MENTAL HEALTH & SUICIDE PREVENTION REGIONAL PLAN
Central and Eastern Sydney

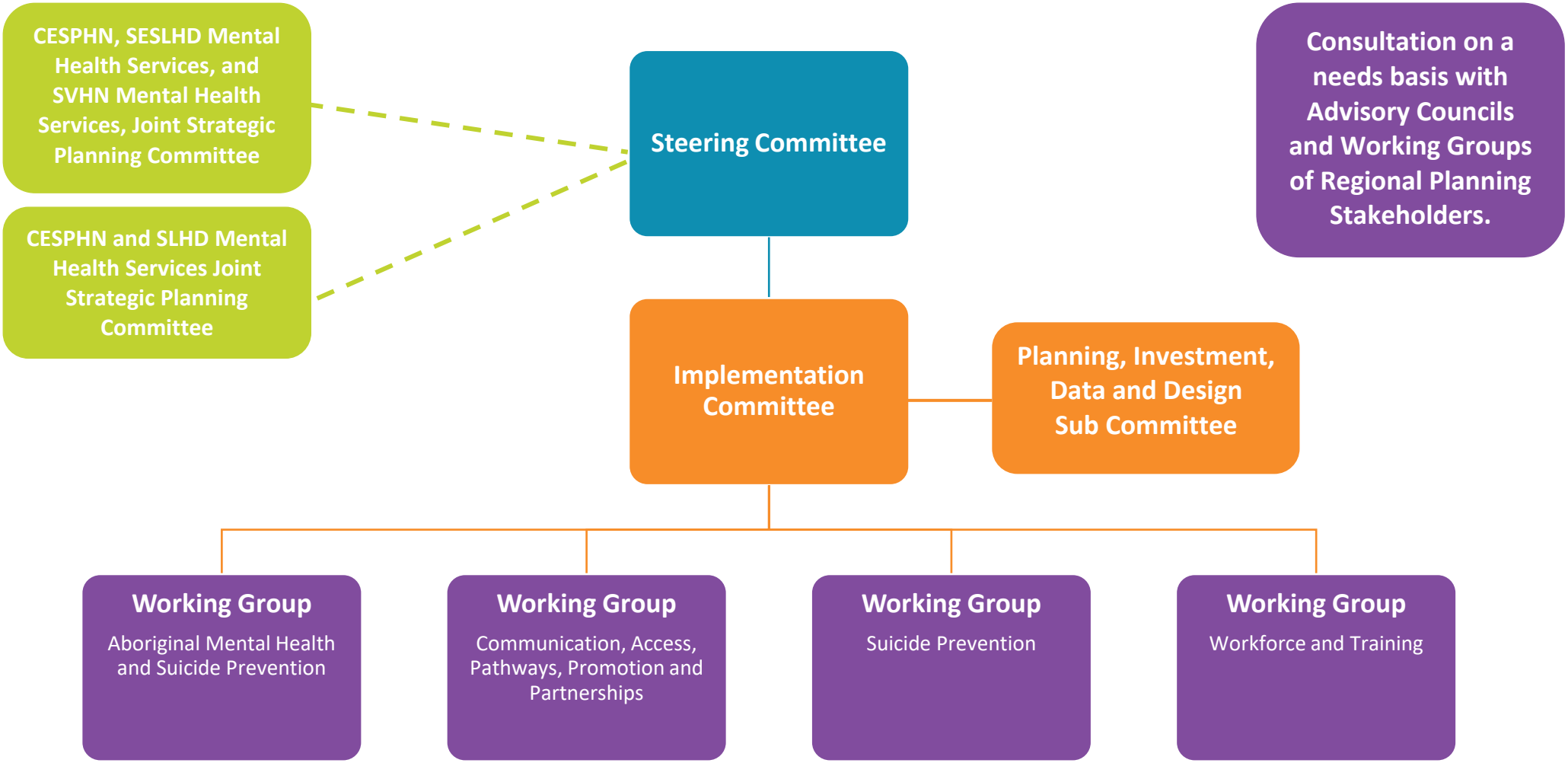
IMPLEMENTATION GOVERNANCE & TERMS OF REFERENCE

Contents

Commonly Used Acronyms

CESPHN	Central and Eastern Sydney Primary Health Network
SESLHD	Sout Eastern Sydney Local Health District
SLHD	Sydney Local Health District
SCHN	Sydney Children's Hospital Network
SVHN	St Vincents Health Network

Implementation Governance



Steering Committee
Terms of Reference V.009

Background

The Central and Eastern Sydney Regional Mental Health and Suicide Prevention Plan (the Regional Plan) is an agreement about what needs to change, by when, how and who will be responsible for making the change happen. The Regional Plan has a 3-year focus (2019-2022) and will guide high quality decision making, ensuring that resources are targeted to best respond to local mental health and suicide prevention needs.

Aim

The aim of the Steering Committee is to ensure the implementation of the Regional Plan is governed and overseen by key regional decision-makers, so that the actions within the Regional Plan are operationalised within identified timeframes, and in a way that is consistent with the identified over-arching commitments.

