CCQ COUNTRY TO COAST, QLD
Healthy, connected communities

MENTAL HEALTH REFORM PROJECT

Phase 1, Stage 4: Feedback Loop & Solution Design Workshop

Consultation Report - Final Report

Prepared by: **Country to Coast, QLD**

Date: **6 March 2024**

phn CENTRAL QUEENSLAND, WIDE BAY, SUNSHINE COAST
An Australian Government Initiative

Country to Coast QLD is an independent, not-for-profit organisation committed to building healthy, connected and resilient communities across the Central Queensland, Wide Bay and Sunshine Coast regions. We deliver the Australian Government's PHN Program and partner with health providers and the community to design and commission quality primary care services.

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Acknowledgement of Country

Country to Coast, Queensland, acknowledges Traditional Owners of Country throughout Australia. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present, and emerging. We also accept the invitation in the Uluru Statement from the Heart to walk together with Aboriginal and Torres Strait Islander peoples in a movement of the Australian people for a better future.

Disclaimer

This document has been prepared by Country to Coast, Queensland (CCQ), based on a report originally developed by Social Ventures Australia (SVA). SVA was commissioned by CCQ to conduct extensive consultations across the region, with the aim of supporting CCQ's Mental Health, Alcohol and Other Drugs, and Suicide Prevention Reform Project. The insights and findings derived from these consultations have been synthesised by SVA and serve as the foundational basis for the content presented herein.

CCQ acknowledges the contributions of all stakeholders who participated in the consultation process and extends gratitude for their thorough and insightful contributions. This adapted report is a testament to the collaborative efforts aimed at driving positive change in the areas of mental health, alcohol and other drugs, and suicide prevention within our region.

Executive Summary

Mental ill-health remains a significant issue across Australia with health systems struggling to meet the needs of the community. PHNs play a crucial role in improving this picture, to ensure local community needs and priorities can be best met. In recognition of the challenges faced by the community in its own region, Country to Coast, Queensland (CCQ) is exploring opportunities to reform the types of mental health, alcohol and other drugs, and suicide prevention services it procures as a PHN. This reform process, through CCQ's *Mental Health Reform Project,* aims to better meet the needs of the community and ultimately improve outcomes for people living in the region.

PROJECT & REPORT OVERVIEW

CCQ's *Mental Health Reform Project* is currently in its first phase, with the primary objective of CCQ actioning a step-change or partial improvement in the services it procures, and how it procures them. This phased approach is in recognition of the complexity of the issues involved, and the likelihood of reform needing to be achieved iteratively and over time. The stages involved in this first phase are outlined below.

Mental Health Reform Project Phase 1 (2023/24) – Stages:

- **Stage 1: Case for Change** (completed) was an investigation of key data sets and sources to establish the case for change and understand key gaps or shortcomings in current mental health outcomes in CCQ's region. This stage concluded in July 2023 with issuing of the *Improving Mental Health – The Case For Change* report.
- **Stage 2: Research Report** (completed) was a research stage to identify best practice system principles, approaches, and service models / models of care. This culminated in the development of the *Mental Health Reform Opportunities Research Report*, finalised in October 2023, and the identification of key consultation topics for Stage 3.
- **Stage 3: Initial Community Consultations** (completed) included the facilitation of seven in-person workshops throughout CCQ's region, on topics identified in the *Mental Health Reform Opportunities Research Report*. This stage finished in February 2024 with a report summarising the key workshop findings and opportunities to be taken forward.
- **Stage 4: Solution Development & Procurement** (current) includes validation with community through three 'Feedback Loop' workshops and one 'Solution Design' workshop, which focused on the key findings and opportunities identified in Stage 3. These pieces will support the development of new RFPs and contracting of new services, intended to commence in July 2024.

This report's primary purpose is to summarise the findings from the Feedback Loop and Solution Design workshops of Stage 4 of Phase 1 of the *CCQ Mental Health Reform Project*. This report is to be a key resource for the PHN to develop RFPs and contract new services, intended to commence in July 2024.

OVERVIEW OF METHODOLOGIES

Feedback Loop Workshops

The Feedback Loop Workshops completed in Stage 4 of the project involved three online, region-based workshops delivered in early February, following a consistent format between regions.

In each workshop, participants received a review of the key findings discovered in Phase 3, including an overview of the key opportunities identified. The opportunities were grouped into four categories.

For each category, participants were asked to rank the opportunities by (i) outcomes for consumers and (ii) the opportunities' practicality/helpfulness for service providers. Lastly, participants were asked to rank the categories overall based on which category was the highest priority to act on. Live, online polls were used to collect all results during the workshops. Participants were able to contribute free text comments and discussion points after each

ranking activity. Across the three Feedback Loop Workshops, a total of 257 quantitative ranking responses were received, along with 172 qualitative responses.

Quantitative data was analysed based on the average rank for outcomes for consumers and average rank for practicality for service providers. The correlation between these two ranking results (outcomes for consumers versus practicality for service providers) was then analysed for each workshop region, and across all workshop regions.

Qualitative data was analysed alongside the results of the ranking activities, to provide additional context to the quantitative findings and highlight any divergent responses.

An additional regional trend analysis compared data across regions (quantitative and qualitative) to identify any regional differences.

Solution Design Workshop

One Solution Design workshop was completed on the 22nd February, online, over three hours.

Four 'Target Outcomes' were presented to workshop participants, based on the findings of the Feedback Loop Workshops. For each Target Outcome, three sub questions were posed to participants via an online poll. Three potential Challenges were also identified, and workshop participants were asked for suggestions on how to mitigate each challenge. Lastly, participants had the option to share any final comments or insights.

Within the Solution Design Workshop, a total of 432 qualitative data points were collected through the online poll, online chat, and verbal discussion. Data was analysed using a thematic analysis approach, identifying key themes within the Target Outcomes and Challenges.

SUMMARY OF FINDINGS

Feedback Loop Workshops

Based on the consolidated findings of the Feedback Loop Workshops, the following opportunities were more highly prioritised or 'preferred' compared with other opportunities:

- **1 opportunity was 'Much more' preferred than others:**
  - *Advocate for and support strategic mental health workforce planning in rural and remote areas, through career and financial incentives and targeted university placements*
- **3 opportunities were 'More' preferred than others:**
  - *Implement centralised service hubs, with key inclusions to ensure they are efficient, effective, and provide equitable access*
  - *Facilitate flexibility in service delivery to reduce overall system burden*
  - *Adjust contract particulars to support sustainable delivery by service providers*
- **5 opportunities received an average level of support:**
  - *Strengthen and support intake processes across all services with a 'No Wrong Door' approach*
  - *Fund key infrastructure and services to facilitate digital access, including 'outside of the home', where digital services are proposed*
  - *Systems, pathways, and support for service navigation*
  - *Adjust tender processes to facilitate and encourage collaboration, not competition*
  - *Include specific supports for and engagement of peer workers in practitioner engagement and education activities*

The remaining 7 opportunities were less or much less preferred than others.

These insights outlining the level of support for each opportunity formed the foundation for the Solution Design Workshop.

Solution Design Workshop

Findings from the Solution Design Workshop were synthesised based on the Target Outcomes and challenges presented for discussion within the workshop.

Input from participants in the Solution Design Workshop resulted in the following consolidated suggestions for CCQ to realise each of the four Target Outcomes:

1. **Enhanced collaboration and partnership between services with a consumer lens**
    i) Forums and support for collaboration and consortia-building
    ii) Promotion, encouragement, and incentivising of collaboration and consortia-building
    iii) Addressing existing and potential conflict and separation between key sections of the service ecosystem
    iv) Engaging consumers / people with lived experience throughout the continuum of service design, delivery, and evaluation
2. **A more sustainable workforce and provider continuity**
    i) Adopting a long-term, learning vision
    ii) Adjusting hiring practices
    iii) Investing in workforce development
    iv) Improving other employment conditions
    v) Longer and more visible contracts for service providers
    vi) Networks, resource and knowledge sharing, and collaboration
    vii) Supporting lived experience workers
3. **An uplift in overall system capability**
    i) Adopting a unifying strategy or approach
    ii) Increasing use of technology, data systems, and key integration/collaboration behaviours
    iii) Supporting and/or centralizing key service provider functions/competencies
    iv) Engage locally and deeply with key resources and stakeholders
    v) Be outcomes-focussed and flexible, not KPI-focussed
4. **Community mental health literacy that reduces stigma and enables access**
    i) Tender inclusions
    ii) Leveraging community assets, connections, and people
    iii) Targeted events and positive stories
    iv) Reaching people where they are
    v) Formal training
    vi) Targeting specific topics

In addition, input was received regarding the three key challenges to address within the reform process. These challenges and related key findings from participant input are highlighted below:

1. **Challenge - Contract periods are prescribed by funders. Within this limitation, how do we provide as much certainty and sustainability as possible?**
    Key suggestions:
    - Communication during contracts about intentions
    - Appropriate timeframes and transition periods
    - Support during contracts
    - Reduce burden of applying
    - Overturning the identified contract period limitation through advocacy

2. **Challenge - CCQ operates across 3 HHS regions, meaning a higher degree of coordination is required to ensure a consistent approach to service integration. How do we maximise the potential collaboration with the HHS's?**
   Key suggestions:
   - Engage professional organisations and clinical/management positions to bridge gaps
   - Build strong local networks and relationships
   - Acknowledge and communicate differences (across all engaged parties)
3. **Challenge – There have been historical barriers affecting consistent delivery to rural/regional communities. What requirements or practices could be sought out in commissioning to address or overcome these barriers?**
   Key suggestions:
   - Lengthen contracts
   - Face to face services
   - Fund and support nearby local providers
   - Acknowledge differences in needs and costs
   - Collaborate with RFDS

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Introduction and Context

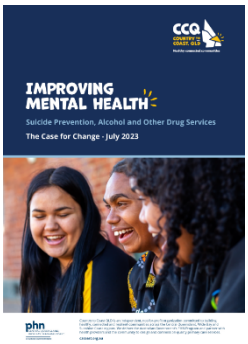
National and PHN Context

Over the past two decades, significant changes and reforms have occurred in Australia's mental health system, including growth in the mental health workforce, delivery of psychiatric care primarily in the community (therefore reducing the need for acute psychiatric hospital care), and improved access to mental health care in primary care settings. Alongside these changes, the awareness of mental wellbeing has improved significantly amongst the general population.

However mental ill-health remains a significant issue across Australia, with the health system struggling to meet the needs of community. There is a case for PHNs to be enabled to take a larger role in commissioning mental health services, particularly given the emergence of a 'missing middle' cohort that is too unwell for out-of-hospital services, but not unwell enough for inpatient care. Country to Coast, Queensland (CCQ) is exploring opportunities to reform the types of mental health, alcohol and other drugs, and suicide prevention services it procures as a PHN, and the procurement processes it undertakes to do so, with the objective of better meeting the needs of community in the PHN's region.

CCQ Mental Health Reform Project

CCQ is exploring opportunities to reform the services it procures through the *Mental Health Reform Project*. The project is currently in its first phase, with the primary objective of CCQ actioning a step-change or partial improvement in the services it procures, and how it procures them. This is in recognition of the complexity of the issues involved, and the likelihood of reform needing to be achieved iteratively and over time.



CCQ plans to achieve this initial step-change through its procurement processes for contracts commencing in July 2024. To that end, this initial phase of the project consists of four planned stages:

Mental Health Reform Project Phase 1 (2023/24) – Stages

- **Stage 1: Case for Change** (completed) was an investigation of key datasets and sources to establish the case for change and understand key gaps or shortcomings in current mental health outcomes in CCQ's region. This stage concluded in July 2023 with issuing of the *Improving Mental Health – The Case For Change* report.
- **Stage 2: Research Report** (completed) was a research stage to identify best practice system principles, approaches, and service models / models of care. This culminated in development of the *Mental Health Reform Opportunities Research Report*, finalised in October 2023, and identification of key consultation topics for Stage 3.
- **Stage 3: Initial Community Consultations** (completed) included the facilitation of seven in-person workshops throughout CCQ's region on topics identified in the *Mental Health Reform Opportunities Research Report*. This stage finished in February 2024 with a report summarising the key workshop findings and opportunities to be taken forward.
- **Stage 4: Solution Development & Procurement** (current) includes validation with community through three 'Feedback Loop' workshops and one Solution Design workshop of the key findings and opportunities identified in Stage 3. These pieces will support the development of new RFQs and contracting new services, intended to commence in July 2024.

