



Government of **Western Australia**
Mental Health Commission

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Implementation Working Group - Infant, Child and Adolescent (ICA) Taskforce recommendations

GROUP TERMS OF REFERENCE

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Contact for enquiries and proposed changes

All queries and changes regarding this document should be directed to	
Name	Louise Soia
Position	A/ Program Assistant Director

Terms of Reference

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1. Background

The Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18-years in Western Australia (Taskforce) was established in response to the tragic death of Ms Kate Savage and a report by the Chief Psychiatrist into her care which called for a taskforce to develop a whole of system plan for the public specialist infant, child and adolescent (ICA) mental health services in Western Australia (WA) to meet the mental health needs of children – from their day of birth to their 18th birthday (referred to as children aged 0-17).

In particular, the Taskforce was to:

- Understand and identify how current services can be optimised, enhanced, reconfigured or expanded; as well as identifying where new services may be required;
- identify the investment required to implement a sustainable whole of system plan for treatment and care to meet demand and improve mental health outcomes for kids across WA;
- outline a staged implementation strategy including timeframes and responsibilities; and
- establish a governance mechanism for implementation and evaluation.

The Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in WA (ICA Taskforce) ran between March - November 2021. Ms Robyn Kruk AO was the Independent Chair of the ICA Taskforce.

The ICA Taskforce delivered their Final Report to Government on 30 November 2021. Based on extensive consultation the final report detailed a clear vision, purpose and underlying principles for the future infant child and adolescent public mental health system. The final report defined eight key actions, which step out what needs to happen, and when, to reform the ICA mental health system, in order to realise the vision, purpose and principles. To deliver the eight key actions, Taskforce made 32 recommendations to the WA Government. all of which were accepted by Government. These were put into four time horizons for implementation:

- | | |
|----------------|------------------------|
| 1. Immediate | January – June 2022 |
| 2. Short-term | July 2022 – June 2023 |
| 3. Medium-term | July 2023 – June 2025 |
| 4. Long-term | July 2025 – June 2027+ |

2. Purpose

Strong governance and delivery structures will be critical to implementation success. They will ensure that the ICA mental health system reforms are implemented effectively and efficiently, in an integrated manner. The ICA final report emphasised the need for people with lived experience and clinicians to be involved in all aspects of implementation.

The purpose of the Implementation Working Group is to provide direction and leadership to the implementation of the ICA final report deliverables, and facilitate a coordinated, collaborative approach to system reform

The Implementation Working Group will:

- Develop a detailed implementation plan focussing initially on how to implement and operationalise the immediate and short term recommendations of the ICA Taskforce including development of models of care, a service guarantee and an evaluation and monitoring framework.
- ensure that all members are operationalising the reforms within their organisation and collaborating with other organisations;
- provide regular progress updates to the Mental Health Executive Committee (MHEC) and Ministerial Oversight Committee.

3. Governance

The Implementation Working Group will report to the MHEC and will be supported by the Workforce team and the Models of Care and Implementation Plan team. Each of these teams will utilise lived experience expertise and expertise from the Mental Health Commission (MHC), Department of Health (DoH), Health Service Providers(HSPs) and other agencies to collaboratively implement recommendations with the objective of improving the experiences and outcomes of children and their families and carers in Western Australia.

