Activity Work Plan 2019-2021:
National Psychosocial Support Measure

This Activity Work Plan template has the following parts:

   - Psychosocial Support Schedule, Item B.3 – National Psychosocial Support Measure

Northern Queensland PHN
1. **(a) Planned activities for 2019-20 to 2020-21**
   - **National Psychosocial Support Measure**

<table>
<thead>
<tr>
<th>ACTIVITY TITLE</th>
<th>NPS1 – Updating the current needs assessment report to provide additional psychosocial support needs data on the NPS measure cohort in the NQPHN region.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing, Modified, or New Activity</td>
<td>Existing Activity</td>
</tr>
<tr>
<td></td>
<td>Previously reported under Primary Health Networks – National Psychosocial Support Measure 2018-2019 Activity Work Plan and Indicative Budget</td>
</tr>
<tr>
<td>Aim of Activity</td>
<td>To improve the qualitative and quantitative data available on the range of psychosocial needs and issues across the NQPHN region that describe, impact, or influence the wellbeing and recovery of people with severe and episodic mental illness. These include the specific needs of groups such as young people, people who identify as Aboriginal and Torres Strait Islander, people living in rural/remote locations, and people who identify as LGBTIQ.</td>
</tr>
<tr>
<td>Description of Activity</td>
<td>This activity will draw on relevant quantitative and qualitative details from the updated NQPHN Health Needs Assessment (Approved 26/02/2019) and the National Psychosocial Support Measure Needs Assessment (published 01/03/2019) and will consult with stakeholder groups in the region including community-managed (NGO) mental health services, Hospital and Health Services (HHSs), consumer and carers, Aboriginal Community Controlled Organisations and other relevant social/community services to incorporate additional regionally-based issues and lived experience perspectives. The activity will provide demographic, social, and mental health data that will support the identification of gaps in services, particularly those resulting from the decision by Queensland Health to restrict access to the state funded NPS services to individuals who are clients of HHS mental health services. NQPHN has yet to commence the development of the regional mental health and suicide prevention plan. Currently the procurement processes for state NPS funded services are ongoing and successful providers have not been announced. Once successful tenderers to the process are identified, and particularly the geographic spread of services is known, the data concerning the measure can be integrated with complementary HHS services into the regional mental health and suicide prevention plan.</td>
</tr>
<tr>
<td>Target population cohort</td>
<td>People with severe mental illness who are not eligible for assistance through the NDIS, and who are not receiving psychosocial services through programs such as Partners in Recovery (PIR), Day to Day Living (D2DL) or the Personal Helpers and Mentors (PHaMs).</td>
</tr>
<tr>
<td>Indigenous specific</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>However, a requirement of the tender process is that services with numbers of Aboriginal and Torres Strait Islander clients develop a mental health literacy/SEWB program particularly directed at families.</td>
</tr>
<tr>
<td>Coverage</td>
<td>The whole NQPHN region.</td>
</tr>
<tr>
<td>Consultation</td>
<td>Stakeholder engagement and consultation activities undertaken in 2018-19 included:</td>
</tr>
</tbody>
</table>
• Consultant-led needs assessment and stakeholder consultations from October 23 – 14 December 2018, including workshops and co-design.
• Identification of challenges/barriers of the new NPS programs, in the three centres of Cairns, Mackay, and Townsville.
• Survey amongst existing Commonwealth funded programs indicating progression of the transition process of clients into the NDIS.
• Public distribution of the report of the consultancy findings.

Consultations in 2019/20 will build on these initiatives and seek to enhance and update data from these sources.

Collaboration Stakeholders/roles that will be involved in contributing to the HNA:
• National/state data sources – including ABS, AIHW, National Mental Health Commissions, Queensland Health, NDIA, Mental Health Australia, Community Mental Health Australia: Provide national reports and data.
• Feedback from consultations - Non-Government Organisations, local HHS services, the Queensland Mental Health Commission, mental health consumers and carers, or other relevant support services: Provide localised specific data and lived experience perspectives.

