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Mental Health Commission

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Mental Health Network Governance and Strategic Alignment Project

PROJECT TERMS OF REFERENCE

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Contact for enquiries and proposed changes

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Project Terms of Reference

Mental Health Network (MHN)

1. Background

On 4 March 2020, the Minister for Mental Health announced several new governance arrangements for mental health, alcohol and other drug services, including the establishment of the Mental Health Executive Committee (MHEC) and the Community Mental Health, Alcohol and Other Drug Council (CMC). In addition to this, the Mental Health Leads Sub-Committee (Sub-Committee) was established, and the Co-Leadership Safety and Quality Mental Health Steering Group is currently in development. The renewed system-wide governance arrangement aims to strengthen integration and accountability of mental health, alcohol and other drug services across the community, NGO and public health system.

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* (Plan 2015), the associated *Plan Update 2018* (Plan 2018), and the *WA State Priorities, Mental Health, Alcohol and Other Drugs 2020-2024* (State Priorities). Critically, these intentions and objectives include ensuring that mental health, alcohol and other drug services are efficient, sustainable, recovery-focussed, consumer-led, and integrated.

The Mental Health Network (MHN) was launched during Mental Health Week on 6 October 2014, by the Hon. Helen Morton, Minister for Mental Health. The MHN operates under the governance of and with the support of the Mental Health Commission (MHC) and has further support throughout the sector by the means of an Executive Advisory Group (EAG) and agency sponsors of the Sub Network Steering Committees (Sub Networks). Initially co-funded by the Department of Health (DoH) and the MHC, the MHN has reported directly to the MHC since July 2017 and falls under the full governance and funding of the MHC as of July 2021.

As represented in the Stakeholder Engagement Framework 2021, the MHN is well positioned to continue its important role within the new governance structure by contributing to reform priorities and providing targeted advice and work plan activities that contribute to the implementation of projects linked to the Plan 2015, 2018 and the WA State Priorities.

2. Purpose

This project seeks to work with the MHN Co-Leads, Executive Advisory Group and Sub Networks to build on previous reviews and recommendations to define the unique role of the MHN in the view of the new governance structure. The project aims to ensure that the MHN is optimally positioned and equipped to contribute to the mental health and wellbeing of Western Australians in the new governance structure – considering historical reviews, identifying which recommendations are still relevant and require implementation (**Attachment**).

3. Objectives

The objectives of this project are to work collaboratively with the MHN to:

1. Identify the processes required to ensure the connection and alignment of the MHN's Work Program with the MHC's strategic priorities.
2. Increase and support the capacity of the MHN to make this contribution, if required and where appropriate.
3. Identify communication and promotion opportunities reflective of the new governance structure.
4. Increase capacity to contribute to and lead a variety of innovation, review and planning projects.
5. Increase connection and alignment between Sub Network priorities and projects – and priorities and projects identified in the Plan 2015, 2018 and the WA State Priorities.
6. To identify the unique definition and contribution of the MHN, how best to enhance it, and what leadership is required to support it.
7. Agree the principles and charter that guide the activities of the MHN.
8. Determine the optimal mix of Sub Network program 'types' to support this contribution.
9. Develop efficient and effective governance and reporting arrangements.

4. Key Questions

The project will consider the following questions:

1. How do we highlight the uniqueness of the MHN and its differentiation from other engagement forums? What is the unique value proposition of the MHN?
2. How do we define the role and mission of the MHN? What, if any, changes are needed to the MHN mission statement?
3. What does the optimal leadership model for the MHN look like under the new MHC governance arrangements?
4. For success under the new governance arrangements, identify how the MHN is best positioned, including governance and reporting arrangements?
5. How does the MHN best link and communicate across the sector?
6. How to increase MHN contributions to support priorities and identify emerging issues?
 - What principles and mechanisms should inform this process?
7. What changes to/additional supports and resources does the MHN need to best provide evidence-based, integrated, contemporary, culturally secure and person-centred advice?
8. What elements of the engagement process will allow the MHC and MHN to work together to ensure timely and impactful advice is received?
9. What support and resources would ensure that consumer, family/carer representatives needs are met in the new structure?
10. How will effectiveness and success of the Work Program be measured, monitored and reported from the perspective of both the MHC and the MHN?
11. What are the constraints against the MHN achieving its goals?

5. Deliverables

The key deliverable from the project will be:

- MHN Program Charter which clearly articulates the definition, role, purpose and scope, including leadership and governance of the MHN – with other supporting materials to be determined.
- Diagram of the MHN structure.
- Communications Strategy to implement new charter.
- Administrative documents, functions and reporting tools to support the MHN.
- Updated orientation and training materials.
- MHN Fact Sheet detailing how to engage and utilise the MHN.

