National MHSPF Mental Health Service Planning Framework

Project Charter

Population based planning for
Mental Health service development

national mental health strategy

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Contents

Document version control

Version	Date	Document Reviewer	Nature Of Change/ Comments/ Distribution
1.00	30/08/2011	Judith Burgess	First draft
1.01	19/09/2011	Brian Woods	Draft for distribution to first meeting of Executive Group
1.02	21/09/2011	Cath King	Amendments following Executive Group meeting of 20/09/11
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1.04			
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Authorisation

The Executive Group approve the (body) content of this Project Charter and acknowledge that material change to the Project Charter will require Executive Group authorisation of a Material Variation Report. It is acknowledged that Appendices to this Project Charter will necessarily change over the Project Lifecycle to adapt to developments in the Project.

Approved By:

Signature	Name and Position	Date
Endorsed original charter: OOS 2011.01 January 2012 Endorsed amended Charter OOS 2012.02 January 2012	**Mr David McGrath (Chair, Executive Group)** Director, Mental Health and Drug and Alcohol Programs, NSW Ministry of Health	
Endorsed original charter: OOS 2011.01 January 2012 Endorsed amended Charter OOS 2012.02 January 2012	**Dr Bill Kingswell (Deputy Chair, Executive Group)** A/g Executive Director Mental Health Alcohol and Other Drugs Directorate Queensland Health	
Endorsed original charter: OOS 2011.01 January 2012 Endorsed amended Charter OOS 2012.02 January 2012	**Mr Alan Singh** Assistant Secretary Mental Health Systems Improvement Branch Mental Health and Drug Treatment Division Commonwealth Department of Health and Ageing	
Endorsed original charter: OOS 2011.01 January 2012 Endorsed amended Charter OOS 2012.02 January 2012	**Mr Richard Bromhead** Manager, Mental Health Policy Unit Policy Division ACT Government Health Directorate	
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Endorsed original charter: OOS 2011.01 January 2012 Endorsed amended Charter OOS 2012.02 January 2012	**Mr Derek Wright** Executive Director Mental Health & Substance Abuse Department of Health, South Australia	
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1.What is a Project Charter?

The Project Charter is a statement of the scope, objectives and participants in a project. It provides a preliminary delineation of roles and responsibilities, outlines the project objectives, identifies the main stakeholders, and defines the project governance. It serves as a reference of authority for the future of the project.

The Project Charter is the first step of Project Planning, following completion of the Project Initiation stage. The Project Charter should not be confused with a Business Case or Project Proposal. The Project Proposal has already been developed for this project and the Investment Decision has been taken.

The Project Charter is not only an effective project planning tool; it is a communication vehicle that can be referenced throughout the project. It is a quick reference and overview of what the project is about, why it is being conducted, who is involved and in what capacity, and the general approach and timeline that exists for the project.

The Project Charter contributes to the following key success factors:

- Structured management organization;
- Disciplined management processes;
- Project governance;
- Project management best practices; and,
- Internal / external communications.

Having a Project Charter will provide the following benefits:

- Improved project partnerships;
- Improved project management processes;
- Improved communications;
- Better project sponsorship;
- Recognition of Project Team/Group roles;
- Improved relationships with stakeholders; and,
- Improved on-time and on-budget delivery of the project.

The Project Charter does not change throughout the Project Lifecycle. It is created at the beginning of the project, approved by the key project stakeholders (in this case the Executive Group), and is available for reference throughout the Project Lifecycle. However, it is acknowledged that during the Project Lifecycle there will necessarily be changes to key Project personnel; Terms of Reference may evolve to suit the needs of a particular Project Group; or an enhanced Communications and Marketing Strategy may need to be developed to meet the increasing complexity of the Project stakeholder base. These evolving components of the Project will be added as Appendices to the Project Charter.

The Project Team is responsible for drafting the Project Charter and ensuring that it is used to guide the project through its lifecycle. The Executive Group is responsible for approving the Project Charter.

2. Project Introduction

Both in Australia and internationally, there have been calls for the development of more strategic and coordinated approaches to mental health planning and service delivery. There is currently no nationally agreed approach to the way that mental health services are planned. Planners in States and Territories use their own approaches to this task, which vary considerably in the extent to which they are based on best available evidence. Australia's National Mental Health Strategy has called for each jurisdiction to develop a mix of services appropriate to local population needs, but has not specified targets for services.

The Fourth National Mental Health Plan - An agenda for collaborative government action in mental health 2009-2014 makes explicit commitment to developing a national mental health service planning framework (NMHSPF) that establishes targets for the mix and level of the full range of mental health services, underpinned by innovative funding models.

A Scoping Study to inform the development of a national mental health planning framework was developed by the University of Queensland, Queensland Centre for Mental Health Research (May 2010) on behalf of the Commonwealth Department of Health and Ageing (the "Commonwealth"). While the Scoping Study provides a strong foundation from which to progress the development of the Framework, a fully developed proposal was needed.

The Commonwealth provided a further discussion paper "Development of the National Service Planning Framework: Discussion Paper to inform development of a Multi-State Agreement" dated 15 June 2010. This Discussion Paper identified the timeframe for the development of 'the project' as approximately 2 ½ years and stated that a baseline be established early in the project using State models developed by NSW and Queensland.

> "These are established models within the Australian system that have been developed using epidemiological data as a foundation, and will enable an early comparison and cost analysis of the current system in the context of the actual system requirements. The baseline established will inform national service and resource planning for the period within which the comprehensive national Framework will be developed" (p.1).

A subsequent 'Statement of Requirement' from the Commonwealth set out key phases and deliverables of the Project.

In response to the request for a proposal, the NSW Department of Health ("NSW") agreed to develop a proposal on sharing the leadership of a project with Queensland Health ("Queensland") to develop a nationally consistent mental health service planning model within a national planning framework.

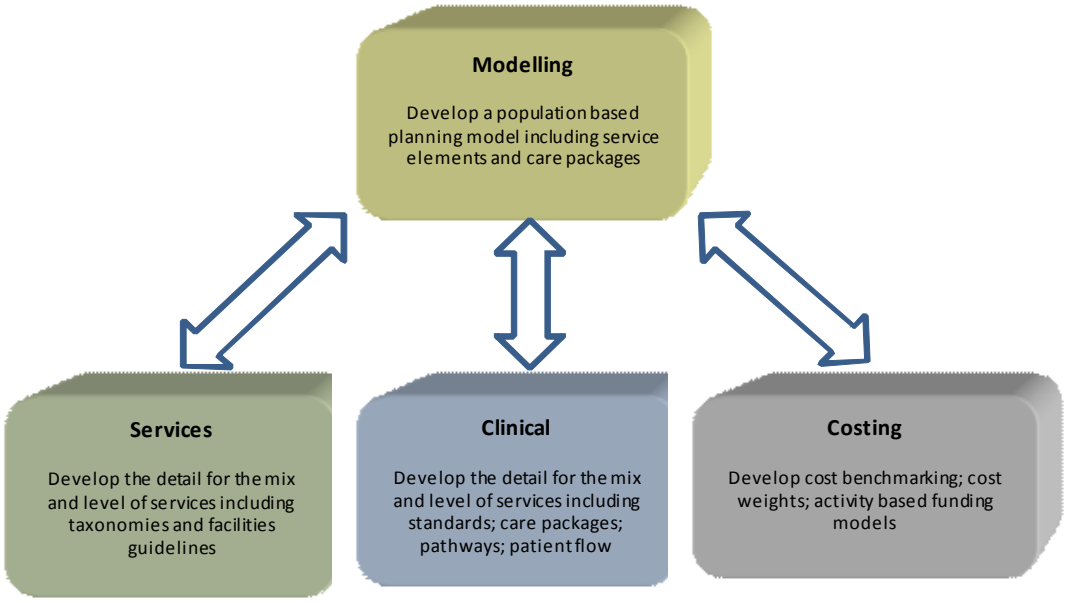
On 20 June 2011, the Commonwealth contracted NSW to establish and lead the National Mental Health Service Planning Framework Project (the "Project").

The proposal, Development of a national mental health service planning framework: A proposal for joint leadership of the project by NSW Health and Queensland Health May 2011 (the "Project Proposal"), and the subsequent Funding Agreement between the Commonwealth and the NSW form the basis of this Project Charter.

3. Project Summary

The purpose of the Project is to develop a National Mental Health Service Planning Framework (NMHSPF) based on the depth of experience of both NSW and Queensland in the development of population-based planning models for mental health, and enhanced by expert input from the various Groups established under the Project governance structure. Modelling for the NMHSPF will consider clinical developments (standards, guidelines, care packages, pathways, patient flow, outcomes); service developments (facilities guidelines; taxonomies for staff, patients, etc); and costing developments (cost benchmarking; cost weights; activity based funding models). Noting that none of these are static over time, each has specialist knowledge required, each is influenced by the others, and in the longer term (post Project) should be recognised as separate yet integrated work streams within the NMHSPF (refer Figure 1).

Figure 1: Components of the NMHSPF



The NMHSPF will:

- Be based on sound epidemiological data that quantifies the prevalence and distribution of the various mental illnesses, as well as evidence-based guidelines that identify the treatment required for the range of conditions;
- Translate this knowledge about illness prevalence and required treatments into resources, measured in terms of the workforce and service components required to establish an adequate service system;
- Include delineation of roles and responsibilities across the community, primary and specialist sectors, including the private sector and non-mental health specific services (e.g. aged care, general health services);
- Consider the workforce requirements to deliver the range of services;
- Include acute, long stay, 'step up/step down' and supported accommodation services, as well as ambulatory and community based services;
- Consider the contribution of public, non-government sectors and private mental health service providers;
- Clearly differentiate between the needs of children and young people, adults and older people;
- Consider socio-demographic factors such as culturally and linguistically diverse groups;

- Suggest role definitions and delineations to determine the recommended mix of services with comment on how to address scarcity or mal-distribution in some geographical locations; and
- Promote flexible funding models that allow innovation and service substitution to meet specified targets in different delivery contexts.

The contracted outputs from the Project include:

- The development of a NMHSPF model that can be adapted for use within each Australian jurisdiction that will provide transparency and consistency across all jurisdictions for estimating the need and demand for mental health services - across the continuum of care from prevention and early intervention to the most intensive treatment;
- Standardised “Australian average” estimates of need and demand for a range of agreed mental health services per 100,000 people across the whole age range, and across the continuum of care;
- Estimates of the staffing, beds, and treatment places per 100,000 age-specific population to meet the estimated demand;
- Estimates of the outputs to be expected from the resources; and
- A high-level estimate of the gap between current need being met for all jurisdictions, and the resources required to fill that gap.

The contracted products from the Project include:

- Various Project Progress Reports to the Executive Group and the Commonwealth;
- An Excel workbook with the details of the NMHSPF modelling;
- A template that individual jurisdictions can adapt to address regional and other variations as needed;
- Comprehensive documentation of the evidence underlying the parameters used in the model so that it can be modified as new evidence becomes available, and adapted to local evidence (detailed in a “Technical Manual”);
- A standard reference point for planning information; and
- An Excel “calculator” that applies the model to population projections in a convenient manner, and a “User Manual” for it.

It would be overly ambitious to expect a ‘Rolls Royce’ NMHSPF at first pass when the progress to the latest version of the NSW Mental Health Clinical Care and Prevention (MH-CCP) Planning Model has taken over ten years to develop to this point. A project of this significance will require an iterative, or action research, approach to its long-term development. It is the expectation that a ‘Toyota Corolla’ NMHSPF will be developed under this Project.

4. Project Scope

The NMHSPF Project is to build on the existing planning work by both NSW and Queensland over the last 10 years. This work significantly informs the specialist community mental health and inpatient service aspects of the Framework and forms a solid foundation for further definition of other programs and service environments. A staged process to develop the NMHSPF was outlined in the Project Proposal and is replicated in Figure 2 below.

Figure 2: Staged Development of a NMHSPF

	Model Components				
	Executive	**Modelling Group**	**Services Group**	**Clinical Group**	**Costing**
Stage 1	Nominal list of products/ core service elements for which targets are to be set.	Group formation: Model **V0**	This group will not form for Step 1. NSW & QLD existing service elements will be used to develop **V 0.**	This group will not form for Step 1. NSW & QLD existing service elements will be used to develop **V 0.**	NSW & QLD existing service elements will be used to develop **V 0.**
Stage 2		Summary of existing Model; Add national population to **AUS V0** to get **AUS V1**	Group formation: All jurisdiction's service elements. Take the AUS V0 service elements – identify gaps and problems – develop potential solutions for the Australian context **(AUS V1).**	Group formation: All jurisdiction's care packages. Take the AUS V0 care packages – identify gaps and problems – develop potential solutions for the Australian context **(AUS V1)**	Out of scope
AUS V1 models to Expert Working Groups for continuous improvement process					
Stage 3	Review and prioritise	**AUS V2.** Once data received remodel	Upgrade and rationalise service elements with nationally agreed numeric attributes	Upgrade and rationalise care packages with nationally agreed clinical standards with outcome basis where possible	Out of scope
Stage 4	Define products/service elements for target setting	**AUS V3**	New service elements based on improved care models and research	New care packages resulting from clinical advances and research	Out of scope

IN SCOPE

It should be well noted that the Scope of this Project is limited to Stage 1 and 2 only:

- The development of NMHSPF Version 0 (V0: NSW and Queensland existing service elements applied to National and State/Territory Populations) and associated deliverables; and
- The development of NMHSPF Version 1 (AUS V1: All jurisdictions' service elements applied to National and State/Territory Populations) and associated deliverables.

Costing Component of the Framework is considered in scope in so far as the generic costs can be applied to the Framework and consideration made for jurisdiction-specific Resource Distribution Formulae; however, specific costing work is largely dependent upon availability of data and progress toward the implementation of Activity Based Funding for (in scope) mental health services.

