

Penrith
HEAD TO HEALTH

Service Design Report: Penrith Head to Health Establishment

Key learnings, insights and moving forward

October 2021

Acknowledgements



Penrith Head to Health operates on Dharug, Gundungurra and Wiradjuri country.

We acknowledge the Dharug, Gundungurra and Wiradjuri people as the Traditional Owners of the region and pay our respects to Elders past and present.



We recognise that their sovereignty was never ceded and are committed to a positive future for the Aboriginal and Torres Strait Islander community.

Penrith Head to Health is committed to cultivating inclusive environments for staff, consumers and carers and celebrates, values and includes people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

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1. Abstract

Penrith Head to Health is one of eight Adult Mental Health Centres being piloted across Australia over the next five years, with one located in each state and territory.

In June 2021, Neami National was commissioned by the Nepean Blue Mountains Primary Health Network (also known as Wentworth Healthcare) to operate the service. Penrith Head to Health will open its doors in December 2021 with the goal of being fully operational by the middle of 2022.

To reach this goal, a rapid service design and establishment phase was carried out from June to September 2021. This phase focused on 'creating connections and coming to know what matters', aligning with Neami's Collaborative Recovery Model, which underpins all Neami's services and their development.

The first phase, 'creating connections and coming to know what matters', is focused on working and engaging with the local Penrith community to understand and design a service that best meets their needs. Neami undertook a range of approaches (scoping and mapping, stakeholder engagement and co-design) to create connections with the local community, understand the existing service gaps and design a new service that would minimise duplication of existing support.

This report presents the insights and learnings from these processes and presents what has been considered in development of Penrith Head to Health.

Our hope is for Penrith Head to Health to provide a warm and welcoming space where everyone who walks through the doors is met with empathy, care, compassion, and can find the right support to meet their needs, where and when they need it.

2. Background

2.1. About Penrith Head to Health

Neami National is partnering with Wentworth Healthcare, the provider of the Nepean Blue Mountains Primary Health Network (NBMPHN), in a new approach to support better mental health and social and emotional wellbeing in the Penrith region.

Penrith Head to Health is one of eight new Adult Mental Health Centres being trialled across the country, with one located in each state and territory.

The vision for Penrith Head to Health is for the service to be welcoming, safe and inclusive. The service will provide, and connect people to, the right support when and where it is needed, including:

- Immediate support for people in crisis.
- Timely access to short-term support to meet immediate mental health needs.
- Help to access local support to meet mental health needs.
- Information, navigation, and referral for people seeking mental health support for themselves or others.

Using a combination of recovery based, peer-led, lived experience, wellbeing and clinical support, Penrith Head to Health will provide immediate support for people experiencing distress and help to develop a plan for the future.

Our goal is to collaborate with the local community, clinical and health services. Working together, we can offer a 'no wrong door' approach and provide better access to mental health and wellbeing support.

Safe, welcoming, and inclusive

We will offer person-centred, caring and helpful support in a calm, comfortable environment.



Finding a way forward, together

We will provide immediate help to support people in distress and work together to develop a plan for the future.

Support from people who have lived through it

Many of our staff will have experienced a mental health crisis and will offer support that utilises their own lived experience.

Using evidence of what works

We use leading research to understand what works to help people to improve what matters most to them.

Penrith Head to Health will be delivered by Neami National, supported by the NBMPHN.

2.2. About Neami

Neami is a community based, not-for-profit organisation providing mental health, homelessness and suicide prevention services across Australia. We support people to improve their health, live independently and pursue a fulfilling life.

Supporting social and emotional wellbeing and better mental health

We support people with a diverse range of needs, including:

- Reducing distress and managing mental health.
- Finding and maintaining a home.
- Building independence and life skills.
- Strengthening personal, social and community connection.
- Accessing the right support.
- Participating in meaningful activities.
- Improving physical health.

Focused on recovery

Recovery is the journey that someone with mental health or other challenges takes to improve their wellbeing. We deliver purposeful, recovery-focused programs that support positive outcomes for each person. We believe that everyone can live a good life based on their values, strengths, and goals.