Responsibilities

The Steering Committee is responsible for:

1. Undertaking plan-level monitoring – focussed on monitoring overarching commitments within the Regional Plan and those actions where progress is disrupted
2. Co-opt and engage additional members as required throughout the implementation of the Regional Plan, if doing so would improve progress against actions or the quality of the outcomes
3. Addressing significant barriers to implementation of the plan (e.g., funding, policy directives, pockets of resistance)
4. Ensuring that the Regional Plan is appropriately funded and resourced
5. Providing ongoing guidance and advice to the Implementation Working Group (including advice about the evolution of the Regional Plan and rationale for associated actions)
6. Undertaking internal and public reporting on the progress of the Regional Plan
7. Actively supporting the Regional Plan and acting as an advocate for its outcomes

Membership

Membership will include:

- Representative from Central and Eastern Sydney PHN
- Representative from South Eastern Sydney LHD
- Representative from Sydney LHD
- Representative from St Vincents Health Network
- Representative from Sydney Children's Hospital Network
- Representative from Being Mental Health Consumers
- Representative from Mental Health Carers NSW
- Representative from Mental Health Coordinating Councill

Members of a Regional Plan committee or working party are encouraged to nominate a proxy to attend a meeting if the member is unable to attend. The member should brief the proxy about agenda items prior to

the meeting. The proxy should have sufficient authority (including delegated authority) to contribute to decision-making.

Confidentiality and Conflict of Interest

Information shared and discussions held during meetings are confidential, unless otherwise specified. Members of the Steering Committee will be required to disclose any conflict of interest.

Operating Procedures

Chair

The PHN will chair the Steering Committee

Secretariat

Secretariat support is provided by Central and Eastern Sydney PHN

Meetings

The Steering Committee will meet a minimum of twice yearly. Out of session work is likely.

Records

The secretariat will prepare, maintain and circulate: agendas, meeting papers, minutes and action logs.

A copy of the agenda and meeting papers are to be sent to members in advance of each meeting.

A copy of the minutes and action log are to be sent to members following each meeting.

- END -

Implementation Committee Terms of Reference V.009

Background

The Central and Eastern Sydney Regional Mental Health and Suicide Prevention Plan (the Regional Plan) is an agreement about what needs to change, by when, how and who will be responsible for making the change happen. The Regional Plan has a 3-year focus (2019-2022) and will guide high quality decision making, ensuring that resources are targeted to best respond to local mental health and suicide prevention needs.

Aim

The aim of the Implementation Committee is to ensure that the actions within the Regional Plan are operationalised within identified timeframes, and in a way that is consistent with the identified over-arching commitments.

The Implementation Committee will include a sub-committee focussed on operationalising actions allocated to the Planning, Investment, Design and Data category (PIDD).

Responsibilities

The Implementation Committee is responsible for:

1. Undertaking action-level monitoring – focussed on monitoring progress against individual actions within the Regional Plan and reporting (by exception) to the Steering Committee
2. Addressing operational barriers to implementation of individual actions (e.g., insufficient resources, lack of data, disengaged stakeholders)
3. Lobbying, advocating and applying for funding and/or resources where required by a working group
4. Providing ongoing guidance and advice to the Working Groups
5. Actively supporting the Regional Plan and acting as an advocate for its outcomes

Actions

The Implementation Committee is responsible for providing advice and supporting implementation of the following actions:

No.	Action
1.03.00	Prioritise funding (and advocate for more funding) for services and resources that assist consumers, carers and families to navigate the system
1.07.00	Continue to build a system around Stepped Care and regularly evaluate progress
1.09.00	Promote and support evidence-based virtual and telehealth services to expand access.
1.10.00	Maintain an expectation of compliance and/or accreditation with the National Standards for Mental health Services
2.07.00	Support the implementation of the NSW Older People's Mental Health Services Service Plan 2017-2027

3.02.00	Advocate for funding to introduce more service models that deliver multi-disciplinary comprehensive care in close collaboration with General Practice
3.10.02	Prioritise (or advocate for) funding to help provide targeted, personalised lifestyle care packages, and coordinated care
6.01.00	Implement a regional coordination function to: » Connect state and commonwealth funded health service providers (e.g. LHDs/LHNs, PHNs, General Practice and CMOs) to plan and deliver integrated models of care. » Develop and/or strengthen existing region-wide multi-agency agreements to improve integration. » Ensure seamless continuity of care across acuity and care settings. » Examine innovative funding models, such as joint commissioning of services and packages of care and support. » Explore opportunities to focus on prevention, early intervention and recovery.
6.02.00	Explore opportunities for technology enabled access, care planning and care
6.03.00	Ensure local intake systems are aware of the range of services available and are able to equip consumers and carers with information about the range of services available - helping people to connect with the right service for them.
6.09.00	Investigate opportunities to expand referral pathways across the region ensuring that self-referrals and referrals from a range or professionals are encouraged
6.11.00	Implement strategies that provide options for people with severe and complex mental health issues who are ineligible for NDIS and prioritise this group for alternative service models
6.19.00	Explore opportunities to increase access to bulk-billing and rebatable tele-psychiatry services

Membership

Membership will include:

- Representative from Central and Eastern Sydney PHN
- Representative from South Eastern Sydney LHD
- Representative from Sydney LHD
- Representative from St Vincents Health Network
- Representative from Sydney Children's Hospital Network
- Representative from Being Mental Health Consumers
- Representative from Mental Health Carers NSW
- Community Managed Organisation Representation – Mission Australia
- Lived Experience Representation - Consumer Representative
- Lived Experience Representation - Carer Representative

It is recommended that the PHN/LHDs + SHNs consider involvement from mental health managers and senior planners. Representatives who are proficient in the use and analysis of data should also be included in the membership. Consumer and carer lived experience representatives will also be engaged.