Stage 4 of the Mental Health Reform Project

Stage 4 of the Mental Health Reform Project (current stage) involves four steps:

(i) **Feedback Loop Workshops** – these workshops, held in early February, played back key findings from the first round of consultations to community and service providers, seeking their input on these findings and how to prioritise opportunities arising from the key findings.

(ii) **Choosing Key 'Target Outcomes'** – data from the Feedback Loop Workshops was reviewed within a process to map this data to internal CCQ perspectives, funding requirements and funding limitations. This process determined the highest priority, most feasible 'Target Outcomes' and related opportunities to act upon in this round of procurement.

(iii) **Solution Design Workshop –** the Solution Design Workshop involved participants responding to the Target Outcomes identified in this phase of the reform process, through the lens of funding requirements and limitations, to identify solutions and considerations for inclusion in RFQs.

(iv) **Draft RFQs** – this step is proposed to be completed in March, with CCQ drafting RFQs to define service requirements, KPIs and other particulars. This step draws on findings from the above steps and the previously completed Research Report that collates the published evidence base in MHAOD service models.

This report

This report's primary purpose is to summarise the findings from the 'Feedback Loop' and 'Solution Design' workshops of Stage 4 of Phase 1 of the *CCQ Mental Health Reform Project*.

PART 1: VALIDATION & PRIORITISATION

Feedback Loop Methodology

This section describes the methodology adopted as part of this Stage of the project, including workshop design and delivery, and data aggregation and analysis. The following sub-sections are included:

- **About the workshops:** This sub-section provides key details on the workshops, including dates, locations, participants and timing.
- **Workshop methodology:** The workshops followed a consistent format across all locations. This section describes this format, including what was presented to commence the workshop, how data was gathered, and how the discussions on the key topics were facilitated.
- **Synthesis methodology:** Details are provided to outline the workshop data analysis and synthesis methodology, involving quantitative and qualitative data analysis and regional trend analysis.

About the Feedback Loop workshops

Three workshops were undertaken across different segments of the PHN's region. Workshops were all delivered virtually across February 2024. The Feedback Loop Workshop locations and corresponding dates were:

Location	Date
Central Queensland	5th February
Wide Bay	6th February
Sunshine Coast	6th February

Workshop participants were predominantly service provider representatives, including peer workers, with a small number of community members with lived experience also attending.

Each location-based workshop was delivered virtually over 2 hours. Virtual polls were used as the primary activity as well open discussion options, with an emphasis on ensuring all participants were able to provide feedback across each topic covered in the workshops.

Workshop methodology

The workshops followed a consistent format between locations. The format is summarised in the workshop agenda below:

Table 1: Feedback Loop Workshop agenda overview

Workshop Activity	Details	Estimated Duration
Introduction & Reform Project Overview	• Participants welcomed to the workshop • Facilitator personnel introduced to participants • Overview of Mental Health Reform Project objectives and activities provided	15 mins
Overview of Key Findings so far	• Participants received a summary of the previous activities and findings from the workshops conducted. This summarised the themes, opportunities and categories identified through project activities to date.	15 mins
Testing Key Findings (including Polls)	• Participants ranked opportunities by each category in polls responding to the following:	1 hr, 15 mins

	○ To rank importance to consumers: Which of these opportunities are most important to achieving health outcomes for consumers? ○ To rank practicality for service providers: Which of these opportunities are most practical / most helpful for service providers? • Participants then ranked the categories overall and responded to the poll to give further 'free text' input.	
Conclusion & Next Steps	• Participants were thanked and informed that the findings of the workshops would be considered by the PHN as one of several inputs to identify the key priorities to be taken forward into 'Solution Development'. • Participants were also informed that it would not be possible to advance all ideas collected.	15 mins
Total duration		*Approx. 2 hours*

Workshop poll activity details

The workshop polls were conducted anonymously and virtually. Participants could join the poll on their smart phone or using their computer.

The polls were conducted for each Opportunity category (4 polls) and an overall summary (1 poll), bringing it to five polls in total.

For the four opportunity category polls, participants were provided a link to the polls which showed the list of opportunities in that category and posed the following questions:

- Importance to consumers: Which of these opportunities are most important to achieving outcomes for consumers? (Participants ranked them from most to least important)
- Practicality for service providers: Which of these opportunities are most practical / most helpful for service providers? (Participants ranked them from most to least practical/helpful)
- Further input: Do you have further thoughts or comments you want to share on these opportunities?

The fifth poll conducted was for participants to rank the categories overall.

Participants were directed to the poll and asked to rank the opportunity categories (one to four) by their level of importance, answering the following question:

- Overall, which categories do you think are the highest priority to act on?
- Do you have further thoughts or comments you want to share on these opportunities?

For all polls presented, participants also had the option to share in the virtual chat or verbally:

- Do you have any concerns or foresee any challenges?
- Do you have other recommendations or ideas in this category?
- Any other thoughts?

Responses to these questions were documented by exporting chat messages and taking notes during the workshop.

Below shows the opportunity categories, and the opportunities that participants had to rank in each poll.

Opportunity category 1: Specifying new services or service requirements in contracts.

Opportunity	Opportunity detail
1. Implement centralised service hubs, with key inclusions to ensure they are efficient, effective, and provide equitable access	• Centralised service hubs that co-locate multiple service providers, encourage collaboration and integration • Outreach and 'spokes' would be set up out of the centralised hubs to reach all locations
2. Strengthen and support intake processes across all services with a 'No Wrong Door' approach	• Intake processes are seen as a key source of friction, inefficiency, and barrier to access • Simplifying intake processes, making them more holistic, and facilitating self-referrals
3. Incentivise equity of service access and provision in commissioning processes and contracts	• Contracts will measure, incentivise, and support service providers to provide equitable access to their services and to all cohorts within their region • E.g. rural areas and underserved populations receive equal access to centres
4. Encourage co-design and co-delivery with lived experience, key cohorts, and peer workers	• Engage with lived experience members of the community and cohorts that might usually miss out on services • This engagement would be used in service design and governance/delivery
5. Invest in community education and programs	• Expand the scope of services funded by the PHN towards supporting community education and programs, including those that address social inclusion, stigma, and wellbeing

Opportunity category 2: Funding infrastructure and system-level supports either within contracts or as additional procurement activities.

Opportunity	Opportunity detail
6. Fund key infrastructure and services to facilitate digital access, including 'outside of the home', where digital services are proposed	• Feedback indicated the challenge of accessing the necessary technology to utilise digital services, with a corresponding opportunity being identified to provide access to technology as a service directly to individuals
7. Systems, pathways, and support for service navigation	• There is an opportunity to invest in documenting and formalising navigation pathways to improve service provider knowledge and awareness, maintain up-to-date and reliable resources, and ensure consistency across the region
8. Facilitate and support systems for sharing of consumer information	• There is an opportunity to develop and implement shared and common information sharing systems between services, that would allow communication and coordination to offer more efficient and more person-centred care

9. Include scalable wait-list support mechanisms in contracts or other services	• There is an opportunity for contracts to acknowledge the likelihood of significant ongoing wait times to access services, and both specify and fund the provision of interim support to people being held on wait-lists

Opportunity category 3: Contracting particulars and funding principles.

Opportunity	Opportunity detail
10. Facilitate flexibility in service delivery to reduce overall system burden	• There is an opportunity for service contracts to provide a degree of flexibility in service provision • Examples of this may include allowing services to go outside their defined scope of practice to minimise potentially unnecessary referrals, accepting self-referrals on a broader scope than would be accepted from other providers, specifying KPIs that are outcomes-focused, and including 'innovation' budgets
11. Adjust contract particulars to support sustainable delivery by service providers	• With contracts themselves being seen by providers as a barrier to high-quality, sustainable service delivery, this opportunity summarises potential adjustments to contract particulars that may address some of these concerns, such as optimising durations, being more flexible/outcomes-focussed, indexing payments, and providing emergency/crisis funding
12. Adjust tender processes to facilitate and encourage collaboration, not competition	• The challenge of service providers being required to both compete for contracts, and then be expected to collaborate and integrate in service provision, led to identification of the opportunity to incentivise, facilitate, and/or encourage collaboration over competition in tender processes

Opportunity category 4: Workforce development.

Opportunity	Opportunity detail
13. Advocate for and support strategic mental health workforce planning in rural and remote areas, through career and financial incentives and targeted university placements	• As workforce shortage issues persist, there is an opportunity to explore strategic workforce planning activities, with potential for the PHN to facilitate, contribute to, or resource such initiatives
14. Include specific supports for and engagement of peer workers in practitioner engagement and education activities	• Given the PHN's role in practitioner engagement and education, this represents an opportunity to expand the scope of supports to directly respond to the needs of peer workers
15. Implement cross-sector and cross-professional training opportunities to	• There is an opportunity to emphasise diverse interactions in education and engagement activities, potentially

build strong and diverse communities of practice	including cross-sector (e.g. mental health and alcohol and other drugs), cross-professional, clinical/non-clinical, and peer/non-peer interaction opportunities • Key emphases of this opportunity should include facilitating communities of practice with a target cohort and breaking down stigma in health professionals towards non-clinical supports and lived experience
16. Encouraging representative diversity in the workforce	• Feedback noted the value and opportunity of improving diversity in the mental health workforce, and particularly improving representation of key cohorts, including those that may access these services more than others

Analysis and synthesis methodology

Quantitative and qualitative data was captured in each workshop through the online ranking activities, free text survey input, and online discussion inputs. The following table outlines the number of contributions based on activity and workshop region.

Table 2 - Collated data from Feedback Loop Workshops

Opportunity Category	Data Type	Region			All regions
		Central QLD	*Wide Bay*	*Sunshine Coast*	
Opportunity Category 1: Specifying new services or service requirements	Quantitative responses (ranking activity)	20	18	12	50
	Qualitative responses	18	13	6	37
Opportunity Category 2: Funding infrastructure and system-level supports	Quantitative responses (ranking activity)	22	20	14	56
	Qualitative responses	6	14	3	23
Opportunity Category 3: Contracting particulars and funding principles	Quantitative responses (ranking activity)	20	21	12	53
	Qualitative responses	12	16	6	34
Opportunity Category 4: Workforce development	Quantitative responses (ranking activity)	19	19	12	50
	Qualitative responses	10	23	7	40

Opportunity Category	Data Type	Region			All regions
		Central QLD	*Wide Bay*	*Sunshine Coast*	
Overall – All Opportunity Categories	Quantitative responses (ranking activity)	18	19	11	48
	Qualitative responses	22	10	6	38
Total quantitative (ranking) responses		***99***	***97***	***61***	***257***
Total qualitative responses		***68***	***76***	***28***	***172***

Quantitative data analysis

Results of the ranking activities for each workshop region were collated in an Excel spreadsheet, with data consolidated into two key quantitative datasets:

1. *Data ranking opportunities within each Opportunity Category*
2. *Data ranking across Opportunity Categories*

The analysis and synthesis methodology for each quantitative dataset is described below:

1. *Data ranking opportunities within each Opportunity Category*
   - i) Data was collated *within each workshop region*, based on ranking responses to opportunities within each Opportunity Category for outcomes for consumers and practicality for service providers
   - ii) Data was collated *across all three workshop regions*, based on ranking responses to opportunities within each Opportunity Category for outcomes for consumers and practicality for service providers

Within each Opportunity Category, each opportunity was given an average rank for how it was ranked based on outcomes for consumers, and practicality for service providers. Results were plotted on a Scatter Plot graph to represent the correlation between average ranking for outcomes for consumers and practicality for service providers. This methodology was repeated for (i) each Opportunity Category *within each workshop region*, and for (ii) each Opportunity Category *collated across all three workshop regions.*

2. *Data ranking across Opportunity Categories*
   - i) Data was collated *within each workshop region,* based on ranking responses when participants ranked the overall Opportunity Categories
   - ii) Data was collated *across all three workshop regions,* based on ranking responses when participants ranked the overall Opportunity Categories

Data ranking across Opportunity Categories was analysed based on the ranking count for highest, second, third and fourth priority rankings and displayed on a Stacked Bar chart.

Regional trend analysis

The above synthesised quantitative data was compared across the three workshop regions, to analyse whether regional differences existed. Where differences between regions were noted, qualitative data was reviewed to gain further potential insights into these regional differences. Key findings from this regional trend analysis have been highlighted in the Findings section for each Opportunity Category.