Activity milestone details/ Duration Activity start date: 1/07/2019
Activity end date: 30/06/2021
This activity will be ongoing over the length of the funding period

Commissioning method and approach to market Not relevant – this is an internal NQPHN activity.

Decommissioning Does this activity include any decommissioning of services?
No

NPS2 NPS2 – commissioning of non-clinical mental health services and contracting of appropriate organisation/s providing services under the NPS, in accordance with NPS guidance material.

NPS2 relates only to:
• The NPS services for the Torres and Cape area of NQPHN.
• All other NQPHN areas (Cairns, Townsville, and Mackay) conducted an open tender procurement process for NPS funding in 2018-19 which will be subject to monitoring, review, and evaluation during the remaining funding period.

Existing, Modified, or New Activity Modified Activity
Previously reported under Primary Health Networks – National Psychosocial Support Measure 2018-2019 Activity Work Plan and Indicative Budget – Description of Activity and Timelines Page 4 and Page 7

Aim of Activity This activity will develop and implement a workable structure for commissioning and delivery of NPS services preceded by inclusive procurement processes that are sensitive to the demographics, cultural specifics, and widely dispersed but low population of the area. The
<table>
<thead>
<tr>
<th>Description of Activity</th>
<th>Cape and Torres area is characterised as the highest indigenous population in Queensland. This activity will be initiated through a collaborative and co-designed process to produce viable programs for the remaining NPS funding that was allocated to the Cape/Torres area and not publicly tendered out in 2018/19. The Cape and Torres area is isolated, remote, sparsely populated, and 70% of the resident population identify as Aboriginal or Torres Strait Islander. The challenge will be implementing a funding system for people that will access those most in need and be capable of providing necessary supports on the ground. This will require both a co-designed process and consideration of inclusion of a wider group of stakeholders than those who operate only in the mental health sector. The Cape and Torres model will also be influenced by the outcomes of the Queensland Health open tender process. Queensland Health intend to provide NPS funded services to individuals who are currently case managed in the HHS mental health services. Individuals who are not case managed and are supported by primary health services will not be eligible. Co-design and collaborative practice will underpin the way forward and support cost effectiveness. This will involve the development of integrated clinical and psychosocial service delivery and identify appropriate assessment and referral pathways. There will be continued funding of existing service providers to continue psychosocial service delivery to current clients, under the NPSM funding schedule.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target population cohort</td>
<td>People with severe mental illness who are not eligible for assistance through the NDIS, and who are not receiving psychosocial services through programs such as Partners in Recovery (PIR), Day to Day Living (D2DL) or the Personal Helpers and Mentors (PHaMs).</td>
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<tr>
<td>Indigenous specific</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage</td>
<td>Torres and Cape Area ABS SLAs. ABS 315011395: Aurukun ABS 315011396: Cape York 31501198: Kowanyama-Pormpuraaw 315001399: Northern Peninsula 315011401: Torres 315011402: Torres Strait Islands 315011403: Weipa</td>
</tr>
<tr>
<td>Consultation</td>
<td>Engagement with a range of providers including the Torres and Cape HHS, local psychosocial support services in the area, ACCHOs, NDIS providers and existing NQPHN funded mental health organisations.</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Stakeholders/roles that will be involved: • Torres and Cape HHS services and primary health providers - provide support to deciding location of services and local demographics of individuals and their families/significant others, as well as indicative geographic areas that will be serviced through Queensland Health NPS funding. • Non-Government Organisations, Local Health Networks, the Mental Health Commission, mental health consumers and carers, or other relevant support services – provide input into</td>
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</tbody>
</table>
collaborative design of services for the NPS model in Cape York/Torres. Relevant NGO providers include Commonwealth and State mental health service providers: of Aftercare, Apunipima, Life without Barriers, and Centacarefnq.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Activity start date: 18/03/2019</th>
<th>Activity end date: 31/05/2019</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Service delivery start date: July 2019</td>
<td>Service delivery end date: June 2021</td>
</tr>
</tbody>
</table>

1. Please identify your intended procurement approach for commissioning services under this activity:
   - ☐ Not yet known
   - ☒ Continuing service provider / contract extension
   - ☐ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.
   - ☐ Open tender
   - ☐ Expression of Interest (EOI)
   - ☐ Other approach (please provide details)

2a. Is this activity being co-designed?
   Yes

2b. Is this activity this result of a previous co-design process?
   No

3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?
   Yes
   The sector within the Cape and Torres Strait Island communities is still emergent and co-design with existing service will be the preferred strategy for commissioning.

