



Australian Government
Department of Health



An Australian Government Initiative

Updated Activity Work Plan 2016-2019: Primary Mental Health Care Funding

Western NSW PHN

Overview

This Activity Work Plan is an update to the 2016-18 Activity Work Plan submitted to the Department in February 2017, and updated in January 2018. However, activities can be proposed in the Plan beyond this period.

Mental Health Activity Work Plan 2016-2019

The template for the Plan requires PHNs to outline activities against each and every one of the six priorities for mental health and suicide prevention. The Plan should also lay the foundation for regional planning and implementation of a broader stepped care model in the PHN region. This Plan recognises that 2016-17 is a transition year and full flexibility in programme design and delivery will not occur until 2018-19.

The Plan should:

- a) Provide an update on the planned mental health services to be commissioned from 1 July 2016, consistent with the grant funding guidelines.
- b) Outline the approach to be undertaken by the PHN in leading the development with regional stakeholders including LHNs of a longer term, more substantial *Regional Mental Health and Suicide Prevention plan* (which is aligned with the Australian Government Response to the Review of Mental Health Programmes and Services (available on the Department's website). This will include an outline of the approach to be undertaken by the PHN to seek agreement to the longer term *regional mental health and suicide prevention plan* from the relevant organisational signatories in the region, including LHNs.
- c) Outline the approach to be taken to integrating and linking programmes transitioning to PHNs (such as headspace, and the Mental Health Nurse Incentive Programme services) into broader primary care activities, and to supporting links between mental health and drug and alcohol service delivery.
- d) Have a particular focus on the approach to new or significantly reformed areas of activity – particularly Aboriginal and Torres Strait Islander mental health, suicide prevention activity, and early activity in relation to supporting young people presenting with severe mental illness.

In addition, PHNs will be expected to provide advice in their Mental Health Activity Work Plan on how they are going to approach the following specific areas of activity in 2016-19 to support these areas of activity:

- Develop and implement clinical governance and quality assurance arrangements to guide the primary mental health care activity undertaken by the PHN, in a way which is consistent with section 1.3 of the *Primary Health Networks Grant Programme Guidelines* available on the PHN website at http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Program_Guidelines, and which is consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce.
- Ensure appropriate data collection and reporting systems are in place for all commissioned services to inform service planning and facilitate ongoing performance monitoring and evaluation at the regional and national level, utilising existing infrastructure where possible and appropriate.
- Develop and implement systems to support sharing of consumer clinical information between service providers and consumers, with appropriate consent and building on the foundation provided by My Health Record.
- Establish and maintain appropriate consumer feedback procedures, including complaint handling procedures, in relation to services commissioned under the activity.

Value for money in relation to the cost and outcomes of commissioned services needs to be considered within this planning process.

1. (a) Strategic Vision

The strategic reform and re-alignment of mental health and suicide prevention services in Western NSW will be framed within the distinct service profiles across the Region. The Region covers, semi-rural, rural and remote areas and encompasses two Local Health Districts. The development of a cohesive primary health mental health and suicide prevention framework will require enhanced partnership and co-design processes that enable the unique service need and service development to respond to the challenges in each of the three domains. It is also apparent that implementation of a primary care response will be diminished if it is not developed as a continuum that ultimately has a set of complementary steps in both secondary and tertiary mental health service domains. Currently the primary, secondary and tertiary service domains for mental health in Western NSW remain poorly connected, poorly accessible and poorly planned.

The Western NSW Primary Health Network (WNSW PHN) will take a lead role in the coordination of Regional mental health and suicide prevention planning by co-designing and implementing an evidence based primary health stepped care model. In identifying 'local' need the WNSW PHN Region will be increasing the sophistication of needs assessment and conceptualising the Region as clusters of service domain that have both geographic and demographic similarity. To achieve this the exact number of clusters will be identified and an Integrated Mental Health Atlas inclusive of suicide statistics and responsive to drug and alcohol morbidity will be used a key planning tool.

The Stepped Care model will have three fundamental elements:

1. Clearly identifiable steps
2. Coordinated movement across steps
3. Self – correcting levels of care

The Primary Health Stepped Care model will have an interface with the Commonwealth Digital Gateway and will engage a range of technologies and information dissemination that provides a comprehensive range of self-help options to people with a mental illness or suicide enquiry in a primary health setting. The model will provide a series of indicators for providers and consumers that enable the step up and step down movement across the identified steps. The progressive movement up the steps will have a relationship to increasing levels of acuity. Hence the movement from self-help will increase the guidance and navigation assistance that the person will experience both in service access, and in dealing with their personal primary health journey. Ultimately this continuum of care will lead to the interface with both secondary and tertiary care, with the return form that level of care efficiently managed back into primary care at the point that most meets the persons' current service profile on the identified steps.

The partnership for co-design and implementation of the Primary Health Stepped Care model will be achieved through the Stepped Care Integration Planning Executive Group (SCIPEG). This Group has representation from Peak industry bodies and the Directors of Mental Health and Drug and Alcohol in the Local Health District. Using a Collective Impact framework the representatives have ensured that the specific needs of their constituents are prominent in the co-design process.

The strategic design of the Stepped Care model has provided an opportunity to use the commissioning of new services in a way that delivers sector reform and re-alignment through the six key objectives identified by the Commonwealth.

Activity in 2016/2017 has concentrated on supporting the transition from block funded programs to flexibly commissioned regional service delivery. This process has been conducted in a manner that maintains service continuity to existing consumers, and provides a readiness period for organisations

in a commissioning environment post 2017. Current levels of service delivery have been maintained in 2016/17, and funding arrangements continued for most previously funded organisations in the transition year for up to 12 months. During the transition year the WNSWPHN has been designing the future commissioning environment by commencing the following actions.

1. Improved targeting of low intensity psychological services

The Stepped Care model will create a graded service continuum for psychological services. Commencing at Step 3 brief individual therapy for low to low moderate needs groups will be provided by General Counsellors, with greater levels of acuity being managed by more senior psychological professionals up to the point where the person may require a blended therapeutic regime in conjunction with a secondary or tertiary clinician. This will create a resource and service efficiency in the use of the flexible funds and refocus the current Access to Allied Psychological Services (ATAPS) workforce.

2. Cross sectorial early intervention for children and young people

The Stepped Care model has incorporated the current Headspace methodology across a range of primary health settings with a more integrated consultancy and cross over to Programs such as School Link and Public Mental Health services such as Child and Adolescent Community Teams.