Qualitative data analysis

All qualitative data from the online survey free text responses and discussion responses were collated for each opportunity category. Qualitative data was analysed alongside the results of the ranking activities, to provide additional context to the quantitative findings and highlight any divergent responses. Key findings from the qualitative data are outlined in the Findings section of each Opportunity Category.

Feedback Loop Workshop Findings

Summary

The table on the following page summarises the collected quantitative data (i.e. rankings of opportunities within categories, and of the categories themselves). The key takeaway is the 'Combined Overall Rating' for each opportunity, which consolidates the rankings within categories and rankings of the categories themselves.

Note: *This analysis applies a methodology, however reasonable opinions may disagree on this methodology's elements and emphases. As such, these results should be considered only alongside an understanding of the numerical methodology that has been applied.*

Overall, this assessment leads to:

- **1 opportunity being 'Much more' preferred than others:**
  - *Advocate for and support strategic mental health workforce planning in rural and remote areas, through career and financial incentives and targeted university placements*
- **3 opportunities being 'More' preferred than others:**
  - *Implement centralised service hubs, with key inclusions to ensure they are efficient, effective, and provide equitable access*
  - *Facilitate flexibility in service delivery to reduce overall system burden*
  - *Adjust contract particulars to support sustainable delivery by service providers*
- **5 opportunities received an average level of support:**
  - *Strengthen and support intake processes across all services with a 'No Wrong Door' approach*
  - *Fund key infrastructure and services to facilitate digital access, including 'outside of the home', where digital services are proposed*
  - *Systems, pathways, and support for service navigation*
  - *Adjust tender processes to facilitate and encourage collaboration, not competition*
  - *Include specific supports for and engagement of peer workers in practitioner engagement and education activities*
- **The remaining 7 opportunities were less or much less preferred than others.**

The table below demonstrates the results for each question within each opportunity category.

Table 3 - Ranking results for Opportunity Categories

#	Category	Category Rank	#	Opportunity	Rank w/in Category			Combined Overall Rating
					Outcomes	*Practicality*	*Combined*	
1	Specifying new services or service requirements	Less	1	Implement centralised service hubs, with key inclusions to ensure they are efficient, effective, and provide equitable access	Much more	More	Much more	**More**
			2	Strengthen and support intake processes across all services with a 'No Wrong Door' approach	Much more	More	More	**Average**
			3	Incentivise equity of service access and provision in commissioning processes and contracts	Less	More	Average	**Less**
			4	Encourage co-design and co-delivery with lived experience, key cohorts, and peer workers	Less	Less	Less	**Much less**
			5	Invest in community education and programs	Less	Much less	Much less	**Much less**
2	Funding infrastructure and system-level supports	Average	6	Fund key infrastructure and services to facilitate digital access, including 'outside of the home', where digital services are proposed	Average	More	Average	**Average**
			7	Systems, pathways, and support for service navigation	More	Average	Average	**Average**
			8	Facilitate and support systems for sharing of consumer information	Less	Average	Less	**Less**
			9	Include scalable wait-list support mechanisms in contracts or other services	Average	Less	Less	**Less**
3	Contracting particulars and funding principles	More	10	Facilitate flexibility in service delivery to reduce overall system burden	Average	More	Average	**More**
			11	Adjust contract particulars to support sustainable delivery by service providers	Average	More	Average	**More**
			12	Adjust tender processes to facilitate and encourage collaboration, not competition	Average	Much less	Less	**Average**
4	Workforce development	Average	13	Advocate for and support strategic mental health workforce planning in rural and remote areas, through career and financial incentives and targeted university placements.	Much more	Much more	Much more	**Much more**
			14	Include specific supports for and engagement of peer workers in practitioner engagement and education activities	Average	More	Average	**Average**
			15	Implement cross-sector and cross-professional training opportunities to build strong and diverse communities of practice	Average	Less	Less	**Less**
			16	Encouraging representative diversity in the workforce	Less	Much less	Much less	**Much less**

Overview

The findings included in this section are organised by Opportunity Category. For each category, the polling results and free-text responses are summarised, and the Category's overall rank (relative to other categories) is also discussed.

The included findings are collated across all workshop regions. Findings from each individual workshop are presented in the Appendix, however key regional differences across workshop regions are highlighted throughout this section.

The following table summarises each of the four opportunity categories, and their associated opportunities, that formed the foundation of the Feedback Loop workshop activities.

Table 4 - Summary of opportunity categories and opportunities

Opportunities identified	
Specifying new services or service requirements	**Funding infrastructure and system-level supports**
1. Implement centralised service hubs, with key inclusions to ensure they are efficient, effective, and provide equitable access 2. Strengthen and support intake processes across all services with a 'No Wrong Door' approach 3. Incentivise equity of service access and provision in commissioning processes and contracts 4. Encourage co-design and co-delivery with lived experience, key cohorts, and peer workers 5. Invest in community education and programs	6. Fund key infrastructure and services to facilitate digital access, including 'outside of the home', where digital services are proposed 7. Systems, pathways, and support for service navigation 8. Facilitate and support systems for sharing of consumer information 9. Include scalable wait-list support mechanisms in contracts or other services
Contracting particulars and funding principles	**Workforce development**
10. Facilitate flexibility in service delivery to reduce overall system burden 11. Adjust contract particulars to support sustainable delivery by service providers 12. Adjust tender processes to facilitate and encourage collaboration, not competition	13. Advocate for and support strategic mental health workforce planning in rural and remote areas, through career and financial incentives and targeted university placements. 14. Include specific supports for and engagement of peer workers in practitioner engagement and education activities 15. Implement cross-sector and cross-professional training opportunities to build strong and diverse communities of practice 16. Encouraging representative diversity in the workforce

Opportunity Category 1: Specifying new services or service requirements

Findings are outlined below for the polling results within the first opportunity category, 'Specifying new services or service requirements', across all regions. Key regional differences related to this opportunity category are highlighted at the end of this section, as well as participants' overall ranking of this opportunity category compared with other opportunity categories.

Ranking of opportunities in Opportunity Category 1

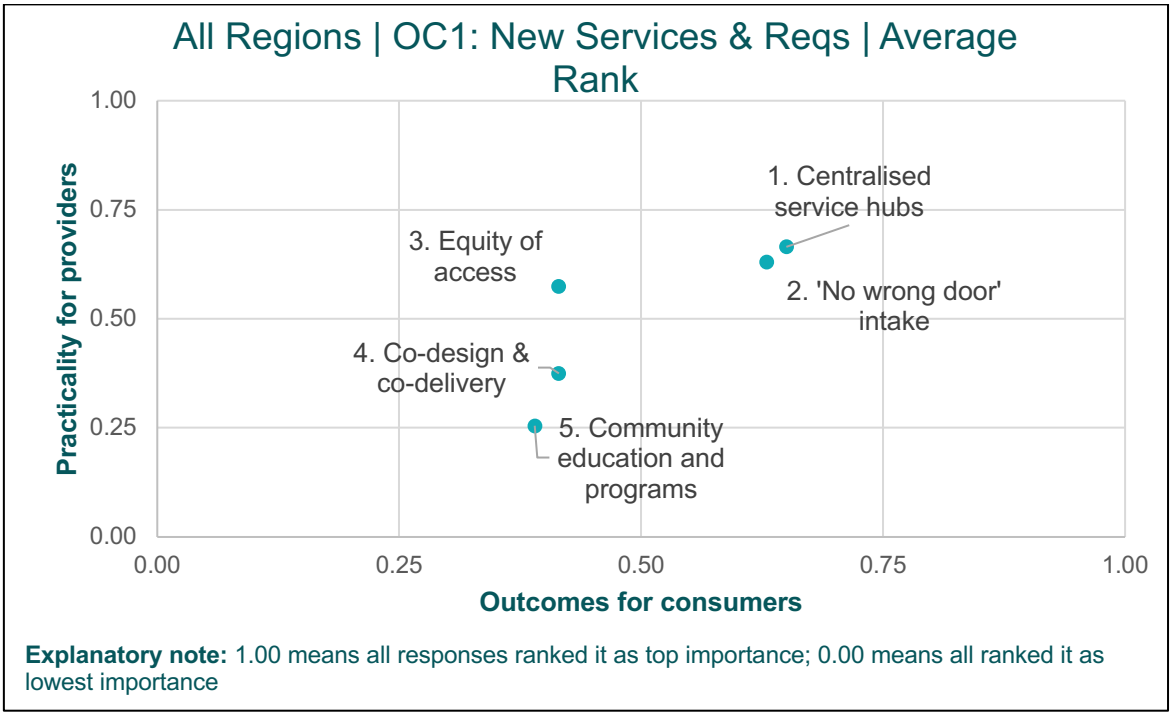
The following graphs show the average polling results workshop participants were asked to rank opportunities based on (i) outcomes for consumers, and (ii) practicality for service providers. Each point on the graph represents one of the five opportunities within the Opportunity Category 'Specifying new services or service requirements':

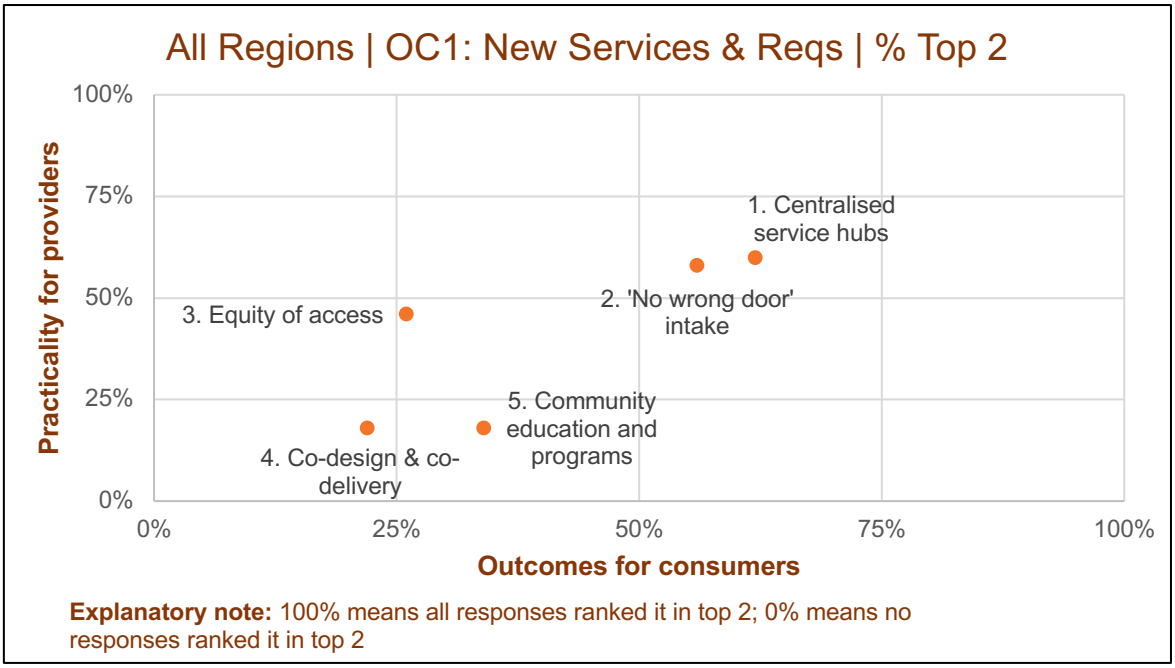
1. *Centralised service hubs*: Implement centralised service hubs, with key inclusions to ensure they are efficient, effective, and provide equitable access
2. *'No wrong door' intake:* Strengthen and support intake processes across all services with a 'No Wrong Door' approach
3. *Equity of access*: Incentivise equity of service access and provision in commissioning processes and contracts
4. *Co-design and co-delivery:* Encourage co-design and co-delivery with lived experience, key cohorts, and peer workers
5. *Community education and programs:* Invest in community education and programs

There were ranking responses from 50 participants for Opportunity Category 1 across the three online workshops.