Commitment to diversity and inclusion

Neami is committed to cultivating inclusive environments for staff, consumers and carers. We celebrate, value and include people of all backgrounds, identities, cultures and experiences to achieve safe, accessible and culturally responsive services. We are responsible for developing strategies, services and policies that consider the unique circumstances of oppression, marginalisation and discrimination that can impact access to support.

Bringing national perspective with a local heart

Neami services draw from the strengths of a national organisation while remaining flexible enough to match individual support to each person's needs. We have more than 1000 staff supporting more than 27,000 people with more than 70 services across metropolitan, regional and remote areas. We know that connection to the local community is at the heart of recovery.

2.3. Approach to service design

Neami National was awarded the Penrith Head to Health contract in late June 2021. A rapid service design and establishment phase was carried out to enable the opening of the Penrith Head to Head on 1 December 2021. Our approach to service design and establishment is informed by Neami's Collaborative Recovery Model (CRM).

The CRM is the framework that all Neami services utilise. It focuses on strengths and values, goals and actions within a coaching framework, with an emphasis on



the alliance between staff and consumers and the growth potential of consumers. The CRM is an overarching philosophy that encompasses notions of self-determination, self-management, personal growth, empowerment, choice and meaningful social engagement.

Our approach to service design has been collaborative and participatory, where we sought to work with the Penrith community and a diverse mix of people (including people with a lived experience of recovery, carers and family, mental health professionals, support services and first-responders) to design new solutions.

Utilising community engagement and co-design strategies, our approach has been grounded in the CRM and the three stages of:

- Stage 1 – creating connections and coming to know what matters.
- Stage 2 – coming up with ideas and deciding what to do.
- Stage 3 – giving it a go – implementing solutions and checking in to ensure they are working.

2.4. Service design activities

This report sets out the activities, insights, and learnings from Stage 1 – creating connections and coming to know what matters.

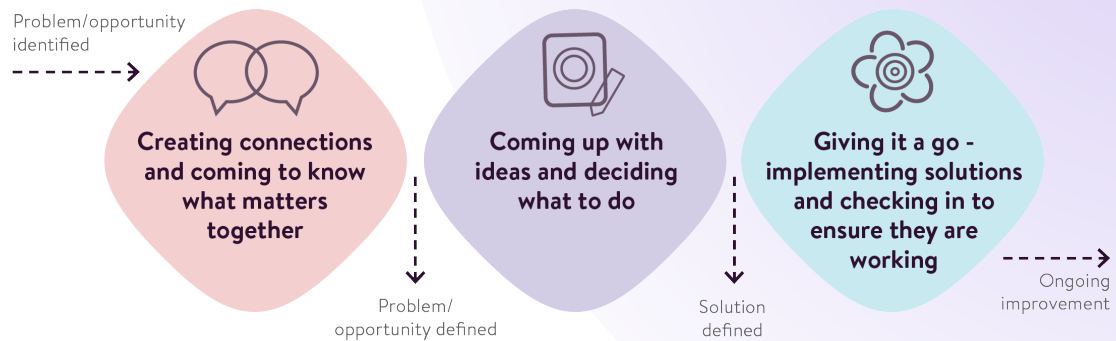
Key elements required for Penrith Head to Health to open by December 2021 included:

- Community and stakeholder engagement.
- Co-design.
- The development of the service model.
- Sourcing of a building.
- Floor plan design and fit-out of the building.
- Recruitment and training of staff.

To achieve this within a compressed timeframe, Neami undertook a range of approaches to create connections with the local community, understand the

existing service gaps and design a service that would minimise duplication of services.

Neami's approach to service design for the Penrith Head to Health establishment took the following approaches.



Scoping and understanding

Neami drew on experience from establishing Australia's first Adult Mental Health Centre, the Adelaide Urgent Mental Health Care Centre, established in 2021.

Neami has also been establishing the Northern Territory and Victorian Head to Health services concurrently with Penrith Head to Health, allowing for the sharing of knowledge and learning.