3. Address gaps in provision of psychological services to rural and remote and hard to reach populations

The more comprehensive needs analysis through completion of the Integrated Mental Health Atlas in 2016/17 and the clearer definition of regional need through sub-regional planning zones will provide an evidence base for the implementation of the Stepped Care model. In particular, for hard to reach groups and the methodology for remote service delivery, the greater understanding of how geography and demographics need to determine the localised implementation of a primary stepped care model.

4. Management of severe and complex needs in a primary care setting through coordinated mental health packages and mental health nurses

The previous Mental Health Nursing Incentive Program (MHNIP) arrangements are constraining and limit the broad application of Mental Health Nurses into a range of primary health settings. The Stepped Care model will identify both role and function for Mental Health Nurses in an integrated model that allows greater recruitment and utilisation of this resource in primary health settings. The model will create the capacity for MHNIP Nurses to service multiple primary health settings providing clinical coordination and facilitation of community wellbeing through the use of a brokerage pool managed by the WNSW PHN.

5. Suicide prevention

Suicide prevention will have indicators for information, care and action in every Step of the Stepped Care model, with advanced training and community development partnerships in the implementation of national campaigns. The Black Dog Institute's Systems Model for Suicide Prevention will be used as a framework to conduct a suicide audit and develop a multi-agency approach to supporting community initiatives and primary health settings.

6. Aboriginal and Torres Strait Islander service integration

The integration of mental health and suicide prevention service delivery outcomes for Aboriginal people further across a range of primary health settings will require the development and implementation of cultural safety benchmarks to inform future commissioning. The design and implementation of the Stepped Care model will reflect this, with the cultural safety required at each Step being identified and implemented through the commissioning process.

The relationship between service development and planning and the commissioning of services will be an ongoing active dialogue between the PHN Clinical Councils, Community Councils and the Aboriginal Health Council.

The role of the Aboriginal Health Council in formulating culturally competent and safe service delivery benchmarks for commissioned services will continue to be a prominent feature of the WNSW PHN forward commissioning commitment to best practice to the Aboriginal and Torres Strait Islander regional population. The Aboriginal Health Council will also continue to take a central guidance role in the development and monitoring of all programs that are commissioned to meet the needs of Aboriginal and Torres Strait Islander people, and will be the central point of advice for the WNSW PHN in implementation of these programs in the community.

Our Strategic Plan

Vision

Supporting, strengthening and shaping a world class, person-centred primary health.

Purpose

Social justice, access and equity in quality primary health.



1. (b) Planned activities funded under the Primary Mental Health Care Schedule

Proposed Activities	
Priority Area	Priority Area 1: Low intensity mental health services
Activity(ies) / Reference	1.1 Digital coaching to support low intensity mental health interventions
Existing, Modified, or New Activity	Existing
Description of Activity	Digital coaching occurs through an application based program used on smart phones and tablets. The consumer interacts with this app to engage in education, health promotion, and case management (ie reminders for medication, appointments, health plan activities). In 2016/17 WNSW PHN has explored this technology and will begin the development of the clinical scripting of this software for mental health. In 2017/18 WNSW PHN began trials through strong minds, with the potential roll out across the region beginning in 2017/18 continuing into 2018/19.
Target population cohort	Consumers with low to medium intensity mental health issues
Consultation	Stakeholders and consumers will be engaged during the trial of this activity.
Collaboration	WNSW PHN is working with the product developers and with an existing service provider to implement this activity as an additional low intensity support for psychological therapies.
Duration	2016-2019
Coverage	Trial conducted with selected service provider. Broader implementation whole of WNSW PHN region.
Commissioning method (if relevant)	This activity will be commissioned in two parts –trial and review, broader implementation if trial successful.
Approach to market	Direct engagement with software developer and existing psychological therapies service provider

Decommissioning	No services to be decommissioned.
Performance Indicator	<p>Priority Area 1 - Mandatory performance indicators:</p> <ul style="list-style-type: none"> • Proportion of regional population receiving WNSW PHN-commissioned mental health services – Low intensity services. • Average cost per WNSW PHN-commissioned mental health service – Low intensity services. • Clinical outcomes for people receiving WNSW PHN-commissioned low intensity mental health services.
Local Performance Indicator target (where possible)	Local performance indicators to be identified in the design of the trial.
Local Performance Indicator Data source	Data sources to be identified in the design of the trial.

Proposed Activities	
Priority Area	Priority Area 1: Low intensity mental health services
Activity(ies) / Reference	1.2 Low intensity coaching (New Access)
Existing, Modified, or New Activity	Existing
Description of Activity	<p>There is a lack of non-digital low intensity service options and this activity addresses this need. Coaches provide face to face, telephone support and/or online support assisting clients to set goals and relevant activities to achieve those goals. It will require an investment to:</p> <ul style="list-style-type: none"> • establish a pool of trained coaches • promote the service in a variety of mediums including: online, GPs, community health centres • monitor and evaluate the effectiveness of the service. <p>This program will initially be trialled as an addition to existing Psychological Therapies Program (Priority Area 3)</p>
Target population cohort	Consumers with low to medium intensity mental health issues
Consultation	Stakeholders and consumers will be engaged during the trial of this activity.
Collaboration	This will occur with the existing Psychological Therapies service provider, Beyond Blue and General Practitioners.
Duration	2016-2018
Coverage	<p>Trial to be conducted with the existing Psychological Therapies service provider</p> <p>Broader implementation whole of WNSW PHN region.</p>
Commissioning method (if relevant)	Incorporated into existing Psychological Therapies Program
Approach to market	Direct engagement with existing Psychological Therapies Program provider
Decommissioning	No services to be decommissioned.
Performance Indicator	Priority Area 1 - Mandatory performance indicators:

	<ul style="list-style-type: none"> • Proportion of regional population receiving WNSW PHN-commissioned mental health services – Low intensity services. • Average cost per WNSW PHN-commissioned mental health service – Low intensity services. • Clinical outcomes for people receiving WNSW PHN-commissioned low intensity mental health services.
Local Performance Indicator target (where possible)	Local performance indicators to be identified in the design of the trial.
Local Performance Indicator Data source	Data sources to be identified in the design of the trial.

