Gold Coast Joint Regional Plan for Mental Health, Suicide Prevention, Alcohol and Other Drugs Services 2020-2025

Progress Report
March 2024

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Gold Coast Joint Regional Plan for Mental Health, Suicide Prevention, Alcohol and Other Drugs Services 2020-2024, Progress Report- March 2024

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Contents

Contents iv

1. Executive Summary 1

2. Background 3

3. Progress on Bilateral Initiatives 3
Head to Health Adult Mental Health Centre and Satellite Network 3
Head to Health Kids-Queensland 4
Support perinatal mental health screening and national reporting of screening data 4
Enhancement and integration of new and existing headspace services 4
Universal Aftercare 5
Consistent intake, assessment, and referral phone service and systems 6

4. Reflections on the foundational Joint Regional Plan 6
Highlights and progress 6
Monitoring, evaluation and reviews 6
Lessons learned from the development and implementation 7
Governance 7
Scope 8
Assessing performance 9
Data and information sharing barriers 9
Commissioning and service delivery 9
Resourcing 10

5. Plans for the development of the next iteration of the Joint Regional Plan 11
Intended development process and timelines 11
Governance arrangements 12
Stakeholder engagement plan 12

6. Updated priorities for the Joint Regional Plan 12

Appendices 13
Appendix 1 – Annual Gold Coast Joint Regional Plan Update 2022-2023 (Year 3) 13
Appendix 3- Annual Gold Coast Joint Regional Plan Update 2020-2021 (Year 1) 18
Appendix 4- Recommendations to strengthen the partnership across the joint commissioning cycle 20
Appendix 5-Recommendations to maximise organisational enablers required to strengthen joint commissioning 21
Appendix 6- Decision criteria for the parameters of joint commissioning 22

1. Executive Summary

This Joint Regional Plan progress report forms Gold Coast Hospital and Health Service (GCHHS) and Gold Coast Primary Health Network (GCPHN)'s response to commitments made by the Commonwealth and Queensland Government as part of the *Bilateral Schedule on Mental Health and Suicide Prevention: Queensland*. The report includes an update on the Bilateral Agreement initiatives in the Gold Coast region, plans for development of comprehensive Joint Regional Plans, and reflections on the Gold Coast's Foundational Joint Regional Plan.

GCPHN and GCHHS have a strong track record of leading and modelling increased collaboration and partnership, with the foundational Joint Regional Plan strengthening this track record. Key Joint Regional Plan highlights to date include:

- Joint planning and commissioning of two Safe Space initiatives, providing much needed support for adults experiencing distress after hours, a time when usual supports may not be available to them. These services collectively performed 2739 occasions of service to consumers over a 12 month period, with 65% of consumers indicating that they used the service as an alternative to the hospital emergency department.
- Joint commissioning and delivery of assertive psychosocial support for people after a suicide attempt or at risk for suicide. Over time partners have evolved and expanded the service model which has supported 780 consumers in a 12-month period, with 83% reporting significant improvement in their level of distress between the start and end of program.
- Establishment of a Crisis Stabilisation Unit (CSU), the first of its kind in Australia. The CSU is an an alternative to Emergency Departments for consumers experiencing a mental health crisis, transforming their care experience and offering a more suitable environment for treatment. The CSU is assessing approximately 400 consumers a month, accounting for 53% of total mental health patients presenting to hospital. People that present to the CSU are less likely to be admitted, compared to people that present to ED.
- Regional prioritisation and collaborative implementation of Commonwealth Department of Health and Aged Care investment in targeted regional suicide initiatives for suicide prevention. This includes establishment of three Men's Table programs in the region, establishment of a Gold Coast Suicide Prevention Community Collaborative with support from Black Dog Institute, and delivery of suicide prevention training for frontline workers, gatekeepers and community members.
- Jointly funded Joint Regional Plan Coordinator role and the Regional Suicide Prevention Coordinator roles to support enhanced collaboration across the sector.
- Improved procedures for transition in care of inpatients at Gold Coast Health to community based residential Alcohol and Other Drug treatment.

Significant progress has been made towards delivering the Joint Regional Plan, and this momentum must be leveraged to continue achieving and delivering on the shared vision for the region. This report outlines lessons learned from development and implementation of the Joint Regional Plan, including outcomes of an external review commissioned by GCPHN and GCHSS to support the development of a joint commissioning approach in the region. GCHHS and GCPHN have a longer-term vision of increased integration of mental health, suicide prevention, alcohol and other drugs services, enabled through a focus on patient journey, strengthened partnering and joint commissioning. Effective local planning and commissioning requires strong local partnerships and trust between commissioning agencies (Commonwealth and State); and a strong and demonstrable track record of working together. These strengths are features of the Gold Coast region. There is substantial opportunity to build on these

strengths and formalise mechanisms and approaches to guide joint planning, implementation and commissioning activities in alignment with National and State strategies.

In response to the lessons learned from the foundational Joint Regional Plan and outcomes of the external review, GCPHN and GCHHS have submitted a business case to the Commonwealth Department of Health and Aged Care and Queensland Health to increase the capacity and capability of the Joint Regional Plan partnership to achieve transformational outcomes.

GCPHN and GCHHS are committed to addressing the many challenges facing people of the Gold Coast by building on the Joint Regional Plan and working towards one health system, one indicative budget and a collaborative and innovative way of working with stakeholders including Commonwealth and State governments. This whole of system approach will focus on doing more in the community, supporting the workforce to operate at the top of their scope, making the best of specialist and scare resources, and doing the right thing for the patient, regardless of historical health systems and funding silos.

2. Background

In 2020, the Gold Coast Hospital and Health Service (GCHHS) and Gold Coast Primary Health Network (GCPHN) collaborated to deliver *Planning for a Compassionate and Connected Gold Coast 2020-2025: A Joint Regional Plan for Mental Health, Suicide Prevention, Alcohol and Other Drugs Services in the Gold Coast Region* (Joint Regional Plan). This foundational plan delivered on commitments made by the Commonwealth and Queensland Government in the *Fifth National Mental Health and Suicide Prevention Plan*. Since then, GCHHS and GCPHN have continued to partner in the implementation of the Joint Regional Plan.

In 2022 the *National Mental Health and Suicide Prevention Agreement* was agreed, along with the associated *Bilateral Schedule on Mental Health and Suicide Prevention: Queensland (Bilateral Agreement).* These agreements have resulted in additional investment for the Gold Coast region and numerous initiatives to drive increased collaboration at a local level. A key commitment of these agreements is support for further joint regional planning, including a requirement for HHSs and PHNs to deliver a progress report on initiatives under the *Bilateral Agreement* and progress on development of joint regional plans. This progress report forms GCHHS and GCPHN's response to this responsibility as outlined by the Commonwealth and Queensland Government.

3. Progress on Bilateral Initiatives

The following *Bilateral Agreement* initiatives are directly relevant to the Gold Coast region, with progress reported as of March 2024. There are additional *Bilateral Agreement* initiatives being progressed at a state-wide level or in other regions within Queensland. The Gold Coast is an active participant in various state-wide governance groups and networks, in which learnings from the *Bilateral Agreement* initiatives are discussed and their applicability for the Gold Coast region are considered.