Neami also drew on several source documents to inform the service design.

Some of the documents considered include:

- National Guidelines for Adult Mental Health Centres.
- Penrith SafeHaven Co-design Report.
- Sharing and Learning Circle Summary Report NBMPHN.
- The Nepean Blue Mountains Partners in Recovery Evaluation.
- National PHN guidance – initial assessment and referral for mental health care.

Stakeholder engagement

Neami conducted a stakeholder engagement process focussed on understanding the existing services in the NBMPHN area. This was done to minimise possible duplication of services and maximise opportunities for a more integrated mental health system. This stakeholder engagement process also identified gaps in the system that will be identified later in this document.

Co-design

Neami used the above information to inform more focussed co-design sessions, which were conducted throughout August 2021.

This process of creating connections and coming to know what matters has informed the development of the service design and service model of care.

3. Stage 1: creating connections and coming to know what matters

To ensure that Penrith Head to Health meets the needs of the local community, Neami carried out a stakeholder engagement and co-design process during the months of June – September 2021.

3.1. Stakeholder engagement

Integral to Neami's service establishment approach and highly recommended in the National Guidelines for Adult Mental Health Centres (AMHC) was the need to consult widely with the NBMPHN community.

Our stakeholder engagement activities and consultation with the NBMPHN community focused on:

- Understanding community need.
- Ascertaining which services exist in the area and identify any service gaps.
- Ensuring there is minimal service duplication.
- Exploring integration opportunities with key services in the area to maximise sector communication and streamline referral pathways for people seeking support.

The stakeholder engagement process began in July 2021. The bulk of the stakeholder engagement process was conducted throughout July and August, noting that ongoing consultation, exploration and partnership development work continued into September and will continue throughout the remainder of the year.

Stakeholder consultations included individual services, large service systems such as the Local Health District (LHD), stakeholder groups and individuals.

An Advisory Committee (Committee) was also established as a forum where the perspectives and insights of different stakeholders could be shared, discussed, and formulated to ensure Penrith Head to Health meets the needs of the local

community. The Committee is comprised of a diverse range of local stakeholders including professionals and consumers. The Committee meets on a monthly basis.

To ensure the local community and stakeholders continue to hear about the progress of the service and have opportunities for ongoing input, Neami also created a monthly newsletter and conducted bi-monthly town hall online information sessions.

A variety of themes emerged from the stakeholder engagement process. These ranged from service gaps, integration opportunities, suggestions around service offerings and types of staff that should be employed (see section 4 for these insights).

Below is a list of services and groups that were consulted in the initial phase:

- Aboriginal Counselling Services
- Aboriginal Land Council
- DV West
- Greater Western Aboriginal Health Service
- Headspace
- LikeMind
- Lindsay Active Living network
- NBM Local Health District Lived Experience Advisory Group
- NBM Local Health District Mental Health Executive team
- NBM Local Health District Syringe Program
- NBMPHN Consumer and Carer Council
- NBMPHN funded services
- NBMPHN Integrating Care Clinical Counsel
- Nepean Community and Neighbourhood Services
- Pathways Penrith (Salvation Army)
- Stride
- Ted Noffs Foundation Street University
- The Men's Table
- This Way Up
- Uniting Family and Carer Services
- Western Sydney University
- WHOS Hub Marrin Weejali



3.2. Co-design, approach and focus

Our co-design workshops explored the unique purpose and goals of Penrith Head to Health, how the service could look and feel and what service model could best support this.

Taking a co-design approach means we are 'designing with' the people affected by a problem or opportunity to ensure that new solutions will meet their needs.

Principles for co-design include sharing power and decision making, building genuine relationships, encouraging mutual learning and building capabilities for all people involved.

Neami hosted three online co-design workshops, a consultation session with the NBMPHN's Lived Experience Advisory Group, two individual phone conversations and received four written items of feedback over the months of July - September 2021. In total we engaged 21 consumers and carers, and 16 agency stakeholders from the Penrith area.