Key findings:

- Overall, there is significant variation between rankings for these opportunities.
- Considering both average rankings and the percentage of responses that included each in their 'top 2', participants across all workshops ranked 'Centralised service hubs' as highest in terms of outcomes for consumers, and furthermore highest in terms of practicality for service providers. 'No wrong door' intake processes were ranked slightly lower in both categories. Conversely, the opportunity 'Community education and programs' was ranked least important for both outcomes for consumers, and practicality for service providers.
- When analysing how closely the findings were correlated when opportunities were ranked by (i) outcomes for consumers and (ii) practicality for service providers, findings demonstrate that there is broadly a strong correlation between the ranking of practicality and consumer outcomes for each opportunity. Equity of access is ranked as slightly more practical for providers than beneficial for consumers, with community education and programs being the opposite.





Responses and discussion from workshop participants

Following the ranking activity, participants were asked to provide 'free text' comments regarding the opportunity category. A total of 37 open responses were received across the online survey and the online discussion.

Centralised service hubs

Centralised service hubs were commonly raised in the free text responses, reflecting the high ranking of this opportunity by participants. Key considerations relating to centralised service hubs included the need to consider

location of centralised hubs in regional and rural areas, and the need to ensure smaller, local providers are included in hub delivery. Examples of comments included:

"Need for centralised hubs to be located in more regional areas".

"Concern regarding Centralised service hubs. We do not need these located in the larger communities where access is usually easier for most people. These need to be in a remote and rural area where outreach services do not have a venue and other services are not aware of what could be available."

"Centralised service hubs reads like it will mainly provide opportunities for larger organisations (assumption). How do smaller local organisations fit into this concept?"

Some comments recognised implementation considerations to improve the effectiveness of hubs, including complementing hubs with appropriate 'spokes' and outreach:

"Outreach still needs to be an option if central hubs."

"Centralised hub model can work really well when balanced with 'spokes', and the timely and individualised delivery of outreach, ensuring services remain accessible."

Intake, current service delivery and equity of access

Responses included a focus on how intake and current service delivery could be enhanced, for example improving the quality of support provided in the initial 'help-seeking' stages, fostering improved collaboration across service providers to understand capacity across services, and creating additional service capacity within services. These points are highlighted in the following quotes:

"Intake - we do not need competition between service providers on increasing their numbers. We need easier access to the support and programs, more education, and knowledge of current capacity. Services need to work together for best fit for the client and have a holistic approach to their wellbeing and future."

"Improve the quality of support provided at the first step of recovery to encourage people to continue seeking it."

"We need to move away from just intake/assessment/monitoring/coordination and create more service capacity for intervention."

"Incentivise equity of access - consider that budget for service delivery will have to increase due to geographical location."

Regional analysis of findings within Opportunity Category 1

Within Opportunity Category 1, 'Centralised hubs' were rated highly for practicality for providers across all regions. Participants in the Sunshine Coast workshop however rated 'No wrong door' more highly for outcomes for consumers, compared with other regions.

Overall ranking of Opportunity Category 1

When participants were asked to rank Opportunity Category 1 ('Specifying new services or service requirements') compared with other Opportunity Categories, Opportunity Category 1 was ranked on average the lowest priority category to act on.

Opportunity Category 2: Funding infrastructure and system-level supports

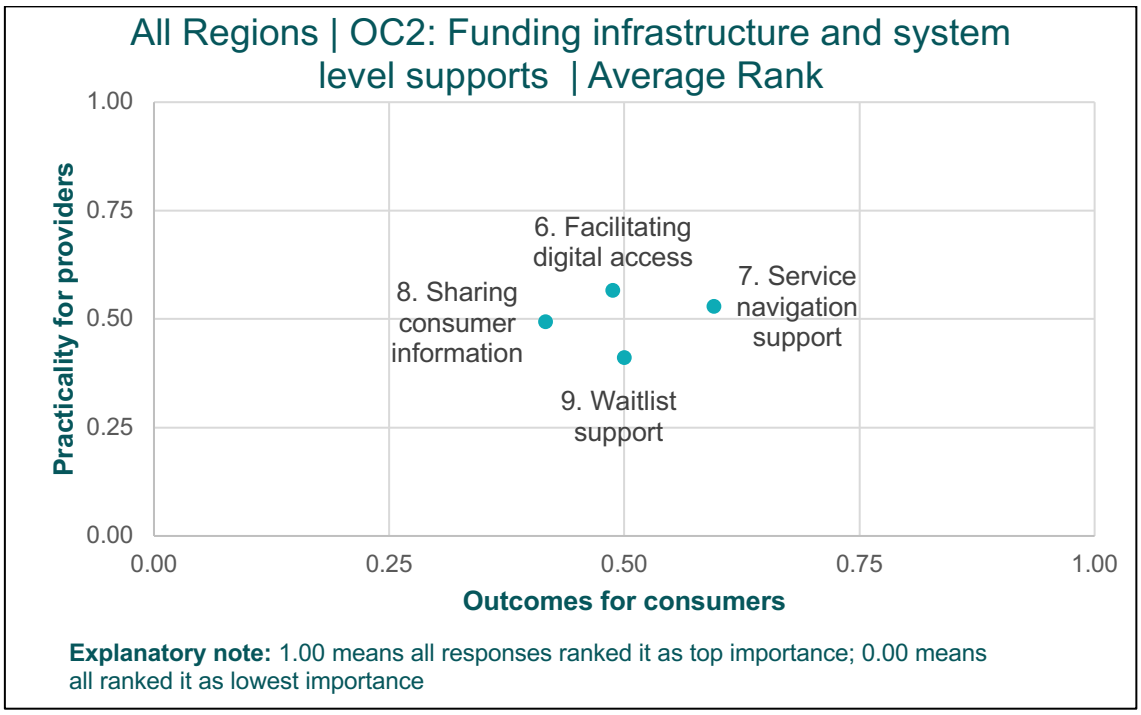
The following graphs show the average polling results when workshop participants were asked to rank opportunities based on (i) outcomes for consumers, and (ii) practicality for service providers. Each point on the graph represents one of the four opportunities within the Opportunity Category 'Funding infrastructure and system-level supports':

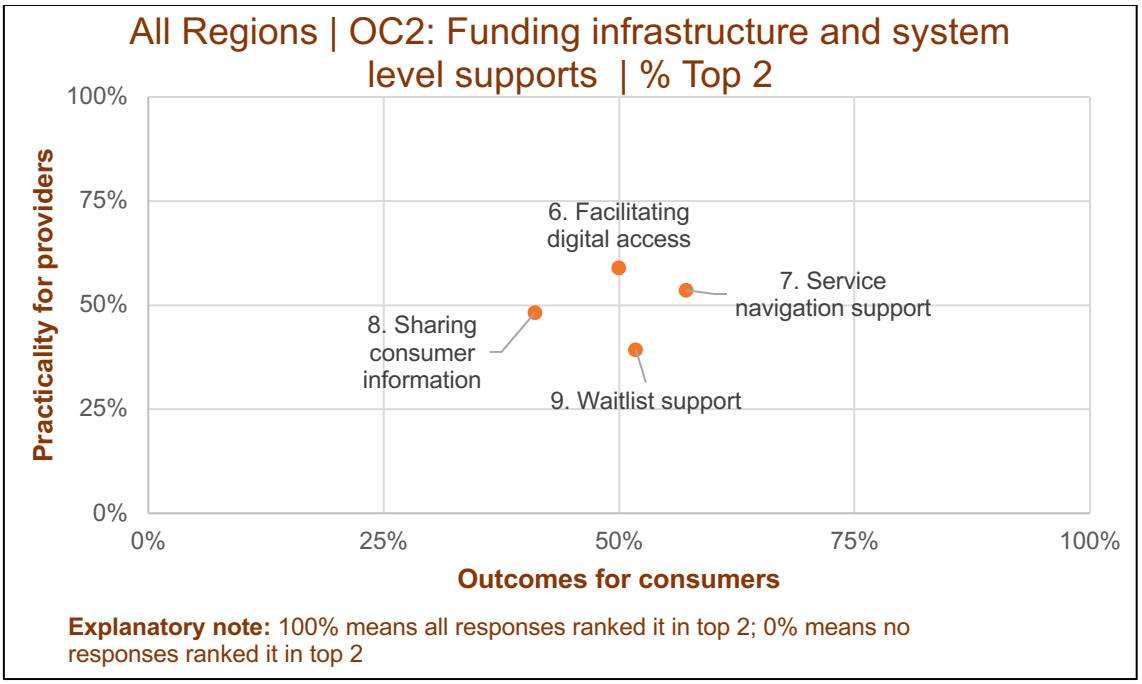
6. *Facilitating digital access:* Fund key infrastructure and services to facilitate digital access, including 'outside of the home', where digital services are proposed
7. *Service navigation and support:* Systems, pathways, and support for service navigation
8. *Sharing consumer information:* Facilitate and support systems for sharing of consumer information
9. *Waitlist support:* Include scalable wait-list support mechanisms in contracts or other services

Ranking responses were received from 56 participants for Opportunity Category 2 across the three online workshops.

Key findings:

- Overall, there is limited variation between these opportunities, with results relatively tightly clustered.
- On average across all workshops, 'Service navigation support' was ranked as the most important opportunity in terms of improving outcomes for consumers and ranked second highest for practicality for service providers.
- 'Facilitating digital access' was ranked highest for practicality for service providers, however ranked less highly for improving outcomes for consumers.
- 'Sharing consumer information' was viewed as the least important opportunity for the PHN to pursue to improve patient outcomes.





Responses and discussion from workshop participants

For Opportunity Category 2, a total of 23 free text and discussion responses were received across the workshops. Key points from this data are highlighted below.

Facilitating digital access

Several challenges relating to digital access were outlined, including the lack of reliable internet connectivity, preference for face to face contact particularly in regional and rural areas, and access to internet and mobile technology.

"Many areas have black spots where digital access would be very challenging. Plus in regional areas there is a greater desire for face to face contact."

"Internet access and mobile phone access is not always guaranteed."

One workshop participant suggested leveraging work happening across another area of the PHN around digital access:

"We are currently creating infrastructure in place in rural towns in our LGA, a project funded by CCQ Healthy Communities team. Collaboration between teams within CCQ would be appreciated so that existing infrastructure is utilised by MHOAD instead of doubling up".

Other participants discussed the challenges of teaching IT skills to consumers and the need to ensure choice, for example:

"Remember that most clients will be in a stressed and anxious state. Asking them to learn and manage new technology and IT could not be the best option."

"Digital – it's complementary…. Should respond to consumer preferences, not a replacement. It has a role alongside in-person work (rather than in place of).

Waitlist support

Suggestions and feedback were also provided relating to the opportunity of 'Waitlist support', including funding for interim services and the potential role that digital services can play within waitlist support:

"Fund more low intensity, brief intervention mental health support programs to scaffold people on wait lists."

"I like this idea – when there is a long waitlist, there might be interim services for people. Especially for psychological support. When waitlists are long, clients feel very de-valued, especially rural clients."

"Digital medium – could be part of the interim support whilst people are on waitlists for clinical support. Whoever they're going to be engaged with, perhaps that service could have a digital, short-term support….before their face to face appointment."

Increasing service capacity was however highlighted within this discussion to ensure the 'root cause' of lengthy waitlists is addressed:

"If we increase service capacity, wait lists would reduce and increase capacity for face to face support, which is often a preference. We need to continue to look at addressing the cause rather than manage issues as they arise."

Service navigation support

Participants discussed the need to focus on service navigation due to the complexity of the mental health system and to encourage and enable help-seeking through a more positive initial consumer experience.

"Support to navigate our complex service system is vital, and will be until we find a way to untangle the web."

"Would be beneficial for support workers to be able to find services for clients from one area."

Regional analysis of findings within Opportunity Category 2

When considering findings across each region within Opportunity Category 2, the opportunity 'Facilitating digital access' was ranked higher in Wide Bay for practicality for providers, compared with the regions of Sunshine Coast and Central QLD. 'Waitlist support' was ranked comparatively higher in Sunshine Coast compared with other regions, for both practicality for providers, and outcomes for consumers.

Overall ranking of Opportunity Category 2

On average across all workshop regions, Opportunity Category 2 ('Funding infrastructure and system-level supports') was ranked the second lowest priority to act on, compared with other opportunity categories. However, participants in Wide Bay ranked this opportunity category a higher priority to act on compared with other workshop regions.