Head to Health Adult Mental Health Centre and Satellite Network

Work collaboratively with a shared objective to address gaps in the mental health and suicide prevention system and provide more integrated, seamless mental health care for adults and older adults

- Commenced initial planning for Adult Head to Health Centre in Ormeau-Oxenford region (26/27 service commencement). Key initial considerations include commissioning strategy and securing an appropriate facility in the Ormeau-Oxenford region.
- Regional stakeholders engaged in development of a Strategic Functional Brief, exploring feasibility of a mental health co-located hub in the northern Gold Coast that could potentially include the Adult Head to Health Centre.
- Utilised strategic functional brief to engage with potential development opportunities for a facility in the Ormeau-Oxenford area that could include an Adult Head to Health Centre, Head to Health Kids-Queensland Gold Coast and other mental health and alcohol and other drug services in the region.

Head to Health Kids-Queensland

Improve access to multidisciplinary team care to infants and children

- Gold Coast was successful in its EOI for the Head to Health Kids-Queensland Service, with GCHHS as a lead provider.
- Service establishment phase commenced in mid-2023 with limited-service delivery commencing in December 2023. Full scale operations are on track for commencement in July 2024. It is anticipated the service will have capacity to support 600-900 children, families and carers per annum.
- Local Head to Health Kids-Queensland Gold Coast consortia established, with representation from GCPHN, Queensland Health, and key regional stakeholders, including Lived Experience (Carer) representatives. Work with these stakeholders is ensuring integration of the Head to Health Kids-Queensland Gold Coast service into the local service system.
- Head to Health Kids-Queensland Gold Coast service is working collaboratively with the Gold Coast Head to Health Phone Service to ensure seamless regional referral and triage for consumers, parents and carers. There is a desire to incorporate the child and adolescent adaptation of the Initial Assessment and Referral (IAR) tool, pending completion.
- The communication plan for Head to Health Kids-Queensland Gold Coast services aligns with the local Joint Regional Plan strategy to support a stepped care approach and a coordinated approach to intake, assessment, and referrals. This communication plan will include a specific focus on educating General Practice on service scope and referral pathways and updating Health Pathways.
- GCHHS and GCPHN are participating in relevant state and national forums for Head to Health Kids.

Support perinatal mental health screening and national reporting of screening data

- GCPHN and GCHHS are participating in relevant state-wide working groups.
- GCHHS implementing the Better Care Together perinatal and infant mental health positions.
- GCPHN facilitating knowledge development and education to local GPs of available perinatal mental health screening tools (including indigenous specific tools).

Enhancement and integration of new and existing headspace services

Improve access to multidisciplinary treatment and care for adolescents and young people aged 12-25 years, while supporting integration with existing services in Queensland.

- GCHHS headspace in-reach staffing (3.2 FTE) commenced from August 2023 and work is ongoing with local headspace centres to refine local a Model of Care. Direct specialist clinical service delivery and multidisciplinary team (MDT) case reviews to commence in early 2024.
- The initial primary focus of the headspace in-reach initiative has been on reducing fragmentation for young people engaging with more than one service. An important component of the model is connecting and navigating information sharing, in particular referrals and consent.
- Building on existing strong relationships, the establishment of headspace in-reach model has been positive for headspace, GCHHS, young people and their families, with progress made on supported transitions between services and capacity building within headspace.

- headspace Enhancement funding is addressing the identified needs in the GCPHN Needs Assessment and GCHHS Local Area Needs Assessment by expanding service capacity for young people, especially in underserviced areas such as the Northern Corridor and Southport, with an emphasis on family engagement and workforce. Specific initiatives include:
    - increased clinical capacity to service more consumers in need at the Southport and Coomera service centres in the Gold Coast region.
    - an increased Lived Experience (Peer) Workforce.
    - enhanced community awareness and engagement to encourage first contacts and re-engagement, addressing stigma and myth busting.
- Better Care Together has provided opportunities to expand the GCHHS' Child and Youth Mental Health Services (CYMHS) service offering up to people up to 25 years of age, particularly for headspace in-reach, Early Psychosis, Project Air and then expanding all services under CYMHS up to 21 years of age.
- Better Care Together funding is increasing the capacity of the GCHHS Early Psychosis services, supporting an increase from a previous case load of 45 up to 80 young people. This funding has been an opportunity for more collaborative planning between headspace Early Psychosis, GCHHS Early Psychosis service, GCPHN and Orygen to improve access and transitions for young people accessing both State and headspace Early Psychosis services in the Gold Coast region.

Universal Aftercare

Support individuals following a suicide attempt and/or suicidal crisis, as well as establishing two outside of hospital trials for people who do not present through the hospital system

- Aftercare services are well established in the Gold Coast region through the Way Back Support Service (TWBSS). The *Bilateral Agreement* investment has supported rollout of additional Universal Aftercare services in the region. TWBSS in the Gold Coast region now has 10 FTE providing Universal Aftercare services to consumers in the region.
- A Clinical Coordination role is now embedded in the model and aims to enhance universal access to suicide aftercare services through establishment of integrated referral and escalation pathways, clinical coordination of client care and providing a crucial linkage with the GCPHN and local service provider in the establishment of local processes, governance, and identification of quality improvement priorities.
- Coordinated effort between GCHHS and TWBSS, (delivered by Wesley Mission Queensland) has supported delivery of non-clinical Universal Aftercare services to 780 consumers in 2022/23. Notably, over 83% of TWBSS consumers reported significant improvement in their level of distress between the start and end of the program in 2022/23.
- The Gold Coast TWBSS undertook formal review of their critical incidents in 2023 to ensure effective risk management and quality procedures were implemented within the service. A formal report was collated with recommendations to maintain or enhance existing risk management and quality procedures. These recommendations have been implemented across the service.
- Gold Coast submitted an EOI for the Outside of Hospital (OOH) Referral Pathway; if successful in securing the service through the EOI, the OOH pathway will be trialed by QLD Health in 2023/24 as an adjunct service for people who present with suicidal ideation at a community-based health-related community setting (e.g., GP, Head to Health Phone Service).

Consistent intake, assessment, and referral phone service and systems

Implement a consistent state-wide intake and assessment phone service that integrates with existing systems and share information about reforms to state-wide assessment and referral systems, investigating opportunities for integration and avoiding duplication

- The Head to Health Phone Service is established in the Gold Coast region and is the second busiest Head to Health Phone Service in the country with 4706 contacts since establishment (1 July 2022). Alongside a national promotion campaign, a local promotion campaign ran from mid-July to mid-September 2023 which drove a 20% increase in calls to the service compared to the previous quarter.
- Relationships have been established between the Head to Health Phone Service and the GCHHS intake and assessment service (1 300 MH Call) with regular engagement supporting a more coordinated approach between the two key intake, assessment and referral services in the region . The 1 300 MH Call number receives over 27,000 calls per annum. Joint communication campaigns are promoting a more defined scope for the two services, helping providers and community members to more easily navigate to the most appropriate level of care. It is anticipated that over time, there will be a decrease in lower acuity calls to the 1 300 MH Call number as these calls will be serviced by the Head to Health phone service
- The Initial Assessment and Referral (IAR) Decision Support Tool is embedded within the Head to Health phone service. There is regional interest in further uptake of the IAR once further adaptations are available, particularly the Child and Adolescent adaptation which would support Head to Health Kids and headspace in-reach initiatives.
- IAR training: 191 people in the region have participated in IAR training, including participants from General Practice, NGOs, Aboriginal Community Controlled Health Organisations, GCHHS, schools, and GCPHN.
- GCPHN and GCHHS have developed a strategy that will further support moving to a centralised and integrated intake and assessment phone service.