To recruit a diversity of participants, an Expression of Interest (EOI) process was opened and shared across a variety of channels including: NBMPHN and LHD networks, social media, the Penrith Head to Health Townhall, monthly newsletter, University of Western Sydney, TAFE NSW, agency stakeholders in the Penrith area and word of mouth.

Below is a list of services and groups that were consulted in the initial co-design phase:

- Consumers and Carers Council
- Headspace
- Lived Experience Network
- NBM LHD
- Neami National
- Nepean Blue Mountain Primary Health Network
- Salvation Army Australia
- Stand By Support



- Walk and Talk – Blue Mountains
- We Help Ourselves (WHOS)

The co-design process supported the Neami team to draw on community experience and best understand:

Purpose

- What is needed to provide a positive experience at Penrith Head to Health for both consumers and service providers.
- How to best integrate with existing services.
- What makes for the right service at the right time.

What the experience accessing the service should feel and look like

- Key location considerations.
- Functional and accessibility elements and preferences.
- Exterior and internal design.

Service model

- How different needs are addressed and supported at Penrith Head to Health.
- Ways of working within Penrith Head to Health – clinical and non-clinical ways of working.
- Functionality of roles and core elements within each position – qualities and ways of being.

Community engagement and co-design will be a continual process and has been embedded in the establishment (Co-design Stage 1) and implementing stages (Co-design Stage 2) of Penrith Head to Health.

The remaining sections together present the insights and learnings from Stage 1 – creating connections and coming to know what matters.



4. Stage 1: insights and learnings

4.1. Purpose

Penrith Head to Health's purpose and unique position within the Penrith community was explored from the perspective on what it would mean for Penrith Head to Health to meet the needs of the local community, and what experiences at the service would support this. The following themes were identified through the process.

Penrith Head to Health is a place where:

Everyone feels welcomed, seen, heard,
and understood

Penrith Head to Health is a warm and welcoming environment where everyone who walks through the doors is met with empathy, care, compassion and a curiosity about how Penrith Head to Health can support and meet their needs.

Connections are made

Penrith Head to Health is a place for genuine connection and relationships that are trusting and safe, and where respectful and compassionate dialogue is fostered between:

- Staff and consumers.
- Between staff themselves.
- Between consumers themselves.

People are seen and understood as their unique selves

Penrith Head to Head is holistic and person centred. Penrith Head to Health recognises the uniqueness of each personal circumstance (physical, emotional,

social and spiritual wellbeing), where there is no one-size-fits-all and instead a flexible and adaptive approach to care is adopted.

Penrith Head to Health moves away from the medical model and classification of mental illness. Instead it focuses on people – understanding and responding to distress and supporting access to services that fits the unique individual context and presentation of needs.

The following was identified as core elements in supporting this vision:

Holistic care and service provision

Providing support that focuses on the whole person and their context and environment. The support should also respond to physical, emotional, social, and spiritual wellbeing.

Culturally responsive and accessible

Culturally safe and accessible for First Nation, Culturally and Linguistically Diverse (CALD) and LGBTIQ+ communities. The importance of having First Nation and CALD staff members, ensuring translators are available and that signage and visual cues are provided in a variety of languages.

Trauma informed

Trauma-informed staff, services and building design and fostering an environment of safety (emotional as well as physical), trust, choice and agency, collaboration and transparency, empowerment, respect for diversity, and responsiveness.

Awareness and integration of service networks

Penrith Head to Health should develop a strong understanding of the service networks currently in Penrith, and for service navigation and coordination to occur as a function of the service.

Penrith Head to Health should equally have a variety of service offerings on site with integrated ways of working and clear and transparent follow up.

Continuity of care

Ensuring an individual has consistent support throughout their journey. There was support for a peer worker to stay with an individual throughout their journey with Penrith Head to Health, someone that can be there for each step of the process and link them in with appropriate supports. It was particularly noted that Penrith Head to Health should be a service where individuals do not need to repeat and re-tell their story.