Opportunity Category 3: Contracting particulars and funding principles

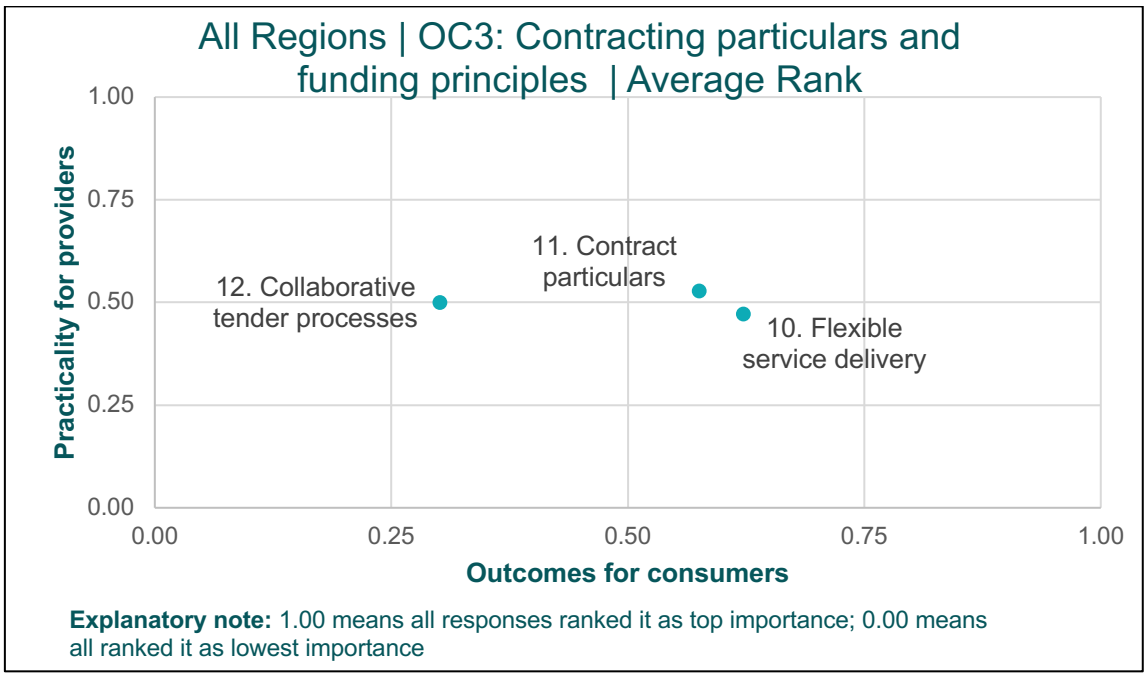
The following graphs show the average polling results when workshop participants were asked to rank opportunities based on (i) outcomes for consumers, and (ii) practicality for service providers. Each point on the graph represents one of the three opportunities within the Opportunity Category 'Contracting particulars and funding principles':

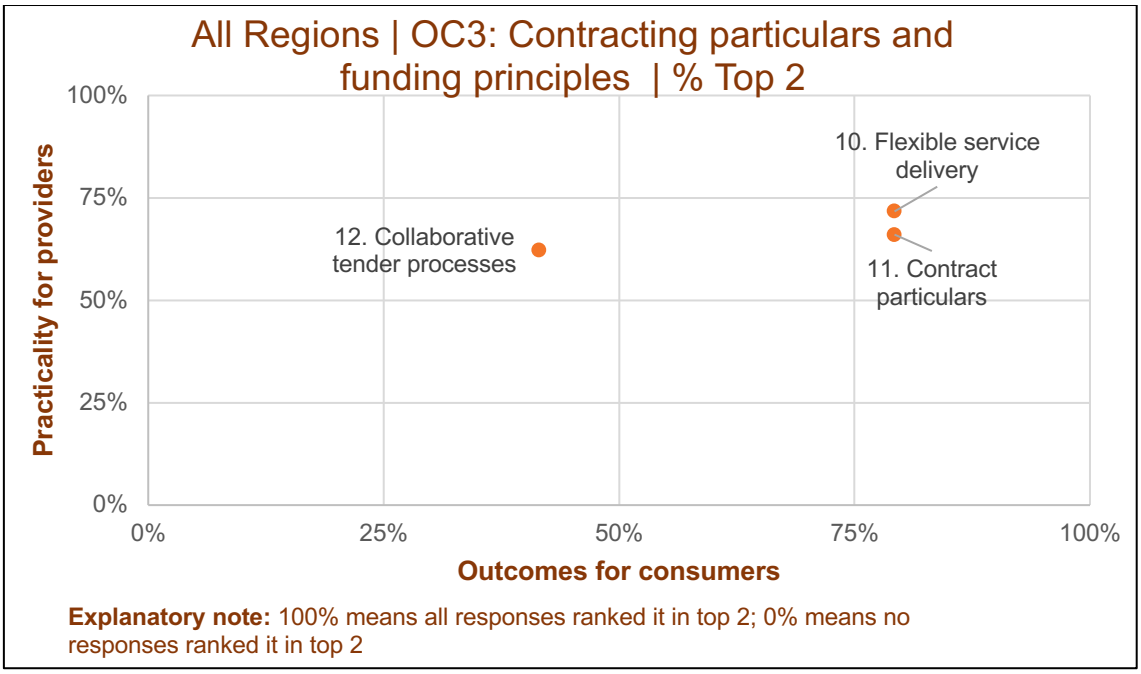
10. *Flexible service delivery:* Facilitate flexibility in service delivery to reduce overall system burden
11. *Contract particulars:* Adjust contract particulars to support sustainable delivery by service providers
12. *Collaborative tender processes:* Adjust tender processes to facilitate and encourage collaboration, not competition

Ranking responses were received from 53 participants for Opportunity Category 3 across the three online workshops.

Key findings:

- Overall, there is variation between the opportunities on the spectrum of outcomes for consumers, but on average responses ranked them as relatively equal in terms of practicality for providers.
- Participants across all the workshops on average viewed 'Flexible service delivery' as the most important opportunity to pursue in order to improve outcomes for consumers.
- 'Contract particulars' was ranked of highest importance in terms of practicality for service providers, and ranked second highest for achieving positive outcomes for consumers.
- 'Collaborative tender processes' was ranked least important of the three opportunities to achieve outcomes for consumers.





Responses and discussion from workshop participants

Regarding the opportunity category 'Contracting particulars and funding principles', 34 free text responses and discussion points were provided by participants across the workshops. Key points from this free text data are outlined below.

Flexible service delivery

Several key considerations were raised relating to the opportunity of facilitating 'Flexible service delivery'. The need for flexibility was supported, however concerns were raised about how this flexibility would be monitored, and the need to adhere to best practice, expertise and service scope:

"I would support flexibility in general however how would the flexibility be monitored? This may have impact on providing services to individuals who do fit into the funded service. Additionally, some services may provide support that should be referred to others."

"Reduce the risk that service providers are forced to reinvent the wheel due to lack of handover and collaboration. 'Flexibility' in service delivery needs to be still best practice and within expertise and service scope."

Contract particulars

Contracts were highlighted in the discussion points, including challenges posed by contract length such as workforce issues, the potential benefits from longer-term contracts, and the need for inclusions such as travel in contracts in order to reflect the complexities of service provision:

"Having contracts and a time limited period also causes some workforce problems. Staff not knowing if [their] contract will be extended or another gained, can and do apply for other positions before knowing what is happening. They need to do this for personal, family and financial reasons. This also places more strain on our systems as they then need to go through the new workplace process and induction, as well as the funding they will be under. This is a loss of time with clients again."

"Long term funding allows referral pathways to actually be established and embedded."

"Outreach/service provision in 'spokes' requires travel. Please include that in contracts."

"Include incentivised loading to contracts for rural and hard to staff areas."

"Our CCQ contracts have a geographical limitation embedded, we are only allowed to provide our service within the Gympie LGA. Can you consider removing this unpractical barrier?"

Collaborative tender processes

Supporting collaborative tender processes was acknowledged within the discussion, both in relation to the advantages but also key considerations. The advantages of a consortium approach were acknowledged however considerations were highlighted particularly around ensuring systems don't disproportionately favour large providers over small providers.

"Consortium – quite a popular model looking across sectors (particularly in the Family Violence space e.g. Orange Door). Bringing providers together. Incentive first and foremost is the experience for service users – we all have this in common. Acknowledging as a provider that we might have an opportunity to be a specialist, but also need to keep the wraparound support central."

"One of the challenges around collaboration is how do we balance large and small orgs (the larger orgs often hold the power). Comes partly down to systems e.g. infrastructure – if everyone is more equal, can provide more equitable, collaborative service delivery (where larger providers don't carry all the infrastructure etc)."

Regional analysis of findings within Opportunity Category 3

Participants in all workshop regions ranked 'Contract particulars' and 'Flexible service delivery' highly in particular for outcomes for consumers. However participants in Wide Bay in particular ranked 'Collaborative tender processes'

comparatively much lower for both practicality for service providers and outcomes for consumers, compared with participants in Sunshine Coast and Central QLD regions.

Overall ranking of Opportunity Category 3

Opportunity Category 3 ('Contracting particulars and funding principles') was ranked on average the highest priority to act upon across all workshop regions, compared with other opportunity categories. This is highlighted in the following quote from one participant:

"Look at it overall, should we be able to address the issues with funding contracts, it may also address some workforce issues as well as workforce development."

There were no significant differences in the ranking of this opportunity category when comparing findings across each region.

Opportunity Category 4: Workforce development

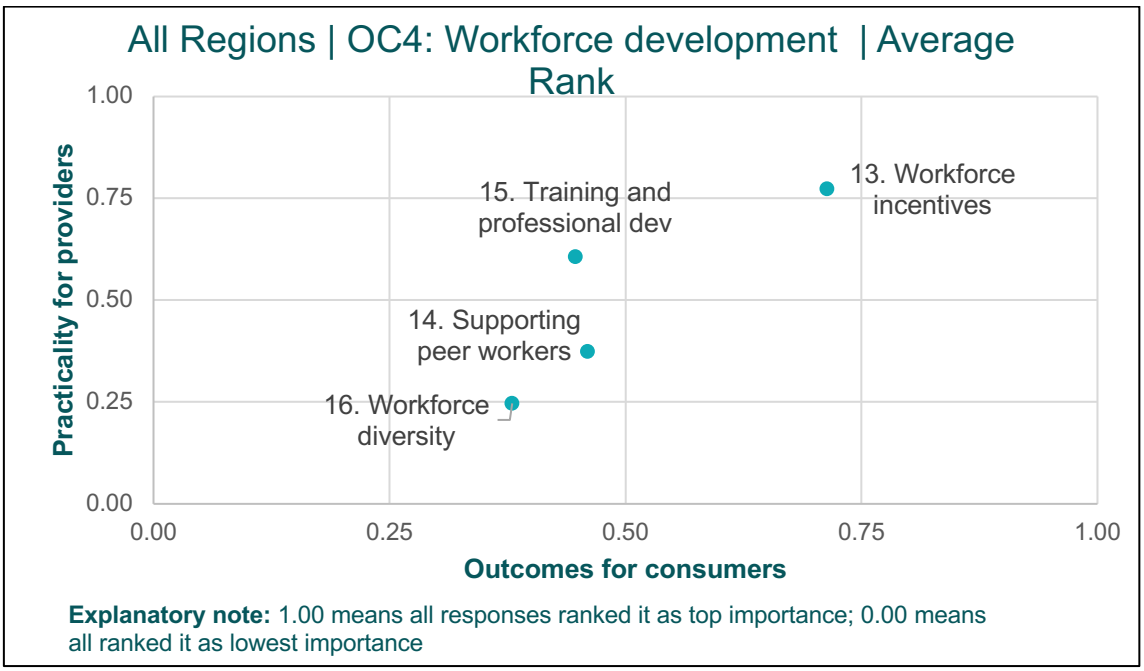
The following graphs show the average polling results when workshop participants were asked to rank opportunities within 'Workforce development' based on (i) outcomes for consumers, and (ii) practicality for service providers. Each point on the graph represents one of the four opportunities within the Opportunity Category 'Workforce development':