4. Reflections on the foundational Joint Regional Plan

Highlights and progress

GCPHN and GCHHS deliver annual updates on the Joint Regional Plan, reporting key highlights across the partnership groups and other key Joint Regional Plan activities These reports are tabled with both the GCHHS Board and GCPHN Board as part of the Joint Regional Plan governance. Joint Regional Plan updates are also shared with the sector in various engagement forums and online. Refer to Appendices 1, 2, and 3 for an overview of highlights and progress made in the Joint Regional Plan activities for 2020-2021, 2021-2022, and 2022-2023.

Monitoring, evaluation and reviews

Regular partnership reviews are conducted with the Joint Regional Plan governance group members as an opportunity to provide feedback on the status of the partnership and to suggest areas that may need further support. The partnership review is based on the VicHealth partnerships analysis tool, a well-established resource for organisations entering or working in a partnership to assess, monitor and maximise its ongoing effectiveness. While there have been some variations in results for different features of the partnership, overall results have consistently assessed the Gold Coast Joint Regional

Plan partnership as '*a partnership based on genuine collaboration has been established*. *The challenge is to maintain its impetus and build on its current success.'*

To assist in developing an enhanced partnership approach for mental health, suicide prevention, alcohol, and other drugs services in the Gold Coast region, GCPHN and GCHHS jointly contracted Nous Group consultancy in 2023 to:

- Assess the current state and joint commissioning maturity.
- Understand opportunities and define the desired future state of joint commissioning and partnership.
- Advise on an appropriate joint commissioning model and strategic frameworks to support efficient, effective and accountable joint commissioning in the Gold Coast region.

This review assessed the maturity of Gold Coast's joint commissioning as 'consolidating and optimising'. The report further outlined that within the current context, progressing to the next stages of 'maturing' and 'fully integrated' joint commissioning is not yet feasible until barriers are addressed. These barriers include the authorising environment, organisational and operational barriers, as well as data and information sharing barriers. The report recommended for GCHHS and GCPHN to:

- Continue to strengthen the partnership across the commissioning cycle (Appendix 4)
- Maximise organisational enablers to strengthen joint commissioning (Appendix 5)
- Utilise decision criteria for the parameters of joint commissioning (Appendix 6)
- Further enhance the partnership approach by revising Joint Regional Plan governance, including implementation of a strategic partnership office which included additional resources that could achieve more transformational objectives within the Joint Regional Plan.

Lessons learned from the development and implementation

In addition to the insights from the joint commissioning report mentioned above, lessons learned include:

Governance

- Board and Executive support early in the planning process and throughout implementation has been important to the success of the foundational Joint Regional Plan. GCHHS and GCPHN Board and Executive endorsed the Joint Regional Plan as a shared plan with joint governance arrangements and shared ownership of the outcomes which will contribute to both organisations' strategic visions and objectives.
- Integrating the Joint Regional Plan to existing management structures, accountability processes, and establishment of new governance structures where necessary has helped to embed the Joint Regional Plan in both organisations.
- The Joint Regional Plan governance groups have been co-led by Executives and Directors from the mental health, drug and alcohol and suicide prevention divisions within both GCHHS and GCPHN. The Strategy and Planning Directorates from both GCPHN and GCHHS have been involved in the governance for both the development and implementation phases, supporting alignment with GCPHN Needs Assessment and GCHHS Local Area Needs Assessment. These inclusions have supported alignment within and across both organisations with benefits being realised across the service system.
- The current Joint Regional Plan implementation governance structure consists of an overarching governance body, the Strategic Oversight Committee (SOC), with four partnership groups that report into SOC. These are further supported by networks with specific foci on First Nations and Lived Experience advisory functions. Coordination of this governance structure is facilitated by a jointly commissioned Coordinator role, resourced by both GCMHSS and GCPHN to coordinate

activity through administrative, secretariat and project management to the current JRP governance structures.

- While this structure has proven effective to date, there has been limited dedicated project management capacity, due to resource limitations, to drive transformational change. The governance structure will be reviewed with the intent that the new structure will ensure transformational cross-sectorial leadership with broader representation included, such as City of Gold Coast (local council), service providers, Department of Communities, Education, and Universities.
- Lived experience representatives have been an integral part of the Joint Regional Plan governance structure. While lived experience input is essential and valuable, dedicated effort and additional resourcing is required to support more effective engagement of this cohort in Joint Regional Plan activities.
- Consistent engagement with First Nations community members has been a challenge despite drawing upon various engagement approaches. GCHHS and GCPHN have utilised existing community forums, dedicated and newly established forums, as well as maintaining community representatives on each of the governance groups. While local First Nations service providers have been actively engaged in Joint Regional Plan activities, it is recognised that these service providers bring their own unique perspective and additional engagement of First Nations community members, which is an additional element that should be improved upon moving forward. GCPHN and GCHHS are aiming to update their approach to First Nations community engagement, aligned with a regional approach to better engage with Elders, Traditional Custodians, and Aboriginal and Torres Strait Islander organisations.
- GCPHN and GCHHS have been actively involved in joint planning as part of the South East Queensland First Nations Health Equity Plan, developed subsequent to the Gold Coast's foundational Joint Regional Plan. Consideration is required to align governance structures to ensure efficiency and minimise duplication, while also ensuring dedicated Gold Coast engagement occurs and there are opportunities to respond to local needs.
- General Practice is a key component of the mental health, drug and alcohol and suicide prevention system and the Gold Coast Joint Regional Plan has utilised dedicated engagement alongside inclusion in governance groups. Engagement with GPs has been a consistent challenge and was exacerbated by the COVID-19 pandemic with decreased capacity to actively engage in quality and system improvement, training, and a range of other activities.

Scope

- A key focus for the Gold Coast's foundational plan was on strengthening relationships. While NGOs and other sectors have been involved in the foundational plan, the primary focus has been on strengthening the relationship between GCPHN and GCHHS.
- The planning process was important for strengthening relationships, and implementation has required ongoing relationship building and engagement. Investing in relationships is a time intensive yet vital component of our Joint Regional Plan approach.
- The Gold Coast has maintained relatively stable leadership in the Joint Regional Plan, contributing to strong and trusting relationships that have been foundational to outcomes achieved. Having a GCHHS Executive Director with experience in commissioning and a strong commitment and capability in partnering and system thinking has been extremely advantageous.
- While these key leaders and relationships are a strength, they can also be a risk, highlighting the need for Joint Regional Plan partnerships to establish governance and management mechanisms to embed the vision and deliverables within organisations. Further to this establishment of a Joint Regional Plan strategic vision and plan is now considered imperative to support medium- and long-term consumer outcomes for the region. A more strategic approach, as supported by the joint commissioning review's recommendations, will require additional resources to achieve desired outcomes.

- The Gold Coast Joint Regional Plan focused on feasible actions that could be progressed with existing resourcing, and additional priorities were noted should opportunities and resourcing arise.
- The Bilateral Agreement and Better Care Together investment has provided significant traction for Joint Regional Plan priorities.
- Some data from the National Mental Health Service Planning Framework (NMHSPF) was referenced in the foundational Joint Regional Plan. However, detailed service planning underpinned by the NMHSPF has not yet occurred due to limited guidance, support and direction for use of the planning support tool for regional planning, particularly for PHNs and primary care settings.

