

MENTAL HEALTH EXECUTIVE COMMITTEE (MHEC)

TERMS OF REFERENCE

1. INTRODUCTION AND PURPOSE

On 4 March 2020, the Minister for Mental Health announced several new governance arrangements for mental health, alcohol and other drug services in Western Australia, including the establishment of a Mental Health Executive Committee (the MHEC), to be chaired by the Mental Health Commissioner.

The aim of the MHEC is to strengthen integration and accountability of mental health, alcohol and other drug services within the public health system. The MHEC will also focus on improving partnerships, in particular with the community sector and to strengthen consumer focused care, to ensure that lived experience is central to policy development and service delivery.

The creation of the MHEC followed the release of the *Final Report of the Review of Clinical Governance of Public Mental Health Services in Western Australia*, which was itself a recommendation of the Sustainable Health Review's *Final Report to the Western Australian Government* and the *Review of Safety and Quality in the WA Health System, A Strategy of Continuous Improvement, Interim Report*.

As a key governance mechanism for the mental health, alcohol and other drug system, the MHEC will be leading the implementation of the Government's intentions and objectives for mental health, alcohol and other drug services provided by the public health system in Western Australia.

The intentions and objectives for the mental health, alcohol and other drug system are comprehensively set out in *Better Choices, Better Lives, Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025*, the associated *Plan Update 2018*, and the *WA State Priorities, Mental Health, Alcohol and Other Drugs 2020-2024*. Critically, these intentions and objectives include ensuring that mental health, alcohol and other drug services are efficient, sustainable, recovery-focussed, consumer-led, and integrated.

Most recently, the Government's intentions and objectives for infant, child and adolescent mental health services have been set out in the Final Report of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in Western Australia (the ICA Taskforce Final Report).

2. ROLE AND FUNCTIONS

The purpose of the MHEC is to lead the continuous development of a mental health, alcohol and other drug system that is efficient, sustainable, recovery-focussed, consumer-led, and integrated, by:

1. Driving, across the public health system, the development, reform and delivery of mental health, alcohol and other drug services, which are set out in the *Better Choices, Better Lives, Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025*, the associated *Plan Update 2018*, the *WA State Priorities, Mental Health, Alcohol and Other Drugs 2020-2024*;
2. Driving the implementation of the mental health, alcohol and other drug related strategies set out in the Sustainable Health Review's *Final Report to the Western Australian Government* across the public health system;
3. Ensuring the successful implementation of the following system-wide reform initiatives:
 - Recommendations set out in the Final Report of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in Western Australia

- (ICA Taskforce), which have been consolidated into the ICA Taskforce Implementation Program;
- Development and implementation of the Mental Health, Alcohol and Other Drug Workforce Plan; and
 - Review of Community Mental Health Treatment Services, including Emergency Response Services.
 - The progression and implementation of priorities deemed appropriate by the Minister for Mental Health
4. Ensuring that care provided through the system is consumer-focussed by:
 - making lived experience central to the development and delivery of mental health, alcohol and other drug policies and services; and
 - improving partnerships with the community sector;
 5. Ensuring that clinicians are engaged in the development and delivery of these improvements to mental health, alcohol and other drug policies and services;
 6. Guiding and supporting system-wide improvements, including those developed through the Mental Health Leads Sub-Committee;
 7. Strengthening the integration of mental health, alcohol and other drug policies and services, in recognition of the frequent co-occurrence of the related needs;
 8. Guiding and supporting system-wide improvements in safety and quality assurance, including those developed through the Co-Leadership Safety and Quality Mental Health Reference Group;
 9. Providing advice to Government regarding COVID-19 Coronavirus response and recovery planning, particularly in relation to mental health, alcohol and other drug matters;
 10. Providing policy advice to Government regarding mental health, alcohol and other drug matters for progressing through national forums;
 11. Supporting the Community Mental Health, Alcohol and Other Drug Council (CMC) in the delivery of its objectives; and
 12. Any other matters impacting on mental health, alcohol and other drug services for Western Australians, as requested by the Minister for Mental Health.

Role and Function 3 identifies that the MHEC will be accountable for the successful implementation of the recommendations arising from the Final Report of the ICA Taskforce. For the purposes of this role, the MHEC will report to the ICA Taskforce Ministerial Oversight Committee, and via this Committee, to the Minister for Mental Health.

Role and Function 3 also identifies that the MHEC will be accountable for the successful implementation of other system-wide reform initiatives, namely the Review of Community Mental Health Treatment Services, including Emergency Response Services; and the Development and implementation of the Mental Health, Alcohol and Other Drug Workforce Plan. For the purposes of this role, the MHEC will report directly to the Minister for Mental Health, via the Chair.