3b. Has this activity previously been co-commissioned or joint-commissioned?
   No

1a. Does this activity include any decommissioning of services?
   No

**NPS3**

**ACTIVITY TITLE**

NPS3 – Commissioning of service providers to administer the Continuity of Support (CoS) program in the NQPHN region.
## Existing, Modified, or New Activity

**New Activity**

## Aim of Activity

This activity will provide the commissioning of the CoS funding to support people who have been clients of D2DL, PHaMs and PIR, and who have tested for the NDIS and found to be ineligible as at 30 June 2019.

The priority of NQPHN planning for this cohort is ensuring continuity of care for this client group and providing a safety net for those who are deemed ineligible for the NDIS.

## Description of Activity

This activity will prioritise a seamless transition to ongoing support for clients whose needs meet the eligibility requirements of CoS. This activity will aim to ensure continuity of support for people in those Commonwealth mental health programs that cease on 30 June 2019.

NQPHN will commission current service providers in the initial year of funding to retain continuity of services and allow for implementation of transition process. This will be reviewed prior to March 2020 in order to determine efficacy and sustainability of the model as numbers of people are clarified.

As numbers and locations of people requiring ongoing supports under this scheme are identified further consultation regarding appropriate models of service delivery will be undertaken. This will allow for service delivery to be nuanced to meet the specific requirements of individuals within the context of community of residence / sector capacity. This is of particular relevance to those living in remote communities where access to specialist services is limited. Additional consideration will also be required as services may elect to no longer participate / deliver psychosocial supports based upon altered funding models mandated by the NDIS.

## Target population cohort

People with severe mental illness who have tested and have been found not eligible for assistance through the NDIS, and who were receiving psychosocial services through programs such as Partners in Recovery (PIR), Day to Day Living (D2DL) or the Personal Helpers and Mentors (PHaMs).

## Indigenous specific

No

## Coverage

Whole of NQPHN region.

## Consultation

Please provide details of stakeholder engagement and consultation activities undertaken or to be undertaken to support this activity.

## Collaboration

Stakeholders/roles that will be involved:

- Non-Government Organisations, mental health consumers and carers, or other relevant support services –provide input into collaborative design of services for the COS model across the region. Relevant NGO providers include the previous Commonwealth program service providers of Ozcare, Selectability, Worklink/Thrive, Aftercare, Apunipima, and Centacarefnq.
- Feedback and information from the NDIA regarding transitioned numbers.
- Involvement of aged/disability NDIS providers in the Cape/Torres region.
### Activity milestone details/ Duration

- **Activity start date:** 18/03/2019
- **Activity end date:** 30/06/2019
- **Service delivery start date:** July 2019
- **Service delivery end date:** June 2021

### Commissioning method and approach to market

1. Please identify your intended procurement approach for commissioning services under this activity:
   - ☐ Not yet known
   - ☒ Continuing service provider / contract extension
   - ☐ Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.
   - ☐ Open tender
   - ☐ Expression of Interest (EOI)
   - ☐ Other approach (please provide details)

2a. Is this activity being co-designed?
   - Yes

2b. Is this activity this result of a previous co-design process?
   - Yes

3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?
   - Yes - Negotiations with existing providers has already commenced.

3b. Has this activity previously been co-commissioned or joint-commissioned?
   - No

### Decommissioning

1a. Does this activity include any decommissioning of services?
   - No

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### NPS4

**ACTIVITY TITLE**

**NPS4:** monitoring/assessment/reporting on service delivery and financials, including ensuring access and training in the established data collection and storage for all funded programs in the NPS Measure, including CoS funded services.