Assessing performance

- Most Joint Regional Plan reporting to date has been limited to inputs and outputs as opposed to outcomes.
- GCPHN and GCHHS both have performance frameworks for the services funded and/or provided, there has not been the capacity to date to enable regional analysis and reporting to assist joint decision making in relation to either new investment or timely service enhancements. Nor has it been possible to develop and report on high level outcome measures of success of the Joint Regional Plan to make available to our stakeholders.
- GCPHN and GCHHS have different procedural, monitoring and reporting requirements and each organisation must adhere to policies and regulations put in place by the Australian and Queensland Governments. These structures lead to a more siloed approach to Joint Regional Plan activities which is not desirable.
- Different sections of the Department of Health and Aged Care have different reporting requirements across Mental Health, AOD and Suicide Prevention.
- A joint performance framework, aligned and supported by both Governments would support accountability for implementation of Joint Regional Plans. It would also assist with driving collective effort towards regional goals and outcomes.

Data and information sharing barriers

- Although data sharing agreements are in place, there are substantial policies and regulations around data sharing and data linkage that make the current process clunky and time consuming. This has limited progress in better utilisation of data to support patient care, provider communication and health system planning.

Commissioning and service delivery

- While the foundational Joint Regional Plan has strengthened relationships, challenges still exist when navigating different priorities and approaches between commissioners and service providers, including GCHHS.
- Service delivery providers, including but not limited to GCHHS, must be responsive to direct service delivery challenges as a priority, and it can be difficult for key staff, including clinicians, to create the space to focus on more strategic Joint Regional Planning work, including the Joint Regional Plan partnership groups and workplans.
- Joint planning and collaborative commissioning have occurred across several service areas, including the After-Hours Safe Space and The Way Back Support Service; with extensive collaboration and co-designing occurring across all new or revised services implemented. These activities including ongoing governance of services can be extremely time consuming and as this work grows consideration will be given to how efficiencies in process and governance can be achieved within available resources while maintaining quality standards.
- Within the current system, there is limited flexibility in terms of how resourcing is utilised. An external review recommended GCHHS and GCPHN to work with funders to identify opportunities

to expand the scope of local commissioning to incorporate additional funding via additional or alternative mechanisms to grow the pool of funding available to jointly commission services, roles and activities.

Resourcing

Service Resourcing

- The Gold Coast LGA is projected to experience the largest population growth of all LGAs in Queensland, between 2021 and 2046. Since 2016, the GCPHN region's population has increased by 73,283 (12.4%) to 663,216 individuals in 2022. This population growth without proportionate increases in funding is resulting in increased demand on existing services. Maximal efficiency in the service system is required to ensure people who are most in need of service support receive the right support at the right time.
- The new investments in the regions through the Bilateral Agreement and Better Care Together are significant but still do not address the challenges of meeting the demand for service created by a large and continuing population growth.
- It is noted that availability of the Targeted Regional Initiatives Suicide Prevention (TRISP) resource and associated Regional Suicide Prevention Initiatives funding has significantly enhanced the Gold Coast region's capacity to review and action key strategies within the Gold Coast Community Action Plan on Suicide Prevention, a sub-plan of the Joint Regional Plan.

Joint Regional Plan Resourcing

- High level leadership across both organisations is required to effectively manage, lead and achieve deliverables of Joint Regional Plan activities in a manner that supports delivery of joint service design and commissioning.
- GCPHN has provided resourcing for the development and implementation of the foundational Joint Regional Plan, with GCHHS providing in-kind contributions.
- The development and implementation of the Joint Regional Plan remains a component of core business for both GCPHN and GCHHS however there is a need for additional resources to enable more transformation change, maximising existing and new investments into the region.
- Recognising the need for ongoing dedicated support, GCPHN and GCHHS jointly fund a Joint Regional Plan Coordinator role. While this role has been essential to maintaining momentum of the Joint Regional Plan, additional resourcing is required to further strengthen GCPHN and GCHHS' maturity and capacity to deliver the Joint Regional Plan.
- The Gold Coast Joint Regional Plan Strategic Oversight Committee have determined that there is a significant resource gap impacting on capacity of the Gold Coast Joint Regional Plan Partnership Groups to progress key activities. Of note, it has been identified that there is a need for increased resources to support a more strategic approach to Joint Regional Plan delivery which includes management and oversight of more complex projects that will have significant change impacts for the region in regard to workforce, business processes and infrastructure. A proposal has been submitted to Queensland Health and the Commonwealth Department of Health and Aged Care for additional resourcing to build the capability and capacity. This proposal was informed directly by the recommendations from the external joint commissioning review undertaken by The Nous Group in early 2023.

5. Plans for the development of the next iteration of the Joint Regional Plan

Intended development process and timelines

At a high-level, development of the next iteration of the Joint Regional Plan will follow the below process with stakeholder engagement embedded throughout:

January-June 2024	July- November 2024	December 2024-March 2025	April- June 2025
Governance ○ Review existing governance structure ○ Define new structures for implementation from July 2024, including dedicated arrangements for updated Joint Regional Plan and delivery of major strategic Joint Regional Plan projects Needs Analysis • Develop GCPHN Needs Assessment and GCHHS Local Area Needs, aligned to the Joint Needs Assessment Framework	Governance • Commence new governance structure and implementation mechanisms, including establishment of new roles Prioritisation • LANA and Needs Assessment finalised • Prioritisation of needs for next Joint Regional Plan Regional Service Model Reviews • Analysis of current models of services, including GCPHN commissioned services and GCHHS community models with a view to maximizing community care, digital and workforce	Co-design Regional Service Models • Joint service planning and co-design across primary and specialist clinical services (community) and psychosocial services New Joint Regional Plan • Drafting and consultation on new Joint Regional Plan, including transparent regional commissioning plan	New Joint Regional Plan • Consultation and finalisation of new Joint Regional Plan • Joint Board approval • Submission to Commonwealth and Queensland Health (30 June 2025)

Governance arrangements

The current Joint Regional Plan governance arrangements are planned for review in early 2024 with a view to better supporting implementation and planning for the Joint Regional Plan update. While specific detail will be determined as part of the review, the governance arrangements for the Joint Regional Plan update will include:

- Joint governance between GCPHN and GCHHS with regular reporting to Executive Leadership and Boards
- endorsement of plan by both GCPHN and GCHHS Boards
- lived experience representation
- cultural inclusion (First Nations and Multicultural)
- clinical input
- Queensland Health
- greater representation of peak bodies and key agencies such as: NDIS, Queensland Alliance for Mental Health, QNADA, Health Consumers Queensland.

Stakeholder engagement plan

Building on the relationships established as part of the foundational plan, a diverse range of stakeholders will be engaged through various existing and new mechanisms. In addition to inclusion on governance groups, stakeholders will be engaged through sector forums, focus groups, and discussions. The updated Joint Regional Plan will also aim to increase engagement with other sectors beyond health.