The PIDD sub-committee of the Implementation Committee will include cross-membership with the Implementation Committee and include involvement from other key personnel as required (e.g., data officers).

Members of a Regional Plan committee or working party are encouraged to nominate a proxy to attend a meeting if the member is unable to attend. The member should brief the proxy about agenda items prior to the meeting. The proxy should have sufficient authority (including delegated authority) to contribute to decision-making.

Confidentiality and Conflict of Interest

Information shared and discussions held during meetings are confidential, unless otherwise specified. Members of the Implementation Committee will be required to disclose any conflict of interest.

Operating Procedures

Co-Chair

The PHN and Mental Health Carers NSW will co-chair the Implementation Committee

Secretariat

Secretariat support is provided by Central and Eastern Sydney PHN

Meetings

The Implementation Committee will meet monthly unless otherwise specified by the co-chair or secretariat. Out of session work is likely.

Records

The secretariat will prepare, maintain and circulate: agendas, meeting papers, minutes and action logs.

A copy of the agenda and meeting papers are to be sent to members in advance of each meeting.

A copy of the minutes and action log are to be sent to members following each meeting.

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Planning, Investment, Data and Design (PIDD) Sub Committee Terms of Reference V.009

Background

The Central and Eastern Sydney Regional Mental Health and Suicide Prevention Plan (the Regional Plan) is an agreement about what needs to change, by when, how and who will be responsible for making the change happen. The Regional Plan has a 3-year focus (2019-2022) and will guide high quality decision making, ensuring that resources are targeted to best respond to local mental health and suicide prevention needs.

Aim

The aim of the PIDD Sub-Committee is to implement the actions assigned to the planning, investment, data and design within identified timeframes, and in a way that is consistent with the identified over-arching commitments.

Responsibilities

The PIDD Sub-Committee is responsible for:

1. Developing a work plan incorporating all actions allocated to the PIDD category- including recommending performance measures to the Steering Committee for consideration, refinement or approval
2. Operationalising all actions allocated to the PIDD category
3. Engaging with key stakeholders, people with a lived experience, families and carers to secure outcomes
4. Reporting on progress against individual actions within the workplan and providing a progress report on a 3-monthly basis to the Implementation Committee
5. Actively supporting the Regional Plan and acting as an advocate for its outcomes

Actions

The PIDD Sub-Committee is responsible for providing advice and supporting implementation of the following actions:

No.	Action
1.06.00	Use the National Mental Health Service Planning Framework (NMHSPF) to determine the mix of services needed for the population and work collaboratively to achieve service levels that match community needs
1.12.00	Promote and advance the use of experience of care measures and involve people with a lived experience (e.g., peer workers and lived experience researchers) to plan and implement improvements. This will include the use of: » The Your Experience of Service (YES) survey; » The NSW Agency for Clinical Innovation (ACI) Patient Reported Outcome Measures (PROMs); and » The NSW ACI Patient Reported Experience Measures (PREMs) and carer experience surveys.

1.13.00	Facilitate service design, implementation, delivery and evaluation that is co-designed by people with a lived experience and carers - and provide support so that participation is meaningful, including through remuneration for time, access to mentoring and training.
1.14.00	Engage people with lived experience (e.g. peer workers and lived experience researchers) as part of the quality improvement cycle (from problem identification through to solution implementation)
1.15.00	Advocate for new and existing service models to have improved flexibility and responsiveness, with broader eligibility criteria, a variety of modalities (e.g. digital, telephone, group) and with varying operating times (including weekends and after hours). This action also includes promoting the services of those providers that already provide flexible options.
1.16.00	Explore and establish benchmarks for recovery orientated culture to inform ongoing quality improvements
1.17.00	New service models will be piloted and evaluated, using peer researchers where possible.
1.18.00	Explore and establish benchmarks for recovery orientated culture to inform ongoing quality improvements
2.01.0	Be informed by the experiences and service needs of people who are part of a priority population group and:
2.01.04	Improve data collection and analysis to understand the differences in access rates, service experiences and outcomes for people from priority population groups and use that data to make better decisions about service models, planning and availability (e.g., collection of cultural background, sexuality and gender).
2.01.05	Support communities, community-controlled organisations, and peak bodies to take the lead in designing and delivering services relevant to their specific priority population.
3.01.00	Work with local services to explore how they can expand their service models to improve their focus on physical health and their engagement with general practice.
3.06.00	Promote and expand existing evidence-based healthy lifestyle, prevention and population health programs including exercise, weight loss, smoking cessation, sexual health and hepatitis C treatment programs.
6.12.00	Use NDIS uptake data to understand if eligible individuals with psycho-social disability are gaining access to the NDIS and work closely with key agencies to develop strategies that improve access to the NDIS for eligible individuals
6.14.00	Advocate for funding to introduce more multi-service hubs where a range of mental health, general health, living skills, and social service needs can be addressed in one place
7.01.00	Explore ways to increase workforce capacity in the region in instances of workforce shortage. Priorities include peer workers, Aboriginal and child mental health professionals, and the community sector mental health workforce.