Proposed Activities	
Priority Area	Priority Area 2: Youth mental health services
Activity(ies) / Reference	2.1 headspace services
Existing, Modified, or New Activity	Existing
Description of Activity	Core headspace activity will be maintained in 2018/19 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.
Target population cohort	Young people aged 12-25 in those centres and surrounding 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) and Like Minds and community mental health. This collaboration will focus on improving referral pathways and integrated service delivery.
Duration	2016-2019
Coverage	Headspace centres provide services to Bathurst, Orange, Dubbo and Broken Hill.
Commissioning method (if relevant)	These existing services are commissioned.
Approach to market	N/A
Decommissioning	No Services to be decommissioned.
Performance Indicator	<p>Priority Area 2 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> support region-specific, cross sectoral approaches to early intervention for children and young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group.
Local Performance Indicator target (where possible)	Indicator:

	<p>Headspace centres are supported by referral pathways and transfer of care between youth services, and colocation of those services.</p> <p>Performance target:</p> <p>Other local youth services identify headspace as a service delivery location for their own services and are unable to cite barriers to referral or transfer of care.</p> <p>Baseline:</p> <p>Review assessing referral pathways, integration of care and colocation of services.</p> <p>Data:</p> <p>This should be available by location and will focus on referrals, transfers, colocation of services and overall integration of care.</p>
Local Performance Indicator Data source	WNSW PHN will conduct a review and reference this with the headspace service delivery data

Proposed Activities	
Priority Area	Priority Area 2: Youth mental health services
Activity(ies) / Reference	2.2 Rural Youth Mental Health Strategy
Existing, Modified, or New Activity	New (replace previous activities 2.2 and 2.3)
Description of Activity	<p>WNSWPHN proposes to commission the following three activities:</p> <ol style="list-style-type: none"> 1. Rural Youth Mental Health Service (RYMHS). RYMHS will combine clinical services, assertive outreach/engagement and case management. RYMHS will target young people aged 12-25, who are not currently accessing services, or experience access barriers. RYMHS will be targeted at the specific geographic communities of: <ul style="list-style-type: none"> • Sub Region 1: Parkes, Forbes, Condobolin, and Cowra • Sub-Region 2: Coonabarabran, Coonamble, Walgett and Gilgandra • Sub-Region 3: Cobar, Nyngan and Narromine 2. Psychiatry Consultation and Liaison Service. The service will provide psychiatry consultation, liaison and assessment to General Practitioners throughout the WNSW PHN region. 3. Grief, Loss and Trauma Interventions for Children and Young People The service will have 3 components. <ul style="list-style-type: none"> • 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. • Provide education and information sessions to schools. This is a region wide activity.
Target population cohort	<p>Children and young people (up to 25yo) in remote and hard to reach localities</p> <p>Young people in remote communities who require support in relation to grief and trauma</p>

<p>Consultation</p>	<p>This will have occurred during 2016/17 to identify the necessary framework for children and young people to access early psychosis services, and will involve both youth focussed services and other generic services that access or have the capacity to access youth in rural and remote including remote clinics, RFDS and community health services.</p> <p>In 2016/17 the WNSW PHN will consult with all available grief and trauma providers and a range of youth focussed services to identify the need and required interventions.</p> <p>WNSW PHN will continue to consult with these agencies to implement grief and trauma service for youth in 2017/18</p>
<p>Collaboration</p>	<p>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). The assessment criteria requires potential providers to outline strategies for strong integration.</p> <p>Component 2: The PHN environmental scan indicated at least 4 PHN partners in NSW interested in co-commissioning. These include South West Sydney PHN, North Coast NSW PHN, Murrumbidgee PHN and Western Sydney PHN.</p> <p>Component 3: In addition to integrated service delivery, the provider will be responsible for delivering training and consultancy across a range of service providers in the WNSW PHN region. Furthermore, the provider 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</p>
<p>Duration</p>	<p>2016-2019</p>
<p>Coverage</p>	<p>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 barriers to access across all areas of the region.</p> <p>The main target area for RYMHS is</p> <ul style="list-style-type: none"> • Sub Region 1: Parkes, Forbes, Condobolin, and Cowra • Sub-Region 2: Coonabarabran, Coonamble, Walgett and Gilgandra • Sub-Region 3: Cobar, Nyngan and Narromine

Commissioning method (if relevant)	Commissioning activity will depend on the developed plan. While this is likely to focus on better integration of resources and the development of referral pathways it may also include the provision of specific resources or services.
Approach to market	<p>Component 1: WNSW PHN will seek a suitable provider via open and competitive tender.</p> <p>Component 2: WNSW PHN will seek to co-commission this service with other Primary Health Networks. Services specifications and timeframes will be further developed following completion of consultation with local GPs and in partnership with co-commissioning PHNs.</p> <p>Component 3: WNSW PHN is proposing to undertake direct negotiation with a single provider using a closed non-competitive RFP. Should the response be unsatisfactory, WNSW PHN may consider an open and competitive RFP.</p>
Decommissioning	No services will be decommissioned
Performance Indicator	<p>Priority Area 2 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> • support region-specific, cross sectoral approaches to early intervention for children and young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group.
Local Performance Indicator target (where possible)	<p>Indicator:</p> <p>Young people in rural and remote communities will have better access to youth mental health and early psychosis services.</p> <p>Performance target:</p> <p>An increase in level of early psychosis service provision to clients with a recorded postcode in rural and remote locations.</p> <p>Baseline:</p> <p>Baseline data will be collected during the development of the framework and will be relevant to 2016/17 service provision.</p>

	<p>Data: This should be available by location, age and gender</p> <p>Indicator: Young people in rural and remote communities will have better access to grief and trauma services.</p> <p>Performance target: An increase in the identification and referral of grief and trauma presentations amongst young people.</p> <p>Baseline: Baseline data will be collected during the development of the framework and will be relevant to 2016/17 service provision.</p> <p>Data: This should be available by location, age and gender</p>
Local Performance Indicator Data source	<p>Clinical data collected by youth mental health services identifying clients' location by postcode. This can be cross referenced with location data (referenced to age) available through other local services that input PMHC MDS data.</p> <p>Clinical data collected by youth mental health services identifying specific grief and trauma presentations. This can be cross referenced with location data (referenced to age) available through other local services that input PMHC MDS data.</p>