Once endorsed by MHEC and the CMC and agreed by the Mental Health Commissioner, this Work Strategy will be used by the MHC and MHN to guide the work of the MHN in providing advice and feedback relating to the Plan 2015, 2018 and the State Priorities .

There will be opportunities for further deliverables to be realised during the course of the 3-6-month project.

6. Method

The project activities will include:

- Consultation with Co-Leads of the MHN;
- Consultation with Sub Networks
- Internal consultation with MHC divisions on the process of engagement within priority projects;
- Mapping engagement pathways from MHC through the MHN and vice versa;
- Review of current MHN governance and program materials;
- Interdependencies – Roadmap, Taskforce, etc; and
- Evidence of best practice from elsewhere.

7. Governance

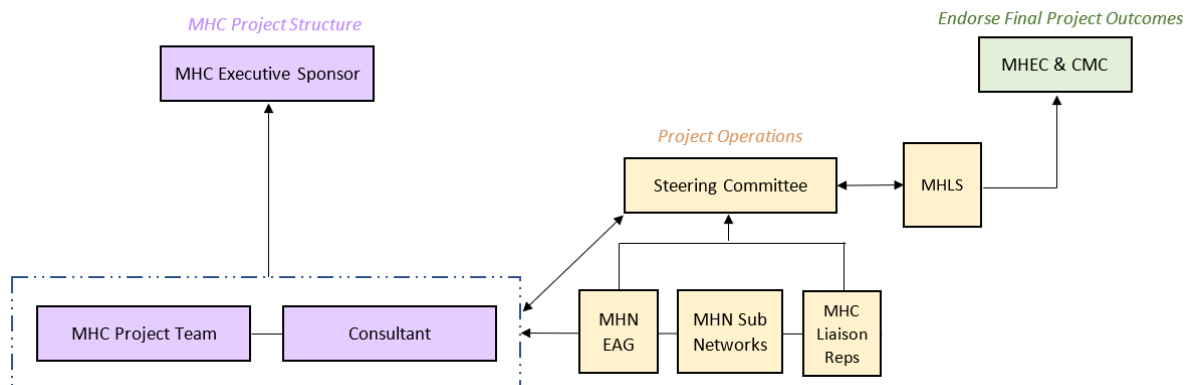
The Project will be Governed by a Project Steering Committee who will guide the MHC Project team and external consultant in the work being undertaken. The Steering Committee will consist of the following members:

- Assistant Director, System Engagement Mental Health Commission (Co-Chair)
- MHN Community Co-Lead (Co-Chair)
- MHN Clinical Co-Lead
- A/Principal Policy Officer, System Engagement MHC
- Two x MHN Executive Advisory Group representatives (one Lived Experience representative)
- Three x MHN Sub Network Steering Committee representatives (one Lived Experience representative)
- MHC Liaison Representative

The MHC Project Team comprises of the MHN Community Co-Lead, the System Engagement Principal Project Manager and Project Officer, will work with an external consultant and will report to the Project Steering Committee.

The external consultant will be responsible for ensuring the timely production of the project deliverables, that these are robust and implementable, and that identified stakeholders are thoroughly consulted (including MHN EAG, Sub Networks and MHC Liaison Representatives). The MHC Project Team will be responsible for providing project support to the consultant, including access to resources and documents, relevant information and advice, and to undertake consultation with internal MHC stakeholders.

The consultant will be required to provide fortnightly updates to the Project Steering Committee and present the deliverables in draft form for consideration by the Project Steering Committee at two milestone dates to be agreed.



8. Interdependencies

The project team will liaise regularly with the MHC, Health Service Providers, peak bodies, Non-Government Organisations, lived experience expertise and the MHN. The project team will report project outcomes to the MHEC and the CMC

The project will be informed by the following key documents and projects:

- Mental Health, Alcohol and Other Drugs Services Plan 2015-2025 and Plan Update 2018;
- Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018-2025, and the Stakeholder Engagement Framework;
- WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024;
- Productivity Commission Inquiry into Mental Health and the National Mental Health and Wellbeing Pandemic Response Plan;
- Select Committee to Productivity Commission Report Response;
- Sustainable Health Review;
- Young People Priorities for Action; and
- WA Clinical Governance Review.

9. Related Documents

- MHN Governance and Strategic Alignment Project Plan
- MHN Governance and Strategic Alignment Project Steering Committee Terms of Reference