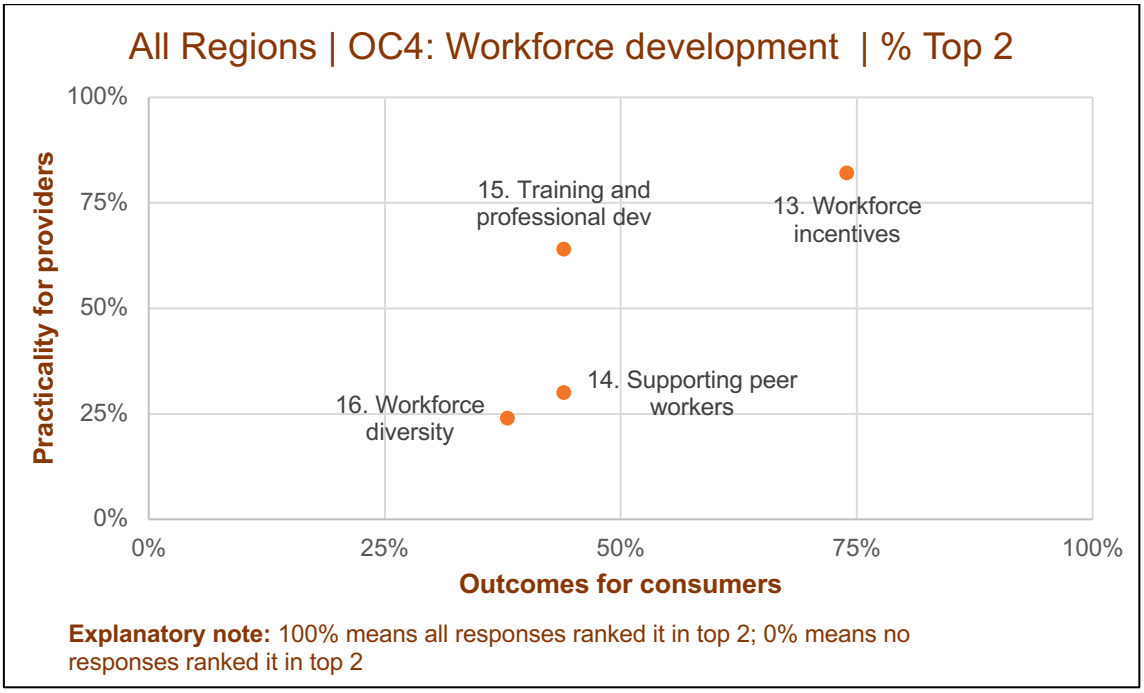
13. *Workforce incentives:* Advocate for and support strategic mental health workforce planning in rural and remote areas, through career and financial incentives and targeted university placements
14. *Supporting peer workers:* Include specific supports for and engagement of peer workers in practitioner engagement and education activities
15. *Training and professional dev:* Implement cross-sector and cross-professional training opportunities to build strong and diverse communities of practice
16. *Workforce diversity:* Encouraging representative diversity in the workforce

Ranking responses were received from 50 participants for Opportunity Category 4 across the three online workshops.

Key findings:

- Overall, there is variation between these opportunities across both categories
- Considering the data across the three workshops, 'Workforce incentives' was ranked highest of all opportunities within the Workforce Development category, in both improving outcomes for consumers and in the practicality to implement for service providers.
- 'Supporting peer workers' was ranked as the second highest opportunity to pursue, in order to improve outcomes for consumers, however this opportunity was viewed as less important to pursue in terms of practicality of service providers.





Responses and discussion from workshop participants

Participants across the workshops provided a total of 40 free text and discussion responses following the ranking activity for the opportunity 'Workforce development'.

Supporting peer workers

Discussion supported the need for training and professional support for peer workers, recognising the vital role that peer workers play in the mental health workforce and the need to appropriately value this role across services. The

importance of appropriate professional development and support for peer workers was highlighted in particular around potential trauma that peer workers can be exposed to. The following comments highlight these points:

"The peer workforce is extremely important. Clients can relate to someone else with lived experience. "They just get it" is the common response. These peer workers need to be supported in their role and encouraged to continue, they need to be recognised for their invaluable role in the improvements to our community. Unfortunately many people are not respected for their experiences as business and employers see the issues you have gone through and dismiss you as a suitable employee, when the opposite can be true."

"I would hope that service delivery contracts have lived experience workers as priority, not just one peer as a token gesture."

"Peer workers still need to be professional and be professionally supported. Lived and living experiences, and good intentions to help the community, doesn't mean the person automatically has the skills to look after themselves, let alone reducing the risk of inadvertently causing harm to community members."

Workforce incentives

Suggestions for the opportunity 'Workforce incentives' were provided, including training at low or no cost to upskill staff, providing relocation packages to attract talent in regional and rural areas, and considering incentives to grow a local workforce.

Participants also pointed out potential underlying drivers of workforce challenges, for example suggestions that improving contract structures and particulars will enable improvements in the mental health workforce.

"Looking at it overall, should we be able to address the issues with funding contracts, it may also address some workforce issues as well as workforce development. With the same people in the same roles they have a greater opportunity to retain information and networks, the community and other services know who is in what role and whom to direct clients to."

Training and professional development

Training, particularly across sectors such as AOD and mental health, was highlighted to upskill the current workforce. Several discussion points also related to growing the future workforce pipeline through strategic university planning and placements, particularly to address regional and rural workforce challenges.

"Training staff in cross sectors, e.g. AODs to also be skilled mental health workers is crucial. People seeking support are often facing many challenges, e.g. a mental health issue, and drug misuse. Training Aboriginal and Torres Strait Islander staff in mental health support, improves the work opportunities, helps people personally, their families and the whole community in many ways."

"If we want to facilitate student placements...you have to have accredited supervisors - which are scarce in rural and remote regions."

"A separate 5-10 year strategic plan involving Secondary and Tertiary institutions should sit alongside shorter term contract specific strategies."

Regional analysis of findings within Opportunity Category 4

In Wide Bay, 'training and development' was ranked notably lower for both outcomes for consumers, and practicality for service providers, compared with other workshop regions. Similarly, 'supporting peer workers' was ranked lower in Sunshine Coast compared with other regions for outcomes for consumers in particular.

Overall ranking of Opportunity Category 4

As an overall opportunity category, 'Workforce development' was ranked the second highest priority category to act on, when considering the results on average across all workshop regions. Participants in the Sunshine Coast region however ranked 'Workforce development' the lowest priority in contrast to other regions where 'Workforce development' was ranked comparatively higher.

Conclusions from Feedback Loop Workshops

The analysis of the Feedback Loop Workshops offers the following key insights. These insights are based on the consolidated results of opportunities ranked within categories, and ranking of the categories themselves, and have been considered alongside the qualitative data gathered during the workshops:

- **1 opportunity being 'Much more' preferred than others:**
  - *Advocate for and support strategic mental health workforce planning in rural and remote areas, through career and financial incentives and targeted university placements*
- **3 opportunities being 'More' preferred than others:**
  - *Implement centralised service hubs, with key inclusions to ensure they are efficient, effective, and provide equitable access*
  - *Facilitate flexibility in service delivery to reduce overall system burden*
  - *Adjust contract particulars to support sustainable delivery by service providers*
- **5 opportunities received an average level of support:**
  - *Strengthen and support intake processes across all services with a 'No Wrong Door' approach*
  - *Fund key infrastructure and services to facilitate digital access, including 'outside of the home', where digital services are proposed*
  - *Systems, pathways, and support for service navigation*
  - *Adjust tender processes to facilitate and encourage collaboration, not competition*
  - *Include specific supports for and engagement of peer workers in practitioner engagement and education activities*
- **The remaining 7 opportunities were less or much less preferred than others.**

These insights outlining the level of support for each opportunity formed the foundation for the next stage of the project, Solution Development, detailed in the following report section.

PART 2: SOLUTION DEVELOPMENT

Solution Design Workshop & Synthesis Methodology

This section describes the methodology adopted as part of this stage of the project, including workshop design and delivery, and data synthesis and analysis. The following sub-sections are included:

- **About the workshop:** This sub-section provides key details on the workshops, including date, locations, participants and timing.
- **Workshop methodology:** This section describes the format of the workshop, including an agenda.
- **Synthesis methodology:** This section details how the data analysis was conducted.

About the Solution Design Workshop

This workshop took place online on February 22nd for three hours. The workshop participants were largely service providers from throughout CCQ's region, including peer workers. The workshop focused on engaging participants by using free-text poll questions, and open discussion options in the online chat, and by video/voice chat.

Workshop methodology

The workshop format is summarised in the agenda with details provided below.

Table 5 - Solution Design Workshop agenda overview

Workshop Activity	Details	Duration
Introduction & Reform Project Overview	• Participants welcomed to the workshop • Facilitator personnel introduced to participants • Overview of Mental Health Reform Project objectives and activities provided	15 mins
Overview of Key Findings so far	• Participants received a summary of the previous activities and findings from the workshops conducted. This summarised the themes, opportunities and categories identified during previous workshops.	15 mins
Solution development activities	• Participants answered three questions on each of the following Target Outcomes: 1. Enhanced collaboration and partnership between services with a consumer lens 2. A more sustainable workforce and provider continuity 3. An uplift in overall system capability 4. Community mental health literacy that reduces stigma and enables access • Participants answered one question about each of the three challenges: 1. Contract periods: Contract periods are prescribed by funders 2. Multiple HHS regions – CCQ operates across 3 HHS regions, meaning a higher degree of coordination	2 hr, 15 mins

	is required to ensure a consistent approach to service integration 3. There have been historical barriers affecting consistent delivery to rural/regional communities	
Conclusion & Next Steps	• Participants were thanked and informed that the findings of the workshops would be taken into account when drafting the RFQs • Participants were also reminded that it would not be possible to advance all ideas collected	15 mins
Total duration		*Approx. 3 hours*

The workshop questions were conducted anonymously and virtually.

Question activities were conducted for each Target Outcome.

The four Target Outcomes were:

1. Enhanced collaboration and partnership between services with a consumer lens
2. A more sustainable workforce and provider continuity
3. An uplift in overall system capability
4. Community mental health literacy that reduces stigma and enables access

For each Target Outcome, workshop participants answered the following questions:

- *How could/should we realise this opportunity? What are your ideas?*
- *If we get this 'right', what are the potential benefits for consumers, practitioners, and/or providers?*
- *How could we get this 'wrong'? What are the major risks we need to be wary of?*

Question activities were also conducted to seek input regarding key challenges faced by the PHN:

Challenge 1: Contract periods are prescribed by funders:

- *Within this limitation, how do we provide as much certainty and sustainability as possible?*

Challenge 2: CCQ operates across 3 HHS regions, meaning a higher degree of coordination is required to ensure a consistent approach to service integration:

- *How do we maximise the potential collaboration with the HHS's?*

Challenge 3: There have been historical barriers affecting consistent delivery to rural/regional communities:

- *What requirements or practices could be sought out in commissioning to address or overcome these barriers?*

Analysis and synthesis methodology

Data was aggregated and then analysed using a thematic analysis approach. The following sub-sections detail the steps undertaken following the workshop to develop the workshop findings.

Data Collection

Workshop data was aggregated and collated into a spreadsheet. The following data was captured:

- 'Mentimeter' online poll responses
- Live chat responses
- Live verbal discussion responses, noted by workshop facilitators

Data analysis and synthesis

Data analysis involved thematic analysis of this qualitative data. Four key steps were followed, as described below. These four steps were applied iteratively for each Target Outcome and Challenge.

1. **Sorting data into categories:** Data points were sorted into four broad categories: Suggestions, Barriers, Potential harms, and Potential benefits. These largely – but not exclusively – aligned to the questions posed for each Target Outcome. For the Challenges, responses were all considered within the 'Suggestions' category.
2. **Identifying themes and outliers:** Themes were identified *within* each category based on all identified inputs. Where a data point was largely independent from other contributions, it was set aside to consider as an outlier.
3. **Rationalising themes**: Reflecting on the data contained within each theme, the themes were evaluated to understand whether they could be combined or separated.
4. **Confirming completeness of themes:** Finally, the original dataset was reviewed to ensure all key data points were identifiable and adequately reflected within the themes.

It is important to acknowledge that thematic analysis is an inherently subjective process which requires the analyser to employ a degree of discretion in how it is conducted. As such, the results included in this report should be viewed with an understanding of this methodology.

Solution Design Workshop Findings

This section details the findings from the Solution Design Workshop. It is organized into three sub-sections:

- **Organisation of findings** – this section describes how the findings are sequenced, and therefore the structure of the following sections
- **Summary tables** – this section includes summary tables with the key results from the synthesis
- **Discussion of findings** – this section provides additional details and discusses the key results from the synthesis

Organisation of findings

Target Outcomes

The findings from the Solution Design Workshop related to the 'Target Outcomes' are organised based on two key components:

- Suggestions to realise the outcomes
- Other considerations for the outcomes

These components are briefly described below.