Proposed Activities	
Priority Area	Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
Activity(ies) / Reference	3.1 Psychological therapy services for under-serviced groups
Existing, Modified, or New Activity	Existing
Description of Activity	In 2016/17 WNSW PHN will conduct a review of ATAPs in the region, and will implement and promote a rebranded strategy to all primary health service providers and settings. These new services were commissioned as Strong Minds in 2017/18, and will be continued through 2018/19
Target population cohort	People in rural and remote communities who require access to psychological and other allied health supports to manage their mental health.
Consultation	Consultation will occur through WNSW PHN funded service providers who have been delivering (ATAPS), practices and other service delivery settings. .
Collaboration	Western NSW and Far West Local Health Districts, and other rural and remote service organisations will be involved in implementing this activity.
Duration	2016-2019
Coverage	This is a whole of WNSW PHN region activity.
Continuity of care	Continuity of care will not be affected by this activity
Commissioning method (if relevant)	N/a
Approach to market	A publicly advertised tender process was conducted in the first half of the 2017 calendar year. Based on the outcome of this tender process WNSW PHN extended existing service provider contracts through to 30 September 2017, in order to allow for an orderly transition to the new service provision model.
Decommissioning	No services to be decommissioned in 2018/19
Performance Indicator	Priority Area 3 - mandatory performance indicators:

	<ul style="list-style-type: none"> • Proportion of regional population receiving WNSW PHN-commissioned mental health services – Psychological therapies delivered by mental health professionals. • Average cost per WNSW PHN-commissioned mental health service – Psychological therapies delivered by mental health professionals. • Clinical outcomes for people receiving WNSW PHN-commissioned Psychological therapies delivered by mental health professionals.
Local Performance Indicator target (where possible)	Not relevant
Local Performance Indicator Data source	Not relevant

Proposed Activities	
Priority Area	Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
Activity(ies) / Reference	3.2 Psychological therapy services for Residential Aged Care
Existing, Modified, or New Activity	New
Description of Activity	<p>From 1 January 2019, WNSWPHN will implement two activity components to improve access in residential aged care facilities (RACF) to psychological therapies:</p> <p>Component 1: Work with existing commissioned provider of psychological therapies in WNSW to increase capacity and begin providing services directly to residents in RACFs requiring psychological therapies. This will be delivered in this initial period to between 3-6 RACFs, so that service delivery dynamics can be understood and inform Component 2.</p> <p>Component 2: Establish a collaborative co-design process to plan and develop ongoing solutions for providing psychological therapies in RACFs.</p>
Target population cohort	Residents of Residential Aged Care Facilities diagnosed with or at high risk of experience mild to moderate Mental Illness requiring psychological therapies.
Consultation	<p>Component 1: will be delivered in consultation with the service provider and the identified RACFs included in the initial period.</p> <p>Component 2: Consultation will occur through a collaborative codesign process with a range of stakeholders, including service providers, GPs, RACFs, consumers and carers.</p>
Collaboration	Component 2: Consultation will occur through a collaborative codesign process with a range of stakeholders, including service providers, GPs, RACFs, consumers and carers.
Duration	2018-2019
Coverage	<p>Component 1: This will initially be provided in 3-6 sites (RACFs)</p> <p>Component 2: This is a whole of WNSW PHN region activity.</p>
Continuity of care	Continuity of care will not be affected by this activity

Commissioning method (if relevant)	<p>Component 1: Will be established directly with the current WNSW PHN commissioned service provider of psychological therapies</p> <p>Component 2: May be commissioned externally with an appropriate agency or consultant, or may be managed internally by a WNSW PHN Project Officer</p>
Approach to market	<p>Component 1: Variation to existing contract with commissioned service provider</p> <p>Component 2: Select tender (agency or consultant) or WNSW PHN recruitment.</p>
Decommissioning	No services to be decommissioned in 2018/19
Performance Indicator	<p>Priority Area 3 - mandatory performance indicators:</p> <ul style="list-style-type: none"> • Proportion of regional population receiving WNSW PHN-commissioned mental health services – Psychological therapies delivered by mental health professionals. • Average cost per WNSW PHN-commissioned mental health service – Psychological therapies delivered by mental health professionals. • Clinical outcomes for people receiving WNSW PHN-commissioned Psychological therapies delivered by mental health professionals.
Local Performance Indicator target (where possible)	Not relevant
Local Performance Indicator Data source	Not relevant

Proposed Activities	
Priority Area	Priority Area 4: Mental health services for people with severe and complex mental illness including care packages
Activity(ies) / Reference	4.1 MHNIP Services
Existing, Modified, or New Activity	Existing
Description of Activity	<p>There are two components to this activity:</p> <ol style="list-style-type: none"> 1. WNSW PHN Commissioned new MHNIP services across the region, from January 2017. This new model removes MHNIPS from individual practices and makes them more broadly available and accessible to communities, particularly in the more remote areas in the west of the region. This will be continued in 2018/19. 2. This activity will also continue existing MHNIP service providers in the more densely populated areas in the east of the region (Bathurst, Orange, Cowra and Parkes). These MHNIPS will continue to work under the existing model, but will contribute to a co-design of the service beyond 2017/18, where the existing model may be transitioned out and replaced by the new model. These MHNIPs will be continued through 2018/19, however should services cease they will not be renewed or retendered by WNSW PHN.
Target population cohort	People with severe and complex mental illness
Consultation	Consultation will occur through WNSW PHN community, clinical and aboriginal health councils to assess uptake and accessibility of the services.
Collaboration	<p>RFDS and the Outback Division of General Practice (ODGP) will continue as our key partners delivering these services.</p> <p>Existing practices and credentialed mental health nurses currently providing MHNIP services</p>
Duration	2016 – 2019

Coverage	Coverage for this component of the program is based on the WNSW PHN Hub model, ie these services provide coverage for a two-hour radius from, Dubbo, Cobar, Broken Hill, Bourke and Walgett. The existing MHNIPs will continue to service Bathurst, Orange, Cowra and Parkes.
Continuity of care	This service is continuing throughout 2017/18
Commissioning method (if relevant)	N/A
Approach to market	N/A
Decommissioning	No services to be decommissioned
Performance Indicator	Priority Area 4 - mandatory performance indicators: <ul style="list-style-type: none"> • Proportion of regional population receiving WNSW PHN-commissioned mental health services – Clinical care coordination for people with severe and complex mental illness (including clinical care coordination by mental health nurses). • Average cost per WNSW PHN-commissioned mental health service – Clinical care coordination for people with severe and complex mental illness.
Local Performance Indicator target (where possible)	Indicator: MHNIP services in the WNSW PHN hubs are available to consumers across the whole community Performance target: Number of referrals received from practices, clinics, AMSs other than those practices hosting the service Baseline: Assume Zero as of end 2016/17 Data: This should be available by location, age and gender
Local Performance Indicator Data source	Referral data will be maintained by MHNIP services.