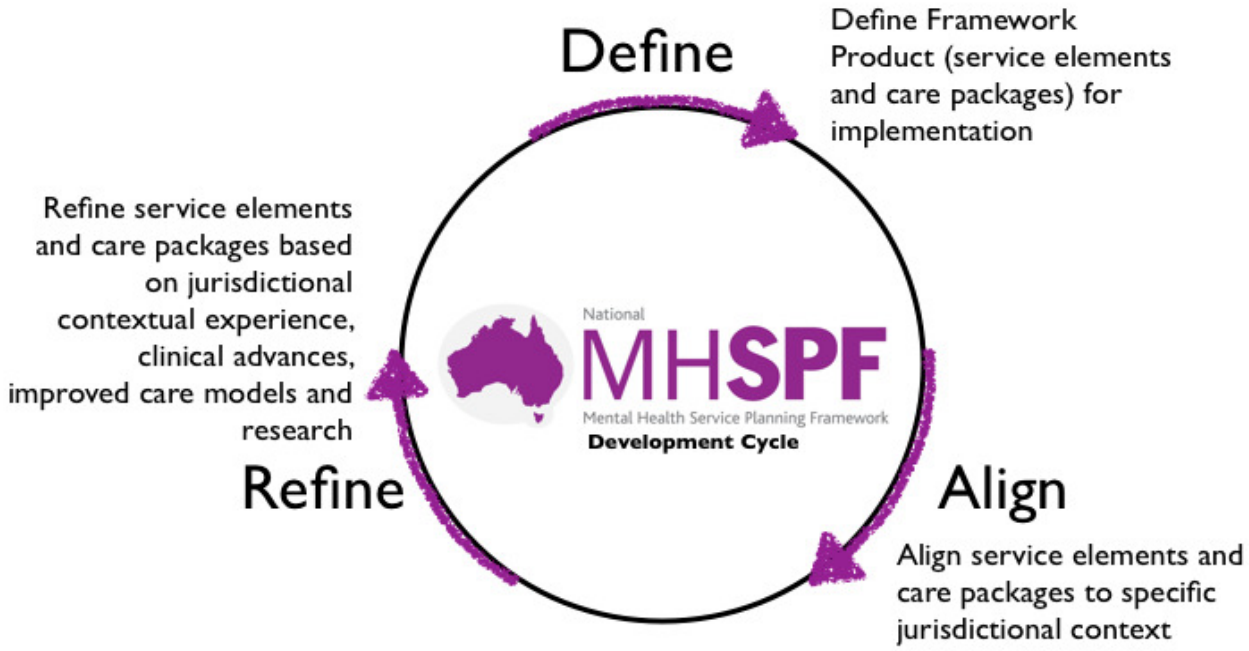
It should be noted that the modelling is attributed to a nominal population of 100,000. However, from the perspectives of 'economies of scale' and 'geographic self sufficiency', the outputs of the model (i.e. the full range of services elements and associated care packages) will, in reality, approach economic viability with populations of at least 300,000. Smaller jurisdictions should therefore note that the modelling will accurately assess service demand/need, but creative solutions on how the need is resourced may need to be considered.

OUT OF SCOPE

It should be well noted that Stages 3 and 4 as outlined in Figure 2 are considered out of scope for this Project.

The existing NSW planning model has been modified to improve the product over the last 10 years and a similar process is reasonably expected for this Framework. It is the expectation that a Design/Align/Refine cycle will be applied to the Framework for the development of future iterations (refer Figure 3).

Figure 3: Define/Align/Refine development cycle for the NMHSPF



It is the expectation that this Project will have almost completed 1 and 2/3rd cycles to the development of NMHSPF Version 1.

IN SCOPE

Define (existing NSW and Queensland Models; NMHSPF V0)/ **Align** (NMHSPF V0 with jurisdictional populations; identify service gaps)/ **Refine** (NMHSPF V0 based on work of all Project Groups)/ **Define** (NMHSPF V1)/ **Align** (NMHSPF V1 for implementation in jurisdiction-specific context by developing and communicating generic implementation plan).

OUT OF SCOPE

It should be well noted that the Project does not include development of jurisdiction-specific implementation plans or the execution of those plans. The Project does not include further work to Align, Refine and Define the NMHSPF.

It is the intention of the Project to develop a Framework that estimates the need and demand for mental health services across all age ranges and across the continuum of care, from prevention and early intervention to the most intensive treatment. The Project Governance Structure identifies that the Modelling Group will require specific expertise in the development of the framework.

IN SCOPE

The Project will consider the specific mental health components of health promotion/prevention; General Practice provided services; private psychology and psychiatry services; specialist community mental health services; psychiatric disability support services; rehabilitation and recovery services; specialist inpatient and hospital-based mental health services (public and private); mental health services provided in general hospital wards; and mental health services provided in/for residential aged care facilities.

In the case of physical health screening, only those items that specifically inform and are a requirement for mental health care (e.g. physical health status relevant to ECT or haematology related to clozapine treatment) will be included.

The Project will address all ages, from child and adolescent mental health services, to adult services and mental health services for older people.

The Project will address 'what should be'; not necessarily 'what is'.

The Project will determine Full Time Equivalent (FTE) by Profession Type at a high level (e.g. medical, nursing, allied health, Cert IV) for delivery of particular components of care packages.

OUT OF SCOPE

It should be well noted that the Project does not include specific modelling for components of the service system that are not mental health specific. For example, the general physical health needs of mental health consumers are not modelled but will be identified by the Framework as a service provided by another sector. Another example is a consumer who is in a residential aged care facility (RACF) and receiving mental health care. In this case the mental health care provided to the consumer is modelled, but the daily care needs of the consumer that are met by the RACF are not modelled. Whilst these components may be acknowledged in the Framework, their inputs and outputs are not specifically modelled.

It should be well noted that when looking at the service elements and the care packages, the Framework will be silent on who should deliver the services (public vs private vs NGO).

Whilst it is the intension to consider socio-demographic factors such as culturally and linguistically diverse groups and other sub-population groups (e.g. forensic patients; remote communities; defence personnel; humanitarian entrants), it is not possible within the Project timeframe and resources allocated to identify specific service elements and care packages for all groups. The Executive Group may wish to make recommendation to the Commonwealth that specific units of additional work focussing on particular population groups will add significant utility to the NMHSPF. This may be done through development of a Material Variation Report (including financial impact statement). If additional and adequate time and resources are approved by the Commonwealth, the Funding Agreement can be varied and the work can be considered 'in scope' for the Project.

In the development of the National Drug and Alcohol Clinical Care and Prevention (DA-CCP) Planning Model (being undertaken by the NSW Department of Health), the Executive Group made recommendation, and the Inter-Governmental Committee on Drugs approved, additional resource for the development of a 'bolt on' module for Aboriginal and Torres Strait Islander-specific drug and alcohol services.

OUT OF SCOPE

It should be well noted that the Project does not include specific modelling for specific population sub-groups including, but not limited to:

- Aboriginal and Torres Strait Islander communities
- Other culturally and linguistically diverse communities
- Rural and remote communities
- Forensic patients
- Serving defence personnel
- Humanitarian entrants

Notwithstanding that the abovementioned sub-groups are currently out of scope for specific modelling, it is the intention in the Project to make recommendations for Resource Distribution Formulae that can make financial adjustment for dispersion factors (additional cost of delivering services to rural/remote locations) and other socio-demographic factors that are shown to incur additional cost for delivery of health services. The current work on costing and the setting efficient price for Activity Based Funding may also inform these recommendations.

IN SCOPE
The Project will consider Resource Distribution Formulae to make adjustment for dispersion factors and other factors shown to incur additional cost for delivery of health services.

5. Project Governance Structure

The Governance Structure to support the Project is outlined in Figure 4 on the follow page.

It should be well noted that the primary contractual relationship for the Project is between the Commonwealth and NSW. Noting that NSW is directly responsible for the Project deliverables, the primacy of the role for the NSW Executive Sponsor/Executive Group Chair, supported by the Project Director, cannot be understated.

To realise the benefits of the NMHSPF, the Project is structured around a number of focussed Project Groups, including the:

- Executive Group
- Project Team
- Modelling Group
- Primary Care / Community / Non Hospital Expert Working Group
- Psychiatric Disability Support, Rehabilitation and Recovery Expert Working Group
- Inpatient/ Hospital Based Service Expert Working Group
- Consumer and Carer Reference Group

The suggested membership and key responsibilities for each Project Group are listed below. The actual Membership, Terms of Reference and Business Rules for each Project Group can be found at Appendices B through G respectively.

5.1 Executive Group

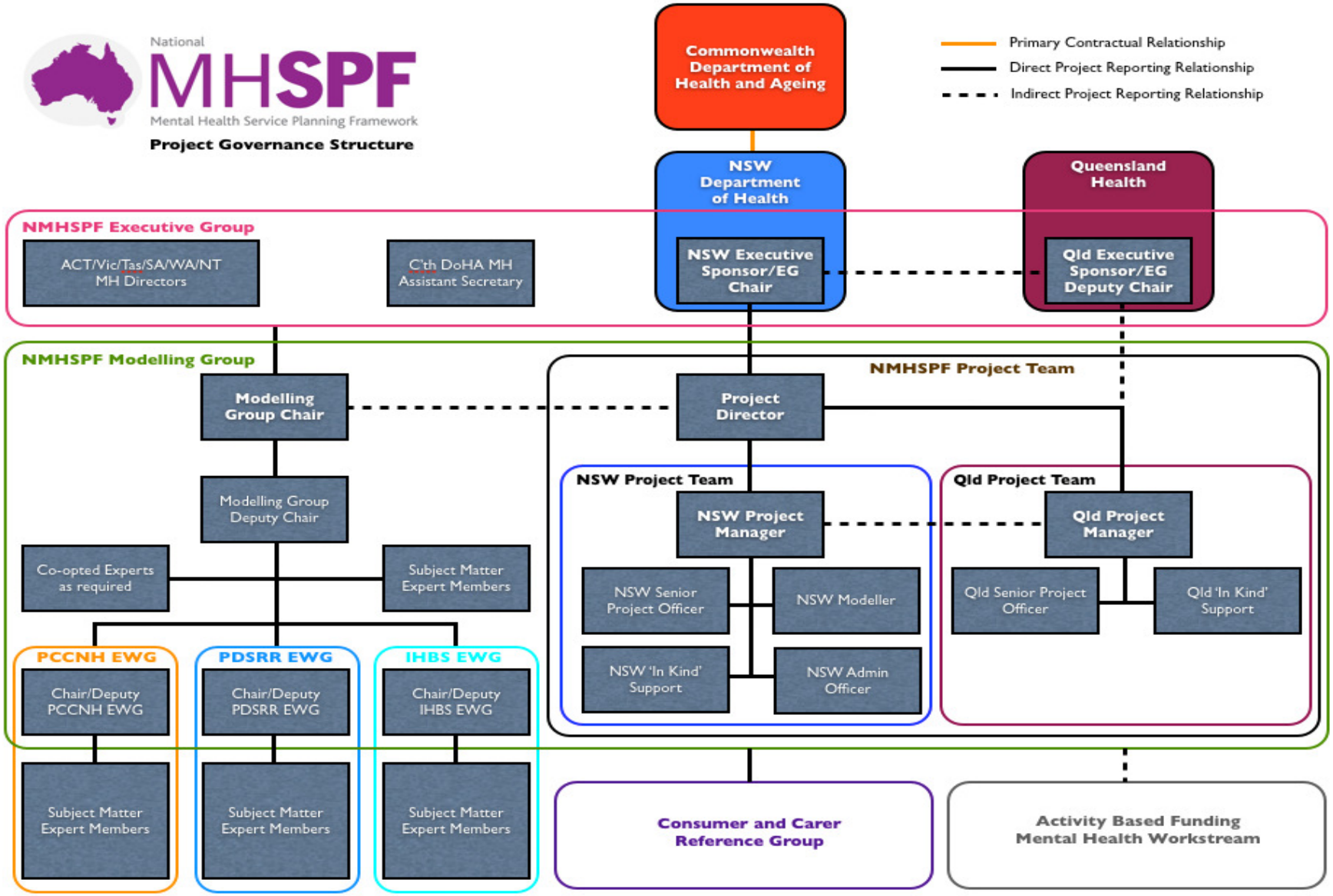
The purpose and the responsibilities of the Executive Group include:

- Oversee funding and provide leadership for the project.
- Ensure the development of a population-based national service planning framework for mental health and to have it endorsed by jurisdictions (NMHSPF V1).
- Receive reports from the modelling work undertaken over the preceding six-month period by the Project Team and Modelling Group. This report will identify areas where decisions or directions are needed.
- Assist with prioritising work to be done by the Project Team.
- Resolve issues that cannot be resolved by the Modelling Group and escalate issues that need to be addressed but cannot be undertaken by the Project Team within the scope of the agreed project.
- Communicate with stakeholders as articulated in the Communications and Marketing Strategy.

The membership of the Executive group includes representatives of the Commonwealth and each jurisdiction's Director of Mental Health.

The actual Membership, Terms of Reference and Business Rules for the Executive Group can be found at Appendix B.

Figure 4: The Project Governance Structure



5.2 Project Team

The purpose and responsibilities of the Project Team include:

- Build the population-based national service planning framework for mental health and to have it endorsed by jurisdictions.
- Use standard epidemiological, clinical and service use information to estimate the need and demand for services.
- Use clinical evidence and work to gain expert consensus to specify the care packages required by individuals and groups.
- Calculate the resources needed to provide these care packages, for example FTE staff per 100,000 population, and the beds/ treatment places per 100,000 population.
- Arrange meetings, run the Expert Working Groups, write meeting papers, write modelling papers, write reports for the Executive Group, write the final document, etc.
- Coordinate and integrate the input from the three Expert Working Groups.
- Be responsible for providing timely secretariat support and papers for meetings of the Executive Group and the Modelling Group; for conducting modelling in accordance with Executive Group decisions on priorities and options to be considered; and for providing feedback and preparing papers for the Executive Group.
- Other functions for the Project Team throughout the phases of the project will include:
    a. Day to day management of the project;
    b. Managing the project within the agreed budget;
    c. Establishment of, and secretariat support for the various Groups;
    d. Ensuring relevant government employee expertise of the jurisdiction is available to lead and contribute to development of the Framework for the duration of the framework;
    e. Establishing and managing sub-contractual arrangements as required to purchase expertise;
    f. Ensuring appropriate application of intellectual property provisions in existing materials and material developed through the Project;
    g. Working closely with the Executive Group to ensure appropriate engagement between the Executive and all ‘specialist’ Groups;
    h. Managing State and Territory engagement throughout the project to ensure all jurisdictions are engaged and contribute to development of the Framework;
    i. Develop and implement a consultation strategy agreed to by the Executive Group; and
    j. Ensuring deliverables are developed and produced within agreed timelines and within the project budget.