Component 1: Suggestions to realise the outcomes The primary consultation question presented to workshop participants, for each of the outcomes, requested their suggestions or ideas for how to achieve the outcome. These suggestions have been summarised for each outcome.
Component 2: Other considerations for the outcomes Additional feedback questions asked during the workshop for the outcomes also identified: • Potential barriers to pursuing the outcome – likely challenges or issues that may need to be resolved in order to achieve the outcome • Potential harms of pursuing the outcome – potential negative results of pursuing the outcome • Potential benefits of pursuing the outcome – potential positive results of pursuing the outcome These barriers, harms, and benefits are discussed within each outcome section.

The key suggestions and other considerations (barriers, harms, and benefits) are summarised for each outcome below. Following these tables, detailed discussion sections are included for each outcome.

Challenges

The findings from the Solution Design Workshop related to the 'Challenges' are represented by one component: suggestions to address the challenges.

Component 3: Suggestions to address the challenges

The only consultation question presented to workshop participants, for each of the challenges, requested their suggestions or ideas for how to address the presented challenge. These suggestions have been summarised for each challenge.

The key suggestions are summarised for each challenge in the 'Summary Tables' section. Following these tables, detailed discussion sections are included for each outcome challenge.

Summary tables

The below tables summarise the high-level findings for each outcome and challenge. Detailed discussions of each, including more detail on all included dot-points, are included in the following section 'Discussion of findings'.

Outcome 1: Enhanced collaboration and partnership between services with a consumer lens			
Suggestions	*Barriers*	*Potential Harms*	*Potential Benefits*
1. Forums and support for collaboration and consortia-building 2. Promotion, encouragement, and incentivising of collaboration and consortia-building 3. Addressing existing and potential conflict and separation between key sections of the service ecosystem 4. Engaging consumers / people with lived experience throughout the continuum of service design, delivery, and evaluation	• A lack of goals and action • Targeting the wrong goals • Moving too quickly or without flexibility • Undervaluing or missing key inputs • Systemic factors	• Impacts on the care / standard of care available • Reducing accountability • User experience	• Improving accessibility, standard, and integration of care • More person centred, responsive care • Better health outcomes • Better overall health of the community and reduced distress

Outcome 2: A more sustainable workforce and provider continuity			
Suggestions	*Barriers*	*Potential Harms*	*Potential Benefits*
1. Adopting a long-term, learning vision 2. Adjusting hiring practices 3. Investing in training, pathways, supervision, and professional development / progression 4. Improving other employment conditions (in addition to above) 5. Longer and more visible contracts for service providers 6. Networks, resource and knowledge sharing, and collaboration 7. Supporting lived experience workers	• Unrealistic expectations or timeframes • Being too narrow in focus / not being open to new ideas / complacency in approach • Not engaging qualified, experienced, local personnel • Not addressing other determinants of health • Organisations not supporting workers, including peer workers	• Invest in the wrong areas / listen to the wrong voices because they are loudest – taking investment / personnel from where it is most needed • Becoming overly focussed on clinical approaches, losing community and wellbeing focus	• Continuity of care and trust, easier access and more options, comprehensiveness of care, and overall more capable communities • Improved wellbeing, opportunities, development and capacity of practitioners • Better workforce and knowledge retention, and relationships / connection with community for providers

Outcome 3: An uplift in overall system capability / integration			
Suggestions	*Barriers*	*Potential Harms*	*Potential Benefits*
1. Adopting a unifying strategy or approach 2. Increasing use of technology, data systems, and key integration/collaboration behaviours 3. Supporting and/or centralising key service provider functions 4. Engage locally and deeply with key resources and stakeholders 5. Be outcomes-focussed and flexible, not KPI-focussed	• Being too committed to one approach • Resistance to change	• Too standardised treatment options may miss complex cases, not meet all needs, and lose specialisations/expertise • Separating streams that shouldn't be e.g. between MH and AOD • Losing existing expertise as system evolves • Too much focus on symptom reduction • Too much reliance on technology removes human interaction / connection	• More choice, confidence, consistency and trust when accessing the system, more tailored/suitable services for community • More sophisticated responses and consistency, connection, and less negative community perceptions for providers

Outcome 4: Community mental health literacy that reduces stigma and enables access			
Suggestions	*Barriers*	*Potential Harms*	*Potential Benefits*
1. Tender inclusions 2. Leveraging community assets, connections, and people 3. Targeted events and positive stories 4. Reaching people where they are 5. Formal training 6. Targeting specific topics	• Getting the messaging / engagement wrong or incomplete	• Over-medicalising societal concerns • Creating more division and stigma, minimalizing mental illness • Alienating community and individuals – feeling blamed, preached to, or more burdened	• More empowered local communities • Better partnership / understanding between communities and services • Better understanding and communication within communities • More empowered individuals, less feelings of shame, and improved relationships • Better use of services

Challenge 1: Contract periods are prescribed by funders. Within this limitation, how do we provide as much certainty and sustainability as possible?
Suggestions
1. Communication during contracts about intentions 2. Appropriate timeframes and transition periods 3. Support during contracts 4. Reduce burden of applying 5. Overturning the identified limitation

Challenge 2: CCQ operates across 3 HHS regions, meaning a higher degree of coordination is required to ensure a consistent approach to service integration. How do we maximise the potential collaboration with the HHS's?
Suggestions
1. Engage professional organisations and clinical / management positions to bridge gaps 2. Build strong local networks and relationships 3. Acknowledging and communicating differences

Challenge 3: There have been historical barriers affecting consistent delivery to rural/regional communities. What requirements or practices could be sought out in commissioning to address or overcome these barriers?
Suggestions
1. Lengthen contracts 2. Face to face services 3. Fund and support nearby local providers 4. Acknowledge differences in needs and costs 5. Collaborate with RFDS

Discussion of findings

Outcome 1: Enhanced collaboration and partnership between services with a consumer lens

Note: This section has more detail and information than subsequent outcomes, as it was the broadest and most-engaged-in conversation outcome during the workshop. It is likely this section captures findings that are applicable across all outcomes, as it was the first opportunity participants had to respond and share feedback.

Suggestions to realise the outcome

A review of responses and suggestions related to Outcome 1 has identified four key discussion points:

1. Forums and support for collaboration and consortia-building
2. Promotion, encouragement, and incentivising of collaboration and consortia-building
3. Addressing existing and potential conflict and separation between key sections of the service ecosystem
4. Engaging consumers / people with lived experience throughout the continuum of service design, delivery, and evaluation

Overall, responses to this question focussed on methods to enhance collaboration and partnership between service providers outside of the procurement process, however several key recommendations did directly touch on this topic.

Forums and support for collaboration and consortia-building

A dominant focus of feedback received on this outcome was the need for forums, supports, and provider behaviours that facilitate collaboration, networking, and consortium-building between providers.

Suggestions within this focus are broadly characterised by:

- **Providing more forums for collaboration** including regular stakeholder or consortium-style meetings
- **Establishing communities of practice**, including for rural and regional areas and across sectors
- **Behaviour changes in providers**, particularly allowing for more flexible communication (e.g. out of hours), and larger-scale/clinical providers making themselves more accessible to smaller-scale/grassroots providers
- **Dedicated positions and/or responsibilities**, both within providers and external, to fill partnership-broker, promoter, network-builder, or convenor roles.

Promotion, encouragement, and incentivising of collaboration and consortia-building

Outside of the need for forums, supports, and behaviours, the workshop feedback also highlighted the need to incentivise collaboration and consortia-building. Recommendations covered a spectrum from promotion to setting mandates or requirements:

- **Undefined 'encouragement' or 'promotion'** of collaboration to service providers was suggested, which may include providing forums and/or communicating the benefits or other incentives that may interest providers.
- **Mandates or seeking commitments** from providers were also presented as an option, as well as **weighting tender evaluations** to prioritise collaboration and consortia, demonstrating support for more prescriptive approaches.

Addressing existing and potential conflict and separation between key sections of the service ecosystem

Several comments highlighted the potential value of collaboration between different types of service providers. The comments indicate that there is (potential for) separation, tension, and/or conflict between more clinical, larger, system-level providers and less clinical, grassroots, smaller providers.

Suggestions to address any perceived or actual imbalances include:

- **Providing forums and promoting/incentivising collaboration in a general sense,** as described above.
- **Supporting smaller providers specifically** to resource/invest in collaboration activities (noting their margins are small), and to complete/participate in larger tender applications (potentially in consortia with others).
- **Interrogating claims of collaborative approaches** by tender applicants, and making recommendations on how to improve them, as part of the procurement process.
- **Address power imbalances** by having the PHN engage with all providers in a consortium, and support smaller providers to participate.
- **Actively engaging community** to ensure the organisations they trust and are familiar with are represented.

Engage consumers / people with lived experience throughout the continuum of service design, delivery, and evaluation

Comments emphasised the importance of inputs from service users / consumers / people with lived experience throughout the service design, delivery, and evaluation processes. The key concepts recommended were:

- **Supporting lived experience / peer workers**, including funding their employment, prescribing the positions in RFPs, and ensuring service providers deliver appropriately supportive workplaces for them.
- **Engaging consumer representative or advocate groups or individuals** as part of any consortia, as well as for the evaluation of service delivery success or otherwise.
- **Ensuring claims of community engagement** and similar by providers (particularly larger ones) are feasible and then delivered as expected.

Other suggestions

The following points were isolated or broadly unrelated and are briefly summarised for reference:

- **Encouraging co-location of services, to reduce costs:** CCQ may consider encouragement of this concept within the RFPs and/or suggest it to successful applicants.
- **Leveraging collaboration to enhance consumer options and experience:** This is discussed in further detail in the following sub-section.

Other considerations for this outcome

Potential barriers to progress

Based on participant responses, the key identified challenges for achieving this outcome are:

- **A lack of goals and action:** Several responses highlighted that collaboration work can become tokenistic and ineffectual if the collaboration is not meaningful, focussed on action, and the action is appropriately resourced (by service providers). Specific responses raised fatigue and limited resources in providers, staffing turnover, and organisational turmoil as related contributors.

- **Targeting the wrong goals:** A number of comments broadly suggested a need to remain focused on the right goals, emphasising that pursuing collaboration or related KPIs for their own sake may result in detrimental outcomes for service users / people with lived experience.
- **Moving too quickly or without flexibility:** Responses seemed to acknowledge that the scope of change being pursued is significant, and highlighted that it was unlikely to be successful if rushed and/or if developed without seeking feedback and iterating in response.
- **Undervaluing or missing key inputs:** Responses highlighted a diverse range of key inputs that could be missing or undervalued / excluded, such as lived experience, specific clinicians (e.g. GPs, Pharmacy), and feedback from consumers / community. This could also include forums being overtaken, inappropriately, by singular influences, individuals, or organisations.
- **Systemic factors:** Systemic factors, such as funders not being brave enough to support substantial change, and the potential for other national/global events or issues to distract focus away from the reform were also raised.

Potential harms

The potential harms identified predominantly focus on the impact on consumers / people with lived experience. These focussed on:

- **Impacts on the care / standard of care available:** Comments on this topic area include 'centralisation' reducing or changing the care available to people in communities, such as to telehealth only or to outreach services from national providers.
- **Reducing accountability:** Several comments referenced a reduction in accountability of individual service providers within consortiums, and the potential for this to impact care.
- **User experience:** If done improperly, several responses warned that individuals may be less likely to pursue services because of their past poor experiences, and/or have to repeat their story repeatedly to multiple services.

Responses also identified potential fatigue and resource demands on providers as a potential harm of enhancing collaboration and consortiums.

Potential benefits

The potential benefits identified were mostly based on the impact on consumers / people with lived experience, including:

- Improving accessibility, standard, and integration of care
- More person centred, responsive care
- Better health outcomes
- Better overall health of the community and reduced distress

Participants also identified positive impacts on providers, the health ecosystem, and practitioners. This included:

- Improved ability to manage complex needs and draw on multiple competencies
- Pooling resources and making efficiency improvements
- Reduced barriers and increased access/utilisation
- Workforce development opportunities
- Reduced frustration in practitioners
- Developing trust between services and communities and local ownership

Outcome 2: A more sustainable workforce and provider continuity

Suggestions to realise the outcome

Workshop participants identified several suggestions for building more sustainable workforces and supporting provider continuity. An implication inherent to each of these suggestions is that their provision by service providers needs to be funded and/or incentivised through contracts.