7.10.00	Use the National Mental Health Services Planning Framework to analyse and determine the workforce required to meet changing and growing population treatment needs
7.11.00	Monitor the growth of the Peer Workforce and Aboriginal Mental Health Workforce, adjusting strategies as required to meet performance benchmarks.

Membership

Membership will include:

- Representative from Central and Eastern Sydney PHN
- Representative from South Eastern Sydney LHD
- Representative from Sydney LHD
- Representative from St Vincents Health Network
- Representative from Sydney Children's Hospital Network

It is recommended that the PHN/LHDs + SHNs consider involvement from mental health managers and senior planners. Representatives who are proficient in the use and analysis of data should also be included in the membership. Consumer and carer lived experience representatives will also be engaged.

The PIDD sub-committee of the Implementation Committee will include cross-membership with the Implementation Committee and include involvement from other key personnel as required (e.g., data officers).

Members of a Regional Plan committee or working party are encouraged to nominate a proxy to attend a meeting if the member is unable to attend. The member should brief the proxy about agenda items prior to the meeting. The proxy should have sufficient authority (including delegated authority) to contribute to decision-making.

Confidentiality and Conflict of Interest

Information shared and discussions held during meetings are confidential, unless otherwise specified. Members of the Implementation Committee will be required to disclose any conflict of interest.

Operating Procedures

Co-Chair

Either SLHD or SESLHD will chair the PIDD Subcommittee

Secretariat

Secretariat support is provided by Central and Eastern Sydney PHN

Meetings

The PIDD Subcommittee will meet monthly unless otherwise specified by the chair or secretariat. Out of session work is likely.

Records

The secretariat will prepare, maintain and circulate: agendas, meeting papers, minutes and action logs.

A copy of the agenda and meeting papers are to be sent to members in advance of each meeting.

A copy of the minutes and action log are to be sent to members following each meeting.

- END -

Aboriginal Mental Health and Suicide Prevention Working Group Terms of Reference V.008

Background

The Central and Eastern Sydney Regional Mental Health and Suicide Prevention Plan (the Regional Plan) is an agreement about what needs to change, by when, how and who will be responsible for making the change happen. The Regional Plan has a 3-year focus (2019-2022) and will guide high quality decision making, ensuring that resources are targeted to best respond to local mental health and suicide prevention needs.

Aim

The aim of the Aboriginal MHSP Working Group is to implement the actions assigned to the working group, within identified timeframes, and in a way that is consistent with the identified over-arching commitments.

Responsibilities

The Aboriginal MHSP Working Group is responsible for:

- Developing a work plan incorporating all actions allocated to the Aboriginal MHSP category
- Operationalising all actions allocated to the Aboriginal MHSP category
- Engaging with key stakeholders, people with a lived experience, families and carers to secure outcomes
- Reporting on progress against individual actions within the workplan and providing a progress report on a 3-monthly basis to the Implementation Committee
- Actively supporting the Regional Plan and acting as an advocate for its outcomes

Actions

The Aboriginal MHSP working group is responsible for providing advice and supporting implementation of the following actions:

No.	Action
4.01.00	Support and advocate for funding for service models that are informed by and consistent with the Aboriginal Social and Emotional Wellbeing Framework
4.02.00	Support Aboriginal community member, leaders, Elders, Aboriginal Community-Controlled organisations and peak bodies to take the lead in designing an delivering services.
4.03.00	Ensure that there is strong presence of Aboriginal and Torres Strait Islander leadership on local mental health service and related area service governance structures
4.04.00	Enhance responsiveness to new or emerging issues within Aboriginal communities by establishing and continuing to build upon formal and informal partnerships, engagement and consultation mechanisms with communities
4.05.00	Invest in training delivered by Aboriginal Instructors for staff involved in the delivery of mental health services across a variety of settings. Training will incorporate historical, cultural and contemporary experiences of trauma.

4.06.00	Service providers are encouraged and supported to partner with Aboriginal communities to develop a suicide prevention and response plans.
4.07.00	Service providers are encouraged and supported to partner with Aboriginal communities to develop strategies for improving engagement with Aboriginal communities
4.08.00	Partner with Aboriginal leaders to develop strategies that can be applied during the commissioning process to determine suitability of providers seeking to deliver services to Aboriginal Peoples
4.09.0	Partner with Aboriginal communities to explore opportunities to grow the Aboriginal mental health and peer workforce and locate Aboriginal workers at key transition points within the system (e.g., leaving hospital, release from custodial arrangements, during perinatal stages).
4.10.00	Utilise service models that engage the Aboriginal mental health workforce and ensure that training, supervision and mentoring arrangements are formalised and in place to adequately support this workforce.
4.11.00	Support education, supervision and mentoring for Aboriginal mental health clinical leaders, educators and clinicians
4.12.00	Work with Aboriginal community members to identify and implement activities that help them to continue to support each other (particularly Elders and older community members who provide incredible and invaluable support to younger people in the community)
4.01.00	Support and advocate for funding for service models that are informed by and consistent with the Aboriginal Social and Emotional Wellbeing Framework
4.02.00	Support Aboriginal community member, leaders, Elders, Aboriginal Community-Controlled organisations and peak bodies to take the lead in designing an delivering services.
4.03.00	Ensure that there is strong presence of Aboriginal and Torres Strait Islander leadership on local mental health service and related area service governance structures
4.04.00	Enhance responsiveness to new or emerging issues within Aboriginal communities by establishing and continuing to build upon formal and informal partnerships, engagement and consultation mechanisms with communities
4.05.00	Invest in training delivered by Aboriginal Instructors for staff involved in the delivery of mental health services across a variety of settings. Training will incorporate historical, cultural and contemporary experiences of trauma.
4.06.00	Service providers are encouraged and supported to partner with Aboriginal communities to develop a suicide prevention and response plans.
4.07.00	Service providers are encouraged and supported to partner with Aboriginal communities to develop strategies for improving engagement with Aboriginal communities
4.08.00	Partner with Aboriginal leaders to develop strategies that can be applied during the commissioning process to determine suitability of providers seeking to deliver services to Aboriginal Peoples