Proposed Activities	
Priority Area	Priority Area 5: Community based suicide prevention activities
Activity(ies) / Reference	5.1 Suicide Prevention services.
Existing, Modified, or New Activity	Modified
Description of Activity	<p>WNSW PHN commissioned a range of community based suicide prevention projects in 2016/17, based on the Black Dog Institute LifeSpan systems, and these will be continued in 2017/18.</p> <p>These services will be reviewed in 2017/18 and this may prompt adjustments to the type, range and funding of suicide prevention activities for 2018/19, to reflect emerging trends in suicide prevention activity, realignment with available funding and the impact of the National Suicide Prevention Trial in some areas.</p>
Target population cohort	General Community
Consultation	Local Suicide prevention networks, mental health services and the Black Dog Institute
Collaboration	Service delivery will likely continue through existing service providers.
Duration	This activity will continue throughout 2018/19
Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	N/A
Approach to market	N/A
Decommissioning	No services to be decommissioned (although changes may be made pending reviews done throughout 2017/18).
Performance Indicator	<p>Priority Area 5 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> Number of people who are followed up by WNSW PHN-commissioned services following a recent suicide attempt.
Local Performance Indicator target (where possible)	Indicator:

	<p>Funded suicide prevention activities are integrated and work with other agencies to address all nine steps of the LifeSpan systems approach</p> <p>Performance Target</p> <p>All nine LifeSpan systems are being addressed communities where WNSW PHN suicide prevention funding is allocated</p> <p>Baseline:</p> <p>Assume zero</p> <p>Data:</p> <p>Will be collated against the nine LifeSpan systems.</p>
Local Performance Indicator Data source	Local data will be provided by funded suicide prevention agencies.
Proposed Activities	
Priority Area	Priority Area 5: Community based suicide prevention activities
Activity(ies) / Reference	5.2 GP Training and support
Existing, Modified, or New Activity	Existing
Description of Activity	<p>WNSW PHN will identify and promote appropriate training and support packages for rural GPs to enable them to better manage suicide presentations, including a focus on pre and postvention.</p> <p>These will be delivered through existing service providers in 2018/19 (no additional funding allocated)</p>
Target population cohort	General Practitioners
Consultation	This will occur through Suicide Prevention Australia and other peak suicide prevention and general practice agencies
Collaboration	Suicide Prevention Australia
Duration	2016-2019
Coverage	Whole of WNSW PHN region

Commissioning method (if relevant)	N/A
Approach to market	N/A
Decommissioning	No services will be decommissioned
Performance Indicator	<p>Priority Area 5 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> • Number of people who are followed up by WNSW PHN-commissioned services following a recent suicide attempt.
Local Performance Indicator target (where possible)	N/A
Local Performance Indicator Data source	N/A

Proposed Activities	
Priority Area	Priority Area 5: Community based suicide prevention activities
Activity(ies) / Reference	5.3 Western NSW Lived experience network
Existing, Modified, or New Activity	Existing
Description of Activity	Working with Suicide Prevention Australia and other lived experience agencies, WNSW PHN will promote and develop a lived experience network which will support people with lived experience of suicide to provide education, insight and support to health services and communities dealing with suicide.
Target population cohort	People with lived experience of suicide
Consultation	Suicide Prevention Australia and other lived experience agencies
Collaboration	Suicide Prevention Australia agencies will provide ongoing support to the network
Duration	2017-2019
Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	Partnership with Suicide Prevention Australia and an existing service provider to manage the network
Approach to market	N/A
Decommissioning	No services will be decommissioned
Performance Indicator	Priority Area 5 - Mandatory performance indicator: <ul style="list-style-type: none"> Number of people who are followed up by WNSW PHN-commissioned services following a recent suicide attempt.
Local Performance Indicator target (where possible)	N/A
Local Performance Indicator Data source	N/A

Proposed Activities	
Priority Area	Priority Area 5: Community based suicide prevention activities
Activity(ies) / Reference	5.4 Develop a regional suicide postvention framework
Existing, Modified, or New Activity	Existing
Description of Activity	Suicide Postvention includes the follow up and aftercare of someone who has attempted suicide, but more broadly needs to be applied to communities where suicide events have occurred. This can reduce the potential for cluster suicides in rural communities and strengthens the capacity and resilience of those communities. WNSW PHN will investigate suicide postvention programs that can be applied in the region, with a particular focus on aboriginal communities and young people (eg school communities).
Target population cohort	Communities and people who have experienced a suicide event
Consultation	This will occur with Suicide Prevention Australia, local suicide prevention networks, people with lived experience and suicide postvention services
Collaboration	Identified Suicide postvention services
Duration	2017-2019
Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	N/A
Approach to market	N/A
Decommissioning	No services will be decommissioned
Performance Indicator	Priority Area 5 - Mandatory performance indicator: <ul style="list-style-type: none"> Number of people who are followed up by WNSW PHN-commissioned services following a recent suicide attempt.
Local Performance Indicator target (where possible)	N/A
Local Performance Indicator Data source	N/A

Proposed Activities	
Priority Area	Priority Area 6: Aboriginal and Torres Strait Islander mental health services
Activity(ies) / Reference	6.1 Implement a model for Social Emotional Wellbeing (SEWB) workers to support family case management
Existing, Modified, or New Activity	Existing
Description of Activity	<p>6.1 A SEWB workforce will be a key component in reshaping mental health service delivery to aboriginal communities. Both the needs assessment and the consultation process (see item 1 above) have identified the need for a collective model to replace the existing reliance on individual service delivery. This reflects the cultural narrative in aboriginal communities which identifies that families in particular are the critical social network required to support the individual, and that service provision must deal with the overall needs of the social network and not just the individual. The co-design of this model will include both peak bodies and the WNSW PHN Aboriginal Health Council and the establishment of a workforce in the community that can negotiate with families to provide coordinated care that meets their shared needs, regardless of the initiating individual presentation. This will be a significant sector capacity building activity, as well as a significant improvement in access and service provision for aboriginal people, and provide support for medium and high stepped care interventions.</p> <p>This model will include two approaches - an ongoing targeted SEWB Enhancement strategy as well as a general SEWB Enhancement strategy.</p> <p>The targeted strategy will build both SEWB workforce capacity through funding FTE to train in and deliver a suite of specific programs, and the general strategy will be available to a broader range of community workers who engage with aboriginal communities, and will include training in programs such as Aboriginal Mental Health First Aid, eMHPrac and the Stay Strong app.</p>
Target population cohort	Aboriginal communities in WNSW
Consultation	WNSW PHN Aboriginal Health Council, AMS and ACCHOs
Collaboration	All AMS, ACCHO and aboriginal health focussed organisations
Duration	2016-2019
Coverage	Whole of WNSW PHN region