No wrong door

Penrith Head to Health is able to respond to a diverse range of individual needs through either providing direct services, appropriate linkage and referral and case co-ordination.

Out-of-hours and digital support

Ensuring that the service is open and support is available outside of the 9-5 weekday working hours, in particular the evenings and on weekends. A digital platform with chat functions and virtual supports was discussed as an option to allow individuals to remain connected and to access supports and information virtually.

Family and carer Inclusivity

Family members and carers should play a key role within service-model development.

An understanding and appreciation of an individual's natural support network (family, friends, carers) with ongoing conversations regarding how, if and when to include them in any support (with the consent of the individual).

Lived experience/ peer workforce

There is a strong preference for there to be a well-supported peer workforce.

There is also preference for the first point of contact for a person using the service to be someone with lived experience.

Integration of clinical and non-clinical models of care

Penrith Head to Health supports and enables multidisciplinary (clinical and non-clinical) ways of working, where peer work is a core and valued function of the workforce.

The relationship between clinical and non-clinical practice will be an important consideration for the service model.

Community connection and engagement

There is genuine, ongoing engagement with the local community and to building governance structures that support and elevate the voice of community and lived experience.

Safety and opportunity instead of risk

There is a demand for crisis response and care to be provided by Penrith Head to Health. Dignity of risk and supporting consumer choice within Penrith Head to Health was seen as key elements to be embodied, in line with the ethos of Neami's Safety and Opportunity framework. Elements such as promoting safety and de-escalation, collaborative safety planning, suicide prevention peer workers, and community and family education training and supports were strongly supported. It will be important to promote Penrith Head to Health approach to crisis response to the local community.

What does this mean for Penrith Head to Health?

The stakeholder engagement and co-design process identified a wide range of insights and learnings about what the purpose of Penrith Head to Health should be. As the project team developed the service model of care, these insights and learnings formed the basis of the design process. Many of the insights have gone on to inform key aspects of the service including the building design layout, the makeup of the staffing, the client journey map through the service, and the training plan for the team. Notably:

- Penrith Head to Health will have a high proportion of staff employed in peer roles. In addition, the service will also offer all Penrith Head to Health staff working in non-peer roles the opportunity to use their lived experiences of recovery while working in any role at the service. Training for staff to use their lived experience of recovery safely and purposefully in their role will be provided.
- The service model has been designed to ensure that all roles that interface with people entering the service for the first time are trained to provide a suite of functions. They will comprise a front-of-house welcome with a concierge-type approach, an initial assessment of needs component, stabilisation support if required, system navigation and advocacy, and finally, follow-up support. This will improve continuity of care and ensure the person who greets the consumer stays with the individual throughout their time with Penrith Head to Health, minimising the amount of re-telling people need to do and supporting the development of a therapeutic relationship.
- Penrith Head to Health is recruiting a diverse workforce that will include identified Aboriginal and Torres Strait Islander roles and will work to ensure there is a good representation of staff similar to the community that services are being delivered in.
- There will be a dedicated family room to ensure families with children are catered for. Consult rooms will have enough space for a friend or family member that may be accompanying the person seeking services to be accommodated.

- Training of staff will have a strong customer service experience component to ensure that people are greeted warmly and supported with their needs in a friendly, supportive manner.

4.2. What accessing Penrith Head should look and feel like

In considering the property, location and design features and elements that would support Penrith Head to Health to feel welcoming, inclusive and accessible, the following themes emerged.

Property

At the time of the co-design sessions, Neami was exploring possible property options.

Emerging through the co-design process were several key needs regarding Penrith Head to Health, its location and position within the community.

- Central location – preference was for the Penrith Head to Health to be within a 1km radius (10-minute commute) from additional services in the local community and public transport options such the Penrith train station.
- Public transport – close to public transport, particularly the Penrith train station.
- Parking – accessible and free parking on the street, car park or in locations negotiated by Penrith Head to Health
- Close to services, cafes and shops.
- Close to green space, either an on-site garden or a park close by.
- Close to or co-located with other services in the local community.
- Walk-in and accessible from the street.
- Wheelchair and vision-impaired accessible.