3. MEMBERSHIP

The MHEC will comprise 11 members, as set out below:

Commissioner, Mental Health Commission – Chair
 Chief Medical Officer, Mental Health – Deputy Chair
 Director General, Department of Health OR Director General’s proxy representative - Deputy
 Director General, Department of Health
 Chief Executive Officer, Child and Adolescent Health Service

Chief Executive Officer, East Metropolitan Health Service
Chief Executive Officer, North Metropolitan Health Service
Chief Executive Officer, South Metropolitan Health Service
Chief Executive Officer, WA Country Health Service
Assistant Director General, Clinical Excellence Division, Department of Health
Consumer representative*
Carer representative*

*The consumer and carer representatives will be members of both the MHEC and the CMC.

Members are appointed by the Minister for Mental Health. HSP members are appointed based on their formal roles within WA Health. The Consumer and Carer Members are appointed for a two-year term and are eligible for extension for a maximum of two-terms. Members must reside in Western Australia.

The roles and responsibilities of the Chair, Deputy Chair and other members of the MHEC are set out in the MHEC's Charter.

4. PROXIES

Proxies (apart from that listed at section 3) will not be allowed except under exceptional circumstances and with prior agreement from the Chair. Requests to provide a proxy should be forwarded in writing to the Chair, via the MHEC secretariat, at least three days prior to the date of the meeting. All those attending as proxy members need to be provided with sufficient authorisation to speak on behalf of the member they are representing.

5. CONDUCT

Members will be required to comply with the MHEC's Charter.

In particular, 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 MHEC's secretariat.

In the course of the MHEC's 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.

These conduct requirements are set out in more detail in the MHEC Charter.

6. MEETINGS

The MHEC meets on a quarterly basis. Additional meetings may be convened by the Chair.

The processes for developing meeting agendas, submitting papers (including submission templates), and circulation of meeting papers, are covered in the MHEC Charter.

A communique summarising the discussions at the MHEC meetings will be published on the Mental Health Commission's website following each meeting. The Chief Executive Officer of each Health Service Provider on the MHEC will be requested to provide this communique directly to the Chair of their respective Health Service Board.

These Terms of Reference and the MHEC's Charter will also be published on this webpage.

7. SECRETARIAT

Secretariat support for the MHEC will be provided by the Mental Health Commission.

Minutes of meetings and other records are developed and maintained by this secretariat unit, as covered by the MHEC Charter.

8. REPORTING

In general, the operations, decisions and recommendations of the MHEC will be reported to the Minister for Mental Health, through the Chair of the MHEC, after each meeting. Where appropriate, recommendations of the MHEC may be provided, through the Minister for Mental Health, to Cabinet, and to the State Recovery Controller.

An overview of the MHEC's activities will be reported annually as part of the Mental Health Commission's Annual Report.

The specific reporting requirements linked to the MHEC's role and functions in overseeing system-wide reform initiatives are set out at Section 2 Role and Functions.

9. LIAISON, CONSULTATION AND ENGAGEMENT

The MHEC will draw on, and be informed by:

- Advice from the CMC - the communique issued after each meeting will be provided to the CMC to facilitate this;
- The Stakeholder Engagement and Partnership Framework; and
- Consultation mechanisms directly related to specific initiatives.

The Chair will also seek to meet regularly with the Co-Chairs of the Aboriginal Advisory Council of Western Australia to discuss forward work agendas, including any requests for feedback and advice on matters of common interest.

The MHEC may establish time-limited advisory, working groups or sub-committees that meet more frequently. These working groups may include non-MHEC members as required.

10. REMUNERATION OF MEMBERS

Non-salaried members of the MHEC will receive remuneration in accordance with the Mental Health Commission's *Consumer, Family, Carer and Community Paid Participation Policy*.

11. REVIEW

A review of the effectiveness of the MHEC will be conducted within two years of the first meeting of the MHEC. The Chair of the MHEC will be responsible for organising the review. The findings of the review and any recommendations arising from it will be provided to the Minister for Mental Health.

12. RELATED DOCUMENTS

Mental Health Executive Committee Charter

Commissioner's Instruction No.7 – *Code of Ethics*

Commissioner's Instruction No.8 – *Codes of Conduct and Integrity Training*

Conduct Guide for Public Sector Boards and Committees

Mental Health Commission, *Consumer, Family, Carer and Community Paid Participation Policy* - <https://www.mhc.wa.gov.au/media/2649/consumer-family-and-community-paid-partnership-policy-april-2019.pdf>