



Government of **Western Australia**
Mental Health Commission

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Western Australia.*

Infant, Child and Adolescent Ministerial Oversight Committee –

COMMITTEE TERMS OF REFERENCE

Document Control

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Contact for enquiries and proposed changes

All queries and changes regarding this document should be directed to	
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Position	Assistant Director Policy and Service Development – Mental Health Commission

Terms of Reference

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 an investigation by the Chief Psychiatrist and the subsequent recommendation to form a taskforce to develop a whole of system plan for 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 Taskforce ran between March - November 2021 and Ms Robyn Kruk AO was the Independent Chair.

The ICA Taskforce delivered their Final Report to the WA 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, to realise the vision, purpose and principles.

The ICA Taskforce recommendations outlined in the Final Report represent a significant program of works to be delivered in stages over several years. The program of work will result in significant reform across the ICA system and will have a significant cross agency and cross government impact on Health Service Providers (in particular but not exclusively CAHS and WACHS), the Department of Health (DoH), the Mental Health Commission (MHC) and those agencies which are involved with infants, children and adolescents at risk of mental health issues.

To deliver the eight key actions, the ICA Taskforce made 32 recommendations to the

WA Government, all of which were accepted.

These were put into four time horizons (Final Report page 110, Figure 21) for implementation:

- Immediate January – June 2022
- Short-term July 2022 – June 2023
- Medium-term July 2023 – June 2025
- Long-term July 2025 – June 2027 onwards

Purpose of the Ministerial Oversight Committee

The Ministerial Oversight Committee, established by the Minister for Health and Mental Health, the Honourable Amber-Jade Sanderson MLA will oversee the implementation of the recommendations from the Taskforce, in accordance with the vision and broad timeframes of the Taskforce report. Specifically, it will establish a timeframe and action plan for the development of the necessary business cases seeking funding for the full implementation of the recommendations.

Implementing reform across the ICA system will be significant and complex. It will need to be well-planned and effectively governed (Appendix 1, item 5) to meaningfully involve children, families, carers, other people with lived experience, front line workers and other service providers.

The Ministerial Oversight Committee is to maintain a strategic focus to ensure that the deliverables for immediate and short-term recommendations are finalised and demonstrate cross agency collaboration to address care provision across prevention and early intervention through to acute and intensive response (Final Report page 31, Figure 7).

1. Terms of reference

The Ministerial Oversight Committee will:

- ensure the progress of the ICA Taskforce recommendations are consistent with the vision, principles, parameters and high-level service design detailed in the Final Report.
- review and monitor progress of the MHEC in implementing the Taskforce recommendations.
- provide assurance through regular updates to the Minister for Mental Health and Health on progress, possible systemic roadblocks and other matters relevant to the delivery of the State Government's commitment;
- receive reports from the MHEC at every meeting where possible;
- ensure key risks to the implementation of recommendations are identified, mitigated and monitored.
- ensure that Lived Experience expertise is embedded in every level of activity of

the implementation framework

The key required outcome of the Committee is to provide oversight over the development of:

- 12 Models of Care, ensuring these are stepped models;
- Service Guarantee, Cultural Safety and Social and Emotional Wellbeing Principles;
- Aboriginal Mental Health Worker model;
- Monitoring and Evaluation framework;
- ICA workforce plan;
- phased Implementation plan over six years for all recommendations at a broad level;
 - A detailed plan of what is achievable in 2023-24 to implement those recommendations which address the most critical needs of the community.
 - Budget submissions to support the above.

Appendix 1:

2. Governance

The ICA Ministerial Oversight Committee will report to the Minister for Mental Health, who will be the final decision maker.

The Mental Health Executive Committee (MHEC) will report to the Ministerial Oversight Committee. MHEC will be accountable for implementation of the ICA recommendations.

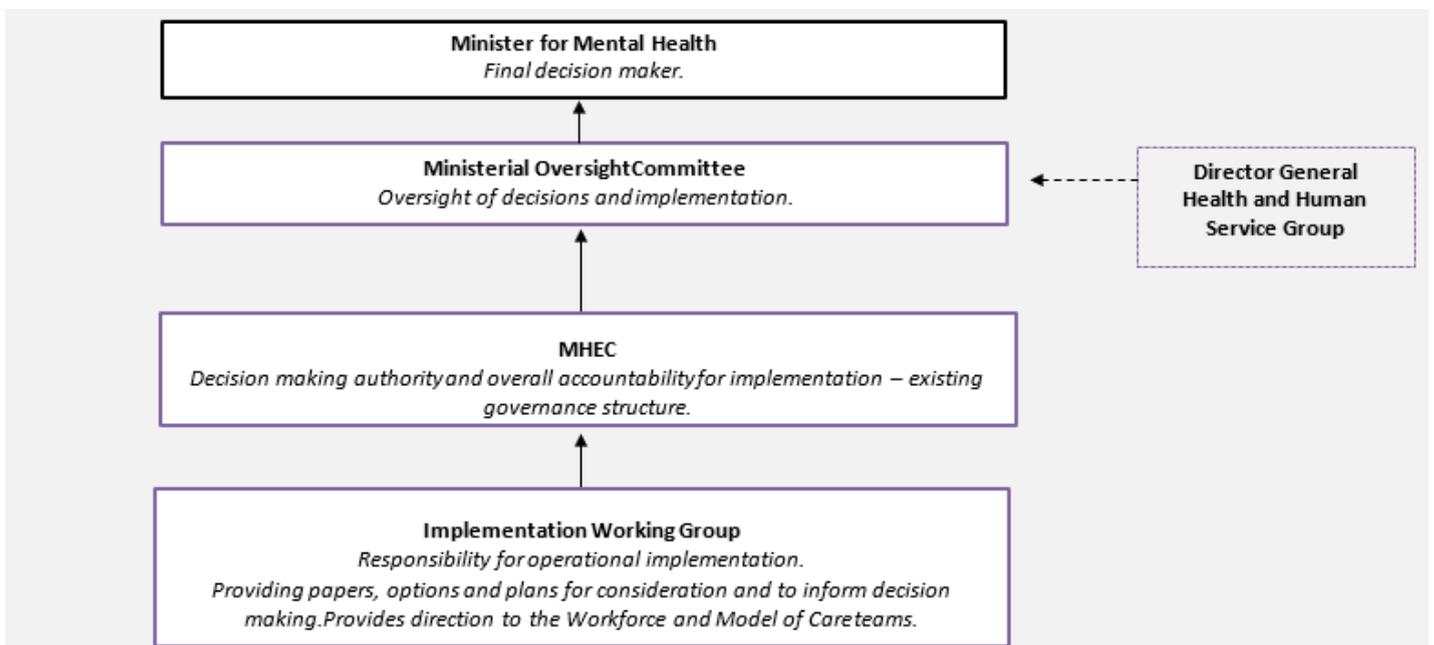
The Implementation Working Group will report to the MHEC; and the MHEC will provide direction and leadership over the implementation program to ensure it adheres to the original vision and delivers the intended outcomes; and will hold responsibility for operational implementation and operationalisation of recommendations.