Commissioning method (if relevant)	The implementation of this project will be commissioned internally through a SEWB Enhancement Project Officer.
Approach to market	The Targeted strategy will be tendered to Aboriginal Controlled organisations.
Decommissioning	No services will be decommissioned
Performance Indicator	Priority Area 6 - Mandatory performance indicator: <ul style="list-style-type: none"> Proportion of Indigenous population receiving PHN-commissioned mental health services where the services were culturally appropriate.
Local Performance Indicator target (where possible)	Indicator: Family based mental health service interventions will be available to aboriginal communities in WNSW Performance Target: Proportion of Indigenous population receiving family based mental health service Baseline: Assumed Zero Data: Available by age, gender and location
Local Performance Indicator Data source	PMHC MDS

Proposed Activities	
Priority Area	Priority Area 6: Aboriginal and Torres Strait Islander mental health services
Activity(ies) / Reference	6.3 Indigenous suicide prevention network
Existing, Modified, or New Activity	Existing
Description of Activity	Indigenous Suicide Prevention is also a pressing need, and WNSW PHN has an opportunity to work with the Wesley LifeForce program to establish an indigenous specific suicide prevention network(s) within the region. Wesley LifeForce is currently Department of Health funded to establish suicide prevention networks and is active in the WNSW PHN area. This funding will allow additional indigenous specific networks to be established in areas of need where sustainable community resources are identified. This indigenous specific network funding is in addition to the suicide prevention funding that has been allocated to supporting the Black Dog Institute LifeSpan systems program.
Target population cohort	Aboriginal communities
Consultation	Consultation undertaken through WNSW PHN commissioned report into aboriginal mental health and drug and alcohol services and issues in WNSW. This report has been reviewed and endorsed by the WNSW PHN Aboriginal Health Council.
Collaboration	Wesley LifeForce will identify and work with local communities to establish networks
Duration	Ongoing through 2018/19
Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	Expansion of existing program
Approach to market	Direct engagement
Decommissioning	No services will be decommissioned
Performance Indicator	<p>Priority Area 6 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> Proportion of Indigenous population receiving WNSW PHN-commissioned mental health services where the services were culturally appropriate.

Local Performance Indicator target (where possible)	N/A
Local Performance Indicator Data source	N/A

Proposed Activities	
Priority Area	Priority Area 7: Stepped care approach
Activity(ies) / Reference	7.1 Co-design of a regional Stepped Care framework and model, including the articulation of stepped care in secondary and tertiary health care
Existing, Modified, or New Activity	Existing
Description of Activity	<p>The Stepped Care model has proved very useful for understanding and identifying services and interventions as they relate to low, medium and high intensity presentation in primary health settings. The Stepped Care model can also be used to articulate service delivery in the secondary and tertiary care environments. This will support the regional mental health plan, utilising Stepped Care as the single modality for identifying all services and interventions across the whole spectrum of mental health service delivery.</p> <p>In 2018/19 WNSW PHN, in collaboration with other PHNs, the Consumer's Health Forum of Australia and the Kings Fund will be establishing a Consumer Engagement initiative through the Collaborative Pairs program, to increase the input of both consumers and clinicians in the co-design process.</p>
Target population cohort	N/A
Consultation	The Stepped Care model will be co-designed and implemented through the establishment of a Stepped Care Integration Planning Executive Group (SCIPEG). This Group will have executive members from key partner organisations as well as representatives from peak bodies in the Mental Health Sector: Directors of Mental Health and Drug and Alcohol (LHD), College of Mental Health Nursing, NSW Consumer Advisory Group, WNSW PHN, NSW Family and Community Services, NSW Department of Education, NSW Mental Health Coordination Council, Chairs of WNSW PHN Clinical Councils, Chair of WNSW PHN Aboriginal Health Council, NSW Mental Health Commission, Network of Alcohol and other Drugs (NADA), Mental Health Carers NSW (formerly ARAFMI NSW).
Collaboration	WNSW PHN will continue to collaborate with the above agencies, to develop and implement the Stepped Care model
Duration	2016-2019
Coverage	Whole of WNSW PHN region

Commissioning method (if relevant)	N/A
Approach to market	N/A
Decommissioning	No services will be decommissioned
Performance Indicator	<p>Priority Area 7 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> • Proportion of WNSW PHN flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness.
Local Performance Indicator target (where possible)	N/A
Local Performance Indicator Data source	N/A

Proposed Activities	
Priority Area	Priority Area 7: Stepped care approach
Activity(ies) / Reference	7.2 Stepped Care Service Mapping and Planning
Existing, Modified, or New Activity	New
Description of Activity	<p>There are two components to this activity:</p> <p>This will build on the work identified in 7.1. Mapping regional and local services against the Stepped Care model will provide a better understanding of over and under supply of mental health services against the steps in the model. When this is completed as local service maps, it will underpin local service planning and local service directories – all within the Stepped Care framework.</p> <p>WNSW PHN will then lead the region in planning process to identify gaps in the service delivery against the stepped care model, and co-design services and interventions against those gaps</p>
Target population cohort	N/A
Consultation	The Stepped Care model will be co-designed and implemented through the establishment of a Stepped Care Integration Planning Executive Group (SCIPEG), this Group will have executive members from key partner organisations as well as representatives from peak bodies in the Mental Health Sector: Directors of Mental Health and Drug and Alcohol (LHD), College of Mental Health Nursing, NSW Consumer Advisory Group, WNSW PHN, NSW Family and Community Services, NSW Department of Education, NSW Mental Health Coordination Council, Chairs of WNSW PHN Clinical Councils, Chair of WNSW PHN Aboriginal Health Council, NSW Mental Health Commission, Network of Alcohol and other Drugs (NADA), Mental Health Carers NSW (formerly ARAFMI NSW).
Collaboration	WNSW PHN will continue to collaborate with the above agencies to develop and implement the Stepped Care model
Duration	Ongoing through 2018/19
Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	N/A

Approach to market	N/A
Decommissioning	No services will be decommissioned
Performance Indicator	<p>Priority Area 7 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> Proportion of WNSW PHN flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness.
Local Performance Indicator target (where possible)	N/A
Local Performance Indicator Data source	N/A

