



Brisbane North Mental Health Coordinating Structure

Options Paper



Overview

Partners in Recovery has been successfully developed and managed by a consortium of 11 mental health organisations, including non-government, the Hospital and Health Service and the Primary Health Network. The Consortium proposes to take this approach further by initiating the development of a mental health coordinating body for Brisbane North. This body would have a far wider remit than PiR and in time would be independent from PiR. This options paper sets out some proposals and options for the development of the Coordinating Body and asks for your feedback.

Project Brief

- Evidence indicates that good mental health care requires collaboration between health professionals and others.¹ Modern concepts of recovery transcend health care and encompass many services and activities such as affordable housing, employment, corrections, education and social inclusion.
- The Coordinating Body must represent appropriate skills, capability and capacity to identify and strategically address the needs of people with a mental illness in the Brisbane North Region.
- To enhance cross sector collaboration, North Brisbane PIR has commenced consultation about a suitable regional coordinating structure that will:
 - Identify the mental health needs of the Brisbane North PHN/Metro North HHS region
 - develop and implement a sector plan and
 - be in a position to advise on commissioning (if resources are allocated to regions)
- The development and ongoing operation of the Coordinating Body will be supported by Brisbane North PHN and Metro North Mental Health Service (Metro North Hospital and Health Service).

Discussion Question – In principle, do you think the development of a mental health coordinating body for Brisbane North is a good idea?

Project phases and milestones

The development of the options paper consists of 4 key phases.

Phases One – Options Paper (September)

- Initial cross service workshop consultation and presentation to PiR Consortium Management Committee (CMC)

¹ Institute of Medicine, Improving the Quality of Health Care for Mental and Substance-Abuse Conditions, 2006

Phase Two – Cross sector consultation (October)

- Present options paper and gather feedback

Phase Three – Finalisation of options paper (November)

- Collate feedback and present to CMC
- CMC confirm agreed approach

Phase Four – Transition to new structure (July 2016 →)

- PiR/PHN/HHS establish new body

Have your say

This options paper is being distributed widely within the mental health and related sectors. Feel free to forward it to whoever you think would be interested.

You are invited to give us your views via:

1. Online Survey at www.surveymonkey.com/r/69HDT87
2. Consultation workshop at the PiR Forums (6th Oct in Redcliffe, 14th Oct in Brisbane)
3. A written response to partnersinrecovery@brisbanenorthphn.org.au or fax 3630 7838

Use the discussion questions throughout the paper to guide your response. All feedback, including completion of the online survey, must be in by **Monday 9th November 2015**.

Purpose

Confirmed principles

The following principles will underpin the efforts of the new coordinating structure:

1. Apply recovery orientated principles and actively engage consumers and carers
2. Coordinating Body to use a 'Collective Impact' approach
3. Consider and prioritise the needs of all age groups across all service types
4. Use evidence and local demographic data to identify service gaps and inform priorities relating to service delivery and innovation
5. Align Brisbane North plans with broader mental health and social policy initiatives (For example NDIS, Qld Mental Health Plan, Commonwealth Mental Health Plan)
6. Involve a diverse range of stakeholders who provide services most needed by people who have a mental illness in the Brisbane North Region

7. Build on existing services and infrastructure such as the Consortium Advisory Group (CAG) and Consortium Management Committee (CMC)
8. Make timely decisions by ensuring people with the appropriate authority attend meetings
9. Operate transparently and regularly communicate with relevant stakeholders

Discussion Questions – Do you agree with the principles underpinning the coordinating structure? Would you suggest additional principles?

Focus – Key deliverables

The Coordinating Body will identify a clear strategic direction (sector plan) for the provision of mental health services and community supports across the Brisbane North region. Key activities will include:

- Region wide review of quality, quantity and access to mental health services – using the Mental Health Atlas
- Identification of strategies to improve collaboration between services relevant to the provision of mental health and provision of integrated care
- Identification of service gaps and current and future regional funding requirements
- Joint funding applications
- Sector development, and
- Large scale community engagement and health promotion activities to address stigma.

Discussion Questions – Do you agree with the key deliverables for the coordinating body? Would you suggest additional purposes?