The membership of the Project Team includes NSW Department of Health and Queensland Health staff identified for the Project, plus additional ‘in kind’ support.

The actual Membership, Terms of Reference and Business Rules for the Project Team can be found at Appendix C.

5.3 Modelling Group

The purpose and responsibilities of the Modelling Group include:

- To coordinate and integrate the input from the three Expert Working Groups, assisted by the Project Team.
- Make recommendations to the Executive Group on all matters related to the mental health service planning model development over a two year period from July 2011 through September 2013 (primarily active in Stage 2 of the Project from late in 2011).
- Receive reports on the modelling work undertaken over the preceding six-month period by the Project Team on the advice of the three Expert Working Groups.
- Prepare papers in time for the Executive Group (with the Secretariat support of the Project Team) so that it will be possible to act on Executive Group decisions (by next meeting).
- Conduct meetings (convened eight times during the course of the project) in accordance with the project plan as endorsed by the Executive Group, and make recommendations for the work to be prioritised by the EWGs and over the next period.

The membership of the Modelling Group is to include:

- Chair (requires credibility within portfolio; high-level facilitation and conflict resolution skills).
- Two representatives (Chair and Deputy Chair) from each of the Expert Working Groups.
- 1 x representative from each jurisdiction who is able to provide expert advice on one or more aspects of the modelling at the epidemiological level, clinical level, and service planning level.
- Other members should be able to provide expert advice on one or more aspects of the modelling at the epidemiological level, clinical level, and service planning level. This might require representatives for each jurisdiction to ensure that urban and rural issues and other local considerations are considered. Other suggested members might represent private or NGO providers.
- A representative of a national mental health advisory body to be recommended by the Commonwealth.
- Since NMHSPF V0 and V1 will model only the health service delivery part of the overall system, it is suggested that a representative from the Queensland Centre for Mental Health Research be included to ensure that the model can interface appropriately with supply models, and for their high level research expertise.
- Any other required experts as nominated and agreed by the Executive Group.

The commitment required from individual members is likely to vary considerably over the two-year time frame, as particular topics are the focus of attention.

The actual Membership, Terms of Reference and specific Business Rules for the Modelling Group can be found at Appendix D.

5.4 Expert Working Groups

The purpose and responsibilities of the Expert Working Groups include:

- To review NMHSPF V0 as prepared by the Project Team and extend the typology/ taxonomy of the V0 – this will include identification of new services, deletion of items in V0 and modification to NMHSPF V1.
- To scope and provide detail on care packages, and other items such as readmission rates and occupancy rates.
- To provide a consistent source of expert advice on, and review of the NMHSPF as it develops, over the Project Lifecycle.

- Advice and review of all matters related to components of the NMHSPF, that is, epidemiological and clinical aspects of mental health treatment, and service delivery and planning issues, including:
    - Identifying literature reviews and other literature relevant to the NMHSPF Project.
    - Consulting within jurisdictions and /or professional networks to obtain and supply information needed by the NMHSPF Project.
- Working with a standardised taxonomy of 'service elements' and of the key components of mental health services will be essential for the consultation process to develop agreed care packages. NB: this would initially be a 'working' taxonomy based on current NSW service elements. The development of agreed care packages and the effort to maintain necessary service components has been identified as the largest time-requirement in development of the NSW planning model.
- Consulting within jurisdictions and /or professional networks to obtain and supply information needed by the NMHSPF Project and record any recommendations.
- Provision of a hierarchy of evidence will also need to be considered, including evidence based practice, clinical consensus and Australian best-practice. Additions and variations to the current utilisation levels must be cited and with precedent.
- Care packages will be discussed by each of the three Expert Working Groups who will consult with stakeholders as necessary, and make recommendations with supporting evidence to the Modelling Group for incorporation or adjustment of the planning model as required. Where consensus cannot be reached, the Modelling Group may be required to moderate and make a decision.
- Other
    - Quantify care plans as hours of clinical contact, plus or minus days of inpatient care;
    - Quantify resources — for example, contact hours to full-time equivalent, bed days to number of staffed beds;
    - Model priorities as a percentage of each clinical need group that can be treated;
    - Calculate resources (beds, etc) and outputs (separations, bed days, etc.);
    - Apply standards, benchmarks, or local costs to resources and/or outputs; and
    - Provide the basis for performing a gap analysis against current and future data — for example, some or all of the population, staff, beds, funding, activity, costs, care plans and percentage treated.

5.4.1 Primary Care / Community / Non Hospital Expert Working Group

Membership of the Primary Care / Community / Non Hospital Expert Working Group will consist of relevant experts (with some coopted as required) from areas such as: GPs; Acute/Crisis/Outreach Ambulatory; Aboriginal Community Controlled Service.

The commitment required from individual members is likely to vary considerably over the two-year time frame, as particular topics are the focus of attention.

The actual Membership, Terms of Reference and specific Business Rules for the PCCNH Expert Working Group can be found at Appendix E.

5.4.2 Psychiatric Disability Support, Rehabilitation and Recovery Expert Working Group

Membership of the Psychiatric Disability Support, Rehabilitation and Recovery Expert Working Group will consist of relevant experts (with some coopted as required) from areas such as Community Managed Organisations; Personal Helpers and Mentors; Respite; FaHCSIA; Child & Adolescent rep; Older rep; DOHA.

The commitment required from individual members is likely to vary considerably over the two-year time frame, as particular topics are the focus of attention.

The actual Membership, Terms of Reference and specific Business Rules for the PDSRR Expert Working Group can be found at Appendix F.

5.4.3 Inpatient/ Hospital Based Service Expert Working Group

Membership of the Inpatient/ Hospital Based Service Expert Working Group will consist of relevant experts (with some co-opted as required) from areas such as: Private Hospitals; Child & Adolescent; Older persons; Health Insurance.

The commitment required from individual members is likely to vary considerably over the two-year time frame, as particular topics are the focus of attention.

The actual Membership, Terms of Reference and specific Business Rules for the IHBS Expert Working Group can be found at Appendix G.

5.5 Consumer and Carer Reference Group

Following advice from the NMHSPF Executive Group, the Project Director met with the National Mental Health Consumer and Carer Forum (NMHCCF) Executive to recommend the method of consumer and carer engagement. The agreed following structure was endorsed by the NMHSPF Executive Group out of session in January 2012.

To ensure that the expertise of Consumers and Carers is captured in the development of the Framework, a consumer or carer will be represented on the Modelling Group and each of the Expert Working Groups. A Consumer and Carer Reference Group will also be established with links to the Project Team and regular updates will be forwarded to the National Mental Health Consumer and Carer Forum (NMHCCF).

The Reference Group will be engaged approximately three times in the course of the Project. In the first quarter of 2012, the Reference Group will be briefed with regard to the scope and expectation of the Project. The second engagement will primarily be to provide advice in relation to the proposed national service framework following the jurisdictional service mapping process. Finally, the third activity will be to review the draft Service Planning Framework prior to finalisation.

To facilitate contact with the broader population of consumers and carers, it is further proposed that an update will be provided by the Project Team as a standard agenda item on the NMHCCF Meetings.

The actual Membership, Terms of Reference and specific Business Rules for the Consumer and Carer Reference Group can be found at Appendix H.

5.6 Other Project Related Groups

5.6.1 Activity Based Funding Mental Health Work stream

The National Health Reform Agreement signed by jurisdictions in July 2011 provides for the implementation of a nationally consistent Activity Based Funding (ABF) system for mental health services from 1 July 2013. Significant work is occurring under the auspices of the Health Reform Implementation Group (particularly in the ABF Mental Health Advisory Working Group), and will continue with the establishment of entities under the National Health Reform Agreement, particularly the Independent Hospital Pricing Authority. The output from this parallel work stream will inform the costing components of the Framework.

5.6.2 Commonwealth Funded Primary Mental Health Services Consultancy

The Commonwealth Funded Primary Mental Health Services (including MBS and fund holding programs) consultancy work is a project funded separately by the Commonwealth to inform participation in the PCCNH Expert Working Group. Membership includes relevant Commonwealth experts and the NMHSPF Project Director as an observer. This consultancy will report to the Commonwealth and the outputs from the work undertaken will be fed back through the Executive Group to inform the work of the Expert Working Groups.

6.Project Group Generic Business Rules

The following business rules apply to the operation of all Project Groups. Specific business rules for Project Groups (if any) may be found at Appendices B through H respectively.

6.1 Membership and attendance at and preparation for meetings

- Membership of Project Groups shall be determined by the Chair and Deputy Chair in consultation with the Project Director ensuring that there is adequate representation of the subject matter expertise as outlined in this section (Section 8) of the Project Charter.
- The Chair and Deputy Chair, in consultation with the Project Director, may also co-opt individuals for temporary membership of the Project Group as required to provide particular subject matter expertise and advice to the Project Group. Note that the voting status of the membership would also need to be identified as either a full Member of the Group or as an Attendee with observer status.
- Members of the Project Group must be committed to:
    - Attend meetings and remain actively involved in each meeting until all agenda items have been dealt with and the meeting has concluded;
    - Read and consider all papers in advance of the meetings and be prepared to contribute to each agenda item;
    - Identify and raise issues, where relevant, related to their subject matter expertise;
    - Seek clarification of other members and encourage the expression of alternative viewpoints;
    - Actively contribute information or data for the use of the Project Group;
    - Support the agenda process and the Chair in progressing the agenda; and
    - Commit to progressing the development of the NMHSPF and to be actively involved outside of the meeting process to facilitate and improve project outcomes.
- Each Project Group member is appointed on the basis of their individual skills, knowledge and expertise and holds their appointment at the discretion of the Chair and Deputy Chair. The Chair and Deputy Chair, in consultation with the Project Director, retain the discretion to terminate a member's appointment to the Project Group at any time and for whatever reason.
- The Project Group will remain active for the duration of the project, currently proposed until 30June 2013.
- Members may resign from the Project Group at any time by providing a letter stating the intention to resign to the Chair (copied to Secretariat).
- The Project Group Chair and Deputy Chair will consider appointments to vacancies, as appropriate.
- Where a Project Group member is unable to attend a meeting, proxies will be allowed to attend the meeting in their stead. Proxies are to be determined at the discretion of the Chair and should have the delegated responsibility to make the decisions expected of the member they represent.
- Project Group members may invite limited attendees to observe a meeting if cause can be shown. Any attendances by non-members are subject to prior arrangements having been made with the Project Director (in consultation with the Chair).

6.2 Conflict of Interest and Confidentiality

- Conflict of interest is defined as any instance where a Project Group member, partner or close family friend has a direct financial or other interest in matters under consideration or proposed matters for consideration by the Project Group. A member must disclose to the Chair any situation that may give rise to a conflict of interest or a potential conflict of interest, and seek the Chair's agreement to retain the position giving rise to the conflict of interest. Where a member gains agreement to retain their position on the Project Group, the member must not be involved in any related discussion or decision making process.

- Project Group members may, on occasion, be provided with confidential material. Members are not to disclose this material to anyone outside the Project Group and are to treat this material with the utmost care and discretion and in accordance with the terms of normal government practice.
- All non-government members are expected to sign a Deed of Confidentiality and Conflict of Interest Form (refer Appendix L).

Note: The NMHSPF Communication and Marketing Strategy clearly identifies the boundaries for official communication in relation to the NMHSPF Project. The provisions in the Strategy form part of these Business Rules. In general terms, all formal communication and requests for information should be directed through the Secretariat to the NMHSPF Project Director.

6.3 Secretariat Support

The NMHSPF Project Team will provide Secretariat Support to all Project Groups. Support includes:

- Providing administrative and technical advice to the Project Group,
- Maintaining the official record of business for the Project Group,
- Developing, in consultation with the Chair, agendas for Project Group meetings and other business as required,
- Distribution of agenda and associated material,
- Ensuring all members are kept informed of issues and information relevant to the work of the Project Group,
- Arranging venues and catering for meetings as required,
- Maintaining the Govdex wiki site for the use of Project Group members, and
- Executing communication activity as identified in the NMHSPF Communication and Marketing Strategy or as directed by the Project Director and/or NMHSPF Executive Group Chairperson. This includes (but is not limited to) both internal and external communiqués, media documents, ministerial documents and reports to the Commonwealth and other stakeholders.

6.4 Meeting Operations

- The Project Group is bound by the terms of the NMHSPF Project Charter and associated documents.
- The Chair is ultimately responsible for the operations of the Project Group. In any circumstances where the Chair is unable to perform their duties, the Deputy Chair will assume the role. This provision includes assuming the role during periods of leave and in the event of resignation of the Chair.
- Project Groups will meet as scheduled in the Work Breakdown Structure (refer Appendix A) or at other times as determined by the Chair and Deputy Chair, in consultation with the Project Director, in order to meet the deliverables of the Project.
- Meetings will generally be face-to-face, preceded by a short teleconference in the week prior to the meeting. The intention of the pre-teleconference is to bring members up to speed so that face-to-face meeting time is as productive as possible.
- A quorum for a meeting is half the Project Group standing membership plus one. Any vacancy on the Project Group will not affect its power to function.

6.5 Wiki Site

- The Project Team will maintain a document exchange website (wiki) for the communication and supply of meeting papers, and other items relevant to the business of the Project Groups.
- All Project Group members will be allocated a logon using their email address.
- Project Group members will be provided with access to aspects of the NMHSPF Project wiki site related to their Project Group.

6.6 Meeting Papers

- A draft agenda will be cleared prior to each meeting by the Project Director in consultation with the Chair. In developing the agenda, consideration will be given to the contractual terms of the Project and activity across the Project structure.
- The agenda and related papers are normally circulated to members one week prior to the meeting.
- The minutes of the meeting will be prepared by the Secretariat. They will provide a concise and focused report of decisions and actions taken. Minutes will be made available to members for comment after they have been cleared by the Chair. This will generally be within four weeks after the meeting. Minutes will be formally presented for acceptance by the Project Group at the following meeting.

