Terms of Reference – Mental Health sub-group of the Improved Models of Care Working Group

Purpose
The Mental Health sub-group (the sub-group) of the Improved Models of Care Working Group (the Working Group) brings together key members with expertise in the delivery and financing of mental health services funded by private health insurance. The sub-group will focus on options to improve the delivery of private health insurance funded mental health services with the aim of better supporting private health insurance members’ access to efficient and clinically appropriate services to best meet patient needs, acknowledging the importance of clinical independence in decision-making.

The sub-group has a key role in advising the Working Group on possible reforms specific to mental health service delivery and funding arrangements.

Functions
The role of the sub-group is to provide advice to the Working Group on possible reforms to the funding of mental health services with the aim of better supporting private health insurance members, carers and families. This includes consideration of:

- the positive and negative aspects of the current regulatory regime, models of care and funding arrangements for admitted mental health services funded by private health insurance;
- options for possible change, including but not limited to:
  - adjustments to current regulatory settings to support the delivery of most efficient and clinically appropriate mental health services;
  - identification of the most clinically appropriate and efficient settings for the delivery of mental health services, including consideration of:
    - home based care;
    - community based care; and
    - other non-admitted day programs.
- implementation issues for any proposed changes, including industry disruption, transition issues and timing;
- suitability of the new models of care applying to other clinical areas; and
- other related issues as directed by the Working Group.

The sub-group will give consideration to the evidence base when considering these issues.

Noting that the sub-group may not come to agreement on all issues, members of the sub-group commit to:

- acting in a collegiate and collaborative manner when discussing and resolving issues; and
- respecting the confidentiality of the sub-group and Working Group procedures.

The sub-group will report to the Working Group.

External Support
The sub-group may be supported through the commissioning of external advice (through the Department of Health) if required. The sub-group Chair must first seek agreement from the Working Group Chair and subsequently the Committee Chair.

Membership
The Chair and full membership of the sub-group is to be advised following nominations from the Working Group. The sub-group will comprise: experts in the delivery of mental health care; consumer representatives; and other members with expertise in service delivery and private health insurance.
With the sub-group Chair’s prior approval, individuals and organisations who are not members may be invited to participate in the sub-group discussions where they have particular knowledge, expertise or experience.

A quorum for a meeting is the Chair and half the sub-group membership plus one. A quorum of members must be present before a meeting can proceed. A member who is unable to attend a meeting should advise the Chair and the Secretariat as soon as possible. Attendance by proxies will not be permitted.

**Mental health sub-group**
The mental health sub-group may comprise members with expertise in that work stream or overarching expertise in service delivery and private health insurance. Members of the sub-group may be members of the Working Group or may be separately appointed.

The full Working Group will consider advice or analysis prepared by the mental health sub-group. The Working Group will then co-ordinate and provide advice and analysis to the Committee.

**Confidentiality**
Members are required to sign confidentiality agreements and declare any real or potential conflicts of interests at the commencement of each meeting. All sub-group members have an obligation to maintain confidence of all matters arising within the sub-group and to maintain this confidence even after their membership of the sub-group has expired. Mental health sub-group members are specifically obligated to refrain from making any comment or statement concerning any sub-group matter to any member of the media. The Chair of the Committee or the Secretariat will coordinate all media contact.

**Timing**
The sub-group will meet in person or via teleconference. The sub-group is expected to hold its first meeting in April 2018, meeting approximately 6 times from April 2018 to October 2018. The sub-group can meet more or less frequently as required, and will report to the Working Group.

Decisions and consideration of issues can be made out-of-session by the sub-group including by teleconference or videoconference.

**Secretariat**
The Department of Health will provide the required level of secretariat support for the Chair and the sub-group. Papers will be distributed to the sub-group members at least five working days before a sub-group meeting, except with the Chair’s agreement. The agenda for meetings will be agreed between the Chair of the Working Group and the Secretariat. The Chair of the Working Group and/or the Secretariat may consult with the Chair of the Committee in developing any papers.