Do you think the coordinating body should also cover drug and alcohol services?

Evidence based practice

Strategic initiatives will reflect reputable evidence relating to best practice, research and national and local data that seek to address current and future mental health needs.

Each initiative will include performance metric to monitor performance.

The Coordinating Body will provide guidance on which initiatives are relevant to the region as a whole or to specific local areas.

Membership Options

Consumer and Carer representatives will be included in all membership options. The Coordinating Body will need to include a cross-section of the mental health and related sectors. Each member of the Coordinating Body is to firstly focus on the mental health needs of the region, and not their organisation/sector. They must agree to work collaboratively and where agreed by the Coordinating Body willingly share information with all interested parties.

The following table summarises three membership options:

Option	Representatives	Appointment Process
Skills Based	<ul style="list-style-type: none"> Up to 8 people appointed to the Coordinating Body 	<ul style="list-style-type: none"> Apply via expression of interest Selection based on skills, experiences and networks of each application Independent appointment panel
	<ul style="list-style-type: none"> Additional 2 – 4 members may be appointed by the Body to ensure skill set and or cross sector/group representation requirements are met, for either a specific time period or full term. 	<ul style="list-style-type: none"> Independent appointment panel
Representational	<ul style="list-style-type: none"> 8 to 12 people appointed to the Coordinating Body to represent various sectors (see below). Sectors may include: public mental health, community managed mental health, primary care, allied health (e.g. private psychologists), 	<ul style="list-style-type: none"> Each sector will need to operate a process to 'elect' their representative. In some cases pre-existing sector peaks or interagency meetings may be able to manage this process.

	housing, emergency services, education & training, income support, legal, CALD, A&TSI, LGBTI, young people)	
Mixed Model	<ul style="list-style-type: none"> 6 seats on the coordinating body would be 'permanent members', representing: HHS, PHN, NDIA/Department of Communities, Community Managed Mental Health, Consumer and Carer. 	<ul style="list-style-type: none"> Nominated by each group
	<ul style="list-style-type: none"> An additional 4 - 6 seats 	<ul style="list-style-type: none"> Apply via expression of interest Selection based on skills, experiences and networks of each application Independent appointment panel

Under all options various standing committees and/or time-limited working groups may be established, which would provide for wider participation by the sector in the operations of the Body. The Coordinating Body would also undertake a number of consultative and co-creation activities (e.g. annual forum, service mapping) to further the participation of consumers, carers and service providers. Various existing processes such as mental health interagency meetings may be linked to the Body.

Pros and Cons

The following table sets out some strengths and weaknesses of each membership option.

Membership Options	Pros	Cons
Skills Based	<ul style="list-style-type: none"> • Cross sector representation plus relevant skills will be represented in the board • Not limited to organisations nominating candidates • Streamline selection process as all associated activities are centrally managed • Freedom to think creatively and challenge status quo 	<ul style="list-style-type: none"> • Appointment outcomes may be less acceptable due to no sector engagement in the appointments • May not attract nominations from all relevant services
Representational	<ul style="list-style-type: none"> • Selected members will have strong connection with the sector they represent, which may enhance ongoing collaboration when projects are being actioned • More cross sector support for appointed members as they will be nominated by existing peak bodies/representative groups • Cross sector representation of relevant services 	<ul style="list-style-type: none"> • Many sectors will not be represented due to keeping size manageable • Governing body has less input into selection process, which may result in the most suitable person not being appointed • No assurance that all required skills will be represented Recruitment times may be extended, due to reliance upon other groups to nominate candidates • Nominated candidates may be reluctant to make decisions at meetings due to a need to first consult widely with the sector they represent

Mixed Model	<ul style="list-style-type: none">• Government organisations which will be acutely aware of funding sources and future government direction will be represented• Strong alignment between commonwealth and state government mental health services• Required skill sets will be represented• Key sectors most involved with delivery of services to people with a mental illness will be represented• Streamline selection process as all associated activities are centrally managed• Builds on the partnerships already formed through PiR	<ul style="list-style-type: none">• Appointment outcomes may be less acceptable due to no sector engagement in the appointments
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Discussion Questions

What do you see are the pros and cons of the three membership options?