6.7 Referral of identified Issues and Risks

- The Project Team has developed a template for recording Issues and Risks as they are identified throughout the Project Lifecycle (refer Section 13 and Appendix I).
- Project Groups are encouraged to record Issues that could not be addressed during the meeting; that are out of scope of the project; that require clarification; or are of significant concern to the Project Group members.
- Project Group Chairs and the Secretariat are to maintain a register of Issues and Risks as they arise (primarily during meetings) and refer them to the Project Director at the conclusion of each meeting.
- Resolution of issues and mitigation of risks can be managed at the discretion of the Chair in consultation with the Project Director.
- The Project Team will maintain a Master Register indentified by Project Group.
- The Master list will be updated and submitted to each of the Executive Group meetings.

6.8 Business between Meetings

- The Chair and Deputy Chair, through the Project Team, may write and sign letters and conduct business between meetings on behalf of the Project Group. The Secretariat must be provided with copies of all correspondence.
- Project Group members are expected to advise the Chair through the Secretariat when they have completed agreed actions arising from previous meetings.
- Any material that is considered to be of particular importance and requiring immediate action will be circulated by e-mail. All other material will be made available as appropriate on the Project's wiki site.
- Out of session papers will be circulated to members via email for consideration of endorsement by a specified date. The Secretariat is responsible for maintaining a register of out-of-session papers, circulating the papers and recording responses from all members.

6.9 Media Contact

- All contact with the media will require consultation with the Chair and Project Director as outlined in the NMHSPF Communications and Marketing Strategy. Any information to be released to the media will need to be cleared by the Chair, through the NMHSPF Executive Secretariat and Project Director.

6.10 Level of Evidence Required

- The Project Summary (Section 6) states that the NMHSPF will be "based on sound epidemiological data that quantifies the prevalence and distribution of the various mental illnesses, as well as evidence-based guidelines that identify the treatment required for the range of conditions".

- Chairs and Deputy Chairs are to ensure that epidemiological data and evidence based guidelines nominated or submitted by Project Group members for the purposes of the Project meets the minimum standard of being published in peer reviewed journals relevant to the subject matter, or of a standard that they could reasonably expected be published in peer reviewed journals within the next 12 months.
- Provision of a hierarchy of evidence will also need to be considered, including clinical consensus and Australian best-practice.
- Additions and variations to the current utilisation levels must be cited and with precedent.

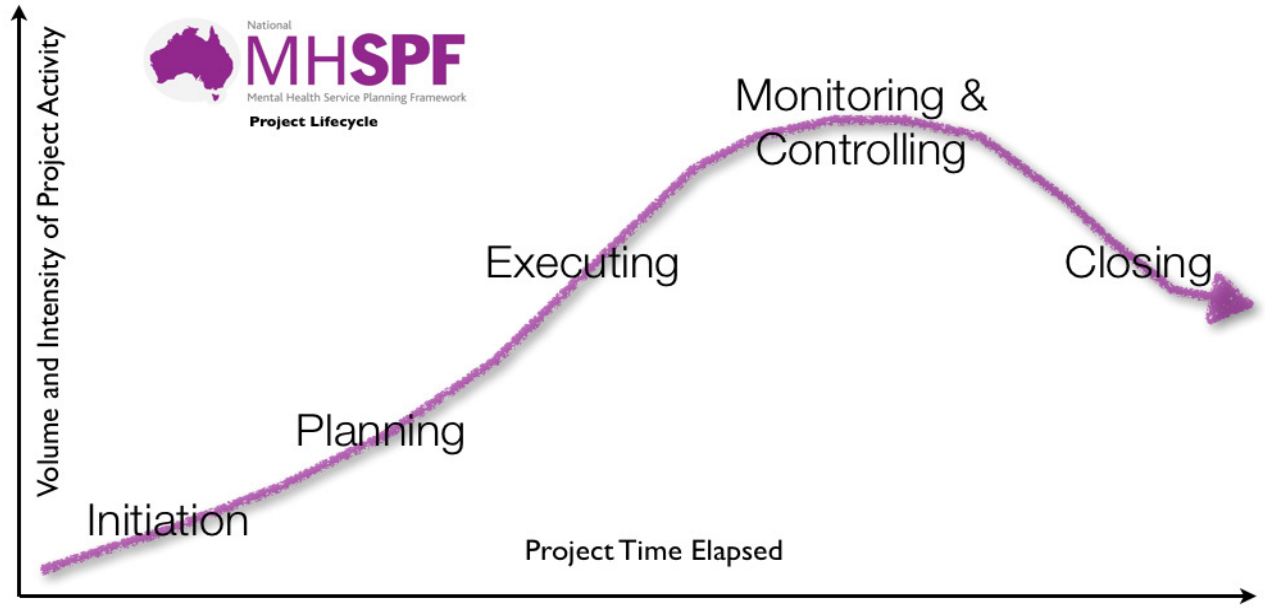
7.Project Lifecycle

The Project Lifecycle will be broken down into the following phases (refer Figure 5):

- Initiation;
- Planning;
- Execution;
- Monitoring and Controlling; and
- Closing.

The Project Initiation was complete with the development of the Project Proposal and the execution of the Funding Agreement between the Commonwealth and NSW. Development of the Project Charter is the first task of the Project Planning phase.

Figure 5: Phases and Stages of the Project Lifecycle



			NMHSPF Executive Group					
Project Team								
			Modelling Group					
			Primary Care/ Community / Non Hospital Expert Working Group					
			Psychiatric Disability Support, Rehabilitation and Recovery Expert Working Group					
			Inpatient/ Hospital Based Service Expert Working Group					
Q4 2010/11 1 Apr - 30 June 2011	Q1 2011/12 1 Jul - 30 Sept 2011	Q2 2011/12 1 Oct - 31 Dec 2011	Q3 2012/13 1 Jan - 31 Mar 2012	Q4 2012/13 1 Apr - 30 June 2012	Q1 2012/13 1 Jul - 30 Sept 2012	Q2 2012/13 1 Oct - 31 Dec 2012	Q3 2013/14 1 Jan - 31 Mar 2013	Q4 2013/14 1 Apr – 30 June 2013
Stage 1 (NMHSPF V0)			Stage 2 (NMHSPF V1)					

NSW is contracted to complete the Project within a two-year timeframe from Planning to Closing. The Project Planning phase commenced on 1 July 2011 and the Project Closing will be at the cessation of the Funding Agreement on 30 June 2013.

Each of the Lifecycle phases is separately identified so that necessary thought, planning and preparation can be applied for tasks specific to the Group and phase of the Project. The phase specific tasks will be identified in the Project Work Breakdown Structure (refer next Section).

8. Work Breakdown Structure

The Project Work Breakdown Structure (WBS) is a deliverable oriented disaggregation of the Project into smaller components. It defines and groups the Project's discrete work elements in a way that helps organize and define the total work scope of the project. The WBS is a dynamic tool that will evolve over the Project Lifecycle.

As a minimum, the WBS for this Project will include tasks structured under each Project phase addressing:

- Project Administration
- Scope Management
- HR Management
- Financial Management
- Risk Management
- Communications and Marketing Strategy
- Executive Group
- Modelling Group
- Primary Care / Community / Non Hospital Expert Working Group
- Psychiatric Disability Support, Rehabilitation and Recovery Expert Working Group
- Inpatient/ Hospital Based Service Expert Working Group

As a minimum, the WBS for this Project must include the following information for each task:

- WBS Reference Number
- Task Name
- Duration
- Start
- Finish
- Percent (%) Complete; and
- Predecessors.

As a minimum, the WBS for this project must clearly identify Project deadlines, milestones and deliverables.

The WBS must be regularly updated by the Project Team and provided for members at each meeting of the Executive Group or at any time during the life of the Project when requested in writing by the Chair of the Executive Group.

The WBS and associated Gantt Chart for this Project is included at Appendix A.

9.Project Deliverables

9.1 Stage 1 Deliverables

Deliverable	Due Date
A **draft work program** for the duration of the Project Lifecycle, including but not limited to a budget, milestones and their due dates, which is to be revised and finalised after engagement of key personnel.	30/09/2011
A **First Report** submitted to the Executive Group that at a minimum: • provides initial planning estimates derived from the national application of NSW and Queensland service planning models; • provides a high-level gap analysis between existing services and those estimated by the NSW and Queensland models populated with national data; • outlines details of care packages in existing NSW and Queensland planning models.	31/12/2011
A **detailed consultation strategy and schedule** to progress the confirmation of stepped clinical and community care packages, and resolution strategies for resolving differences in clinical opinion. These may or may not be stepped care.	31/12/2011

9.2 Stage 2 Deliverables

Deliverable	Due Date
A **Second Report** to the Executive Group that at a minimum: • summarises consultation on care packages to date, including any necessary moderation undertaken or pending by the three Expert Working Groups; • provides initial consideration of service elements in addition to the model i.e. takes service planning targets into a service design perspective and considers broader planning environment such as legislation; • provides a draft national service planning model, noting that not all consultation may yet have been undertaken; • builds on the initial estimates by incorporating a gap analysis of current national mental health service provision (against the draft service planning model where clinical guidelines have been agreed) to meet a proposed service provision target; • a section of the report that uses currently available data to identify the gaps between existing service levels and the predictions of the draft model.	30/06/2012
A **Third Report** submitted to the Executive Group that at a minimum: • summarises the complete consultation on care packages and any moderation required; and • a draft national service planning framework, explaining any changes to the initial planning estimates developed in Stage 1 that have arisen following the consultation process.	31/12/2012
A **Final Report**, modelled with epidemiological data that at a minimum: • a recommended National Mental Health Service Planning Framework endorsed by the Executive Group that applies to the agreed care model and includes appendices for special populations; • a discussion of the service elements including where possible consideration of legislative requirements and minimum levels of providers/critical mass to establish a service; • an updated gap analysis from Stage 1 to provide a detailed comparison against latest available data to determine actual gaps in services and required additional investments; and • where possible recommended options for the Commonwealth and jurisdictions, identifying areas of greatest need. Opportunities for greatest cost/benefit where additional investment is necessary will be identified, where possible, although this will be a task for the Activity Based Funding /Costing Group.	30/06/2013

10. Project Risks and Issues Management

Refer Appendix I for the Issues/Risks Register.

11. Project Budget

The table below summarises the budget matched to roles and responsibilities for the NMHSPF.

Table 1: Project Budget Summary

Function	Cost estimate (EXC GST)
National Mental Health Planning Framework Executive Group	$ 50,000
Project Team	$755,000
Modelling Group	$120,000
Primary Care/ Community/ Non Hospital EWG	$106,000
Psychiatric Disability Support Rehabilitation and Recovery EWG	$106,000
Inpatient/ Hospital-based services EWG	$98,000
Grand Total	$1,235,000

For a detailed budget breakdown, please refer to Appendix J.

12. Key Stakeholders

12.1 Primary Stakeholders

- COAG/National Mental Health Commission & the Australian Government Department of Prime Minister& Cabinet
- Standing Council on Health (formerly AHMC) and Subcommittees
- Australian Government – particularly Department of Health & Ageing
- State/Territory Mental Health Services
- Consumers and Carers
- Community Mental Health Service Providers (Non-Government Organisations)
- Private Mental Health Service Providers

(Inclusive of rural and remote, transcultural and Aboriginal and Torres Strait Islander mental health communities)

12.2 Secondary Stakeholders

- Other state and territory government departments related to mental health – Housing, Employment, Education, Justice, Community and Disability, Emergency, Transcultural and Immigration Services
- Other related Australian Government Departments – FaHCSIA, DEEWR, OATSIH
- Other related social services
- Professional bodies and Unions

12.3 Tertiary Stakeholders

- General Public
- All other State/Territory Government Departments
- All other Australian Government Departments
- Media
- Consultants & contractors
- International community

13. Communications and Marketing Strategy

The detailed Communications and Marketing Strategy can be found at Appendix K. The objective of the Strategy is to:

- Ensure stakeholders are appropriately identified, engaged, informed and consulted about the NMHSPF, allowing government to develop an effective planning framework;
- Ensure there is a common understanding and expectation of outcomes across the elements of the NMHSPF project structure;
- Increase awareness of the impact of NMHSPF among all stakeholders relevant to their area of need, interest and/or expertise;
- Ensure clarity around roles and responsibilities of the elements of the NMHSPF project structure;
- Provide governance for all communications functions;
- Ensures linkage with other processes for cooperative and/or dependant activity;
- Identify key strategic communications activities across all of the NMHSPF Project;
- Identify key communication messages consistently across the NMHSPF Project.

13.1 Language

In all public communications the National Mental Health Service Planning Framework should be referred to as such or abbreviated to “NMHSPF”. For internal/project communications, the NMHSPF can also be referred to as the “‘Framework”. Due to the complexity and technicality of the project, both a technical and ‘plain English’ descriptive will be developed where appropriate to suit the diversity of the targeted audience.