**Existing, Modified, or New Activity**

New Activity

**Aim of Activity**

This activity will establish the reporting, monitoring, and assessment framework for the NPS measure, including the CoS component, and the data collection and storage for both sub-programs under the NPS. These services will be reporting for the first time in 2019/20.

**Description of Activity**

Services receiving NPS and/or COS funding will be contract managed by a senior project manager based in the NQPHN region. The project manager will supervise and implement the new contracts and arrange for reporting mechanisms to be established. The ongoing role is one of monitoring and review through the contracted period, plus ensuring the transition process is implemented as required.
All providers receiving NPS new funding will report to the Primary Health Care Minimum Data Set (PMHC-MDS) and data will be uploaded through the NQPHN RediCASE data management system. Sourcing and storing this data through the existing RediCASE system will support integrated clinical and psychosocial data collection, will be cost effective, and improve and streamline assessment and referral pathways. Continuing NPS transition programs will report through the existing MDS and Data Portals previously specified by the Commonwealth. Additional data will be supplied through quarterly financial and performance reporting.

**Target population cohort**

2. Services for people with severe mental illness who are not eligible for assistance through the NDIS, and who are not receiving psychosocial services through programs such as Partners in Recovery (PIR), Day to Day Living (D2DL) or the Personal Helpers and Mentors (PHaMs)

3. Services for people with severe mental illness who have tested for the NDIS and been found ineligible, who are clients of the Commonwealth programs Partners in Recovery (PIR), Day to Day Living (D2DL) or the Personal Helpers and Mentors (PHaMs), which will be discontinued on 30 June 2019.

**Indigenous specific**

No

**Coverage**

NPS service providers located in the whole NQPHN region.

**Consultation**

Consultation with individual NPS and CoS service providers to ascertain training needs regarding collection of data and reporting, monitoring, and review processes.

**Collaboration**

HHS mental health services – collaboration regarding differentiation of client eligibility and clinical pathways for HHS funded NPS services and those funded through NQPHN. NGOs receiving NPS or CoS funding – these are unknown at the time of this plan being developed but will contribute data and advice to health needs assessments and monitoring and review of the programs.

**Activity milestone details/ Duration**

Activity start date: 31/05/2019
Activity end date: 30/06/2021

**Commissioning method and approach to market**

Recruitment – this is an internal NQPHN funded activity.

**Decommissioning**

1a. Does this activity include any decommissioning of services?
No

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**NPSS**

**NPSS**

NPSS: Commissioning and coordination of service delivery for clients who are eligible for support through services funded by the National Psychosocial Support transition funding.

**Existing, Modified, or New Activity**

New Activity

**Aim of Activity**

This activity will fund, engage, and coordinate supports for clients of the existing D2DL, PIR and PHaMs programs, while they transition to the NDIS or CoS as appropriate. These services are funded for 12 months only from 1 July 2019 to 1 July 2020.
**Description of Activity**

Existing clients of the transitioned PIR, D2DL and PHaMs who are yet to test eligibility for the NDIS, or are waiting to receive and access decision are supported through this program. The activities will continue as currently provided by the funded organisations to support access to services whilst the transition process is in its final year.

NQPHN will consider opportunities to link these clients with other supports available through clinical services and care coordination funded through the NQPHN, including Psychological Therapies and the Mental Health Integrated Complex Care (MHICC) program. As these clients are already existing clients of Commonwealth programs, additional referral pathways into the transitional services will not be required, as the acceptance time for new clients will have already closed. However, referral pathways to other support services will need to be developed where these are not already evident.

All providers will report to the appropriate data collection portals (TRIS and others) established to collect information on transitioning clients of the previous Commonwealth psychosocial programs.

