

IMPLEMENTATION GOVERNANCE & TERMS OF REFERENCE

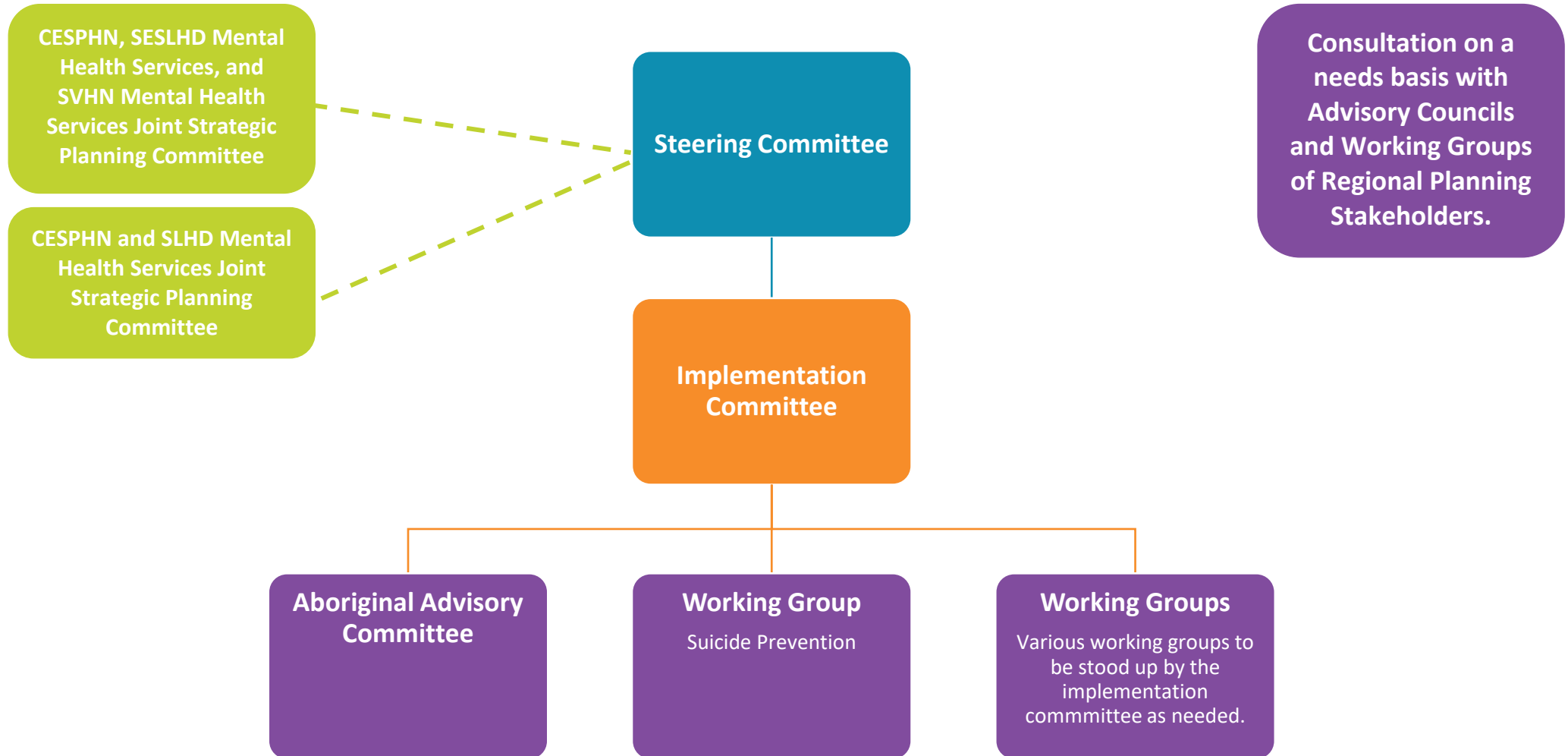
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Commonly Used Acronyms

CESPHN	Central and Eastern Sydney Primary Health Network
SESLHD	South 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.001

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 (2024-2026) 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. Monitoring overarching commitments within the Regional Plan and those actions where progress is disrupted.
2. Co-opting and engaging 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 Council

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 at least five business days in advance of each meeting.

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

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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 (2024-2026) 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.

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. Operationalising actions relating to investment, commissioning, planning, and data sharing.
4. Operationalising actions relating to workforce planning, development, and training.
5. Lobbying, advocating and applying for funding and/or resources where required.
6. Providing ongoing guidance and advice to the Working Groups.
7. 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
1.2	1.2 Assist Government's in identifying high-priority locations for future Head to Health Centres and Satellites to inform Govt. funding decisions and provide joint advice to the government on proposed locations for sites commencing establishment in 2023-25 and beyond.
2.1	In the absence of a Kids Head to Health Hub being established in the region, CESPHN, SLHD, SESLHD, SVHN, and SCHN will work together to plan integration activities and explore funding opportunities/approaches to support improved access to multidisciplinary team care for infants, children, and families.
2.2	Develop a case for investment for future funding opportunities (e.g., for future Kids Head to Health Centres and Satellites, mental health services for children, family-focused trauma-informed service models) to inform Commonwealth and NSW Government funding decisions and provide joint advice to the governments where requested.