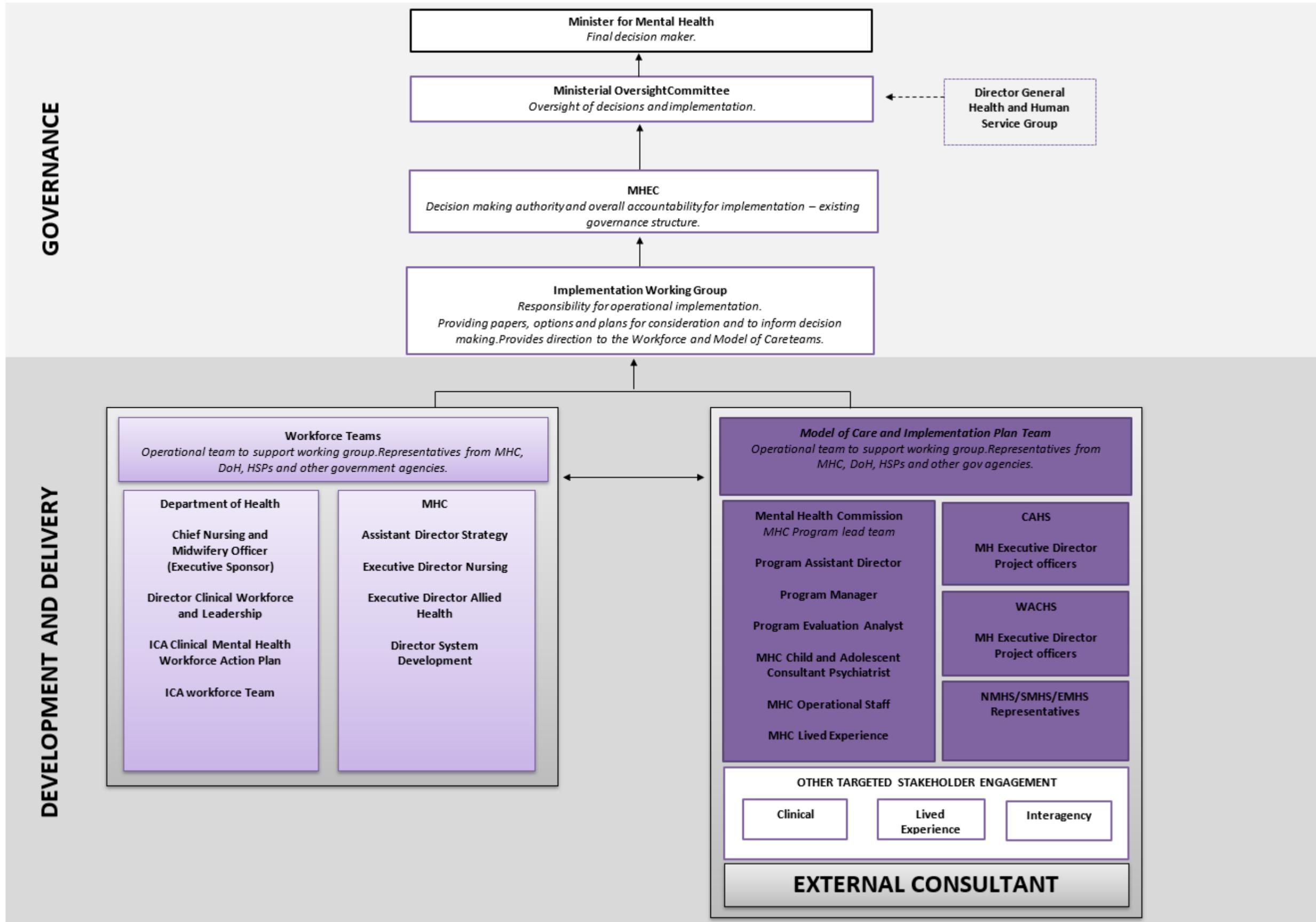
The MHEC which includes Chief Executive Officers from each HSP and consumer and family/carer representation, will report to the Ministerial Oversight Committee. MHEC will have decision making authority and will ultimately hold accountability for implementation of recommendations.

The ICA Taskforce Ministerial Oversight Committee will report to the Minister for Mental Health, who will be the final decision maker. The ICA Taskforce Ministerial Oversight Committee will provide oversight over the implementation, monitoring, reporting and evaluation program. In doing so, it will provide assurance to both the Minister and the public that the WA Government's commitments to ICA mental health are being effectively met. The ICA Taskforce Ministerial Oversight Committee membership is listed in their Terms of Reference.

Where required review, feedback and endorsement will be sought from the Director Generals Health and Human Services Group.

(See *Figure 1 - Governance Structure* for design, implementation and governance overview).

Figure 1 - Governance Structure



4. Membership

- Co-chaired – Child Adolescent Health Service Executive Director Mental Health (Maureen Lewis) and WA Country Health Service Executive Director Mental Health (Paula Chatfield)
- MHC Consultant Child and Adolescent Psychiatrist (TBD)
- MHC Lived Experience policy officer (TBD)
- EMHS MH ED (Sandra Miller)
- NMHS MH ED (Karen Kyriakou)
- SMHS MH ED (Kate Gatti)
- Department of Health, Director Clinical Workforce and Leadership (Sheralee Tamaliunas)

Total number of members: 8

The ICA Taskforce Implementation Working Group, or its Chairs, may invite non-members to participate as required. This will be undertaken when it is considered they are directly involved with the matter at hand or they have some expertise to assist on advising on matters, as required. The attendee will not have voting rights.