6. Updated priorities for the Joint Regional Plan

Following the 2023 review that considered enhanced partnership approach to the Gold Coast Joint Regional Plan, GCHHS and GCPHN have commenced planning for revised implementation mechanisms. This planning has considered updated Joint Regional Plan priorities, informed by new policy directions, Bilateral Agreement and Better Care Together investment, as well as consultation with the Joint Regional Plan partnership groups. Updated Joint Regional Plan priorities have been developed to guide the Joint Regional Plan implementation structure and delivery of key strategic projects leading up to the next iteration of the Joint Regional Plan. These priorities include:

1. Embedding a regional referral and triage model, including exploration of a singled integrated service
2. Joint service reviews, planning and exploration of collaborative commissioning opportunities across Primary and Specialist Clinical Services (Community) and psychosocial Services to achieve efficiency and effectiveness through new ways of working together to enhance the patient journey and explore opportunities for collaborative commissioning.
3. Enhanced integration with general practice maximising opportunities for better coordinated care through Strengthening Medicare patient enrolment.
4. Better use of data, evaluation and research to inform service planning, decision making and contribute to evidence-based learning. Our aspiration is to build an evaluation, and research centre in partnership with local universities. A priority is to implement a regional consumer experience measure and a regional evaluation framework.
5. Application for Australian Government Regional Precincts and Partnership Program to fund the planning and development of a Northern Gold Coast infrastructure project to deliver better access and integration of care closer to where people live.

Appendices

Appendix 1 – Annual Gold Coast Joint Regional Plan Update 2022-2023 (Year 3)

Leadership, governance, and partnership, including lived experience

- Embedded the jointly funded Joint Regional Plan Coordinator role and the Regional Suicide Prevention Coordinator roles as key leadership roles supporting enhanced collaboration across the sector
- Maintained governance arrangements for the Joint Regional Plan (JRP), including partnership group collaborations and oversight of implementation of key JRP initiatives
- Facilitated an annual partnership health check for JRP governance groups, which identified positive results and a few areas of improvement, including updated membership and chairing arrangements.
- Engaged an external review of joint commissioning maturity and developed an approach to further enhance the partnership.

Planning for a common agenda

- Jointly planned for additional investment coming to the Gold Coast region as part of the Bilateral and Better Care Together. Engagement included a sector planning day and numerous targeted engagements with key stakeholders. Key joint initiatives include:
    - Successful expression of interest (EOI) to be one of two sites in Queensland to implement the Head to Health Kids-Queensland service
    - headspace clinical in-reach and enhancement funding
    - Head to Health phone service and supporting alignment with 1 300 MH Call
    - Expansion of the Way Back Support Service (Aftercare)
    - Crisis Support and Safe Space
    - Adult Head to Health Centre.
- Participated in First Nations Health Equity planning South East Queensland, including the Suicide Prevention Action Plan and project to analyse Indigenous service demand and gaps utilising the National Mental Health Service Planning Framework
- Commenced scoping and development of a Strategic Functional Brief for a co-location space in the Northern Corridor
- Collaboratively planned for additional suicide prevention funding in the region, jointly prioritising key areas of the Suicide Prevention Community Action Plan
- As a sector, reviewed the Community Suicide Prevention service Review of the Community Suicide Prevention Service with decision to commission an adapted service model in 2023–24 with increase in staff and adaption of the model to perform in-reach into non mental health services
- Exploration of issues related to needs and gaps in the service system for people with eating disorders
- Exploration of emerging workload issues at Gold Coast Health and in some community-based services with undertaking screening and functional assessment to support consumers with application of NDIS packages of support.

Coordinated activities that leverage and enhance strengths

- Improved procedures for transition in care of Alcohol and Other Drugs (AOD) inpatients at Gold Coast Health to community based residential AOD treatment
- Embedding, monitoring and promotion of regionally agreed upon access and information points as central points of reference for mental health, alcohol and other drugs and suicide prevention services. These access points ensure patients and clinicians can more efficiently navigate the system and connect to the most appropriate level of care and type of service:
    - Head to Health phone service
    - 1300 MH Call
    - Gold Coast Community Health Pathways
    - Alcohol and Drug Information Service (ADIS)
    - Alcohol and Drug Clinical Advisory Service
    - General Practitioner Psychiatry Line.
- Developing a more coordinated approach to shared care in the region, including enhanced models for working with primary care to support Opioid Treatment Program and Clozapine patients in the community, reducing Gold Coast Health's caseload.

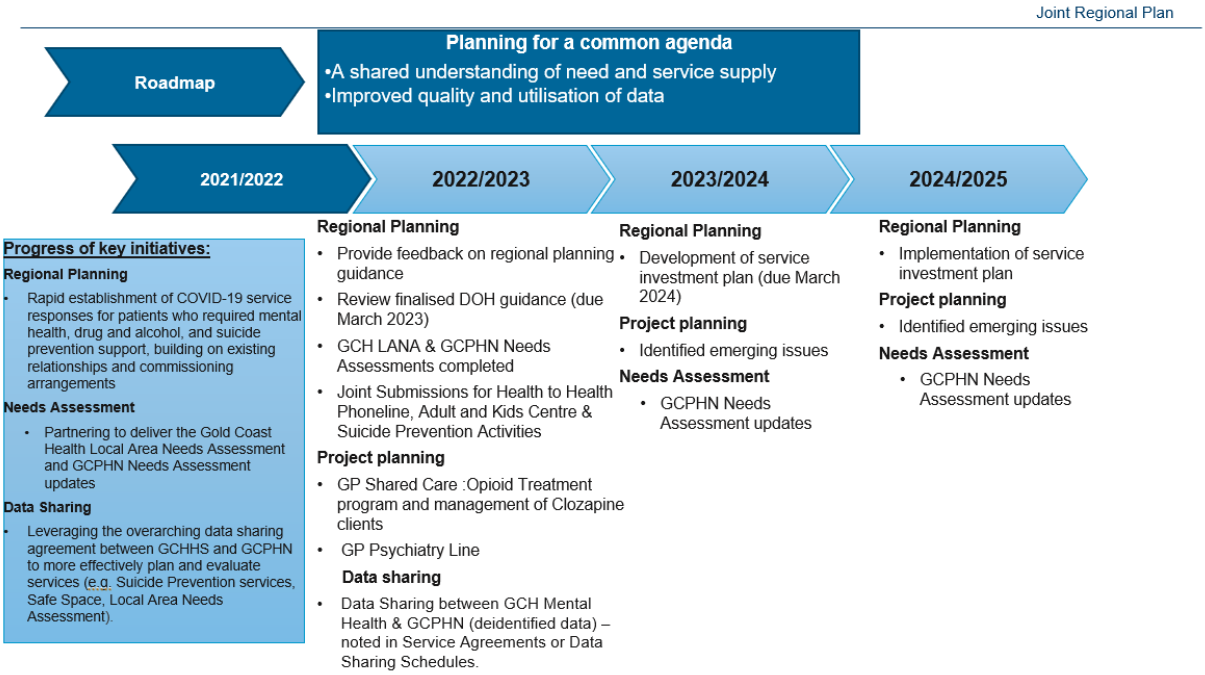
Responsive and connected workforce

- Roll-out of Initial Assessment and Referral training across the sector, including primary care, Non-Government Organisations (NGOs) and Mental Health and Specialist Services staff
- Cross agency education and training between regional AOD providers, on service options, service capacity and areas to improve efficiency in operational procedures
- Funding and delivery of Drug and Alcohol First Aid workshops for 66 staff members from mental health and community organisations
- Development of Mental Health and Specialist Services Strategic Workforce Plan
- Supporting General Practice to implement Strengthening Medicate initiatives, including a Gold Coast Urgent Care Centre and patient registration to improve continuity of care and reduce unnecessary duplication of care and testing.