**Target population cohort**

Services for people with severe mental illness who have yet to test and/or transition to the NDIS and who are clients of the Commonwealth programs Partners in Recovery (PIR), Day to Day Living (D2DL) or the Personal Helpers and Mentors (PHaMs), which will be discontinued on 30 June 2019.

**Indigenous specific**

No

**Coverage**

The NQPHN region including the location of community mental health Commonwealth programs, which include the LGAs of: Aurukun Cairns Tablelands and Mareeba Cassowary Coast Palm Island Townsville Mackay

**Consultation**

Consultation with individual Commonwealth service providers to ascertain numbers and support needs of clients who have not already successfully transitioned to the NDIS.

**Collaboration**

HHS mental health services – collaboration regarding differentiation of client eligibility and clinical pathways for HHS funded NPS services and those funded through transitional arrangements with NQPHN NGOs providing psychosocial programs in the NQPHN region.

**Activity milestone details/ Duration**

<table>
<thead>
<tr>
<th>Activity start date:</th>
<th>1/05/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity end date:</td>
<td>30/06/2020</td>
</tr>
<tr>
<td>Service delivery start date:</td>
<td>July 2019</td>
</tr>
<tr>
<td>Service delivery end date:</td>
<td>June 2020</td>
</tr>
</tbody>
</table>

**Commissioning method and approach to market**

1. Please identify your intended procurement approach for commissioning services under this activity:
   - [ ] Not yet known
   - [ ] Continuing service provider / contract extension
   - [x] Direct engagement.
   - [ ] Open tender
   - [ ] Expression of Interest (EOI)
   - [ ] Other approach (please provide details)
The NDIS commenced in Cairns, Cape and Torres regions on 1 July 2018. As a result, few clients have transitioned to the NDIS due to waiting times for assessment, and the timeframe of the scheme. The current providers of Partners in Recovery (CentacareFNQ), PHaMs Cairns (Aftercare), PHaMs and D2DL Townsville (Selectability) and PHaMs Aurukun (Apunipima) still have substantial numbers of people in their programs, and to ensure continuity of care, these services will be directly contracted by NQPHN to continue for 2019/20. These services were all established when the programs were initially rolled-out by the Commonwealth and have met their performance requirements.

Transition of service users to the NDIS is more progressed in Mackay and Townsville regions, however there are still consumers within existing service models.

PHaMs Mackay and Townsville (Ozcare) have indicated they will cease Psychosocial service delivery and discussions are in place to transition the remaining service users to alternate service provider. All other providers have indicated that they will continue to work with NQPHN over the upcoming transition period.

2a. Is this activity being co-designed? Yes
2b. Is this activity this result of a previous co-design process? Yes
3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No
3b. Has this activity previously been co-commissioned or joint-commissioned? No

Decommissioning
1a. Does this activity include any decommissioning of services? No

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**NPS6**

**ACTIVITY TITLE**
NPS6: Allocation of NQPHN resources to plan, fund, and coordinate services under the Continuity of Support (CoS) measure, and the National Psychosocial Support (NPS) program, and provide support to Commonwealth community mental health clients to transition to the NDIS.

**Existing, Modified, or New Activity**
New Activity

**Aim of Activity**
The Psychosocial Support Interface funding will ensure that gaps in service provision are minimised during the transition of clients from Commonwealth programs to the NDIS, and that service delivery of CoS and NPS funded services (State and NQPHN) are maintained as complementary and linked-in to the NPS Transition support services.

**Description of Activity**
NQPHN will engage suitably qualified personnel and provide funding allocations to current providers to establish NDIS Transition Support Officers. NQPHN will undertake the following:
1. Establish a National Psychosocial Support Measure Program Manager to take the lead program management role in the introduction of the NPS, NPS Transitional measure and CoS in the NQPHN region
2. Undertake establishment activities in relation to the measures to enable service delivery to commence by July 2019.
3. Monitoring, review and evaluation of all NPS contracted programs.
4. Developing and maintaining reporting and funding arrangements.
5. Work with State Health funded NPS services to ensure that services are complementary and do not duplicate services, as well as the identification of gaps in services.
6. Engage with Transitional NPS service providers and new NPS providers to develop referral pathways to appropriate NQPHN services, particularly those targeted at the severe and complex cohort.

