental health services and services	120	
Aim of Activity	The activity will aim to provide support to drought affected Aboriginal Communities.		
Description of Activity	 In accordance with relevant protocols for working with Aboriginal communities in our region, the activity is composed of three main stages: Consulting with the WNSW PHN, Aboriginal Regional Assemblies and obtaining their advice on which communities are most impacted by the drought. Engaging with Community Working Parties and/or Elders groups in those areas and scoping:		
Target population cohort	The target cohort is most likely to be Aboriginal communities living alongside major rivers in our region and/or communities who have spiritual and cultural connections to flowing river water.		
Indigenous specific	Yes		

their advice on which communities are most impacted by the drought and will engaging with Community Working Parties and/or Elders groups in those areas. This will be determined directly through the consultation process. As described above, WNSW PHN will follow protocols for engaging and consulting with Aboriginal Communities, including engagement through the WNSW PHN Aboriginal Health Council. That is, seek permissions and advice from the Regional Assemblies and then local community working parties or Elders groups. WNSW PHN has already established working relationships with the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention and will seek guidance from this and any other relevant national or state organisations (such as the Aboriginal Health and Medical Research Council in NSW). We will also continue to collaborate with the regional staff in Department of Premier and Cabinet and the Aboriginal Health Unit in the NSW Ministry of Health. We will also continue to collaborate and share information with other Drought affected PHNs with high percentages of Aboriginal and Torres Strait Islander residents. Collaboration Activity milestone details/ Duration Activity milestone details/ Duration Activity and the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020 It applicable, provide anticipated service delivery start and completion dates (including the planning and procurement cycle): Service delivery start date: 1/107/2019 Activity end date: 1/107/2019 Service delivery end date: 1/107/2019 Service deliver		WNSW will consult with the two Aboriginal Regional Assemblies and obtaining
This will be determined directly through the consultation process. As described above, WNSW PHN will follow protocols for engaging and consulting with Aboriginal Communities, including engagement through the WNSW PHN Aboriginal Health Council. That is, seek permissions and advice from the Regional Assemblies and then local community working parties or Elders groups. WNSW PHN has already established working relationships with the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention and will seek guidance from this and any other relevant national or state organisations (such as the Aboriginal Health and Medical Research Council in NSW). We will also continue to collaborate with the regional staff in Department of Premier and Cabinet and the Aboriginal Health Unit in the NSW Ministry of Health. We will also continue to collaborate and share information with other Drought affected PHNs with high percentages of Aboriginal and Torres Strait Islander residents. Collaboration WNSW PHN will work closely with local Aboriginal Regional Assemblies and Aboriginal Communities. Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020 If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2020 No other relevant milestones. 1. Please identify your intended procurement approach for commissioning services under this activity: No tyet known Continuing service provider / contract extension Direct engagement Open tender Expression of Interest (EOI) Other approach 2a. Is this activity being co-designed? Yes 2b. Is this activity being co-designed? Yes 2b. Is this activity being co-designed? Yes 3b. Has this activity previously been co-commissioned or joint-commissioned? No		
As described above, WNSW PHN will follow protocols for engaging and consulting with Aboriginal Communities, including engagement through the WNSW PHN Aboriginal Health Council. That is, seek permissions and advice from the Regional Assemblies and then local community working parties or Elders groups. WNSW PHN has already established working relationships with the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention and will seek guidance from this and any other relevant national or state organisations (such as the Aboriginal Health and Medical Research Council in NSW). We will also continue to collaborate with the regional staff in Department of Premier and Cabinet and the Aboriginal Health Unit in the NSW Ministry of Health. We will also continue to collaborate and share information with other Drought affected PHNs with high percentages of Aboriginal and Torres Strait Islander residents. **Collaboration** Collaboration** **Collaboration** **Collaboration** **Collaboration** Activity milestone details/ Duration** Activity and see a such as		· · · · ·
consulting with Aboriginal Communities, including engagement through the WNSW PHN Aboriginal Health Council. That is, seek permissions and advice from the Regional Assemblies and then local community working parties or Elders groups. WNSW PHN has already established working relationships with the Centre for Best Practice in Aboriginal and Torres Strait Islander Sucide Prevention and will seek guidance from this and any other relevant national or state organisations (such as the Aboriginal Health and Medical Research Council in NSW). We will also continue to collaborate with the regional staff in Department of Premier and Cabinet and the Aboriginal Health Unit in the NSW Ministry of Health. We will also continue to collaborate and share information with other Drought affected PHNs with high percentages of Aboriginal and Torres Strait Islander residents. WNSW PHN will work closely with local Aboriginal Regional Assemblies and Aboriginal Communities. Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020 fapplicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 Service delivery start date: July 2019 Service delivery start date: July 2019 Service delivery end date: June 2020 No other relevant milestones. 1. Please identify your intended procurement approach for commissioning services under this activity: Not yet known Commissioning method and approach to market 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No	Coverage	This will be determined directly through the consultation process.