13.2 Key Messages

To establish and reinforce realistic expectations throughout the project’s duration, the following key messages should be included in all significant presentations, regardless of the stakeholder group. The messages are appropriate to the perceived interests of all three tiers of stakeholders identified earlier in this communication strategy. The four core messages to be delivered throughout the project include the following:

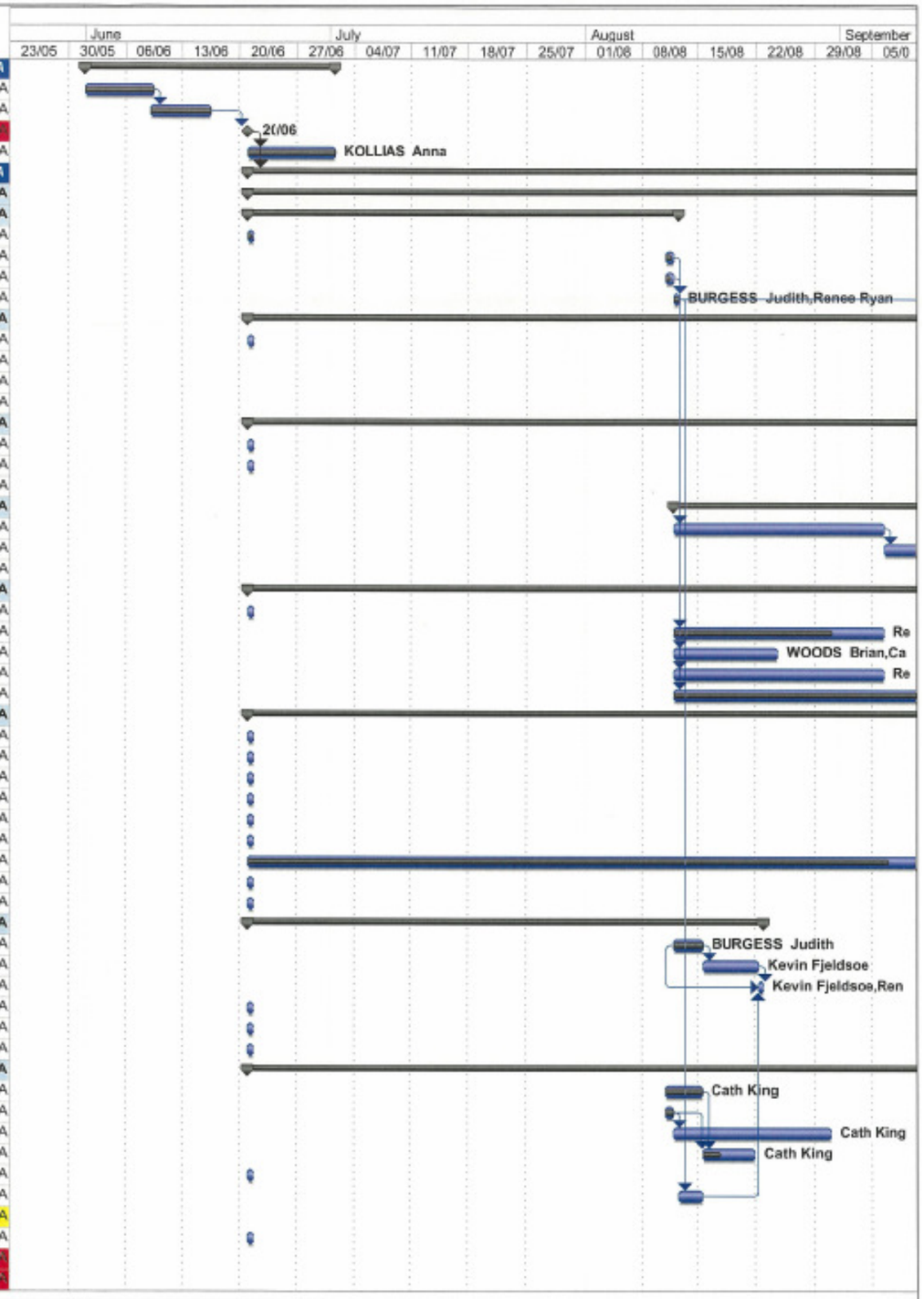
1. **Nationally Consistent** - The NMHSPF will provide an ‘Australian average’ estimate of need, demand and resources for the range of agreed mental health services required across the lifespan and across the continuum of care from prevention to tertiary treatment.
2. **Flexible and Portable** - The NMHSPF will be flexible to adaptation to suit jurisdictional priorities and other variations and will be presented in a user friendly format. However, some technical aspects cannot be altered or the validity of the product will be compromised.
3. **Not all, but many** - To ensure national viability, the NMHSPF will not account for every circumstance or service possibly required by an individual or group, but will allow for more detailed understanding of need for mental health service across a range of service environments.
4. **Not who, but what** – The NMHSPF will capture the types of care required, but will not define who is best placed to deliver the care. Decisions about service provision will remain the responsibility of each State/Territory and the Commonwealth.
5. **Evidence & Expertise** - The NMHSPF will identify what services ‘should be’ provided in a general mental health service system. Contemporary mental health practice, epidemiological data and working with key stakeholders with diverse expertise will underpin the technical, clinical and social support mechanisms that will form the content of the Framework.

13.3 Project Branding

The project will be supported by a ‘brand’ that will provide a common mandatory design across all project documents. The design will be unique to the project and not be representative of any Government specifically as this will be acknowledged through the inclusion of text as appropriate to the document. The 'brand' will be developed by the Project Team and endorsed by the Executive Group.

Appendix A: Project Work Breakdown Structure and Gantt Chart

ID		WBS	Task Name	Duration	Start	Finish	Deadline
1	✓	1	*Initiation*	*25.86 days?*	*Wed 01/06/11*	*Fri 01/07/11*	*NA*
2	✓	1.1	Develop and send NMHSPF to DoHA	7 days	Wed 01/06/11	Thu 09/06/11	NA
3	✓	1.2	Develop and send NMHSPF Work Program to DoHA	6 days	Thu 09/06/11	Thu 16/06/11	NA
4	✓	1.3	Execution of NMHSPF Contract with DoHA	1 day?	Mon 20/06/11	Mon 20/06/11	NA
5	✓	1.4	Submit $750K Invoice to DoHA and follow up payment	10 days	Tue 21/06/11	Fri 01/07/11	NA
6		2	*Planning (Stage 1: MH-CCP.AU V0)*	*343.43 days?*	*Tue 21/06/11*	*Tue 14/08/12*	*NA*
7		**2.1**	**Project Administration**	**343.43 days?**	**Tue 21/06/11**	**Tue 14/08/12**	**NA**
8		**2.1.1**	**Scope Management**	**44.43 days?**	**Tue 21/06/11**	**Fri 12/08/11**	**NA**
9		2.1.1.1	Develop papers that clearly describe the scope of project, the methodol	1 day?	Tue 21/06/11	Tue 21/06/11	NA
10		2.1.1.2	Revise the scope and deliverables of the project with David McGrath ar	1 day?	Thu 11/08/11	Thu 11/08/11	NA
11		2.1.1.3	Define the nature of the expected product, impact of integrating QLD a	1 day?	Thu 11/08/11	Thu 11/08/11	NA
12	✓	2.1.1.4	Develop Project Charter	1 day	Fri 12/08/11	Fri 12/08/11	NA
13		**2.1.2**	**HR Management**	**75.43 days?**	**Tue 21/06/11**	**Tue 20/09/11**	**NA**
14		2.1.2.1	Develop, advertise and fill NSW Project Team positions	1 day?	Tue 21/06/11	Tue 21/06/11	NA
15		2.1.2.2	Develop, advertise and fill QLD Project Team positions	6.71 days?	Tue 13/09/11	Tue 20/09/11	NA
16		2.1.2.3	Develop sub-contractual arrangements to secure the technical expertis	6.71 days?	Tue 13/09/11	Tue 20/09/11	NA
17		2.1.2.4	Provide training for project team members to ensure shared understanc	6.71 days?	Tue 13/09/11	Tue 20/09/11	NA
18		**2.1.3**	**Financial Management**	**168.86 days?**	**Tue 21/06/11**	**Thu 12/01/12**	**NA**
19		2.1.3.1	Refine budget from Project proposal to reflect project developments	1 day?	Tue 21/06/11	Tue 21/06/11	NA
20		2.1.3.2	Develop process for reimbursement of expenses	1 day?	Tue 21/06/11	Tue 21/06/11	NA
21		2.1.3.3	Submit $121,250 Invoice to DoHA and follow up payment (1st Report)	10 days	Mon 02/01/12	Thu 12/01/12	NA
22		**2.1.4**	**Risk Management**	**30 days**	**Fri 12/08/11**	**Mon 19/09/11**	**NA**
23		2.1.4.1	Establish Risk Management Plan	20 days	Fri 12/08/11	Tue 06/09/11	NA
24		2.1.4.2	Perform Initial Risk Identification	5 days	Tue 06/09/11	Mon 12/09/11	NA
25		2.1.4.3	Create Risk Response Planning Process	5 days	Mon 12/09/11	Mon 19/09/11	NA
26		**2.1.5**	**Marketing and Communication Strategy (MarCommS)**	**343.43 days?**	**Tue 21/06/11**	**Tue 14/08/12**	**NA**
27		2.1.5.1	Develop protocols for distribution of meeting papers and other	1 day?	Tue 21/06/11	Tue 21/06/11	NA
28		2.1.5.2	Develop MarCommS with distinct project identity/branding	20 days	Fri 12/08/11	Tue 06/09/11	NA
29		2.1.5.3	Establish secure electronic communication system (portal)	10 days	Fri 12/08/11	Wed 24/08/11	NA
30		2.1.5.4	Develop suite of standardised project papers	20 days	Fri 12/08/11	Tue 06/09/11	NA
31		2.1.5.5	Develop iterative Q&A document	300 days?	Fri 12/08/11	Tue 14/08/12	NA
32		**2.1.6**	**MH-CCP.AU V0 Development**	**80 days?**	**Tue 21/06/11**	**Mon 26/09/11**	**NA**
33		2.1.6.1	Review Jurisdictional Service Frameworks	1 day?	Tue 21/06/11	Tue 21/06/11	NA
34		2.1.6.2	NSW - Map to the data that's in the Nat MH Report and	1 day?	Tue 21/06/11	Tue 21/06/11	NA
35		2.1.6.3	Qeensland - Map to the data that's in the Nat MH Report	1 day?	Tue 21/06/11	Tue 21/06/11	NA
36		2.1.6.4	update HR calculators from latest Staffing Profiles	1 day?	Tue 21/06/11	Tue 21/06/11	NA
37		2.1.6.5	Then identify where the models interface /whether or not there is a con	1 day?	Tue 21/06/11	Tue 21/06/11	NA
38		2.1.6.6	Apply MHCCP 2010 and QPMH 2007 to Nationla population	1 day?	Tue 21/06/11	Tue 21/06/11	NA
39		2.1.6.7	Ungertake Gap Analysis with NMHR 2010 data	80 days?	Tue 21/06/11	Mon 26/09/11	NA
40		2.1.6.8	Undertake analysis and write draft report and develop associated prese	1 day?	Tue 21/06/11	Tue 21/06/11	NA
41		2.1.6.9	Research NMHSPF from other countries to provide context/reference r	1 day?	Tue 21/06/11	Tue 21/06/11	NA
42		**2.1.6.10**	**Undertake scan of all juristictions to establish clear understandir**	**51.57 days?**	**Tue 21/06/11**	**Tue 23/08/11**	**NA**
43		2.1.6.10.1	Develop standardised information collection tool	2 days	Fri 12/08/11	Mon 15/08/11	NA
44		2.1.6.10.2	Common language for NSW and Qld service elements	5 days?	Mon 15/08/11	Mon 22/08/11	NA
45		2.1.6.10.3	Identify key contacts and send	1 day?	Mon 22/08/11	Tue 23/08/11	NA
46		2.1.6.10.4	Conduct interviews to collect standardised data	1 day?	Tue 21/06/11	Tue 21/06/11	NA
47		2.1.6.10.5	Assemble report for Executive Meeting	1 day?	Tue 21/06/11	Tue 21/06/11	NA
48		2.1.6.10.6	Executive approve components to be included in baseline model	1 day?	Tue 21/06/11	Tue 21/06/11	NA
49		**2.2**	**NMHSPF Executive Group**	**158.86 days?**	**Tue 21/06/11**	**Fri 30/12/11**	**NA**
50		2.2.1	Determine Executive Group Terms of Reference (TOR)	3 days	Thu 11/08/11	Mon 15/08/11	NA
51	✓	2.2.2	Identify Chairs & Deputy Chair for Executive Group	1 day?	Thu 11/08/11	Thu 11/08/11	NA
52		2.2.3	Draft a calendar of meeting cycles and reporting for Executive Group	15 days?	Fri 12/08/11	Wed 31/08/11	NA
53		2.2.4	Identify and invite membership of the Executive Group	5 days	Mon 15/08/11	Mon 22/08/11	NA
54		2.2.5	Plan and draft papers for Meeting #1 of Executive Group	1 day?	Tue 21/06/11	Tue 21/06/11	NA
55		2.2.6	Executive Group to sign off Project Charter	1 day?	Fri 12/08/11	Mon 15/08/11	NA
56		2.2.7	Meeting #1: Executive Group	1 day?	Tue 20/09/11	Tue 20/09/11	NA
57		2.2.8	Dummy Task	1 day?	Tue 21/06/11	Tue 21/06/11	NA
58		2.2.9	Delivery of First Report to Executive Group	1 day?	Fri 30/12/11	Fri 30/12/11	NA
59		2.2.10	Delivery of detailed consultation strategy and schedule to DoHA	1 day?	Fri 30/12/11	Fri 30/12/11	NA