Effective, timely and safe information exchange

- Roll-out of the national scaled version of the Primary Sense Population Management Toolset across Gold Coast General Practice. This population health surveillance, planning and management tool enables the health system to risk stratify, identify, monitor, and evaluate population health changes over time
- Developed and implement mental health informatics systems within Gold Coast Health to improve communication between teams, which has improved intake, care coordination and follow-up for consumers
- Implemented live reporting and interactive dashboards for Gold Coast Health Mental Health and Specialist Services data, including KPIs and consumer survey feedback, enabling teams to rapidly adjust care.

Appendix 2 – Annual Gold Coast Joint Regional Plan Update 2021-2022 (Year 2)



Roadmap

Coordinated activities that leverage and enhance strengths

- Coordinated, consistent approach to intake, assessment and referrals
- Providers and users understand service availability and capability

2021/2022	2022/2023	2023/2024	2024/2025

Progress of key initiatives:

- Embedding regionally agreed upon access and information points (e.g. Health Pathways, Alcohol and Drug Information Service) as central point of reference for mental health, alcohol and other drugs and suicide prevention services. These access points ensure patients and clinicians can more efficiently navigate the system and connect to the most appropriate level of care
- Implementation of service and process improvements to improve the transition of care for consumers being discharged from GCHSS into community Alcohol and Other Drug Residential treatment.
- Building capability and capacity of primary care providers to support Opioid Treatment Program patients in the community, reducing Gold Coast Health caseload.

2021/2022

Coordinated and consistent regional approach to intake, assessment and referral

- Head to Health Phoneline Initial Assessment and Referral
- 1300 MH Call
- ADIS
- Smart Referrals
- Child & youth
- HealthPathways

2022/2023

Information sharing

- Share information about existing assessment and referral systems to investigate opportunities for integration and avoid duplication.
- IAR training (GCPHN)

Consult

- Develop consistent messaging re: access points in Gold Coast region

Develop:

- Support development of referral pathways between state services and Commonwealth services

Promote and Marketing

- Head to Health Phoneline &1300 Health and Digital Platform

2023/2024

Review

- Monitor and review implementation of Head to Health platform and IAR

Develop:

- Continue to support development of referral pathways between state services and Commonwealth services
- Identified opportunities for a consistent, state-wide intake and assessment service
- Implement DVA pathways

2024/2025

Implement

- Implement a consistent, state-wide intake and assessment phone service that integrates with existing systems
- Adult Head to Health Centre

Joint Regional Plan

Roadmap

Responsive & connected workforce

- Shared training and networking to develop standardised skill sets
- Support for primary care providers to respond to presentations
- Increased capacity for culturally safe and responsive services
- Peer/lived experience workforce

2021/2022	2022/2023	2023/2024	2024/2025

Progress of key initiatives:

- Development of the Peer (lived experience) workforce, through a defined growth strategy and implementation of the Peer Practice Supervision Implementation Plan.
- Joint funding and facilitation of shared development and networking sessions including an annual regional symposium for 220 clinical and non-clinical staff from both Gold Coast Health and community organisations.

2022/2023

Scope

- Opportunities to invite community organisations to participate in GCH trainings
- Workforce needs and opportunities to develop GC Workforce Development Plan

Deliver

- Initial Assessment and Referral (GCPHN)
- Optimising safety (GCH)
- Collaborative care (GCH)
- Multicultural MH Coordinator
- Rotary Mental Health Symposium

Promote

- Existing workforce development training and events that align with local needs and priorities

Develop

- Peer Workforce Supervision

2023/2024

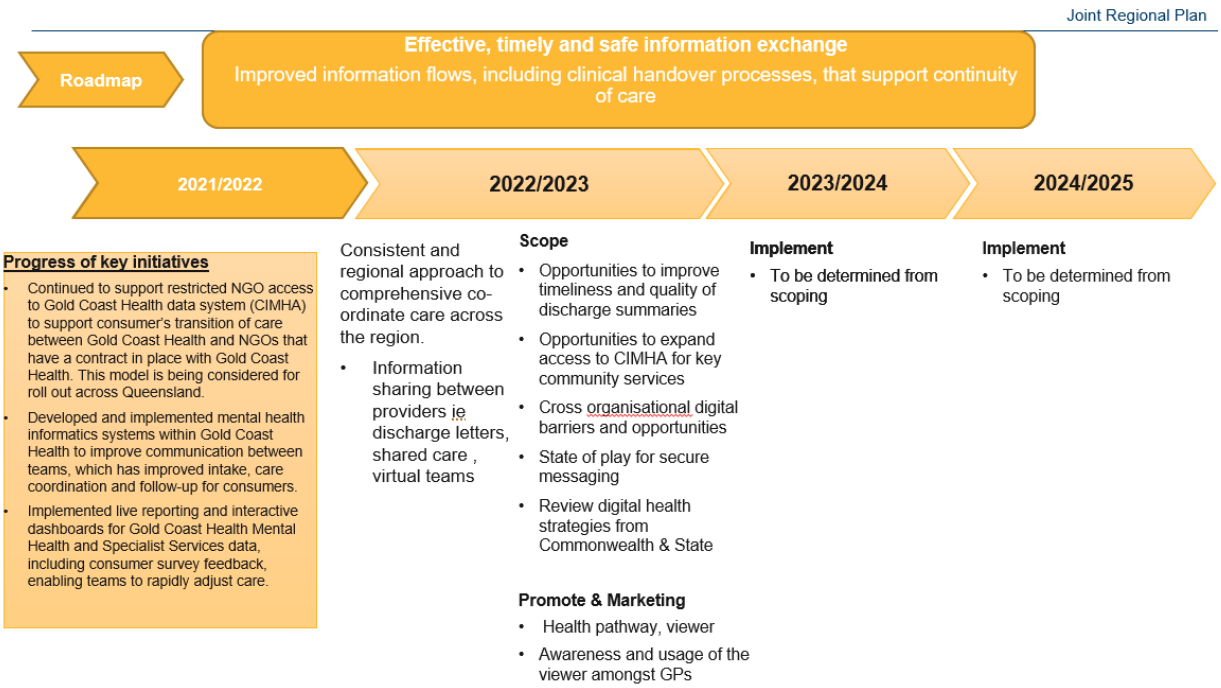
Implement

- GC Workforce Development Plan aligned National and State Plans
- Aftercare workforce activity implemented

2024/2025

Implement

- GC Workforce Development Plan
- Aftercare workforce activity


Roadmap
Effective, timely and safe information exchange
Improved information flows, including clinical handover processes, that support continuity of care
2021/2022
2022/2023
2023/2024
2024/2025
Progress of key initiatives
Continued to support restricted NGO access to Gold Coast Health data system (CIMHA) to support consumer's transition of care between Gold Coast Health and NGOs that have a contract in place with Gold Coast Health. This model is being considered for roll out across Queensland.
Developed and implemented mental health informatics systems within Gold Coast Health to improve communication between teams, which has improved intake, care coordination and follow-up for consumers.
Implemented live reporting and interactive dashboards for Gold Coast Health Mental Health and Specialist Services data, including consumer survey feedback, enabling teams to rapidly adjust care.
Consistent and regional approach to comprehensive co-ordinate care across the region.
Information sharing between providers ie discharge letters, shared care , virtual teams
Scope
Opportunities to improve timeliness and quality of discharge summaries
Opportunities to expand access to CIMHA for key community services
Cross organisational digital barriers and opportunities
State of play for secure messaging
Review digital health strategies from Commonwealth & State
Promote & Marketing
Health pathway, viewer
Awareness and usage of the viewer amongst GPs
Implement
To be determined from scoping
Implement
To be determined from scoping

Appendix 3- Annual Gold Coast Joint Regional Plan Update 2020-2021 (Year 1)

First Year Executive Summary Highlights

July 2020-June 2021

Leadership, governance and partnership that includes lived experience

- Key governance structures established and maintained, including Joint Regional Plan Strategic Oversight Committee, AOD Strategic Partnership Group and Gold Coast Psychosocial Alliance. All groups have at least two lived experience representatives.
- Eight peer support appointments within Gold Coast Health's Crisis Stabilisation and Safe Space services, enhancing these services' focus on lived experience.