The Implementation Working Group will facilitate a coordinated, collaborative approach to system transformation.

When identified as helpful, review and feedback will be sought from the Director General Health and Human Services Group.

(See Figure 1 - Governance Structure)

Figure 1 - Governance Structure



Membership

- Minister’s representative (Chair) - Sheila McHale
- Infant, Child and Adolescent Mental Health Expert (Deputy Chair) - Professor Helen Milroy
- Acting Mental Health Commissioner - Lindsay Hale
- Consumer Lived Experience Representative – Gracie Mizen-Lewis

- Carer Lived Experience Representative – Tanya Sim
- Chief Nursing and Midwifery Officer - Dr Robina Redknap
- CAHS Board Chair - Dr Rosanna Capolingua
- WACHS Board Chair - Dr Neale Fong
- WA Primary Health Alliance (WAPHA) Chief Executive Officer - Learne Durrington
- Aboriginal Health Council of Western Australia (AHCWA) - Kristen Orazi
- Treasury, Director Performance and Evaluation Group 1 - Anita Zuvela

Total number of members: 11

Ex-officio members:

- External consultant – Nous Group
- Assistant Director ICA Program
- ICA Program Manager
- Director Treatment Services

The ICA Ministerial Oversight Committee, or its Chair, 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 attendees will not have voting rights.

Payment for lived experience representatives

The lived experience representatives are eligible for participation payments in line with the Mental Health Commission’s “Consumer, Family, Carer and Community Paid Partnership Policy”.

Proxies

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

Meetings

The ICA Ministerial Oversight Committee will meet at six-week intervals or as required. This may be adjusted depending on the project deliverable timeline in consultation with the Chair.

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 Ministerial Oversight Committee will operate in a trauma informed manner, that is one’s conduct reflects an understanding that trustworthiness and transparency, peer support, collaboration and mutuality, empowerment of voice and choice and cultural, historical and gender issues are acknowledged and considered in each interaction.

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.

ICA Ministerial Oversight Committee members may have access to information that constitutes sensitive personal information or sensitive Government information. Members therefore must treat this material as strictly confidential and will be required to sign an agreement to this effect.

Role of the Chair, Deputy Chair and members

All members of the Committee are appointed by the Minister for Mental Health.

Chair/Deputy chair

The Chair is responsible for chairing the meetings and will ensure that the Ministerial Oversight Committee operates effectively, maintains a strategic focus, monitors performance and progress of the ICA deliverables.

The Chair will seek consensus in relation to decisions. Where consensus is not reached, the decision of the Chair is final.

In the absence of the Chairperson, the Deputy Chairperson will chair the meeting.

Members

Members have an individual and collective responsibility to ensure that the Ministerial Oversight Committee is undertaking its responsibilities. Members are encouraged to bring individual viewpoints into discussions, however, when a decision is made, the decision of the group will be actively supported.

Secretariat

Secretariat support for the ICA Ministerial Oversight Committee will be provided by the MHC ICA Program Team. Minutes of meetings and other records are developed and maintained by the secretariat.

Minutes

Minutes of each meeting shall be distributed to the Chairperson within one week, and within 10 days of each meeting to Committee Members. Minutes will be formally endorsed at the subsequent meeting.

These minutes (in principle agreed) will be provided to the Minister for Mental Health within two weeks of each meeting.

Other related documents

The Chief Psychiatrist's Review into the Treatment of Ms Kate Savage by Child and Adolescent Mental Health Services 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, others continue to progress. The ICA Ministerial Oversight Committee will receive regular updates on the implementation of the Chief Psychiatrist's recommendations.

The MHC is developing a system-wide public specialist community mental health and emergency response services plan that will best meet the needs of people in Western

Australia. 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 will be an important interface for consideration in the ICA 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.

Other interrelated projects include:

- Department of Health, Health Navigator project (with Department of Communities)
- WA State Infrastructure Strategy
- WA Health Digital Strategy (2020-2030)
- Office of the Auditor General – Delivering School Psychology Services
- Commonwealth, Kids Head to Health
- Graylands Reconfiguration and Forensic Taskforce

Term

Unless otherwise approved by the Minister for Health and Mental Health, the ICA Ministerial Oversight Committee will finish in January 2023.

Supporting documents

- ICA Implementation Working Group 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.