The key suggestions were:

1. **Adopting a long-term, learning vision**, supported by leadership from the PHN, embedded research and evaluation processes, and a commitment to innovation and looking at novel approaches.
2. **Adjusting hiring practices**, particularly requiring the right levels of experience and qualifications for roles, including for lived experience workers, and offering commensurate wages to the experience/qualifications required.
3. **Investing in workforce development,** covering the spectrum from training, pathways into health professions, placements, supervision, ongoing professional development / progression, and accreditation pathways. Specific ideas included partnering with tertiary education providers and/or other service providers (e.g. for supervision), and providing training incentives/benefits to long-tenured practitioners.
4. **Improving other employment conditions**, in addition to investing in workforce development, such as realistic and appropriate pay scales, workplace culture and safety, managing burnout and other mental health risks for staff, and non-monetary employment benefits (e.g. additional leave, flexible work agreements, social events)**.**
5. **Longer and more visible contracts for service providers**, with better notice periods and including acknowledging / aligning to Fair Work Act requirements for short-term employment contracts.
6. **Networks, resource and knowledge sharing, and collaboration** between providers (including staff movement / secondments, mutual supervision, and networking), with tertiary education providers (exchanging evaluation support / data sharing for training), and sharing positive stories and pathways.
7. **Supporting lived experience workers**, including through the provision of supportive and safe workplaces, deliberately engaging and investing in the development of lived experience workers, using mixed models, and not seeing lived experience workers as simply a cheaper option to clinical workforce.

Other considerations for this outcome

Potential barriers to progress

Responses highlighted five key potential barriers to progress:

- **Unrealistic expectations or timeframes:** Participants identified that achieving this outcome would be challenging and take time, and that having unrealistic expectations could halt or discourage progress and planning for long-term changes.
- **Being too narrow in focus:** Responses highlighted the risk of not being open to new ideas or having complacency in approaches adopted, emphasising a need to stay open to changing course where necessary.
- **Not engaging qualified, experienced, local personnel:** Shortages of appropriate personnel in the short- to medium-term (i.e. before long-term changes can be realised) were identified as a factor that could prevent any progress.
- **Not addressing other determinants of health:** Other determinants of health may limit the scope of what can be achieved, noting the effect of housing, employment, and other life factors.

- **Organisations not supporting workers, including peer workers:** Participants highlighted that investments will not be fruitful if providers are not able to appropriately support their workers in the first instance.

Potential harms

Two potential harms were identified:

- **Invest in the wrong areas**: Participants highlighted that there was potential for investment to be misaligned to priorities or misguided, including where the wrong voices are listened to because e.g. they are the most prominent. This could worsen overall system performance and health outcomes.
- **Becoming overly focussed on clinical approaches:** Too much focus on clinical approaches, symptom reduction, and other medicalised disciplines may lead to losing community and wellbeing focus, which are important to health outcomes.

Potential benefits

Responses identified benefits for consumers / people with lived experience, practitioners, and providers:

- **Consumers / people with lived experience**
  - Continuity of care and trust
  - Easier access and more options / no wrong door
  - Comprehensiveness of care
  - Overall more capable community
- **Practitioners**
  - Improved wellbeing (reduced burnout, job satisfaction, job security)
  - Improved opportunities / development
  - Improved capacity
- **Providers**
  - More and longer-tenured staff
  - Retain more knowledge
  - Better relationships / connection with community

Outcome 3: An uplift in overall system capability/integration

Suggestions to realise the outcome

Suggestions for this outcome covered a broad range of potential approaches, from system-level adjustments to specific supports for individual providers. These suggestions are detailed below.

1. **Adopting a unifying strategy or approach:** Several responses argued for coherent, unifying strategies, that would guide decisions and require providers to take part. Specific elements suggested included aligning around (i) regional / place-based strategies, (ii) mixing new and existing providers, (iii) understanding patient journeys, and (iv) identifying and plugging gaps with localised responses.
2. **Increasing use of technology, data systems, and key integration/collaboration behaviours:** Technology approaches suggested included: access and training to existing software and technology (e.g. Telehealth solutions); platforms to facilitate data sharing, communications and referrals; and emerging technologies such as AI and machine learning. Utilising these technologies, as well as other behaviour changes for providers were also suggested, such as mobile work arrangements (e.g. in community centres) for practitioners.
3. **Supporting and/or centralising key service provider functions / competencies:** This suggestion encapsulates recommendations to support providers to (i) invest in technology, capital upgrades, and systems, (ii) understand drivers of workforce issues, (iii) improve business development and management skills. Additionally, it encapsulates recommendations to centralise key functions, such as databases and administrative functions.
4. **Engage locally and deeply with key resources and stakeholders:** Engagement was encouraged with local and community service providers, local government and 'unusual or non-traditional' organisations – with this understood to mean organisations not traditionally considered mental health service providers.
5. **Be outcomes-focussed and flexible, not KPI-focussed:** Several comments indicated frustration with KPIs as a limitation of capability, with suggestions to adopt more 'important' measures, such as effective handovers and higher-complexity/risk service users, and not use incompatible metrics such as raw patient numbers / episodes / successful completions. Other responses broadly recommended flexibility in KPIs and outcomes measurement, and the ability/capacity for services to respond to learnings.

Other considerations for this outcome

Potential barriers to progress

Two key potential barriers were identified for pursuit of this outcome:

- **Being too committed to one approach:** Participants highlighted the risk of not being open to changing approaches and innovating in response to findings.
- **Resistance to change:** Several comments highlighted there was likely to be significant resistance or disagreement with attempts to change the sector, and that this may be in practitioners, providers, people with lived experience, and the general public.

Potential harms

Four potential harms were identified:

- **Overly standardised treatment options:** Participants highlighted the risk that uplifting overall capacity may result in treatment and other processes that are overly standardised. A risk was identified that this 'standard model' may result in losing specialisations/expertise and not be appropriate for all presentations

- **Separating streams that shouldn't be:** This was raised as a potential harm that could compromise the care of separated streams e.g. between MH and AOD
- **Losing existing expertise as system evolves:** Participants acknowledged that transitions may result in clinicians and expertise departing, if this is not managed appropriately and deliberately.
- **Too much reliance on technology:** Participants expressed their views that over-reliance on technology, and the subsequent removal or reduction in human interaction / connection would be harmful.

Potential benefits

Comments on this outcome identified potential benefits for consumers / people with lived experience, and for providers.

- Consumers / people with lived experience
    - Health outcomes, particularly for young people
    - More choice, confidence, consistency, and trust when accessing the system
    - More tailored/suitable, closer to home, and faster
    - Not retraumatised by service experience
- Providers
    - More sophisticated responses and consistency
    - Breaking down silos and barriers
    - Innovation and best-practice
    - Less negative community perspectives on services; more partnership with community

Outcome 4: Community mental health literacy that reduces stigma and enables access

Suggestions to realise the outcome

There were six key suggestions to realise this outcome. They range from broad, PHN-based responses, to specific activities that could be undertaken.

- **Tender adjustments:** Responses suggested that specific activity inclusions of mental health literacy, stigma reduction, and community engagement would be beneficial.
- **Leveraging community assets, connections, and people:** As mentioned in other topics, there was an emphasis on drawing on local providers / community-based organisations, community centres, peer / lived experience workers, and other local resources.
- **Targeted events and positive stories:** Responses highlighted the need to proactively change the narratives around mental health to destigmatise and develop understanding, with specific suggestions including prominent people sharing their lived experience, and positive media stories.
- **Reaching people where they are:** Responses supported a theme of reaching people in places they spend time, suggesting that clinicians and the 'topic' of mental health could be introduced to, e.g., social settings and activities, schools, gyms, and PCYCs.
- **Formal training:** A small number of responses suggested formal training opportunities, including integrating into school curriculums and offering community training events/classes.
- **Targeting specific topics:** Two key topics were identified as needing specific attention, those topics being (i) AOD as a "legitimate health matter, not a lifestyle choice", and (ii) addressing fear towards people with mental health concerns.

Other considerations for this outcome

Potential barriers to progress

One potential barrier was identified for pursuit of this outcome:

- **Getting the messaging / engagement wrong or incomplete:** With reference to the potential harms (described below), participants overwhelmingly stressed the risk of getting the messaging of these types of activities wrong, and how easily the potential harms could eventuate as a result.

Potential harms

Three major potential harms were identified for this outcome, with each having strong links to the identified barrier.

- **Over-medicalising societal concerns**: Responses indicated a concern that inappropriate concerns could be over-medicalised, with specific examples shared including "parents thinking all children need therapy", people being unnecessarily and overly medicated, and jargon being misapplied. They stressed that this could be the result of pursuing this outcome.
- **Creating more division and stigma, minimalizing mental illness:** Participants also raised the risk that increasing communication and visibility of mental health issues is a delicate balance, and could easily create more division and stigma or, conversely, minimalize and dismiss it.
- **Alienating community and individuals:** Responses highlighted that pursuing this outcome inappropriately or clumsily could result in communities and individuals feeling blamed, preached to, or more burdened as a result.

Potential benefits

Participants identified benefits for individuals and communities of this outcome:

- More empowered local communities
- Better partnership / understanding between communities and services
- Better understanding and communication within communities
- More empowered individuals, less feelings of shame, and improved relationships
- Better use of services

Challenge 1: Contract periods are prescribed by funders. Within this limitation, how do we provide as much certainty and sustainability as possible?

Five suggestions to address this challenge were identified:

- **Communication during contracts about intentions:** Participants highlighted the importance of communication and updates throughout contracts, including specifically on the PHN's expectations or intentions for what will happen at contract conclusion.
- **Appropriate timeframes and transition periods:** The need for appropriate notice ahead of contract renewal or cessation was highlighted, with specific examples including identifying that providers could not secure staff within uncertainty created by short timeframes.
- **Support during contracts:** Responses advocated for support to be provided from the PHN to providers during contracts e.g. liaisons to resolve issues / adjust contracts if needed, workshops to help providers deliver requirements within contracted periods, and ongoing assessments and continuous improvement throughout.
- **Reduce burden of applying:** Participants noted the burden of applying for funding and renewals, including paperwork, bureaucracy, and administrative steps.
- **Overturning the identified limitation:** Several responses identified their resistance to accepting the articulated limitation, and suggested advocating for it to be addressed regardless, including through making representations to funders, jointly with other PHNs.

Challenge 2: CCQ operates across 3 HHS regions, meaning a higher degree of coordination is required to ensure a consistent approach to service integration. How do we maximise the potential collaboration with the HHS's?

Three suggestions to address this challenge were identified.

- **Engage professional organisations and clinical / management positions to bridge gaps:** Participants identified the role that professional organisations (e.g. AMA, APS) and specific positions (within the PHN or elsewhere) could play in aligning and bringing together providers, the PHN, and HHSs
- **Build strong local networks and relationships:** Responses indicated the importance of developing relationships and networks with key HHS personnel and stakeholders, as opposed to seeking engagement only on the 'organisational' level.
- **Acknowledging and communicating differences:** It was highlighted that the HHSs, PHNs, and service providers may have differing priorities and will not always be aligned, at least by default. The primary suggestion was to clarify differences and expectations upfront to ensure all engaged parties are on the same page.

Notably, responses also indicated providers' expectation that this would be difficult to achieve.

Challenge 3: There have been historical barriers affecting consistent delivery to rural/regional communities. What requirements or practices could be sought out in commissioning to address or overcome these barriers?

Five suggestions to address this challenge were identified:

- **Lengthen contracts:** Participants suggested lengthening contracts could provide longevity, time to build relationships, and time to scale delivery.
- **Face to face services:** Participants stressed that face to face services were a necessity, despite pressures to move to telehealth/remote options.
- **Fund and support nearby local providers:** A specific suggestion was provided to engage nearby, local providers with capacity to provide / interest in providing outreach to smaller communities.
- **Acknowledge differences in needs and costs:** Participants emphasised that needs are different in rural and regional areas vs cities, and that more expensive costs means more funding is required for similar outputs in cheaper locations.
- **Collaborate with RFDS:** There was a specific recommendation to collaborate with the Royal Flying Doctor Service.

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