

## Terms of Reference

### Mental Health Network Executive Committee Meeting

<b>Reports to:</b>	ACI Executive		
<b>Reporter:</b>	Network Co-chairs		
<b>Chairperson/s:</b>	Ms Leone Crayden, Ms Anne Francis & Dr Nick O'Connor		
<b>Terms of office:</b>	Up to 24 months		
<b>Secretariat:</b>	NSW Mental Health Network Manager, ACI		
<b>Endorsed by:</b>	Network Executive Committee	<b>Date:</b>	1 November 2017
<b>Next review:</b>	1 April 2019		
<b>Review process:</b>	ToR Review by NEC annually		
<b>Decision making:</b>	Two thirds majority governed by the co-chairs		

### Background

The Agency for Clinical Innovation (ACI) was established in January 2010 to drive continuous improvement in the way care is provided to patients in the NSW health system. The ACI works with clinicians, managers, people with a lived experience of illness, carers and other stakeholders to design and promote better healthcare in NSW. We provide expertise in service redesign and evaluation, specialist advice on healthcare innovation, projects, initiatives including clinical guidelines and models of care, implementation support, knowledge sharing and continuous capability building. The ACI Mental Health Network was established in 2015. The Mental Health Network aims to work collaboratively with clinicians, practitioners, managers, people with a lived experience of mental illness (consumers) and carers from community, primary health care settings, hospitals, community Terms of Reference 2 managed organisations and other related key partners in the development and implementation of programs, frameworks and models of care to promote improved engagement and outcomes in mental health service delivery.

### Purpose

The purpose of the Mental Health Network Executive Committee (NEC) is to provide strategic advice, leadership, and guidance for Network activities, and to assist in the description, development and implementation of evidence based approaches to care for Mental Health in NSW. The NEC will promote and demonstrate effective collaboration between Local Health

Districts/Speciality Health Networks (LHD/SHNs), the primary health sector, people with a lived experience of mental illness, carers and support people and community managed organisations.

### **Responsibilities / Functions**

The ACI Mental Health Network's Executive Committee has the following responsibilities:

- a. To lead and coordinate the activities of the Mental Health Network, including projects, working parties and specific initiatives.
- b. To oversee the development of an effective communication and engagement strategy of relevant MH stakeholders to enhance the work of the Mental Health Network and relevant issues.
- c. To determine and prioritise recommendations based on identified needs of consumers, clinicians and service providers.
- d. To develop, implement and regularly review a two-year work-plan.
- e. To develop and support the implementation of clinical guidelines, models of care and other evidence informed improvements as determined by and articulated in the Network Executive Committee work plan
- f. To support Local Health Districts and Speciality Health Networks, Primary Health Organisations, Primary Health Networks and Community Managed Organisations in the development, implementation and review of evidence based clinical models recommended by the Network.
- g. Develop positive working relationships with relevant jurisdictions across Australia, national organisations and Commonwealth Government branches that are working on mental health strategies in order to learn from their work and to share ACI's successes.
- h. To support and facilitate the Mental Health Network as a whole

### **Executive Co-Chairs**

- a. Lead the Network and Network Executive Committee
- b. Chair and be members of the Network Executive Committee meetings, review and approve Network and Network Meeting agendas
- c. Provide strategic advice to the NSW Ministry of Health and be spokespeople for the Network
- d. Support the Network Manager to facilitate collaboration with key stakeholders
- e. Period of appointment to Co-chair role is 2 year; with no more than 2 co-chairs being reappointed at any one time meaning that one co-chair may need to continue for a period of 3 years. The three positions of the network co-chair must consist of a medical, a person with a lived experience; with the final co-chair being either nursing or allied health. Ideally this will cover both LHD/SHN and CMO sectors.

### **Network Manager**

- a. Promote the ACI and ACI Mental Health Network and its work to key stakeholders, service providers and partners;
- b. Identify and engage with potential Network members including mental health people with lived experience, carers, clinicians and managers in LHD, PHN, CMO's , GPs and other service agency
- c. Respond to potential innovative ideas and opportunities to develop resources that promote innovation and quality improvement in the sector and be a conduit between the service providers, key stakeholders and the Network Executive Committee
- d. Support the Network Co-chairs through relevant correspondence and being an effective linkage between both the ACI and the key stakeholders in the sector;
- e. Engage with relevant stakeholders including clinicians, together with managers in the community and primary health care settings and other related key partners and work collaboratively with the ACI Mental Health Network Co-Chairs, network executive and network members
- f. Communicate the work of the Network through regular Newsletters, site visits, events and other correspondence, as appropriate
- g. Represent the ACI and the work of the Network at other relevant events and meetings