4.09.0	Partner with Aboriginal communities to explore opportunities to grow the Aboriginal mental health and peer workforce and locate Aboriginal workers at key transition points within the system (e.g., leaving hospital, release from custodial arrangements, during perinatal stages).
4.10.00	Utilise service models that engage the Aboriginal mental health workforce and ensure that training, supervision and mentoring arrangements are formalised and in place to adequately support this workforce.
4.11.00	Support education, supervision and mentoring for Aboriginal mental health clinical leaders, educators and clinicians
4.12.00	Work with Aboriginal community members to identify and implement activities that help them to continue to support each other (particularly Elders and older community members who provide incredible and invaluable support to younger people in the community)

Membership

Membership will include:

- Representative from Central and Eastern Sydney PHN
- Representative from South Eastern Sydney LHD
- Representative from Sydney LHD
- Lived Experience Representation - Community Representatives

It is recommended that the Steering Committee allocates a sponsor to each working group. For this working group the steering committee should consider inviting representation from aboriginal health services and community leaders

Members of a Regional Plan committee or working party are encouraged to nominate a proxy to attend a meeting if the member is unable to attend. The member should brief the proxy about agenda items prior to the meeting. The proxy should have sufficient authority (including delegated authority) to contribute to decision-making.

Confidentiality and Conflict of Interest

Information shared and discussions held during meetings are confidential, unless otherwise specified. Members of the Implementation Committee will be required to disclose any conflict of interest.

Operating Procedures

Chair

The PHN will chair the Aboriginal MHSP Working Group

Secretariat

Secretariat support is provided by Central and Eastern Sydney PHN

Meetings

The Aboriginal MHSP Working Group will meet monthly unless otherwise specified by the chair or secretariat. Out of session work is likely.

Records

The secretariat will prepare, maintain and circulate: agendas, meeting papers, minutes and action logs.

A copy of the agenda and meeting papers are to be sent to members in advance of each meeting.

A copy of the minutes and action log are to be sent to members following each meeting.

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Communications, Access, Pathways, Partnerships and Promotions Working Group Terms of Reference V.008

Background

The Central and Eastern Sydney Regional Mental Health and Suicide Prevention Plan (the Regional Plan) is an agreement about what needs to change, by when, how and who will be responsible for making the change happen. The Regional Plan has a 3-year focus (2019-2022) and will guide high quality decision making, ensuring that resources are targeted to best respond to local mental health and suicide prevention needs.

Aim

The aim of the CAPPP Working Group is to implement the actions assigned to the working group, within identified timeframes, and in a way that is consistent with the identified over-arching commitments.

Responsibilities

The CAPPP Working Group is responsible for:

1. Developing a work plan incorporating all actions allocated to the CAPPP category
2. Operationalising all actions allocated to the CAPPP category
3. Engaging with key stakeholders, people with a lived experience, families and carers to secure outcomes
4. Reporting on progress against individual actions within the workplan and providing a progress report on a 3-monthly basis to the Implementation Committee
5. Actively supporting the Regional Plan and acting as an advocate for its outcomes

Actions

The CAPPP working group is responsible for providing advice and supporting implementation of the following actions:

No.	Action
1.01.00	Promote the various mental health service directories available for use by local communities (including Head to Health)
1.02.00	Provide clearer information and undertake a communication campaign about services available for people to use in a crisis
1.04.00	Continue to build and promote healthcare pathways, so that GPs and other stakeholders have information about services available throughout the region. Pathways will include health, social and other support services (e.g. peer support groups)
1.05.00	Explore how to make information about local health pathways more readily available to community members