MHC ICA Program Team will be in attendance, however will not be considered as members. They will be attending as secretariat support and to assist in answering possible questions the members have.

5. Proxies

Proxies will not be allowed except under exceptional circumstances and with prior agreement from the Chairs. Requests for proxies should be forwarded in writing to the Chairs via the taskforce secretariat. All those attending as proxies should be provided with sufficient authorisation to speak on behalf of the member they are representing.

6. Meetings

The ICA Taskforce Implementation Working Group will meet monthly.

7. Conduct and operating principles

All members are equal and will work towards consensus wherever possible, will treat each other with respect and maintain confidentiality. The ICA Taskforce Implementation Working Group will operate in a trauma informed manner.

Members will be required to declare any potential, perceived and actual conflicts of interest. These conflicts, and the way in which they will be addressed, will be maintained in a register by the secretariat.

In the course of the ICA Taskforce Implementation Working Group operations, members may have access to information that constitutes sensitive personal information or sensitive Government information. Members must treat this material as strictly

confidential and will be required to sign an agreement to this effect.

8. Role of the Co-Chairs and Members

Co-chairs

The Implementation Working Group is co-chaired by the CAHS Executive Director Mental Health and the WACHS Executive Director Mental Health.

The co-chairs will try to seek consensus in relation to decisions. Where consensus is not reached the decision of the co-chairs is final.

The co-chairs are to ensure that the Implementation Working Group operates effectively, maintains a strategic focus, monitors performance and progress of the ICA deliverables.

Members

The role of Implementation Working Group Members is to contribute their leadership, knowledge and experience to the ICA work being presented and draw on their networks across their relevant HSP or consumer/carer network.

9. Secretariat

Secretariat support for the ICA Taskforce Implementation Working Group will be provided by the MHC ICA Program Office. Minutes of meetings and other records are developed and maintained by this secretariat unit.

10. Minutes

Minutes of each meeting shall be recorded and distributed within one week to each member.

11. Interdependencies

The Chief Psychiatrist's Review into the Treatment of Ms Kate Savage by CAHS made seven recommendations in relation to child and adolescent mental health services. While some of these recommendations have been implemented, such as the establishment of the ICA Taskforce who developed the whole of system plan for public specialist infant, child and adolescent mental health services, others continue to progress. The ICA Ministerial Oversight Committee will receive regular updates on the implementation of the Chief Psychiatrists recommendations.

The MHC is developing a system-wide Roadmap that provides a clear vision for public specialist community mental health and emergency response services that will best meet the needs of people in Western Australia and a practical phased, implementable plan for working towards that vision. The plan will cover all public specialist community mental health services and emergency responses across WA, for people aged 16 and above including youth, adult and older adult services. The youth component for the Roadmap will be an important interface for consideration in the ICA taskforce implementation program.

In 2020, the then Minister for Mental Health, released the Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025 (YPPA). The Mental Health Commission has commenced work on the Implementation Plan to guide current

and future YPPA initiatives. The key objective of the Implementation Plan is to implement improvements to mental health, alcohol and other drug services for young people aged 12-24, by drawing on the experience and expertise of all our partners. Given the youth interface, the YPPA Implementation Plan will be an important consideration in the ICA taskforce implementation program.

12. Term

Unless otherwise agreed in writing by the ICA Taskforce Implementation Working Group will finish on completion of the models of care. Albeit the expected completion date of the models of care are January 2023, the exact date will be considered once the models of care are complete and approved.

13. Supporting Documents

- ICA Ministerial Oversight Committee Terms of Reference;
- MHEC Terms of Reference;
- Final Report - Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0 – 18 years in WA;
- Emerging Directions: The Crucial Issues For Change;
- The Chief Psychiatrist's Review into the Treatment of Ms Kate Savage by Child and Adolescent Mental Health Services; and
- Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025.