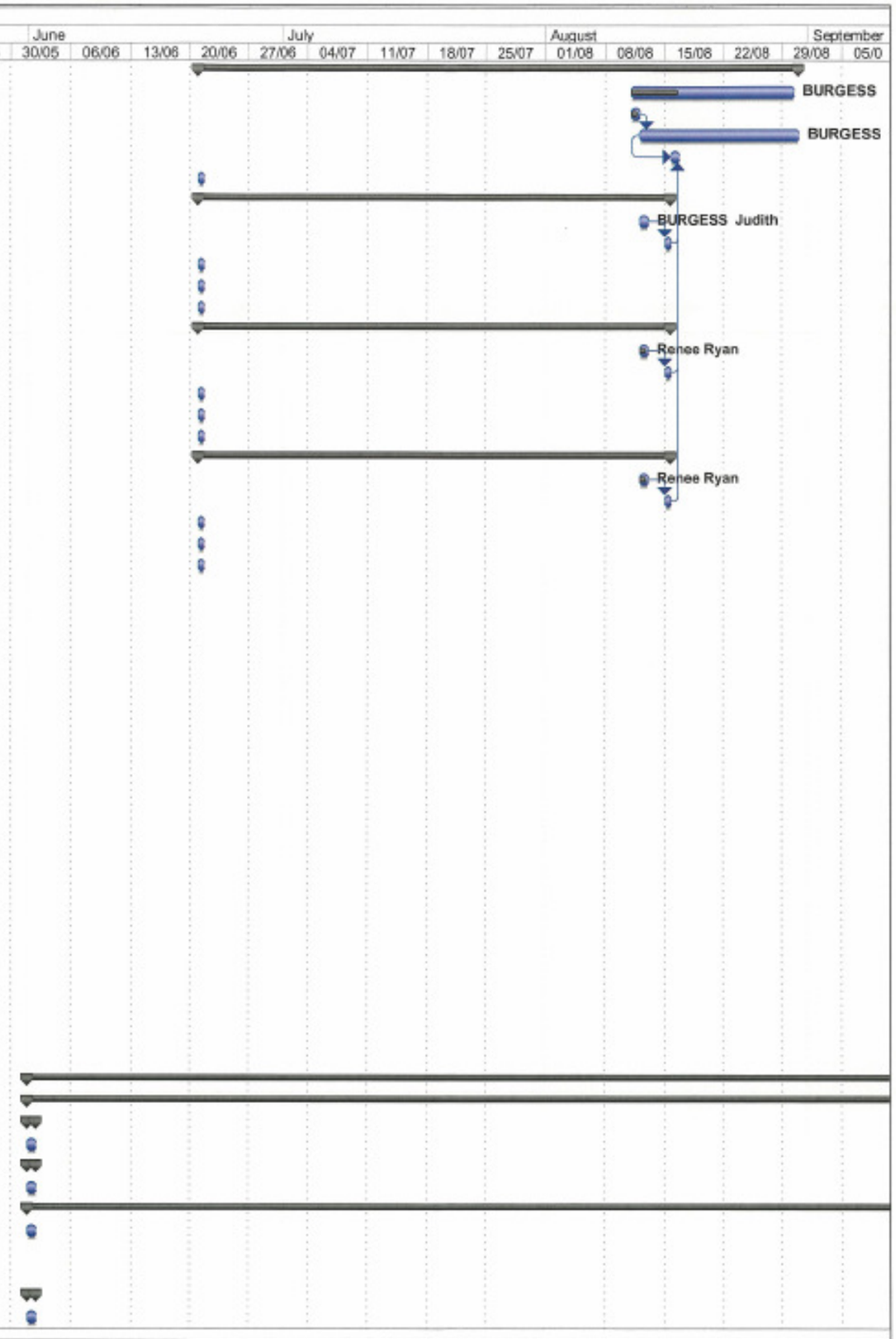


Project: National Mental Health Planning
Date: Mon 19/09/11

Task | Milestone | Rolled Up Task | Rolled Up Progress | External Tasks | Group By Summary
Progress | Summary | Rolled Up Milestone | Split | Project Summary | Deadline

Page 1

ID	WBS	Task Name	Duration	Start	Finish	Deadline
60	2.3	**Modelling Group**	58.43 days?	Tue 21/06/11	Wed 31/08/11	NA
61	2.3.1	Determine Modelling Group Terms of Reference (TOR)	15 days	Thu 11/08/11	Tue 30/08/11	NA
62	2.3.2	Identify Chairs & Deputy Chair for Modelling Group	1 day?	Thu 11/08/11	Thu 11/08/11	NA
63	2.3.3	Draft a calendar of meeting cycles and reporting for Modelling Group	15 days	Fri 12/08/11	Wed 31/08/11	NA
64	2.3.4	Identify and invite membership of the Modelling Group	1 day?	Mon 15/08/11	Tue 16/08/11	NA
65	2.3.5	Plan and draft papers for Meeting #1 of Modelling Group	1 day?	Tue 21/06/11	Tue 21/06/11	NA
66	2.4	**Inpatient/Hospital Based Service EWG**	45.57 days?	Tue 21/06/11	Mon 15/08/11	NA
67	2.4.1	Determine IHBS EWG Terms of Reference (TOR)	1 day?	Fri 12/08/11	Fri 12/08/11	NA
68	2.4.2	Identify and invite Chairs & Deputy Chair for IHBS EWG	1 day?	Mon 15/08/11	Mon 15/08/11	NA
69	2.4.3	Draft a calendar of meeting cycles and reporting for IHBS EWG	1 day?	Tue 21/06/11	Tue 21/06/11	NA
70	2.4.4	Identify and invite membership of the IHBS EWG	1 day?	Tue 21/06/11	Tue 21/06/11	NA
71	2.4.5	Plan and draft papers for Meeting #1 of IHBS EWG	1 day?	Tue 21/06/11	Tue 21/06/11	NA
72	2.5	**Psychiatric Disability Support, Rehabilitation and Recovery EWG**	45.57 days?	Tue 21/06/11	Mon 15/08/11	NA
73	2.5.1	Determine PDSRR EWG Terms of Reference (TOR)	1 day?	Fri 12/08/11	Fri 12/08/11	NA
74	2.5.2	Identify and invite Chairs & Deputy Chair for PDSRR EWG	1 day?	Mon 15/08/11	Mon 15/08/11	NA
75	2.5.3	Draft a calendar of meeting cycles and reporting for PDSRR EWG	1 day?	Tue 21/06/11	Tue 21/06/11	NA
76	2.5.4	Identify and invite membership of the PDSRR EWG	1 day?	Tue 21/06/11	Tue 21/06/11	NA
77	2.5.5	Plan and draft papers for Meeting #1 of PDSRR EWG	1 day?	Tue 21/06/11	Tue 21/06/11	NA
78	2.6	**Primary Care / Community / Non Hospital EWG**	45.57 days?	Tue 21/06/11	Mon 15/08/11	NA
79	2.6.1	Determine PCCNH EWG Terms of Reference (TOR)	1 day?	Fri 12/08/11	Fri 12/08/11	NA
80	2.6.2	Identify and invite Chairs & Deputy Chair for PCCNH EWG	1 day?	Mon 15/08/11	Mon 15/08/11	NA
81	2.6.3	Draft a calendar of meeting cycles and reporting for PCCNH EWG	1 day?	Tue 21/06/11	Tue 21/06/11	NA
82	2.6.4	Identify and invite membership of the PCCNH EWG	1 day?	Tue 21/06/11	Tue 21/06/11	NA
83	2.6.5	Plan and draft papers for Meeting #1 of PCCNH EWG	1 day?	Tue 21/06/11	Tue 21/06/11	NA
84	*3*	***Execution (Stage 2: MH-CCP.AU V1.0)***	*142.71 days?*	*Wed 21/09/11*	*Tue 13/03/12*	*NA*
85	3.1	**Project Administration**	10 days?	Wed 21/09/11	Mon 03/10/11	NA
86	3.1.1	**Scope Management**	1 day?	Wed 21/09/11	Wed 21/09/11	NA
87	3.1.1.1	Dummy Task	1 day?	Wed 21/09/11	Wed 21/09/11	NA
88	3.1.2	**HR Management**	1 day?	Wed 21/09/11	Wed 21/09/11	NA
89	3.1.2.1	Dummy Task	1 day?	Wed 21/09/11	Wed 21/09/11	NA
90	3.1.3	**Financial Management**	10 days?	Wed 21/09/11	Mon 03/10/11	NA
91	3.1.3.1	Dummy Task	1 day?	Wed 21/09/11	Wed 21/09/11	NA
92	3.1.3.2	Submit $12' ,250 Invoice to DoHA and follow up payment (1st Repor:)	10 days	Wed 21/09/11	Mon 03/10/11	NA
93	3.1.4	**Risk Management**	1 day?	Wed 21/09/11	Wed 21/09/11	NA
94	3.1.4.1	Dummy Task	1 day?	Wed 21/09/11	Wed 21/09/11	NA
95	3.1.5	**Marketing and Communication Strategy (MarCommS)**	1 day?	Wed 21/09/11	Wed 21/09/11	NA
96	3.1.5.1	Dummy Task	1 day?	Wed 21/09/11	Wed 21/09/11	NA
97	3.2	**Modelling Group**	1 day	Tue 14/02/12	Tue 14/02/12	NA
98	3.2.1	Meeting #1: Modelling Group (Teleconference briefing)	1 day	Tue 14/02/12	Tue 14/02/12	NA
99	3.3	**Inpatient/Hospital Based Service EWG**	2 days	Mon 12/03/12	Tue 13/03/12	NA
100	3.3.1	Meeting #1: IHBS EWG	2 days	Mon 12/03/12	Tue 13/03/12	NA
101	3.4	**Psychiatric Disability Support, Rehabilitation and Recovery EWG**	2 days	Mon 12/03/12	Tue 13/03/12	NA
102	3.4.1	Meeting #1: PDSRR EWG	2 days	Mon 12/03/12	Tue 13/03/12	NA
103	3.5	**Primary Care / Community / Non Hospital EWG**	2 days	Mon 12/03/12	Tue 13/03/12	NA
104	3.5.1	Meeting #1: PCCNH EWG	2 days	Mon 12/03/12	Tue 13/03/12	NA
105	3.6	**NMHSPF Executive Group**	1 day	Mon 13/02/12	Mon 13/02/12	NA
106	3.6.1	Meeting #2: Executive Group (Teleconference briefing in preparation for Ma	1 day	Mon 13/02/12	Mon 13/02/12	NA
107	*4*	***Monitoring and Controlling (Stage 2: MH-CCP.AU V1.0)***	*586.43 days?*	*Wed 01/06/11*	*Tue 21/05/13*	*NA*
108	4.1	**Project Administration**	483 days?	Wed 01/06/11	Fri 11/01/13	NA
109	4.1.1	**Scope Management**	1 day?	Wed 01/06/11	Wed 01/06/11	NA
110	4.1.1.1	Dummy Task	1 day?	Wed 01/06/11	Wed 01/06/11	NA
111	4.1.2	**HR Management**	1 day?	Wed 01/06/11	Wed 01/06/11	NA
112	4.1.2.1	Dummy Task	1 day?	Wed 01/06/11	Wed 01/06/11	NA
113	4.1.3	**Financial Management**	483 days?	Wed 01/06/11	Fri 11/01/13	NA
114	4.1.3.1	Dummy Task	1 day?	Wed 01/06/11	Wed 01/06/11	NA
115	4.1.3.2	Submit $121,250 Invoice to DoHA and follow up payment (2nd report)	10 days	Mon 18/06/12	Thu 28/06/12	NA
116	4.1.3.3	Submit $121,250 Invoice to DoHA and follow up payment (3rd Repor:)	10 days	Tue 01/01/13	Fri 11/01/13	NA
117	4.1.4	**Risk Management**	1 day?	Wed 01/06/11	Wed 01/06/11	NA
118	4.1.4.1	Dummy Task	1 day?	Wed 01/06/11	Wed 01/06/11	NA



Project: National Mental Health Planning
Date: Mon 19/09/11

Task — Milestone — Rolled Up Task — Rolled Up Progress — External Tasks — Group By Summary
Progress — Summary — Rolled Up Milestone — Split — Project Summary — Deadline