Internal design – look and feel

In considering the look and feel of Penrith Head to Health, the following themes emerged:

- Natural colours, lighting, and tones – preference for natural colours (greens, blues, peach, orange) and soft, warm lighting
- Plants and nature – a strong preference for the use of indoor plants and greenery, as well having green space as part of the service (or close by).
- Music and background sounds – soft, calming, uplifting music as a background.
- Smells – natural, earthy smells and minimising the scent of disinfectant and cleaning products.
- Artwork, paintings, and other visual cues on the walls – preference was made for these to be from local First Nation artists, community members or consumers.
- Temperature – warm and comfortable.
- Furniture – inviting, comfortable couches with pillows, blankets and rugs.

Preference was made for Penrith Head to Health to utilise a mix of spaces. Spaces that:

- Can be experienced by oneself or with others – Penrith Head to Health should be open plan upon entry, with opportunity to move into private spaces (and for there to be flexibility in what this privacy looks like).
- Are both directed and self-directed – spaces that are both specific in purpose and function, and spaces where people can be introduced to information (information brochures, booklets and computers to navigate) and can experience the service in a way and at a pace that feels right to them.
- Are family and youth friendly, ensuring there are areas for families and carers to feel safe and supported.
- Are culturally informed and safe, and support multicultural and transcultural ways of working.
- Are outdoor – opportunities to experience or interact with Penrith Head to Health in an outdoor environment.

- Are sensory – spaces that are calming or where sensory modulation can occur. These spaces should also be culturally appropriate for people.

What does this look like for Penrith Head to Health?

The stakeholder engagement and co-design process identified a wide range of insights and learnings about the Penrith Head to Health physical building. This included aspects relating to where the building should and should not be, the types of rooms and services that should be offered and the look and feel of Penrith Head to Health. Some of the key areas that are being incorporated into the building location considerations and design include:

- Following the co-design sessions and early consultation, in the search for property choices Neami eliminated sites that had lift access only.
- Neami has now secured a property – Ground Floor, Suite 3, 111 Henry St, Penrith, NSW. The lease commencement date is the 1 October 2021. The property has lots of natural light from the front and rear of the building. The building is close to public transport in the Penrith CBD.
- Neami has engaged an architect and builder and plans have been finalised. The design of the building has used trauma-informed design principles and will be a warm building with natural colour lighting and tones.
- Neami is commissioning a local artist to create a mural at the front of the building.
- There will be a front area of the building that will be open and spacious with a library style feel. This is where people will be greeted and receive initial engagement by a warm and welcoming staff member.
- There will be a group room that will be multipurpose. It will be able to be left open, extending the available space open to the public and can be closed off when groups are being run.
- A second part of the service will be available for people seeking longer-term support around crisis stabilisation. This will be warm and welcoming and offer a range of different seating spaces and types for people to recuperate in.

- In the stabilisation area we will have two pods available for people seeking sensory regulation of their environment. This will include the capacity to adjust their personal light and music/sounds.

4.3. Service model

Discussions regarding the Penrith Head to Health service model served as an opportunity to explore both the experience and practical needs of a range of consumers across each step of their engagement within Penrith Head to Health.

Our conversations explored:

- Welcome
- Intake/assessment and referral
- Support options
- Exit and follow up

The service model discussions were had in the context of the existing service model parameters Neami is commissioned to provide.

The following are the insights gained for each stage of a consumer journey.

First contact and welcome

- Welcoming, warm, calm and nurturing interaction, during which you are offered a cup of tea and somewhere comfortable to sit and have a conversation.
- Upon entry a consumer doesn't have to wait and / or feel rushed.
- The first point of contact is a peer worker.
- Flexible conversation grounded in trauma-informed practice: active listening, with a focus on understanding consumer needs, affirming that they have come to the right place, have flexibility in what they can access and are welcome back at any time.
- Guided by the consumer in how and where they would like the conversation to take place.
- Focused on building connection, a relationship and rapport between the consumer and Penrith Head to Health workers.