Planning for a common agenda

- Joint GCPHN and Gold Coast Health co-design process has built on the existing Safe Space service model in the region to more directly support the need to divert people from Emergency Department.
- GCPHN and Gold Coast Health have an overarching data sharing agreement with data supply contracts that enable organisations to request data from each other. This framework has served as a model for other regions within the state. This data sharing agreement between GCPHN and Gold Coast Health is used to safely and securely:
  - Support regular collection of data to inform Joint Regional Plan headline measures
  - Better understand numbers and demographics on the s prevention pathway
  - Inform health needs assessments
  - Inform co-design and planning (e.g. After Hours Safe Space)

Effective, timely and safe information exchange

- Where possible, Gold Coast Health data system (CIMHA) has allowed restricted access for NGOs that have a contract in place with Gold Coast Health (e.g. the Way Back service provider, Wesley Mission Queensland). This facilitates step up/step down referrals between services and reduces the need for clients to tell their story multiple times.
- Gold Coast Health has assigned a dedicated performance analyst to develop a performance dashboard including handover and discharge summary data.

Coordinated activities that leverage and enhance strengths

- Expanded the scope of GCPHN funded Gold Coast Referral and Triage Service, operated by Primary and Community Care Services (PCCS) to respond to enquiries from the general public in addition to GPs and Psychiatrists. Short term funding secured to increase capacity to respond to increased demand due to COVID-19
- Gold Coast Alcohol and Other Drug (AOD) Strategic Partnership Group endorsed the implementation of Alcohol and Drug Information Service (ADIS) Direct Referral Service to enable people to more seamlessly connect with the most appropriate AOD treatment service.
- Health Pathways is now available in the region with Gold Coast Health and GCPHN collaborating to establish localised Health Pathways as a central point of reference for mental health, AOD and suicide prevention services. HealthPathways will provide increased support for primary care providers to manage and refer people presenting with mental health, suicide, alcohol and other drugs concerns

Responsive and connected workforce

- Gold Coast Health established an Aboriginal and Torres Strait Islander advisory group to provide cultural advice and knowledge on cultural pathways of care and development of the Crisis Stabilisation Facility. The advisory group has produced guidelines, Binangma Gulan for cultural care for Aboriginal and Torres Strait Islander, to support the design of culturally safe models of care and service delivery in the region.
- In consultation with Gold Coast Health, GCPHN piloted Queensland Centre for Mental Health Learning (QCMHL) courses to provide suicide prevention risk assessment and response training. Six training sessions were held, targeting clinical staff working with adults as well as clinical and non-clinical staff working with youth.

Children, youth and families

- Adolescent Day Program, a joint initiative between Department of Education and Gold Coast Health to provide an integrated mental health and education program for young people living on the Gold Coast.
- Collaborative approach to child and youth mental health, including through the headspace Consortia meetings and investment to support enhancement of performance for South East Queensland headspace cluster.
- 184 children on the health assessment pathway for two Child Safety Service Centres in the region, with children moving through the pathway quicker as a result of a care coordination role within child safety.

Adults

- Gold Coast Psychosocial Alliance regularly brings key stakeholders together to discuss service capacity, data, trends, themes, challenges, and successes at the meeting. This platform enables open and transparent discussions to ensure there is a maximum uptake of adult non-clinical services across the Gold Coast region.
- GCPHN funded services Community Pathway Connector Service, The Way Back Support Service, and Community Suicide Prevention Support Service provide support to address common causes of situational distress (e.g. housing, finances, domestic and family violence).

Older people

- Integration between Medical and Mental Health Divisions in Gold Coast Health have enabled improved access to Community Services and Orchid Unit and RACFs.
- GCPHN funding for COVID-19 recovery for older persons, provided by Wesley Mission Queensland, has supported 84 older people to reconnect with community organisations, GPs and volunteering opportunities.

Alcohol and Other Drugs

- Key AOD service providers in the region, including Gold Coast Health, QuIHN, Lives Lived Well, Drug Arm, Fairhaven, Goldbridge, Drug Arm, Noffs and Anglicare are progressing formal agreements with ADIS, supporting improved clinical handover and support for people during referral processes.
- GCPHN are partnering with QuIHN to co-fund a community-based withdrawal service, delivered by QuIHN. This service supports individuals who are based in the community who require support to detox from AOD misuse.

Social and emotional wellbeing services for Aboriginal and Torres Strait Islander People

- GCPHN and Gold Coast Health are supporting a collaborative project with Institute of Urban Indigenous Health and University of Queensland to analyse mental health service provision for Aboriginal and Torres Strait Islander populations in South East Queensland.
- Organisational restructure will provide a new, designated Aboriginal and Torres Strait Islander strategic stream and senior Aboriginal and Torres Strait Islander leadership within Gold Coast Health.

Suicide Prevention

- Co-design and establishment of Community Suicide Prevention service funded by GCPHN targeted the identified priority region of the northern Gold Coast. Launched in March, as of 30 June 33 people have been supported by this program.
- Pilot of Carers Support Program funded by Queensland Health MHAOD Branch and jointly led by Wesley Mission Queensland, Roses in the Ocean, Beacon Strategies and GCPHN supported 93 people impacted by suicide.
- GCPHN funded Question Persuade Refer (QPR) training for the community with promotion and media opportunities maximised through GCPHN communication channels. Strong uptake from diverse range of stakeholders with 405 participants as of 30 June 2021.

Mental Health Crisis Reform

- Establishment and commissioning of a Crisis Stabilisation Facility which launched service delivery in August 2021. This Crisis Stabilisation Facility provides an alternative pathway for mental health related presentations to Gold Coast Health's Emergency Departments, supporting crisis resolution for acutely unwell consumers experiencing a mental health crisis, delivering care in a more appropriate clinical setting.
- To support the Crisis Stablisation Facility to achieve its objectives, Gold Coast Health have ensured the model of care includes a 24/7 mental health co-ordination hub, a 12-chair short-term (23-hour) assessment and Crisis Stabilisation Unit, and an eight-bed short stay inpaitent unit with an up to 72-hour length of stay.