Which membership option do you prefer?

Operational Considerations

Transition Arrangements

The proposal to develop a coordinating body comes from and will build on the successful collaboration of organisations involved in PiR. The PiR Consortium Management Committee will oversee the development of the coordinating body, taking into account the feedback received. A transition plan will be developed to ensure the effective working partnerships between agencies continues and is widened.

Meeting frequency and Coordinating Body size

This Coordinating Body will meet quarterly and will use standard agenda and action item templates. In the initial set up meetings may be more frequent or longer in duration to enable identification of key strategic needs and associated plans.

In some cases when members are not able to attend they will need to send a pre agreed proxy who has the authority to make decisions on behalf of the person who is absent. In those situations where more than 2 meetings are missed in any calendar year, the person will need to submit a letter to the Coordinating Body via the chair detailing the value of their ongoing involvement. The Coordinating Body will determine this persons' future involvement. Ideally, to streamline discussions and decision-making processes this Coordinating Body will be restricted to 8- 12 individuals.

Membership Attributes

The Coordinating Body will include individuals who represent/have a lived experience (consumer/carer), hold senior positions in mental health services and or the broad cross section of key services that are accessed by people with a mental illness such as mental housing, employment, emergency departments, justice, domestic violence, housing, aged care, ATSI services and executives from local government, private business, HHS and PHN. Members must agree to sign and abide with the Brisbane North Mental Health Coordinating Body Agreement and Terms of Reference (to be developed).

In kind contribution

Each member will be required to dedicate a minimum of 9 hours per quarter to these meetings and in kind contribution to the Coordinating Body such as, preparing and attending meetings, attending or chairing a Discipline Centric or Cross Portfolio Group, delivering peer presentations and hosting relevant information sessions.

Appointment of the chair

The chair may be an independent person, or senior PHN/HHS Executive or elected from among the members. Ideally the person will be appointed for 24 months to establish and embed robust operating procedures that will maximise the sustainability of the Collaborative.

Appointment duration and rotation

All members will initially be eligible to hold their position for 24 months, after which half the membership will be changed every 12 months. This approach will ensure that corporate knowledge is maintained in the Coordinating Body while simultaneously engaging new members to keep the Coordinating Body attuned with new ideas and inclusive of the broad cross section of individuals/services who are best placed to provide strategic input into matters relating to services needed and accessed by people with a mental illness. (Would not apply in the same way in the 'Mixed Model' approach).

Conflict of interest and grievance/complaints procedure

Where a potential or actual conflict of interest arises, members will be required to abstain from decision-making.

Members will be expected to adhere with the grievance/complaints procedure (As already developed for the CMC).

Secretariat support

The group will be provided with ongoing secretariat support (recording and distributing minutes and following up on associated Coordinating Body actions and research requirements as dictated by the Chair). This will be provided by the PHN and/or HHS.

Governance and risk provisions

It is recommended that establishing effective governance and risk management in each of these models should be of high priority when decision making.

In each model, the question of who, ultimately, owns the risk for any mishaps, poor decisions or other factors that may adversely impact operations, the system or individuals should be identified and appropriate decisions on structures, insurances and agreements are put in place.

Agreement to join each group may be required by individuals and also their organisations to support this requirement.

Discussion Questions – Do you agree with these ideas for the operation of the coordinating body? Are there other issues we should consider?

Longer term considerations

Once the Coordinating Body is established and working effectively the scope of work undertaken by this group may expand to include activities relating to:

- Supporting funding decisions and scoping projects
- Receiving and managing funding from various sources, and
- Managing resources, timelines and deliverables

If the above activities were to occur the Coordinating Body may consider becoming an Incorporated Body that meets ASIC requirements.

Discussion Questions – Is there any other feedback on the proposal to establish a mental health coordinating body for north Brisbane HHS/PHN region you'd like to make?

Feedback

You are invited to give us your views via:

1. Online Survey at www.surveymonkey.com/r/69HDT87
2. Consultation workshop at the PiR Forums (6th Oct in Redcliffe, 14th Oct in Brisbane)
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