1.08.00	Encourage services to provide a "no wrong door" approach to people who are not eligible for their service - wherever possible, the service provides support to find a suitable alternative service
1.11.00	Undertake a range of community training and skill development initiatives to improve consumer and carer confidence in shared decision making.
2.01.01	Work with peak bodies and lived experience representatives to develop service models and referral transitional care pathways that are safe, appropriate and relevant
2.02.00	Develop healthcare pathways for general practice and other providers regarding assessment and treatment for priority population groups within a stepped care approach and:
2.02.01	Develop healthcare pathways that focus on the critical transition points between mental health and other key services: » Between youth services to adult services » From out-of-home care settings to family of origin or independent living » From hospital to community/primary care » From AOD rehabilitation settings to community » Between public, private and community managed mental health services » Throughout the perinatal stages for parents » Between custodial settings and community » Between mental health services and disability services
2.05.00	Explore opportunities to integrate services with public and community housing where many tenants experience mental health issues - with a focus on areas where there is a gap in services
2.09.00	Establish and formalise a region-wide collaborative structure focussed on improved mental health outcomes for people at risk of entering or leaving custodial arrangements. The collaboration will focus on supporting existing diversionary efforts and supporting transition to community for people who experience mental health issues.
2.10.00	Improve the identification rate for people from priority populations through simple registration processes including traditional methods such as forms and technologies
2.11.00	Enhance partnerships and improve communication with the Transcultural Mental Health Centre (THMC) and The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Victims (STARTTS).
2.14.00	Implement the Transcultural Assessment Module developed by the TMHC for outcome assessments and care planning in conjunction with the Transcultural Referral guide and the Assessment Checklist
3.04.00	Seek opportunities to build partnerships between specialist mental health services, general practice, pharmacy and community services - to support the early detection and treatment of physical illness, prevention of chronic disease, and promotion of a healthy lifestyle.
3.05.00	Expand consumer access to comprehensive and multidisciplinary health expertise in partnership with GP's and including Exercise Physiologists, Physiotherapists, Dieticians, Speech Therapists, Pharmacists and Occupational Therapists.

3.08.00	Provide community education and disseminate resources for consumers, carers and family members that help them to create a meaningful dialogue with GP's, pharmacists and other health professionals about medication, allied health and lifestyle changes.
3.09.00	Identify and introduce strategies that encourage timely and relevant communication across general practice, other primary care, specialist and community managed organisations
3.10.00	Support and uphold the principles of the Equally Well Consensus Statement and play an active role in the implementation of Equally Well actions, with a focus on those actions identified as requiring regional leadership:
3.10.01	Work together to coordinate and integrate specialist mental health services, general practice and community services - to support the early detection and treatment of physical illness, prevention of chronic disease and promotion of a healthy lifestyle.
3.10.03	Continue to guide, facilitate and establish care planning and collaborative care mechanisms to improve local integration and facilitate better coordination of relevant services for physical and mental health care.
6.07.00	Low intensity interventions will have streamlined and simple referral arrangements and step up/down protocols supporting people whose treatment needs change, avoiding re-referral and re-entry in to the system
6.10.00	Address the barriers encountered by people experiencing severe and complex mental health issues when accessing therapeutic interventions (including psychological interventions, peer support, group-based interventions and psycho-social supports) within primary care
6.13.00	Continue to support shared care arrangements between LHD's/LHN's, GP's and Aboriginal Medical Services to support optimal mental health and physical health outcomes
6.15.00	Explore opportunities to embed mental health services within general practices to improve the experience of care for the consumer and enhance opportunities to multi-disciplinary shared care
6.17.00	Invest in systems that improve the timeliness and relevance of communication between hospitals, LHD's/LHN's, GP's, specialists, and CMOs to improve the quality of care experienced by consumers who access multiple services
6.18.00	In collaboration with each LHD'LHN, the NSW Ministry of Health, GP's, specialists and CMOs (where appropriate), develop strategies for improving clinical hand over processes
6.19.00	Continue to resource psychiatry consultation liaison and assessment services for general practice
7.03.00	Increase the capacity and capability of key stakeholders (particularly GP's) to assess, navigate, refer and provide services in a stepped care approach

Membership

Membership will include:

- Representative from Central and Eastern Sydney PHN

- Representative from South Eastern Sydney LHD
- Representative from Sydney LHD
- Representative from Being Mental Health Consumers
- Community Managed Organisation Representation – Stride
- Lived Experience Representation - Consumer Representative
- Lived Experience Representation - Carer Representative

It is recommended that the Steering Committee allocates a sponsor to each working group.

For this working group the steering committee should consider inviting representation from disciplines (e.g., general practice) and workforce development personnel alongside mental health personnel.

Members of a Regional Plan committee or working party are encouraged to nominate a proxy to attend a meeting if the member is unable to attend. The member should brief the proxy about agenda items prior to the meeting. The proxy should have sufficient authority (including delegated authority) to contribute to decision-making.

Confidentiality and Conflict of Interest

Information shared and discussions held during meetings are confidential, unless otherwise specified. Members of the Implementation Committee will be required to disclose any conflict of interest.

Operating Procedures

Chair

Being - Mental Health Care Consumers will chair the CAPPP Working Group

Secretariat

Secretariat support is provided by Central and Eastern Sydney PHN

Meetings

The CAPPP Working Group will meet monthly unless otherwise specified by the chair or secretariat. Out of session work is likely.

Records

The secretariat will prepare, maintain and circulate: agendas, meeting papers, minutes and action logs.

A copy of the agenda and meeting papers are to be sent to members in advance of each meeting.

A copy of the minutes and action log are to be sent to members following each meeting.

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Suicide Prevention Working Group Terms of Reference V.006

Background

The Central and Eastern Sydney Regional Mental Health and Suicide Prevention Plan (the Regional Plan) is an agreement about what needs to change, by when, how and who will be responsible for making the change happen. The Regional Plan has a 3-year focus (2019-2022) and will guide high quality decision making, ensuring that resources are targeted to best respond to local mental health and suicide prevention needs.