- Multi-lingual staff members or clear options for translation and interpreting services.
- Staff are casually dressed – identified by their name, rather than position
- No wrong door approach.

Intake, assessment and referral

- Holistic, strength-based and person-centred, focused on meeting a consumer where they are at, getting to know them through dialogue and conversation, prior to any formal assessment tools.
- Supporting consumers understand what accessing the service can look like and have clear transparent entry points and referral pathways.
- Transparency in how information may be recorded and used.
- Soft handover between non-clinical and clinical staff members and or additional services on site – no need to re-tell one's story repeatedly.
- Support for having a peer worker stay with a consumer throughout their journey and experience with Penrith Head to Health. Someone that can be there for each step of the process and link them in with appropriate supports.
- Capacity to remain anonymous by choice if practical and still receive a service.

Support options

There was a strong preference for a predominately peer workforce. While it was recognised that there is a need for clinical capability, it was affirmed that there should be a strong relationship between clinical and non-clinical service elements.

- Non-clinical – peer workers, volunteers, peer / support groups and recreational activities (e.g. art classes), parenting groups held on site.
- Clinical – Mental Health Nurse to provide mental health assessments, social workers, occupational therapists, diversional therapists counsellor, psychologist as staff or providing outreach.

Identified services that would be beneficial in providing outreach from Penrith Head to Health include drug and alcohol, financial counselling, hardship support and parenting and family programs.

It was further identified that having allied health professionals on site who have expertise in navigating and accessing supports such as the National Disability Insurance Scheme (NDIS), Disability Support Pension and Housing, will be a great benefit to the Penrith community.

Immediate psychological supports were identified as critical. People reported wanting to be able to receive a service on site, not needing to wait long periods of time to access services.

Broadly, it was also queried how Penrith Head to Health will support individuals with more complex needs, those who require longer-term psychotherapeutic support. While individuals can have multiple contacts with Penrith Head to Health over time, with short to medium-term support being the focus of the service, there continues to be a gap in the service system for longer-term care. In considering this, ensuring that individuals are followed up with and ensuring that any referrals made meet their needs will be important elements to consider in the service model design.

Transitioning, connection, exiting and follow up

- Clear, transparent and collaborative process upon transitioning from Penrith Head to Health to other services, affirming any referrals made and clarifying how, when in what way follow up should be provided – e.g. phone, email, face-to-face.
- Linking in and connecting to activities and services that directly supports a consumer's goals.
- There was support for connecting consumers in with a buddy (a peer worker or volunteer) who will connect with them outside of their time with Penrith Head to Health.

Workforce considerations

Considerations were raised regarding how we can ensure the right capabilities and staffing mix, and further develop and support a diverse and multi-disciplinary team.

While these areas require further exploration throughout the co-design process, they are important to note as emerging themes at this stage.

- Fostering and supporting a strong peer workforce.
- Values and skills-based recruitment.
- Embedding lived experience in all Penrith Head to Health service aspects (recruitment, staffing to governance).
- Support and elevate the role and expertise of lived experience within the staffing mix.
- Strong relationships between clinical and peer workforce.
- Mental Health Nurses and Social workers to be part of the staff mix.
- Shared knowledge on roles and responsibilities and process for supporting a consumer journey / experience.
- Collaborative, non-hierarchical team environment.
- Supportive, open and respectful Penrith Head to Health team culture.

What does this look like for Penrith Head to Health?

The stakeholder engagement and co-design process identified a wide range of insights and learnings about the Penrith Head to Health service model. This included aspects relating to the staffing breakdown, the services that should be available and the service's interrelations with other services. Some of the key areas that are being incorporated into the service model (in addition to those listed above) include:

- Staff will be trained in the delivery of support through the Neami Safety and Opportunity framework to ensure people are clearly in control of their care. Additional training will be provided around customer service and trauma-informed care to further guide practice.