## **Members of the Network Executive Committee**

- a. Attend 75% of the executive meetings
- b. Complete actions as per noted responsibility within the nominated timeframe as possible
- c. Share and communicate information with the Network members the Executive Member represents
- d. Provide strong leadership and strategic governance over the projects and initiatives of the working groups established; more specifically all working groups must be chaired by a member of the Network Executive Committee to ensure that this occurs
- e. Participate in expert working groups as appropriate
- f. Positively promote the ACI and the work of the Network and encourage fellow clinicians, practitioners, peer support workers, consumers and managers to join the Network
- g. Communicate opportunities for strategic partnerships within and external to the Network
- h. Support and promote achievement of the work plan initiatives
- i. Chair and participate in working groups appropriate to the individual's interest and expertise
- j. Adhere to the ACI Code of Conduct and etiquette guidelines during network business and when performing the duties of the Network
- k. Members of the Network Executive Committee are selected based on their individual qualifications, skills and experiences, not as organisational representatives and therefore it is not suitable to organisational delegates in the committee member's absence.

## **Frequency of meetings**

The Mental Health Network Executive Committee meetings are held on the first Monday of every second month. Meetings will be held in February, April, June, August, October and December. The agenda will be prepared by the Network Manager or a member of the secretariat, in conjunction with the Co-Chairs, and distributed to the committee no later than one week prior to the meeting (together with the previous meetings minutes and any other related documents). Meeting minutes will be recorded by the Network Manager approved by the Co-Chairs and distributed to the members of Mental Health Executive Committee. Minutes will be confirmed at the next scheduled meeting

## **Method of evaluation**

Annual Review of Terms of Reference against Work Plan by Executive Annual Review of Membership

## **Quorum**

50% + 1 including at least one co-chair & one consumer member Motions and proposals will be raised, moved & seconded. Voting shall follow a majority vote protocol. In the event of a tied vote, the Co-Chairpersons will have the deciding vote. In the event of a tied vote after this process, the Chief Executive or ACI Director (or representative) will have the deciding vote

## **Membership**

Membership of the Network Executive Committee will be constituted to reflect the mental health network's broad range of stakeholders and may include representation from : • Aboriginal and Torres Strait Islander • ACI Mental Health Network Manager (ex officio) • Allied Health staff • Culturally and linguistically diverse • Carers • Clinical Psychology • Co-Chairs • Community Managed Organisation • Culturally and Linguistically Diverse • General Practice • Medical staff • Nursing staff • People with a lived experience of mental illness • Primary Health Networks In

addition, the executive members will be drawn from a mix of metropolitan and rural/regional centres.

The ACI Chief Executive and Executive Clinical Director, CATALYST have an automatic attendance to this committee. The NEC membership will be reviewed after 2 years however there will be a transition period in which members of the committee stay longer to allow for continuity of the committees work.

#### 1. Removal From Executive

Where an executive member does not attend three consecutive meetings or less than 50% of the Committee meetings in a 12 month period without adequate cause, that person's membership may be terminated on the advice of the Co- Chairs. A person who has had their membership terminated may apply to the Network Executive to have their membership reinstated.

#### 2. Committees/Working Groups

The Mental Health NEC may establish committees/working groups of a standing or ad hoc nature as it deems appropriate. The Terms of Reference of each sub-committee/working group shall be approved by the Network Executive and shall be structured to ensure consistency and coordination between the functions of all sub-committees/working groups. The Executive Committee shall receive reports as required from such sub-committees/working groups and have responsibility to monitor and evaluate activities in respect of each sub-committee's functional responsibilities.

#### 3. Conflict of Interest

Executive members are required to bring to the attention of the Co-Chairs any conflict of interest or potential conflict they may have with any item on the Network's agenda. NEC members have been selected as individuals and not organisational representatives. In order to maintain the integrity of the Network it is important that NEC or the Network is not used to drive individual organisational agendas. If a committee member is deemed to have a real or perceived conflict of interest in a matter that is being considered at a meeting, he/she will be excused from discussions and deliberations on the issue.

#### 4. Key Partners

The Mental Health Network Executive committee will endeavour to engage with and seek advice and input from key partner organisations in a bid to foster a collaborative approach and to create relevant synergies between respective organisations. These organisations include but are not exclusive to:

- InforMH, System information and Analytics, Ministry of Health (MoH)
- Mental Health Branch - NSW (MoH)
- Mental Health Coordinating Council
- NSW Institute of Psychiatry, HETI
- NSW Mental Health Clinical Advisory Council
- NSW Mental Health Commission
- NSW Primary Health Networks
- NSW Whole of Health Program, MoH

## Meeting Schedule: 2019

First Monday of every second month from 4pm to 6pm unless otherwise stated.

Date	Venue	TC or VTC Available
4 <sup>th</sup> February:	ACI	Y
1 <sup>st</sup> April	ACI	Y
3 June	ACI	Y
5 August	ACI	Y
14 October	ACI	Y
2 December	ACI	Y