2.3	Look for opportunities for collaboration amongst partners for children and young people with eating disorders.
8.1	National Phone/ Digital Intake Services - Regional planning partners will support an integrated approach to intake, assessment and referral across state-funded services and Commonwealth-funded services that does not duplicate existing arrangements for triage and referral in New South Wales.
9.1	Monitor and review the implementation of the Commonwealth Initial Assessment and Referral (IAR) tool in other states and territories to consider opportunities to integrate intake, assessment and referral approaches across state-funded and Commonwealth-funded services that do not duplicate existing arrangements for triage and referral in New South Wales.
10.2	Continue to utilise the NMHSPF, ensuring that personnel have completed the relevant training in using the NMHSPF.
10.3.2	Implement data sharing agreement.
11.1	Undertake joint initiatives to progress the actions and goals outlined in the National Mental Health Workforce Strategy and the NSW Workforce Plan for Mental Health, focusing on regional workforce priorities (e.g., bilingual mental health clinicians, Aboriginal workforce).
11.2	Review the CESP HN “Commissioning to Grow the Lived Experience Workforce” strategy jointly.
11.3	Jointly review and update the CES MHSP RP Training and CPD Resource.
11.4	Pursue opportunities for students and graduates to receive a mix of rotations between the acute and community/primary care settings and ensure they are appropriately supervised throughout training and placements.
11.5	Actively support the implementation of the National Mental Health Peer Workforce Framework and be proactive about the growth and development of the peer workforce in the CES region.
11.6	Plan and participate in initiatives designed to expand under-supplied workforces as identified.
13.1	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.
13.2	Seek opportunities to build partnerships between specialist mental health services, hospitals, 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.
13.3	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.

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 the Mental Health Coordinating Council

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.

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 SLHD 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 at least five business days in advance of each meeting.

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

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CESPHN Aboriginal Advisory Committee

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 (2024-2026) and will guide high quality decision making, ensuring that resources are targeted to best respond to local mental health and suicide prevention needs.

Aim

Working in partnership with the CESPHN Aboriginal Advisory Committee, regional planning partners will implement the actions assigned, within identified timeframes, and in a way that is consistent with the identified over-arching commitments.

Responsibilities

Regional planning partners will work with the CESPHN Aboriginal Advisory Committee to:

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

Actions

The CESPHN Aboriginal Advisory Committee is responsible for providing advice and supporting regional planning partners with the implementation of the following actions:

No.	Action
12.1	Seek opportunities to invest in and prioritise resources for Aboriginal community-led healing programs for survivors of the Stolen Generations.
12.2	Seek opportunities to invest in and prioritise resources for Aboriginal-led social and emotional well-being programs for high-priority populations (e.g., Aboriginal children and young people).
12.3	Continued investment in the ongoing professional development of all workforces in delivering culturally safe care with an increased emphasis on integrating traditional healing and Western concepts.
12.4	Support and advocate for funding for service models informed by and consistent with the Aboriginal Social and Emotional Wellbeing Framework.
12.5	Support Aboriginal community members, Elders, Aboriginal Community-Controlled Organisations, and peak bodies to lead in designing and delivering services (including developing more meaningful performance indicators).
12.6	Partner with Aboriginal Peoples to develop strategies that can be applied during the commissioning process to determine the suitability of providers seeking to deliver services to Aboriginal and Torres Strait Islander People.

Membership

Per CESPAN Aboriginal Advisory Committee Terms of Reference

- Central and Eastern Sydney PHN secretariat will attend meetings of the CESPAN Aboriginal Advisory Committee for consultation.

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

Per CESPAN Aboriginal Advisory Committee terms of reference.

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Suicide Prevention Working Group

Terms of Reference V.007

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 (2024-2026) 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 or living 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 Initiative 5).

Actions

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

No.	Action
5.1	Continue to fund and explore enhancements to the Way Back NSW universal aftercare service in Central and Eastern Sydney (including expanded referral pathways where appropriate).
6.1	Request regular updates on the progress of the Distress Brief Support trial sites.
7.1	Promote suicide prevention and postvention support services and resources to consumers, carers, families, health professionals and other stakeholders.
7.2	Continue facilitating the CES Suicide Prevention Working Group, focusing on promotion, prevention, postvention, pathways, and aftercare and maintaining a strong connection with key agencies (e.g., Roses in the Ocean, the Way Back NSW, Youturn Ltd).

7.3	Support regional oversight and coordination of regional, state, and federal suicide prevention strategies, including the NSW Ministry of Health's Towards Zero Suicides initiatives and the Department of Health and Aged Care's Targeted Regional Initiatives for Suicide Prevention (TRISP).
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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 through:

- 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.

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
- Lived and Living Experience Representative
- Representative from ACON
- Community Managed Organisation Representation – Neami National
- Community Managed Organisation Representation – StandBy Support After Suicide

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 at least five business days in advance of each meeting.

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

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