Aim

The aim of the Suicide Prevention Working Group is to implement the actions assigned to the working group, within identified timeframes, and in a way that is consistent with the identified over-arching commitments of the Regional Plan.

Responsibilities

The Suicide Prevention Working Group is responsible for:

1. Developing a work plan incorporating all actions allocated to the suicide prevention priority area.
2. Operationalising all actions allocated to the suicide prevention priority area
3. Engaging with key stakeholders, people with a lived experience, families and carers to secure outcomes.
4. Reporting on progress against individual actions within the workplan and providing a progress report on a 3-monthly basis to the Implementation Committee.
5. Actively supporting the Regional Plan and acting as an advocate for its outcomes.
6. Actively support regional oversight and coordination of regional suicide prevention strategies (see section 5).

Actions

The suicide prevention working group is responsible for providing advice and supporting implementation of the following actions:

No.	Action
5.01.00	Prioritise resources (and advocate for more funding) to implement an integrated, systems approach to suicide prevention and invest in:
5.01.01	**Surveillance** - coordinate access to better, more timely information about suicide deaths and attempts that occur in Central and Eastern Sydney. This means information and data would be available in days and weeks - rather than months and years.
5.01.02	**Means restriction** - reduce the availability and accessibility of the means to suicide. This will include expanded or new partnerships with Local Councils, Emergency Services and transport providers throughout the region.

5.01.03	**Media** - promote local implementation of media guidelines to support responsible reporting of suicide in print, broadcasting and social media
5.01.04	**Access to services** - promote increased access to comprehensive services for those vulnerable and remove barriers to care. This will include a focus on services available people experiencing a crisis (as well as carers and families).
5.01.05	**Training and Education** - maintain and facilitate a comprehensive training program for identified gatekeepers. Gatekeepers are approachable and respected community members, such as GP's, sports coaches, teachers, emergency service personnel, youth workers, clergy, pharmacists, aged care workers, leaders of community groups and others who are likely to be in contact with individuals at risk of suicide.
5.01.06	**Treatment** - improve the quality of care and access to therapeutic interventions. This will include equipping general practice to identify and provide evidence-based support for people in distress. This also includes exploring options to expand the availability of the Peer Workforce for people at risk of suicide or following an attempt.
5.01.07	**Crisis intervention** - equip and support communities to respond safely to suicide-crises with appropriate and protective activities and interventions
5.01.08	**Postvention** - improve responses to individuals who have attempted suicide and advocate for additional funding to expand successful post-hospital service models. In the future, services will be designed to better target carers and family members who have been bereaved by suicide.
5.01.09	**Awareness** - reinforce and support public information campaigns to improve the knowledge that suicides are preventable
5.01.10	**Stigma reduction** - promote the importance of talking honestly about mental health and the importance of using mental health services
5.01.11	**Oversight and coordination** - prioritise suicide prevention and work with key stakeholders to coordinate needs assessment, planning and responses
5.02.00	Advocate for investment in a broader range of service options for Central and Eastern Sydney that include: » A less restrictive care environment and protocol. » Delivery in a comfortable and safe environment in the community (rather than a hospital). » World-class therapy including cognitive behavioural therapy for the suicidal person and dialectical behavioural therapy. » A strong multi-disciplinary team with specialist mental health support and consultation liaison available 24/7 including access to psychiatry, medical care, and peer support. » Practical support to address underlying issues such as accommodation, employment, and personal finances that contribute to distress. » Safety planning led by the individual and supported by families, carers and friends.

Coordination

In addition to the actions outlined in the Regional Plan, the Suicide Prevention Working Group will take responsibility for oversight and coordination of regional suicide prevention strategies. This will be undertaken though:

- Coordinating collaborative efforts across local Towards Zero Suicide Initiatives.
- Coordinating collaborative efforts and local actions regarding National Suicide Prevention activities anticipated in "Shifting the Focus" Report: a whole of government approach to suicide prevention
- Coordinating collaborative efforts and local action regarding the National Suicide Prevention activities anticipated in the 2021-22 Federal Budget.

Membership

Membership will include:

- Representative from Central and Eastern Sydney PHN
- Representative from South Eastern Sydney LHD
- Representative from Sydney LHD
- Representative from St Vincents Health Network
- Representative from Sydney Children's Hospital Network
- Community Managed Organisation Representation – Neami National

It is recommended that the Steering Committee allocates a sponsor to each working group.

For this working group the steering committee will consider inviting representation from key stakeholders to assist with oversight and coordination of an integrated response to suicide prevention.

Members of a Regional Plan committee or working group are encouraged to nominate a proxy to attend a meeting if the member is unable to attend. The member should brief the proxy about agenda items prior to the meeting. The proxy should have sufficient authority (including delegated authority) to contribute to decision-making.

Confidentiality and Conflict of Interest

Information shared and discussions held during meetings are confidential, unless otherwise specified. Members of the working group will be required to disclose any conflict of interest.

Operating Procedures

Chair

The PHN will chair the Suicide Prevention Working Group.

Secretariat

Secretariat support is provided by Central and Eastern Sydney PHN.

Meetings

The Suicide Prevention Working Group will meet monthly unless otherwise specified by the chair or secretariat. Out of session work is likely.