WNSW PHN Aboriginal Health Council. That is, seek permissions and advice from the Regional Assemblies and then local community working parties or Elders groups. WNSW PHN has already established working relationships with the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention and will seek guidance from this and any other relevant national or state organisations (such as the Aboriginal Health and Medical Research Council in NSW). We will also continue to collaborate with the regional staff in Department of Premier and Cabinet and the Aboriginal Health Unit in the NSW Ministry of Health. We will also continue to collaborate and share information with other Drought affected PHNs with high percentages of Aboriginal and Torres Strait Islander residents. WNSW PHN will work closely with local Aboriginal Regional Assemblies and Aboriginal Communities. Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity and date: 30/06/2020 If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 Service delivery start date: July 2019 Service delivery start date: July 2019 Service delivery start date: June 2020 No other relevant milestones. 1. Please identify your intended procurement approach for commissioning services under this activity: Not yet known Continuing service provider / contract extension Direct engagement Open tender Expression of Interest (EOI) Other approach 2a. Is this activity being co-designed? Yes 2b. Is this activity being co-designed? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No		As described above, WNSW PHN will follow protocols for engaging and
Consultation From the Regional Assemblies and then local community working parties or Elders groups. WNSW PHM has already established working relationships with the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention and will seek guidance from this and any other relevant national or state organisations (such as the Aboriginal Health and Medical Research Council in NSW). We will also continue to collaborate with the regional staff in Department of Premier and Cabinet and the Aboriginal Health Unit in the NSW Ministry of Health. We will also continue to collaborate and share information with other Drought affected PHNs with high percentages of Aboriginal and Torres Strait Islander residents. WNSW PHN will work closely with local Aboriginal Regional Assemblies and Aboriginal Communities. WNSW PHN will work closely with local Aboriginal Regional Assemblies and Aboriginal Communities. Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity start date: 1/07/2019 Activity start date: 1/07/2019 Activity start date: 1/07/2019 Activity end date: 30/06/2020 If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery end date: July 2019 Service delivery end date: July 2019 Service delivery end date: July 2019 Service delivery start date: July 2019 Service delivery start date: July 2019 Service delivery end 2019 Service deliv		consulting with Aboriginal Communities, including engagement through the
Elders groups. WNSW PHN has already established working relationships with the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention and will seek guidance from this and any other relevant national or state organisations (such as the Aboriginal Health and Medical Research Council in NSW). We will also continue to collaborate with the regional staff in Department of Premier and Cabinet and the Aboriginal Health Unit in the NSW Ministry of Health. We will also continue to collaborate and share information with other Drought affected PHNs with high percentages of Aboriginal and Torres Strait Islander residents. WNSW PHN will work closely with local Aboriginal Regional Assemblies and Aboriginal Communities. Provide the anticipated activity start and completion dates (including the planning and procurement cycle):		WNSW PHN Aboriginal Health Council. That is, seek permissions and advice
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Data collection		Mental Health National Minimum Dataset - No
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Proposed Activities		
Mental Health	Priority area 1: Low intensity mental health services	
Priority Area		

	14110 (O 4) F	- de la companya de l		
ACTIVITY TITLE	MH9 (9.4) - Empowering our communities – Primary Care and Drought workforce upskilling and Trusted Advocates Network Trial			