NDIS Transition Support Officers will:

1. Provide skilled and accessible support to transitioning clients. As the NDIS Transition Support Officer positions are located within psychosocial services where existing support staff have enabled NDIS client applications to date, these staff will already have a range of skills and experiences in supporting client applications and will implement seamless continuity of support for NPS transitioning clients.
2. Identify additional training needs as NDIS Transition Support Officers which will be coordinated and arranged by the NQPHN Psychosocial Program Manager as appropriate.
3. Assist clients with gathering evidence required for establishing functional/permanent disability for their NDIS application. This activity may be focused particularly on those clients who have ‘declined to apply’ or are stalled in the application process. The NDIS Transition Support Officers will coordinate and facilitate the submission of high quality access applications to the NDIS.
4. Support clients to re-test their eligibility with the NDIA if they are unhappy with their access decision or their circumstances have changed.
5. Engage with a range of stakeholders, including HHS mental health services, clinical and non-clinical services funded through the NQPHN, and other social and community services to ensure wrap-around services and referrals pathways are available to Transitioning clients, and that these address the social determinants of health.

This management strategy will develop collaborations and mechanisms to inform both the Health Needs Assessment and the regional mental health and suicide prevention plan.

<table>
<thead>
<tr>
<th>Target population cohort</th>
<th>Mental health service providers and their clients who are transitioning to the NDIS through Transitional NPS funding, or who will be supported by other funding sources such as CoS and the standard NPS funding.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous specific</td>
<td>No</td>
</tr>
<tr>
<td>Coverage</td>
<td>Whole of NQPHN region with focus on the following LGAs: Aurukun, Cairns, Tablelands and Mareeba, Cassowary Coast, Palm Island, Townsville</td>
</tr>
<tr>
<td>Consultation</td>
<td>Mackay</td>
</tr>
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<tr>
<td>Consultation processes commenced in November 2018 and has involved a range of providers, including HHS mental health services, the NDIA, consumers and carers, NGOs providing psychosocial support programs, and the Commonwealth mental health programs.</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Collaboration</th>
<th>Mackay</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHS services – referral pathways out of the services for those requiring higher intensity clinical interventions where appropriate. NPS services funded by State Health – ensuring duplication of services is minimised and gaps are identified. NQPHN funded severe and complex services – development of physical/mental health support in general practice, where needed.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity milestone details/ Duration</th>
<th>Mackay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity start date: 1/05/2019</td>
<td></td>
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<td>Activity end date: 30/06/2020</td>
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<thead>
<tr>
<th>Commissioning method and approach to market</th>
<th>Mackay</th>
</tr>
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<tbody>
<tr>
<td>1. Please identify your intended procurement approach for commissioning services under this activity:</td>
<td></td>
</tr>
<tr>
<td>☐ Not yet known</td>
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<td></td>
</tr>
<tr>
<td>☒ Other approach (please provide details)</td>
<td></td>
</tr>
<tr>
<td>Engagement of qualified personnel by NQPHN to lead the coordination of NDIS Transition Support Officers located within psychosocial services, to support clients to transition to the NDIS or CoS, consistent with the PHN Psychosocial Support Interface Guide (March 2019)</td>
<td></td>
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<tr>
<td>2a. Is this activity being co-designed?</td>
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<tr>
<td>No</td>
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<tr>
<td>2b. Is this activity this result of a previous co-design process?</td>
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<tr>
<td>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?</td>
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<td>No</td>
<td></td>
</tr>
<tr>
<td>3b. Has this activity previously been co-commissioned or joint-commissioned?</td>
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<tr>
<td>No</td>
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<thead>
<tr>
<th>Decommissioning</th>
<th>Mackay</th>
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</thead>
<tbody>
<tr>
<td>1a. Does this activity include any decommissioning of services?</td>
<td></td>
</tr>
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