Records

The secretariat will prepare, maintain and circulate: agendas, meeting papers, minutes and action logs.

A copy of the agenda and meeting papers are to be sent to members in advance of each meeting.

A copy of the minutes and action log are to be sent to members following each meeting.

- End -

Workforce and Training (WaT) Working Group Terms of Reference V.008

Background

The Central and Eastern Sydney Regional Mental Health and Suicide Prevention Plan (the Regional Plan) is an agreement about what needs to change, by when, how and who will be responsible for making the change happen. The Regional Plan has a 3-year focus (2019-2022) and will guide high quality decision making, ensuring that resources are targeted to best respond to local mental health and suicide prevention needs.

Aim

The aim of the WaT Working Group is to implement the actions assigned to the working group, within identified timeframes, and in a way that is consistent with the identified over-arching commitments.

Responsibilities

The WaT Working Group is responsible for:

1. Developing a work plan incorporating all actions allocated to the Workforce and Training category
2. Operationalising all actions allocated to the Workforce and Training category
3. Engaging with key stakeholders, people with a lived experience, families and carers to secure outcomes
4. Reporting on progress against individual actions within the workplan and providing a progress report on a 3-monthly basis to the Implementation Committee
5. Actively supporting the Regional Plan and acting as an advocate for its outcomes

Actions

The WAT working group is responsible for providing advice and supporting implementation of the following actions

No.	Action
2.01.02	Address discrimination and stigma within the health and mental health workforce through strong lived experience leadership, workforce diversity and education opportunities
2.01.03	Grow the proportion of the workforce who identify as being part of a priority population group (e.g., Aboriginal and Torres Strait Islander, LGBTIQ, CALD)
2.03.00	Facilitate professional development activities focussed on working therapeutically with priority population groups - this includes supporting the development of new training programs.
2.04.00	Establish and /or promote additional clinical/consultancy services to enhance quality of care provided by general practice, mental health services, drug health services, hospital emergency departments and community services

2.06.00	Encourage the use of Accessible Mental health Services for People with an Intellectual Disability: A Guide for Providers and facilitate professional development in the recognition, assessment, referral pathways and treatment for clinicians working with people with an intellectual disability and mental health issues
2.13.00	Continue to facilitate and prioritise cultural competency training for mental health staff and general practice.
2.15.00	Promote access to and use of interpreters and enhance the provision of interpreter services where gaps are identified
3.03.00	Explore and define the role of Peer Workers in supporting improved physical health outcomes - recognising the strong connection between peer support, social interaction and physical activity
3.07.00	Prioritise training for GP's and practice nurses on the risks and benefits of medications (including nicotine replacement therapy), and how to communicate these risks/benefits with consumers, carers and family members.
6.16.00	Equip general practice with the knowledge and skills required to identify and provide evidence-based support for people with severe mental illness
7.02.00	Promote and increase the proportion of mental health professionals from diverse backgrounds delivering services across the region (e.g., bi-lingual mental health professionals)
7.04.00	Continue to facilitate mental health and suicide prevention focussed continual professional development that is informed by workforce priorities and development needs
7.05.00	Facilitate and support activities that improve workforce and sector capacity and capability to refer in to and/or deliver NDIS services
7.06.00	Define local benchmarks, adopt relevant guidelines and seek opportunities to grow and improve access to the peer workforce - with a focus on peer workers in community settings at key transition points
7.07.00	Develop a multi-agency strategy to better support and connect peer Workers across the region, and facilitate access to training, supervision, mentoring and support. This strategy will be consistent with the policies of the NSW and National Mental Health Commissions
7.09.00	Support the priority actions identified in the NSW Mental Health Workforce Plan and work together to ensure the workforce is experienced, skilled and supported

Membership

Membership will include:

- Representative from Central and Eastern Sydney PHN
- Representative from South Eastern Sydney LHD
- Representative from Sydney LHD
- Representative from Mental Health Coordinating Council
- Community Managed Organisation Representation – Flourish

- Community Managed Organisation Representation – NADA
- Community Managed Organisation Representation – Stride
- Community Managed Organisation Representation – Weave Youth & Community Services
- Lived Experience Representation - Consumer Representative
- Lived Experience Representation - Carer Representative

It is recommended that the Steering Committee allocates a sponsor to each working group.

For this working group the steering committee should consider inviting representation from disciplines (e.g., general practice) and workforce development personnel alongside mental health personnel.

Members of a Regional Plan committee or working party are encouraged to nominate a proxy to attend a meeting if the member is unable to attend. The member should brief the proxy about agenda items prior to the meeting. The proxy should have sufficient authority (including delegated authority) to contribute to decision-making.

Confidentiality and Conflict of Interest

Information shared and discussions held during meetings are confidential, unless otherwise specified. Members of the Implementation Committee will be required to disclose any conflict of interest.

Operating Procedures

Co-Chair

The PHN and MHCC will co-chair the WaT Working Group

Secretariat

Secretariat support is provided by Central and Eastern Sydney PHN

Meetings

The Suicide Prevention Working Group will meet monthly unless otherwise specified by the chair or secretariat. Out of session work is likely.

Records

The secretariat will prepare, maintain and circulate: agendas, meeting papers, minutes and action logs.

A copy of the agenda and meeting papers are to be sent to members in advance of each meeting.

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