Evicting	Existing Activity			
Existing, Modified, or New	Existing Activity			
Activity	Reference in 2016-2019 AWP D.4			
PHN Program Key	Mental Health	2013 AWI D.4		
Priority Area	Wichtarricatin			
	WNSW PHN Need	s Assessment 2019-22		
	Priority	Identified need	Page	
Needs	Mental health	Suicide- vulnerable groups	39-41	
Assessment	and services			
Priority	Service access	Prevention	104	
	Mental health	Mental health services	120	
	and services			
Aim of Activity	•	m to upskill the local primary care and drought work	orce	
7 IIII OI 7 ICCIVICY		h and suicide prevention skills.		
	-	Drought Workforce Upskilling and Support		
	·	prepare and deliver a Primary Care and Drought Worl	ktorce	
		strategy that includes:	n of	
	-	of GPs and Allied Health professionals in the provisional than suicide prevention support	11 01	
	 mental health and suicide prevention support. Upskilling general human service and drought support workforce in 			
		brief interventions and referring individuals to specia		
	services when required.			
	Upskilling voluntary drought relief workforces by providing			
	introductory training in providing mental health support.			
	Prior consultations indicate that these training programs are most relevant:			
	a) GP Training			
	i) Black Dog Institute: Suicide Prevention Intervention and Youth			
	Mental Health ii) RACGP Level 2 Focused Psychological Strategies Training			
	iii) AOD GP training			
Description of	b) General human service and drought support workforce			
Activity	i) Black Dog Institute: Black Dog Institute: Suicide Prevention Intervention Youth Mental Health and Brief Psychological			
,,	Intervention, Youth Mental Health and Brief Psychological Interventions			
	ii) Mental Health First Aid,			
	c) Voluntary drought relief workforce			
	i) ASIST, INSIST, Accidental Counsellor			
	•	lental Health First Aid.		
	Trusted Advocate	s Network Trial		
	WNSW PHN will identify up to ten people within the community of			
	Coonabarabran to establish a local network of trusted people. These trusted Advocates will support, and provide advice on available online, face to face and			
	self-help mental health and emotional well being supports within the			
	community, to local community members.			
	These advocates will be provided mental health first aid training and or			
	'accidental counsellor training to assist them in their role. WNSW PHN will			
		g and clinical support arrangements as required to th		
	Trusted Advocates	S		
	l .			

Target population	Primary Care and drought workforces in drought affected Local Government			
cohort	areas.			
Indigenous	No			
specific				
Coverage	Whole of PHN region however, priority for delivery of training will be given to those working in the most severely affected local government areas (as classified by the NSW Department of Primary Industry. Trusted Advocates Network Trial will be in Coonabarabran.			
Consultation	WNSW PHN has already established strong links with General Practices through our Practice Support team and ongoing program of training and professional development. It has already commenced participating in local drought-related and service provider networks and sought advice about the types of training programs which would be useful/suitable for broader paid and unpaid workforces. We have also identified which services/workers are already providing training and where possible, we will devise joined-up approaches. Trusted Advocates Networks Trial will consult with Coonabarabran community organisations, local general practitioners, schools and the Local Government			
Collaboration	Local organisations already working with drought affected communities (i.e. RAHMP, Local Health Districts and Local Government)			
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/04/2019 Activity end date: 30/06/2021 If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2020 No other relevant milestones.			
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Decommissioning	No			
Data collection	Mental Health National Minimum Dataset - No . Some data will be collected regarding Mental Health First Aid and other training delivered.			