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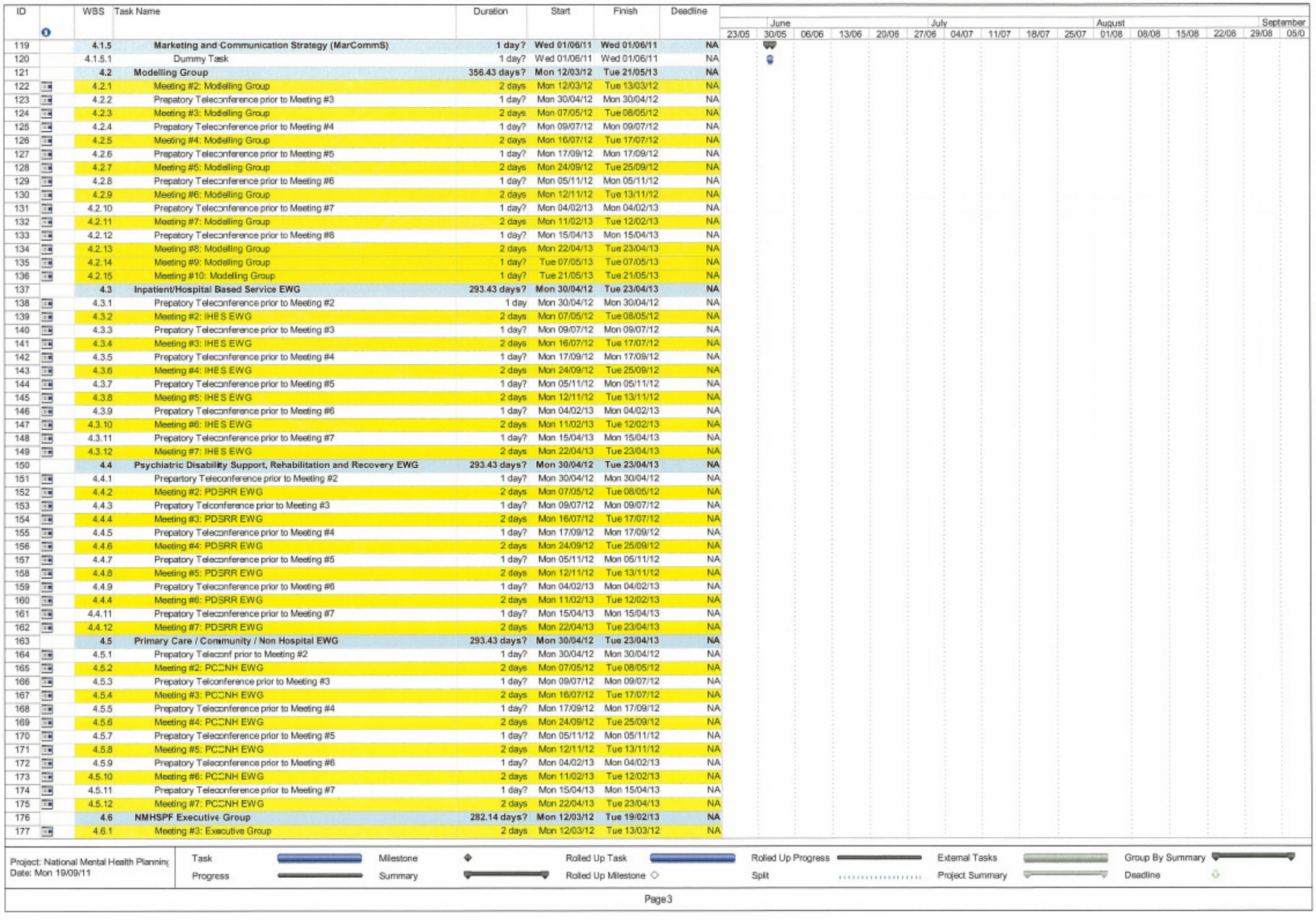
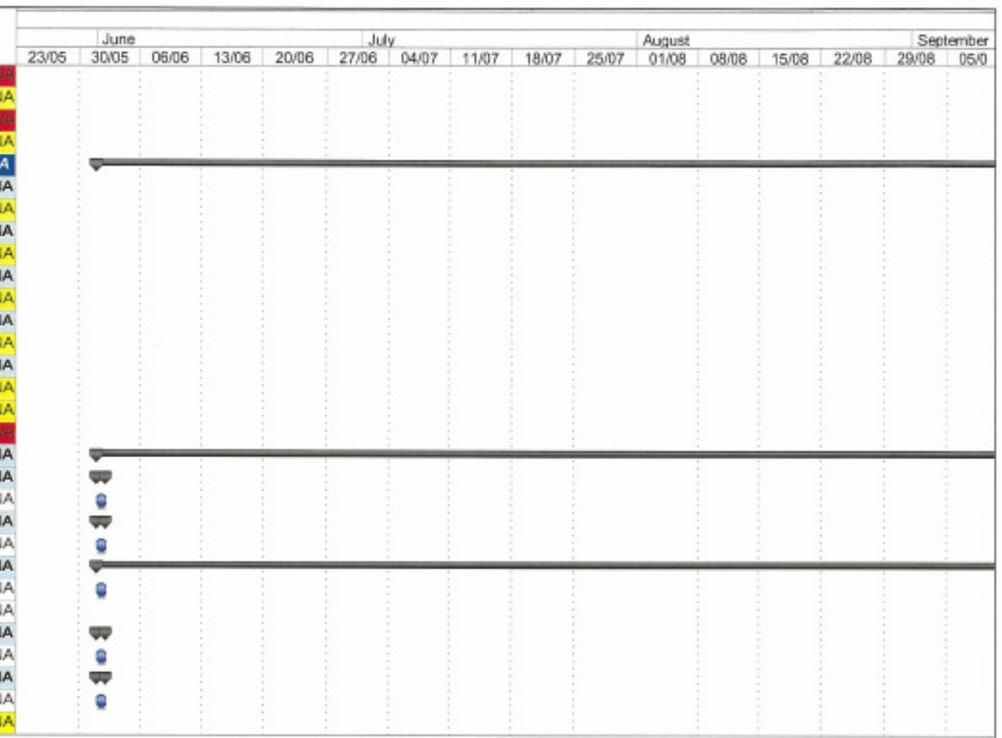
ID		WBS	Task Name	Duration	Start	Finish	Deadline
119		4.1.5	**Marketing and Communication Strategy (MarCommS)**	**1 day?**	**Wed 01/06/11**	**Wed 01/06/11**	**NA**
120		4.1.5.1	Dummy Task	1 day?	Wed 01/06/11	Wed 01/06/11	NA
121		**4.2**	**Modelling Group**	**356.43 days?**	**Mon 12/03/12**	**Tue 21/05/13**	**NA**
122		4.2.1	Meeting #2: Modelling Group	2 days	Mon 12/03/12	Tue 13/03/12	NA
123		4.2.2	Prepatory Teleconference prior to Meeting #3	1 day?	Mon 30/04/12	Mon 30/04/12	NA
124		4.2.3	Meeting #3: Modelling Group	2 days	Mon 07/05/12	Tue 08/05/12	NA
125		4.2.4	Prepatory Teleconference prior to Meeting #4	1 day?	Mon 09/07/12	Mon 09/07/12	NA
126		4.2.5	Meeting #4: Modelling Group	2 days	Mon 16/07/12	Tue 17/07/12	NA
127		4.2.6	Prepatory Teleconference prior to Meeting #5	1 day?	Mon 17/09/12	Mon 17/09/12	NA
128		4.2.7	Meeting #5: Modelling Group	2 days	Mon 24/09/12	Tue 25/09/12	NA
129		4.2.8	Prepatory Teleconference prior to Meeting #6	1 day?	Mon 05/11/12	Mon 05/11/12	NA
130		4.2.9	Meeting #6: Modelling Group	2 days	Mon 12/11/12	Tue 13/11/12	NA
131		4.2.10	Prepatory Teleconference prior to Meeting #7	1 day?	Mon 04/02/13	Mon 04/02/13	NA
132		4.2.11	Meeting #7: Modelling Group	2 days	Mon 11/02/13	Tue 12/02/13	NA
133		4.2.12	Prepatory Teleconference prior to Meeting #8	1 day?	Mon 15/04/13	Mon 15/04/13	NA
134		4.2.13	Meeting #8: Modelling Group	2 days	Mon 22/04/13	Tue 23/04/13	NA
135		4.2.14	Meeting #9: Modelling Group	1 day?	Tue 07/05/13	Tue 07/05/13	NA
136		4.2.15	Meeting #10: Modelling Group	1 day?	Tue 21/05/13	Tue 21/05/13	NA
137		**4.3**	**Inpatient/Hospital Based Service EWG**	**293.43 days?**	**Mon 30/04/12**	**Tue 23/04/13**	**NA**
138		4.3.1	Prepatory Teleconference prior to Meeting #2	1 day	Mon 30/04/12	Mon 30/04/12	NA
139		4.3.2	Meeting #2: IHES EWG	2 days	Mon 07/05/12	Tue 08/05/12	NA
140		4.3.3	Prepatory Teleconference prior to Meeting #3	1 day?	Mon 09/07/12	Mon 09/07/12	NA
141		4.3.4	Meeting #3: IHES EWG	2 days	Mon 16/07/12	Tue 17/07/12	NA
142		4.3.5	Prepatory Teleconference prior to Meeting #4	1 day?	Mon 17/09/12	Mon 17/09/12	NA
143		4.3.6	Meeting #4: IHES EWG	2 days	Mon 24/09/12	Tue 25/09/12	NA
144		4.3.7	Prepatory Teleconference prior to Meeting #5	1 day?	Mon 05/11/12	Mon 05/11/12	NA
145		4.3.8	Meeting #5: IHES EWG	2 days	Mon 12/11/12	Tue 13/11/12	NA
146		4.3.9	Prepatory Teleconference prior to Meeting #6	1 day?	Mon 04/02/13	Mon 04/02/13	NA
147		4.3.10	Meeting #6: IHES EWG	2 days	Mon 11/02/13	Tue 12/02/13	NA
148		4.3.11	Prepatory Teleconference prior to Meeting #7	1 day?	Mon 15/04/13	Mon 15/04/13	NA
149		4.3.12	Meeting #7: IHES EWG	2 days	Mon 22/04/13	Tue 23/04/13	NA
150		**4.4**	**Psychiatric Disability Support, Rehabilitation and Recovery EWG**	**293.43 days?**	**Mon 30/04/12**	**Tue 23/04/13**	**NA**
151		4.4.1	Prepatory Teleconference prior to Meeting #2	1 day?	Mon 30/04/12	Mon 30/04/12	NA
152		4.4.2	Meeting #2: PDSRR EWG	2 days	Mon 07/05/12	Tue 08/05/12	NA
153		4.4.3	Prepatory Teleconference prior to Meeting #3	1 day?	Mon 09/07/12	Mon 09/07/12	NA
154		4.4.4	Meeting #3: PDSRR EWG	2 days	Mon 16/07/12	Tue 17/07/12	NA
155		4.4.5	Prepatory Teleconference prior to Meeting #4	1 day?	Mon 17/09/12	Mon 17/09/12	NA
156		4.4.6	Meeting #4: PDSRR EWG	2 days	Mon 24/09/12	Tue 25/09/12	NA
157		4.4.7	Prepatory Teleconference prior to Meeting #5	1 day?	Mon 05/11/12	Mon 05/11/12	NA
158		4.4.8	Meeting #5: PDSRR EWG	2 days	Mon 12/11/12	Tue 13/11/12	NA
159		4.4.9	Prepatory Teleconference prior to Meeting #6	1 day?	Mon 04/02/13	Mon 04/02/13	NA
160		4.4.4	Meeting #6: PDSRR EWG	2 days	Mon 11/02/13	Tue 12/02/13	NA
161		4.4.11	Prepatory Teleconference prior to Meeting #7	1 day?	Mon 15/04/13	Mon 15/04/13	NA
162		4.4.12	Meeting #7: PDSRR EWG	2 days	Mon 22/04/13	Tue 23/04/13	NA
163		**4.5**	**Primary Care / Community / Non Hospital EWG**	**293.43 days?**	**Mon 30/04/12**	**Tue 23/04/13**	**NA**
164		4.5.1	Prepatory Teleconf prior to Meeting #2	1 day?	Mon 30/04/12	Mon 30/04/12	NA
165		4.5.2	Meeting #2: PCCNH EWG	2 days	Mon 07/05/12	Tue 08/05/12	NA
166		4.5.3	Prepatory Teleconference prior to Meeting #3	1 day?	Mon 09/07/12	Mon 09/07/12	NA
167		4.5.4	Meeting #3: PCCNH EWG	2 days	Mon 16/07/12	Tue 17/07/12	NA
168		4.5.5	Prepatory Teleconference prior to Meeting #4	1 day?	Mon 17/09/12	Mon 17/09/12	NA
169		4.5.6	Meeting #4: PCCNH EWG	2 days	Mon 24/09/12	Tue 25/09/12	NA
170		4.5.7	Prepatory Teleconference prior to Meeting #5	1 day?	Mon 05/11/12	Mon 05/11/12	NA
171		4.5.8	Meeting #5: PCCNH EWG	2 days	Mon 12/11/12	Tue 13/11/12	NA
172		4.5.9	Prepatory Teleconference prior to Meeting #6	1 day?	Mon 04/02/13	Mon 04/02/13	NA
173		4.5.10	Meeting #6: PCCNH EWG	2 days	Mon 11/02/13	Tue 12/02/13	NA
174		4.5.11	Prepatory Teleconference prior to Meeting #7	1 day?	Mon 15/04/13	Mon 15/04/13	NA
175		4.5.12	Meeting #7: PCCNH EWG	2 days	Mon 22/04/13	Tue 23/04/13	NA
176		**4.6**	**NMHSPF Executive Group**	**282.14 days?**	**Mon 12/03/12**	**Tue 19/02/13**	**NA**
177		4.6.1	Meeting #3: Executive Group	2 days	Mon 12/03/12	Tue 13/03/12	NA



ID	WBS	Task Name	Duration	Start	Finish	Deadline
178	4.6.2	Delivery of Second Report to Executive Group	1 day?	Fri 15/06/12	Fri 15/06/12	NA
179	4.6.3	Meeting #4: Executive Group	1 day?	Tue 11/09/12	Tue 11/09/12	NA
180	4.6.4	Delivery of Third Report to Executive Group	1 day?	Mon 31/12/12	Mon 31/12/12	NA
181	4.6.5	Meeting #5: Executive Group	1 day?		Tue 19/02/13	NA
182	*5*	*Closing*	*620.43 days?*	*Wed 01/06/11*	*Fri 28/06/13*	*NA*
183	5.1	Modelling Group	1 day?	Tue 21/05/13	Tue 21/05/13	NA
184	5.1.1	Meeting #11: Modelling Group	1 day?	Tue 21/05/13	Tue 21/05/13	NA
185	5.2	Inpatient/Hospital Based Service EWG	1 day?	Tue 09/04/13	Tue 09/04/13	NA
186	5.2.1	Meeting #8: IHBS EWG	1 day?	Tue 09/04/13	Tue 09/04/13	NA
187	5.3	Psychiatric Disability Support, Rehabilitation and Recovery EWG	1 day?	Tue 09/04/13	Tue 09/04/13	NA
188	5.3.1	Meeting #8: PDSRR EWG	1 day?	Tue 09/04/13	Tue 09/04/13	NA
189	5.4	Primary Care / Community / Non Hospital EWG	1 day?	Tue 09/04/13	Tue 09/04/13	NA
190	5.4.1	Meeting #8: PCCNH EWG	1 day?	Tue 09/04/13	Tue 09/04/13	NA
191	5.5	NMHSPF Executive Group	57 days?	Mon 08/04/13	Fri 14/06/13	NA
192	5.5.1	Meeting #8: Executive Group	2 days	Mon 08/04/13	Tue 09/04/13	NA
193	5.5.2	Meeting #7: Executive Group		Tue 21/05/13	Tue 21/05/13	NA
194	5.5.3	Delivery of MH-OCP AU V1.0 and Final Report to Executive Group	1 day?	Fri 14/06/13	Fri 14/06/13	NA
195	5.6	Project Administration	620.43 days?	Wed 01/06/11	Fri 28/06/13	NA
196	5.6.1	Scope Management	1 day?	Wed 01/06/11	Wed 01/06/11	NA
197	5.6.1.1	Dummy Task	1 day?	Wed 01/06/11	Wed 01/06/11	NA
198	5.6.2	HR Management	1 day?	Wed 01/06/11	Wed 01/06/11	NA
199	5.6.2.1	Dummy Task	1 day?	Wed 01/06/11	Wed 01/06/11	NA
200	5.6.3	Financial Management	619 days?	Wed 01/06/11	Thu 27/06/13	NA
201	5.6.3.1	Dummy Task	1 day?	Wed 01/06/11	Wed 01/06/11	NA
202	5.6.3.2	Submit $12`,250 Invoice to DoHA and follow up payment (Final Report	10 days	Mon 17/06/13	Thu 27/06/13	NA
203	5.6.4	Risk Management	1 day?	Wed 01/06/11	Wed 01/06/11	NA
204	5.6.4.1	Dummy Task	1 day?	Wed 01/06/11	Wed 01/06/11	NA
205	5.6.5	Marketing and Communication Strategy (MarCommS)	1 day?	Wed 01/06/11	Wed 01/06/11	NA
206	5.6.5.1	Dummy Task	1 day?	Wed 01/06/11	Wed 01/06/11	NA
207	5.6.6	Cessation of NMHSPF Contract	1 day?	Fri 28/06/13	Fri 28/06/13	NA



Project: National Mental Health Planning
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Task | Milestone | Rolled Up Task | Rolled Up Progress | External Tasks | Group By Summary
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Appendix B: Executive Group