Appendix 4- Recommendations to strengthen the partnership across the joint commissioning cycle

Commissioning stage	Recommendations
Criteria and context to consider a joint approach	• Define and apply criteria to consider when a joint approach can deliver improved outcomes overall or at particular stages of the commissioning cycle (refer to Section 8.4 for proposed decision criteria).
Overall commissioning approach	• Determine which commissioning and funding approaches will best support different policy and service objectives, for a particular desired outcome (refer to Section 8.5 for an indicative approach).
A. Needs identification and planning	• Come together to discuss, compare, and draw out areas of need and service gaps. Sharing these assessments will facilitate collaboration, allow for early identification of common needs, and generate preliminary discussions. • Integrate the LANA by planning, sharing data and conducting the LANA together to optimise the characterisation of common MHSPAOD needs in the region.
B. Prioritisation of areas of need	• Collaborate to create need prioritisation criteria to evaluate level of significance and impact on the community, accompanied by decision-making criteria to ensure more efficient and effective joint decision making in the prioritisation process.
C. Service design and planning	• Engage in collaborative co-design with the community and stakeholders, and shared decision-making for the design and planning of services, where appropriate. • Develop joint service planning and design criteria to guide the development of services that target areas of identified need and are important and impactful to the community.
D. Identifying and accessing resources	• Pool of funds initiative 'petty cash' concept to make it easier and remove administrative burden on smaller activities aligned to clear joint purpose. • Initiate conversations with MHAOD Branch to propose more flexible funding uses. • Invest in building trust and credibility with funders to increase funding flexibility and include on funding sources and applications.
E. Allocating and using resources	• Establish roles, accountability, and parameters between both organisations for the allocation and use of individual and shared resources. • Implement clear communication pathways, resource tracking and recording mechanism, and joint decision-making.
F. Monitoring, governance and implementation	• Consider the establishment of joint commissioning-specific governance arrangements, including overarching governance to oversee, prioritise, allocate funding and monitor joint activities and working/partnership groups to oversee implementation. • Engage in consistent monitoring and robust data collection activities. Monitoring data is shared and used to inform joint decisions and changes to the approach. • Establish clear roles, responsibilities, and accountabilities for the implementation of joint commissioning activities.
G. Evaluating impact	• Develop a joint commissioning performance framework (linked to organisational performance frameworks) to monitor and evaluate performance of collaborative approaches and activities

Appendix 5-Recommendations to maximise organisational enablers required to strengthen joint commissioning

Enabler	Recommendations
Purpose and vision	• Jointly define and articulate a clear purpose and vision for the next 10 years and use this as a base to build the collaboration and joint commissioning approach on.
Strategy	• Develop a clearly defined joint strategic plan which underpins and provides oversight to the joint approach, decision-making and actions.
Governance	• Establish and formalise a joint governance structure with a documented governance framework that is regularly reviewed and updated. • Clearly define roles, responsibilities and reporting lines. • Develop clear guiding principles and criteria to guide joint decision-making.
Leadership	• Adopt a networked leadership approach and establish a shared leadership team with a strong commitment and vision for joint commissioning, and significant collaboration across all levels of leadership. • Leadership has a focus on fostering a collaborative culture between both organisations.
Workforce capability	• Provide training opportunities or acquire additional capabilities to ensure the workforce has the right qualifications, skills and capabilities to achieve the desired outcomes.
Data and analytics	• Ensure there is accurate, consistent and systematic collection of high quality and relevant data. • Share data and insights to inform joint decision-making and all stages of collaboration.
External partnerships	• Form strategic partnerships, leveraging the networks of both organisations, and maintain existing relationships to build trust and credibility with stakeholders.
Business processes and procedures	• Optimise business processes which are consumer experience and journey focused. • Implement continuous improvement processes to focus on identifying and developing new innovations that will improve consumer experience and internal processes.
Culture	• Align the cultures of both organisations with the joint purpose and vision, strategy, and objectives. • Foster an understanding and importance on the connection between culture and organisational performance.

Appendix 6- Decision criteria for the parameters of joint commissioning

Decision criteria	Questions
MHSPAOD services *Joint commissioning is best considered for low-medium intensity community-based services, prevention, early intervention and self-management initiatives.* Joint position *Planning and recruitment for a joint position may differ from the process of joint commissioning of a service.*	**What type of service is being commissioned?** • What is the scope of the service being commissioned? • MH: Where does the service fall on Stepped Care Model? • AOD: Where does the service fall on the spectrum of responses to alcohol and drug concerns? • MHSPAOD: Are the services community-based and to what extent? • What services are currently available and have they been effective in achieving intended outcomes? • At what stage is the service being commissioned? i.e. entry point **Is the creation of a joint position the right mechanism to achieve the shared outcome?** • What is the scope of the joint position? • What are the intended outcomes of recruiting for a joint position? • Which organisation is best placed to carry out the recruitment process?
Organisational remit *Joint commissioning is best considered for services that are not entirely within the remits of either organisation.*	**Whose remit does the service being commissioned belong to?** • What type of services are being commissioned? • Does the service fall under the remit of both organisations? • What is the scope of the work carried out under the remit?
Level of collaboration *The extent of collaboration should be considered in the decision to jointly commission services.*	**What is the level of collaboration needed?** • What is the existing level of collaboration? • How integrated (intensively shared) does the collaboration need to be to achieve its purpose? • Will a lower level of collaboration achieve the same outcome? • What aspects in the commissioning cycle could be conducted jointly to achieve its purpose?
Intended outcomes *Joint commissioning is best considered when the vision and intended outcomes of both organisations are aligned.*	**What are the intended outcomes?** • What are the intended outcomes for commissioning? • What is the intended purpose of collaboration? • Will collaboration achieve different and better outcomes than if both organisations were to separately commission services? • Is there an intention for future integration of this service with other services? • Will joint commissioning of the service provide return on investment? • Will joint commissioning of the service have shared impacts?

Decision criteria	Questions
Funding sources and flexibility *Ideally, joint commissioning should be considered where there is funding available with greater degrees of flexibility.*	**Is the funding type and level of flexibility ideal for joint commissioning?** • What type of funding is available and how much? • What is its level of flexibility in the use of funds and are there any outcomes that are 'tied'? • Are there any conditions or outcomes 'tied' to the use of funds? • Is the funding recurrent or non-recurrent?
Resources *There are advantages and disadvantages to joint commissioning services in the current health system.*	**What resources are required?** • What resources are required from both organisations upfront and in the future? • Do the organisations have access to the skills, knowledge, capabilities and expertise to commission the service? • Which organisation is best equipped to lead each stage of the commissioning process?
Risks and benefits *There are advantages and disadvantages to joint commissioning services in the current health system.*	**What are the risks and benefits of choosing/not choosing joint commissioning?** • What are the risks of jointly commissioning the service? • What are the benefits of jointly commissioning the service? • Do the benefits outweigh the risks of joint commissioning the service?
Commissioning process *Consideration of the goal and context is needed to determine the most appropriate approach to the tender and selection process.*	**What is the goal and context of commissioning?** • Are these new or continuing services being commissioned? • What is the provider market for the service being commissioned? • How have incumbent providers performed on the same or similar services being commissioned? • Is there a service provider where there is an existing relationship with service users? • Is there a need to build provider capacity for the commissioning of this service? What are the essential relationships that need to be strengthened or maintained throughout the commissioning process?
Monitoring *Monitoring is essential to ensure consistency in quality and outcomes of services delivered across the region.*	**How will service provider activity and performance be monitored?** • How will the benchmark for service provider performance be decided on and defined? • What qualitative and quantitative data is required to monitor service provider performance? • How will service provider performance be assessed? • How will mandated changes implemented by service providers be monitored? How will decisions be made where there are performance concerns?
Evaluation *Impact and process evaluation are important to ensure that the investment produces the intended outcomes and to identify any changes needed to improve.*	**What is required for evaluation?** • Is there sufficient funding for evaluation? • What resources/information/data/expertise is required for impact and process evaluation? What is the process for recommendations from evaluations to be fed-back for implementation in the process or service?