Proposed Activities	
Priority Area	Priority Area 7: Stepped care approach
Activity(ies) / Reference	7.3 Stepped Care Implementation in General Practice Project
Existing, Modified, or New Activity	Existing
Description of Activity	<p>WNSW PHN has worked with the Black Dog Institute (BDI) to establish a trial of the BDI Stepped Care Model in 12 general practices in western NSW. This trial will be completed in late 2017 and will inform the roll out of this model across general practice in early 2018.</p> <p>This project will help General Practitioners to understand and implement stepped care in the primary health context and will provide them with a Decision Support Tool to help them assess their patient's mental health needs in a stepped care framework.</p>
Target population cohort	Mental health consumers engaging general practice.
Consultation	This has been developed with the support of BDI and General Practices in the region.
Collaboration	WNSW PHN will continue to collaborate with the above agencies to develop and implement the Stepped Care model
Duration	Ongoing through 2018/19
Coverage	12 General Practices will be engaged for the trial and then the roll out will occur to the whole of the WNSW PHN region
Commissioning method (if relevant)	The implementation of this project will be commissioned internally through a General Practice Stepped Care Implementation Project Officer.
Approach to market	N/A
Decommissioning	No services will be decommissioned
Performance Indicator	<p>Priority Area 7 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> Proportion of WNSW PHN flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness.

Local Performance Indicator target (where possible)	N/A
Local Performance Indicator Data source	N/A

Proposed Activities	
Priority Area	Priority Area 8: Regional mental health and suicide prevention plan
Activity(ies) / Reference	<p>8.1 Develop a strategy to increase mental health competency across primary health settings as a key initiative in a regional mental health and suicide prevention plan.</p> <p>8.2 Commission initiatives that promote recruitment and retention of a primary health workforce within a regional mental health and suicide prevention plan.</p> <p>8.3 Co-design a Stepped Care framework with key strategic stakeholders that informs the planning and commissioning of regional mental health and suicide prevention services.</p> <p>8.4 Complete development of the Integrated Mental Health Atlas to refine the needs analysis necessary to develop an evidence based regional mental health and suicide prevention plan</p>
Existing, Modified, or New Activity	Existing
Description of Activity	The development of an evidence based regional mental health and suicide prevention plan will occur within a Stepped Care framework that will be co-designed and implemented with Key Stakeholders. In 2017/18 the WNSWPHN will maintain service continuity across the sector whilst strategically developing a Stepped Care framework against which the forward commissioning of new initiatives and core functions in the Stepped Care model will occur progressively as sector capacity increases across the next year.
Target population cohort	N/A
Consultation and collaboration	The development of an evidence based regional mental health and suicide prevention plan will occur within a Stepped Care framework. The Stepped Care model will be co-designed and implemented through the establishment of a Stepped Care Integration Planning Executive Group (SCIPEG), this Group will have executive members from key partner organisations as well as representatives from peak bodies in the Mental Health Sector: Directors of Mental Health and Drug and Alcohol (LHD), College of Mental Health Nursing, NSW Consumer Advisory Group, WNSW PHN, NSW Family and Community Services, NSW Department of Education, NSW Mental Health Coordination Council, Chairs of WNSW PHN Clinical Councils, Chair of WNSW PHN Aboriginal Health Council, NSW Mental Health Commission, Network of Alcohol and other Drugs (NADA), Mental Health Carers NSW (formerly ARAFMI NSW). In addition to this

	the WNSW PHN is currently identifying Sub Regions or service clusters where local collaboration and consultation on service type and need can be further refined and commissioned in those communities.
Duration	2016-2019
Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	N/A
Approach to market	N/A
Decommissioning	No services will be decommissioned
Performance Indicator	Priority Area 8 - Mandatory performance indicators: <ul style="list-style-type: none"> Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.
Local Performance Indicator target (where possible)	N/A
Local Performance Indicator Data source	N/A

Proposed Activities	
Priority Area	
Activity(ies) / Reference	D1
Existing, Modified, or New Activity	New Activity
Activity Title	Empowering our communities – new low intensity mental health service with a focus on relationship/family supports.
Description of Activity	WNSWPHN will work with stakeholders to co-design a new, drought specific, low intensity, support service for individuals and families. The 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.
Target population cohort	Individuals and families 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 Agriculture.
Consultation/Collaboration/Communication	<p>WNSWPHN will collaborate with existing state and non-government services who work across our region such as:</p> <ul style="list-style-type: none"> • NSW Department of Primary Industry Rural Resilience Program • NSW LHD Rural Adversity in Mental Health Program and Farm-gate drought peer support workers • Rural Financial Counselling Service • Centacare • Relationships Australia <p>Services will be engaged in a co-design process to devise a program in which:</p> <ol style="list-style-type: none"> a) A suitable evidence based training program in providing low intensity family/relationship support will be identified/developed. b) 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; c) Support and supervision will be provided to those workers by clinicians with specialist knowledge in relationship and family counselling. <p>The (new) training program will be promoted and offered to other drought affected PHNs.</p>

	The new service will be promoted through the networks of participating organisations, GPs, local governments, Local Health Districts Mental Health Services, crisis support lines and WNSWPHN’s existing funded mental health services.
Duration	Duration of “Empowering our Communities” funding
Arrangements for prioritising funding allocation	Early consultations with service provider community stakeholders report that there is a shortage of assistance for individuals and families experiencing relationship problems. Existing drought relief and financial counselling staff have had limited training in providing general low intensity support and in particular, assistance to individuals and families experiencing relationship problems. The new service will complement existing support across the general stepped care spectrum and boost much needed relationship support for individuals and families affected by drought.
Method of delivery/engagement and targets	<p>Through a co-design process with key stakeholders, a lead agency will be nominated to:</p> <ul style="list-style-type: none"> 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. <p>WNSWPHN 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:</p> <ul style="list-style-type: none"> a) Forbes, Parkes, Lachlan b) Bourke, Cobar, Central Darling c) Broken Hill and Unincorporated Far West d) Walgett and Warrumbungle
Risk Management	The activity has a moderate risk associated with the provision of low intensity support by non-clinically trained staff. The risk is being managed through the provision of initial evidence based training and regular supervision by clinically trained staff. The lead agency will be required to comply with WNSWPHN’s Clinical Governance Framework.