- Consideration has been made about reducing duplication in the Penrith area and enhancing integration. Neami will enhance the sessions available for counselling through LikeMind. The service hours for counselling will be enhanced in the evening and will also offer access to sessions on Saturdays.
- Neami are in discussions with the NBMLHD around the possibility of integrating the Safe Haven suicide support service into Penrith Head to Health. This would increase the number of peer workers and clinicians operating at the service to support higher volumes of people while also increasing the hours that dedicated peer workers with lived experience of a suicidal crisis will be available to support people in the NBMPHN area.
- There are discussions with the LHD about embedding a Penrith Head to Health staff member in the LHD's Triage and Assessment Centre (TAC). This would allow for quicker access to Penrith Head to Health for people who may present at TAC but not require that level of care.
- The service model has been designed to allow for extended opening. The walk-in capacity of the service will be open to the public from 1.00pm through to 9.30pm seven days per week. Weekends were particularly identified as times when there are few options for people seeking support that is not acute.

5. Stage 1: reflection and feedback

The majority of the stakeholder engagement and co-design sessions were carried out online due to COVID-19.

Both processes experienced strong engagement and interest from the Penrith community. Notably in the co-design process and sessions we had approximately 30 individuals regularly engaged and connected across the process.

Informal reflections were carried out at the completion of each co-design workshop where participants indicated they felt:

- They were able to make a valuable contribution to the design of Penrith Head to Health.
- Listened to and appreciated for their time, energy and expertise.
- Participation was accessible and encouraged and the interactive nature of the online sessions was engaging and useful for ensuring input.
- They understood the limitations and challenges Neami was experiencing as a result of the commissioning and tendering process, and appreciated where and how their input was being included.

There were also several limitations in this stage of the community engagement and co-design process. Firstly, the ability of the conversation to be representative of a diversity of experiences. There are unique and intersecting considerations and barriers experienced by cohorts such as Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse (CALD) and LGBTIQ+ communities, and while represented through the conversations, Neami is conscious that it was not a representative discussion. Engaging and working with these groups through the community engagement and co-design process will be critical and is part of the broader engagement strategy of the Neami team. Neami is committed to meeting with members of these communities to continue conversations and ensure Penrith Head to Health is culturally responsive and accessible.

Timing also posed a challenge during the co-design sessions, and additional time would have been beneficial in exploring insights in more detail. Due to the



implementation timelines, longer and more co-design sessions were not possible during stage 1.

Stage 1 represents one part of a broader co-design process. Neami will continue to embed the philosophy and ethos of co-design in how Penrith Head to Health is implemented, established and delivered.

6. Next steps

This Service Design Report for the Penrith Head to Health establishment outlines the processes that Neami undertook to consult, co-design and incorporate the ideas, experience and opinions of key stakeholders throughout the NBMPHN region.

One comment made during a co-design session was: "... if you can incorporate even half of the ideas that have come through the co-design, this will be an amazing service". We believe this report has outlined that most of the recommendations made about how the service should look, feel and operate have been incorporated into the service model, staffing mix and building design.

The stage 1 process has shaped the way Penrith Head to Health will operate and is moving the project team into the space where we can make the ideas happen and soon begin to test and see to see if the service works as planned.

Between the release of this report and the day the doors open, there will be a continuation of ongoing consultation to ensure that each aspect of the service will operate as required.

The Advisory Committee will be the primary avenue for testing ideas. We may at times call on individuals who have participated through stage 1 for their expertise and may also consult with new groups to further enhance the establishment of Penrith Head to Health.

The next steps from here will be:

- Fit-out of the building.
- Recruitment and training of the team,
- Establishment of the Penrith Head to Health Governance group for the operational phase.
- Development of the co-design stage 2 process.
- Focussed consultation with First Nations, CALD and LGBTIQ+ groups.

The development of the stage 2 process will look at embedding continuous improvement processes in the operational phase of the service. We will be establishing a process for capturing immediate feedback from people accessing the service to improve experience.

We will also build an evaluation framework to review and report on the service. Future opportunities around engaging with Penrith Head to Health will be communicated through the regular community newsletters.