Proposed Activities	
Priority Area	
Activity(ies) / Reference	D2
Existing, Modified, or New Activity	New Activity
Activity Title	Empowering our communities – Grants to support community led wellbeing initiatives
Description of Activity	<p>The aim of this activity is to offer a program of small grants that organisations can apply to for the purposes of undertaking wellbeing events and training/information sessions in their local community.</p> <p>WNSWPHN has prepared forms and 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).</p> <p>Eligibility criteria emphasize the provision of funding for initiatives that:</p> <ul style="list-style-type: none"> • Engage isolated and/or ‘at risk’ members of the community • Promote collaboration between (drought) service provider and community stakeholders • Increase mental health literacy and reduce stigma associated with help-seeking
Target population cohort	Drought affected Local Government areas
Consultation/Collaboration/Communication	<p>WNSWPHN has undertaken preliminary consultations with key stakeholder organisations and community/service provider networks. A common theme through these has been communities feeling that:</p> <ul style="list-style-type: none"> • 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 these 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.

	<p>WNSWPHN has invited key organisations to nominate representatives to participate on the application assessment panel. The organisations include:</p> <ul style="list-style-type: none"> • NSW Department of Primary Industry (Rural Resilience Program) • WNSW LHD/Centre for Rural and Remote Mental Health (Rural Adversity and Mental Health Program) • Country Women’s Association • Landcare <p>WNSWPHN is developing 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.</p> <p>WNSWPHN has already circulated drafts of our grants application forms and guidelines to other PHN’s with drought affected communities and will continue to collaborate on this and other activities.</p>
Duration	Duration of “Empowering our Communities” funding
Arrangements for prioritising funding allocation	<p>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:</p> <ul style="list-style-type: none"> • 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.
Method of delivery/engagement and targets	<p>WNSWPHN will encourage applications from local and state government and non-government organisations. We anticipate that a diverse range of community development/community-led initiatives will be proposed in response to identified wellbeing needs in local communities. The precise nature and number of activities to be undertaken is unknown at this stage.</p>
Risk Management	<p>This activity has been assigned a low risk of not meeting aims or expending all available funds. This is on the basis that there has already been strong interest from various services and communities.</p>

Proposed Activities	
Priority Area	
Activity(ies) / Reference	D3
Existing, Modified, or New Activity	New Activity
Activity Title	Empowering our communities – Support to drought affected Aboriginal communities
Description of Activity	<p>In accordance with relevant protocols for working with Aboriginal communities in our region, the activity is composed of three main stages:</p> <ol style="list-style-type: none"> a) Consulting with the two Aboriginal Regional Assemblies and obtaining their advice on which communities are most impacted by the drought. b) Engaging with Community Working Parties and/or Elders groups in those areas and scoping: <ol style="list-style-type: none"> i) The nature of the impact of the drought on local people ii) The most useful type of support which could be provided c) In consultation with local communities, preparing a work plan and budget for activities and commissioning community controlled organisations to deliver services accordingly.
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.
Consultation/Collaboration/Communication	<p>As described above, WNSWPHN will follow protocols for engaging and consulting with Aboriginal Communities. That is, seek permissions and advice from the Regional Assemblies and then local community working parties or Elders groups.</p> <p>WNSWPHN 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.</p> <p>We will also continue to collaborate and share information with other Drought affected PHNs with high percentages of Aboriginal and Torres Strait Islander residents.</p>
Duration	Duration of “Empowering our Communities” funding

Arrangements for prioritising funding allocation	Priorities for funding will be identified in accordance with advice from regional and local Aboriginal representative bodies and organisations. The process of consultations with communities and other state and federal funding providers should avoid duplication of existing services and ensure that funded initiatives address gaps.
Method of delivery/engagement and targets	WNSWPHN will follow protocols for engaging and consulting with Aboriginal Communities in our region. The precise nature and number of activities to be undertaken is unknown at this stage but a detailed work plan and budget can be provided after consultations have occurred.
Risk Management	The activity has been assigned a low-moderate risk because there is limited information about how drought may have affected Aboriginal communities or examples of any (evidence based) interventions to address needs. This risk is being mitigated by WNSWPHN by undertaking consultations with Regional Assemblies and local community working parties; and seeking guidance from state and national organisations with relevant experience.

Proposed Activities	
Priority Area	
Activity(ies) / Reference	D4
Existing, Modified, or New Activity	New Activity
Activity Title	Empowering our communities – Primary Care and Drought workforce upskilling
Description of Activity	<p>WNSWPHN will prepare and deliver a Primary Care and Drought Workforce support training strategy that includes:</p> <ul style="list-style-type: none"> • Upskilling of GPs and Allied Health professionals in the provision of mental health and suicide prevention support. • Upskilling general human service and drought support workforce in providing brief interventions and referring individuals to specialist services when required • Upskilling voluntary drought relief workforces by providing introductory training in providing mental health support.
Target population cohort	Primary Care and drought workforces in drought affected Local Government areas.
Consultation/Collaboration/Communication	<p>WNSWPHN 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.</p> <p>The availability of training will be advertised widely through our own GP/Primary Care mailing lists and the various service provider inter-agencies and drought networks. Participants will be required to complete evaluations at the end of each program and we will seek input about what other training would be useful (and deliver accordingly).</p>
Duration	Duration of “Empowering our Communities” funding
Arrangements for prioritising funding allocation	Priority for delivery of training will be given to General Practices and other workforces located in most severely affected local government areas (as classified by the NSW Department of Primary Industry) and with the highest proportion of residents employed in Agriculture.

Method of delivery/engagement and targets	<p>Prior consultations indicate that the following training programs would be most relevant:</p> <ul style="list-style-type: none"> a) GP Training <ul style="list-style-type: none"> i) Black Dog Institute: Suicide Prevention Intervention and Youth Mental Health ii) RACGP Level 2 Focused Psychological Strategies Training iii) AOD GP training b) General human service and drought support workforce <ul style="list-style-type: none"> i) Black Dog Institute: Black Dog Institute: Suicide Prevention Intervention, Youth Mental Health and Brief Psychological Interventions ii) Mental Health First Aid, c) Voluntary drought relief workforce <ul style="list-style-type: none"> i) ASIST, INSIST, Accidental Counsellor ii) Mental Health First Aid.
Risk Management	<p>The activity has been assigned a low risk mainly because the suicide prevention training programs offered to GPs/the primary care and human service workforce in the past year and have been over-subscribed and evaluations described strong interest in further mental health related training. Consultations with existing state and non-government drought relief services have identified the above mentioned evidence based programs</p>