NMHSPF Executive Group Member List

	Postal Address	Street Address	Telephone	Facsimile	E-mail
Chair **New South Wales Representative** Mr David McGrath Director Mental Health and Drug and Alcohol Programs NSW Ministry of Health	Locked Mail Bag 961 NORTH SYDNEY NSW 2059	73 Miller St North Sydney NSW 2060	[redacted]	[redacted]	[redacted]
Deputy Chair **Qld Representative** Dr Bill Kingswell A/g Executive Director Mental Health Alcohol and Other Drugs Directorate Queensland Health	PO Box 2368 Fortitude Valley BC 4006	Level 2, 15 Butterfield St HERSTON QLD 4006	[redacted]	[redacted]	[redacted]
Australian Capital Territory Representative Mr Richard Bromhead Manager, Mental Health Policy Unit Policy and Government Relations ACT Government Health Directorate	Level 2, 11 Moore Street GPO Box 825 Canberra ACT 2601 (Note that both the location and GPO box details are required for any written correspondence)	Level 2, 11 Moore Street Canberra City.	[redacted]	[redacted]	[redacted]
Victorian Representative Dr Karleen Edwards Executive Director Mental Health Drugs and Regions Division Department of Health Victoria	GPO Box 4057 MELBOURNE VIC 3001	17/50 Lonsdale Street Melbourne VIC 3000	[redacted]	[redacted]	[redacted]
Northern Territory Representative Ms Bronwyn Hendry Director Mental Health Department of Health & Families	PO Box 40596 CASUARINA NT 0811	Level 2, Health House 87 Mitchell St Darwin NT 0811	[redacted]	[redacted]	[redacted]
Western Australian Representative Mr Eddie Bartnik Commissioner Mental Health Commission, WA	GPO Box X2299 Perth Business Centre WA 6847	Level 5, 81 St George Tce PERTH WA 6000	[redacted]	[redacted]	[redacted]

	Postal Address	Street Address	Telephone	Facsimile	E-mail
South Australian Representative Mr Derek Wright Executive Director Mental Health & Substance Abuse Department of Health PO Box 287 Rundle Mall ADELAIDE SA 5000	PO Box 287 Rundle Mall ADELAIDE SA 5000	Level 8, Citi Centre 11 Hindmarsh Square ADELAIDE SA 5000	[redacted]	[redacted]	[redacted]
Tasmanian Representative Mr Nick Goddard A/g Chief Executive Officer Statewide and Mental Health Services Department of Health & Human Services	PO Box 96 MOONAH TAS 7009	Level 4 Carruthers Building St Johns Park NEW TOWN TAS 7008	[redacted]	[redacted]	[redacted]
Australian Government Representative DoHA Mr Alan Singh Assistant Secretary Mental Health Systems Improvement Branch Mental Health and Drug Treatment Division	GPO Box 9848 (MDP 601) CANBERRA ACT 2601	Level 6 North Sirius Builiding Furzer Street WODEN ACT 2606	[redacted]		[redacted]

National MHSPF Mental Health Service Planning Framework

Executive Group

Terms of Reference
February 2012

Project Summary

The National Mental Health Service Planning Framework is a key initiative of the Fourth National Mental Health Plan. The two year project has been developed and will be led by NSW in consultation with QLD using funds provided by the Australian Government Department of Health and Ageing. The aims and objectives of the project are as follows:

1. To build a population-based national service planning framework for mental health and to have it endorsed by jurisdictions.
2. To use standard epidemiological, clinical and service use information to estimate the need and demand for services.
3. To use clinical evidence and expert consensus to specify the average care packages required by individuals and groups.
4. To calculate the resources needed to provide these care packages, for example FTE staff per 100,000 population, and the beds/ treatment places per 100,000 population.

Building on the existing knowledge relating to population-based planning models, (particularly the NSW MH-CCP model), the following stages have been identified for the project:

Figure 6 - Staged Development of the National Mental Health Planning Framework

	Model Components				
	Executive	**Modelling Group**	**Services Group**	**Clinical Group**	**Costing**
Stage 1	Nominal list of products/ core service elements for which targets are to be set.	Group formation: Model **V0**	This group will not form for Step 1. NSW & QLD existing service elements will be used to develop **V 0**.	This group will not form for Step 1. NSW & QLD existing service elements will be used to develop **V 0**.	NSW & QLD existing service elements will be used to develop **V 0.**
Stage 2		Summary of existing Model; Add national population to **AUS V0** to get **AUS V1**	Group formation: All jurisdiction's service elements. Take the AUS V0 service elements - identify gaps and problems - develop potential solutions for the Australian context **(AUS V1).**	Group formation: All jurisdiction's care packages. Take the AUS V0 care packages - identify gaps and problems - develop potential solutions for the Australian context **(AUS V1)**	Out of scope
AUS V1 models to Modelling/Services/Clinical/Costing Groups for continuous improvement process					
Stage 3	Review and prioritise	**AUS V2**. Once data received remodel	Upgrade and rationalise service elements with nationally agreed numeric attributes	Upgrade and rationalise care packages with nationally agreed clinical standards with outcome basis where possible	Out of scope
Stage 4	Define products/service elements for target setting	**AUS V3**	New service elements based on improved care models and research	New care packages resulting from clinical advances and research	Out of scope

The scope of the project will be limited to Stages 1 & 2 with a view for progressive development over a longer time period as part of a continuous improvement process. Furthermore, given the expertise already at hand, particularly in relation to modelling for mental health inpatient services, the most significant aspect of the project will relate to Stage 2. The costing aspects are also out of scope of this project due to the concurrent work related to Activity Based Funding.

The project will be governed by the Executive Group with operational activity provided predominantly by a Project Group comprising of NSW and QLD staff. A modelling group will steer the main developmental work through three specialist subgroups as follows:

a. Primary Care / Community / Non Hospital Expert Working Group
b. Psychiatric Disability Support, Rehabilitation and Recovery Expert Working Group
c. Inpatient/ Hospital Based Service Expert Working Group

Consumer and carer representation is included in the membership of the Modelling Group and the three Expert Working Groups. An additional Consumer and Carer Reference Group will also be established who will work through the Project Team to provide feedback to the Modelling Group and/or Executive Group.

These terms of reference relate specifically to the Executive Group who has primary oversight over the entire project structure.

Membership
Membership of the NMHSPF Executive Group is as follows:

- Chairperson - (currently the NSW Director for Mental Health)
- Deputy Chairperson - (currently the QLD Executive Director for Mental Health)
- Jurisdictional Mental Health Representatives (Director level);
- Commonwealth Department of Health and Ageing;

Other attendees may include:

- Secretariat
- Chairperson of the NMHSPF Modelling Group
- NMHSPF Project Director and Managers (NSW & Qld)

Terms of Reference

1. Oversee funding and provide leadership for the project.
2. Ensure the development of a population-based national service planning framework for mental health (MH-CCP model AUS V1), that will provide the platform from which further work would be able to build and identify targets for the mix and level of the full range of mental health services to be established and backed by innovative funding models.
3. Receive reports from the modelling work undertaken over the preceding six-month period by the Project Team and Modelling Group and determine action as appropriate.
4. Assist with prioritising the work to be done by the Project Team - within the in scope items.
5. Provide an arbitrary function on issues that cannot be resolved by the Modelling Group and/or have particularly strategic or critical importance to the success of the project.
6. Escalate issues that need to be addressed but cannot be undertaken by the Project Team within the scope of the agreed project.
7. Provide advice and progress reports (as determined by the contractual terms) to the Commonwealth Department of Health and Ageing.

Reporting
The NMHSPF Executive Group will report to the Australian Government Department of Health and Ageing in accordance of the contract governing the Project. The Australian Government will remain responsible for providing advice and updates to Health Ministers via the Standing Council on Health and its subcommittees, including the Mental Health Standing Committee (MHSC). Items of strategic significance will be referred from the Modelling Group to the Executive Group.

Meetings
The Executive Group will meet face to face approximately twice per year, and where possible, to coincide with quarterly meetings of the Mental Health Standing Committee. A minimum attendance of the Chair (or nominated Chairperson) and at least half of the remaining subgroup members will constitute a quorum. Business can be progressed out-of-session at the request of the Chair. Recommended courses of actions will be circulated to members for consideration of endorsement by a specified date. In these instances, the intended course of action will be accepted or rejected by majority vote and will be reported through the agenda at the next face to face meeting.

Review and Termination of the Committee
The Executive Group will remain active for the duration of the project. The Executive Group may review the membership and terms of reference for each entity in the project structure as appropriate and determined by project need. The Executive Group may also invite temporary membership with specialist expertise to any entity in the project structure as required.

Communication between Members and the Secretariat
The primary means of communication between members and the Secretariat will be via email. Members must ensure that the correct contact details, including email addresses are provided to the Secretariat and updated when changes occur.

The contact details for the current Secretariat are as follows:

Ms Cath King
Manager – Qld NMHSPF Project Team
Phone:
Email:

Address:
Mental Health Policy Unit
Division of Mental Health, Justice Health and Alcohol and Drug Services
ACT Government Health Directorate
Level 2, 11 Moore Street
GPO Box 825
Canberra ACT 2601
(Note that both the location and GPO box details are required for any written correspondence)

Appendix C: Project Team

NMHSPF Project Team Member List

	Postal Address	Street Address	Telephone	Facsimile	E-mail
NMHSPF Project Director Mr Brian Woods Associate Director, Programs Development and Coordination Mental Health and Drug and Alcohol Office NSW Ministry of Health	Level 4, 73 Miller Street, LMB 961, NORTH SYDNEY NSW 2059				EA:
NMHSPF Project – NSW Manager **(Project Support for PCCNH EWG)** Ms Judith Burgess Manager, Strategic Planning & Evaluation Team Mental Health and Drug and Alcohol Office NSW Ministry of Health	Level 4, 73 Miller Street, LMB 961, NORTH SYDNEY NSW 2059				EA:
NMHSPF Project – Qld Manager **(Secretariat Executive & Modelling Groups)** **(Project Support for PDSRR EWG)** Ms Cath King Mental Health Policy Unit ACT Government Health Directorate	Level 2, 11 Moore Street GPO Box 825 Canberra ACT 2601 (Note that both the location and GPO box details are required for any written correspondence)				
NMHSPF Project Member – Qld **(Project Support for IHBS EWG)** Mr Kevin Fjeldsoe Mental Health, Alcohol and Other Drugs Directorate Qld Department of Health					
NMHSPF Project Members - NSW Ms Sue Hailstone Ms Anna Kollias Mr Ravneet Ram Strategic Planning & Evaluation, Mental Health and Drug & Alcohol Office NSW Ministry of Health	Level 4, 73 Miller Street, North Sydney, 2060				
NMHSPF Project Member – Qld Ms Lauren Stocks Mental Health, Alcohol and Other Drugs Directorate Qld Department of Health	PO Box 2368 Fortitude Valley BC 4006	Level 2, 15 Butterfield St HERSTON QLD 4006			

Appendix D: Modelling Group

NMHSPF Modelling Group Member List

	Postal Address	Street Address	Telephone	Facsimile	E-mail
Chairperson Mr Derek Wright Executive Director Mental Health & Substance Abuse Department of Health PO Box 287 Rundle Mall ADELAIDE SA 5000	PO Box 287 Rundle Mall ADELAIDE SA 5000	Level 8, Citi Centre 11 Hindmarsh Square ADELAIDE SA 5000	[redacted]	[redacted]	[redacted]
Deputy Chair Professor Theo Vos Director Centre for Burden of Disease and Cost-Effectiveness School of Population Health University of Queensland			[redacted]		[redacted]
Chair – Primary Care, Community & Non-Hospital Expert Working Group Professor Harvey Whiteford Kratzmann Chair in Psychiatry and Population Health			[redacted]	[redacted]	[redacted]
Deputy Chair – Primary Care, Community & Non-Hospital Expert Working Group Professor Jane Gunn Department of General Practice University of Melbourne	GPO Box 4057 MELBOURNE VIC 3001	200 Berkeley Street Carlton Victoria 3053	[redacted]		[redacted]
Chair – Psychiatric Disability Support, Rehabilitation and Recovery. The Hon. Robert Knowles AO Chair, Mental Health Council of Australia	PO Box 51 Buninyong, VIC 3357		[redacted]		[redacted]
Deputy Chair – Psychiatric Disability Support, Rehabilitation and Recovery. Mr Joe Calleja Chief Executive Officer Richmond Fellowship of WA	PO Box 682 Bentley, Western Australia 6982		[redacted]		[redacted]

	Postal Address	Street Address	Telephone	Facsimile	E-mail
Chair – Inpatient and Hospital Based Services Expert Working Group Professor Phillip Mitchell Head of School School of Psychiatry University of New South Wales					
Deputy Chair – Inpatient and Hospital Based Services Expert Working Group Dr Peter Burnett Ag Executive Director North Western Mental Health Melbourne Health					
Member Mr Bill Buckingham Consultant Mental Health Information Development					
Member Mr Gavin Stewart Consultant Mental Health Information Development					
Member Ms Meredith Harris Senior Research Fellow School of Population Health University of Queensland	Queensland Centre for Mental Health Research The Park, Centre for Mental Health, Locked Bag 500 Sumner Park BC QLD 4074	Queensland Centre for Mental Health Research Level 3, Dawson House The Park - Centre for Mental Health Wacol QLD 4076			
Secretariat Ms Cath King Manager – QLD Project Team Mental Health Policy Unit ACT Government Health Directorate	Level 2, 11 Moore Street GPO Box 825 Canberra ACT 2601 (Note that both the location and GPO box details are required for any written correspondence)				

National MHSPF Mental Health Service Planning Framework

Modelling Group

TERMS OF REFERENCE
MARCH 2012

Project Summary

The National Mental Health Service Planning Framework is a key initiative of the Fourth National Mental Health Plan. The two year project has been developed, and will be led, by NSW in consultation with QLD, using funds provided by the Australian Government Department of Health and Ageing. The aims and objectives of the project are as follows:

1. To build a population-based national service planning framework for mental health and to have it endorsed by jurisdictions.
2. To use standard epidemiological, clinical and service use information to estimate the need and demand for services.
3. To use clinical evidence and expert consensus to specify the average care packages required by individuals and groups.
4. To calculate the resources needed to provide these care packages, for example FTE staff per 100,000 population, and the beds/ treatment places per 100,000 population.

Building on the existing knowledge relating to population-based planning models, (particularly the NSW MH-CCP model), the following stages have been identified for the project:

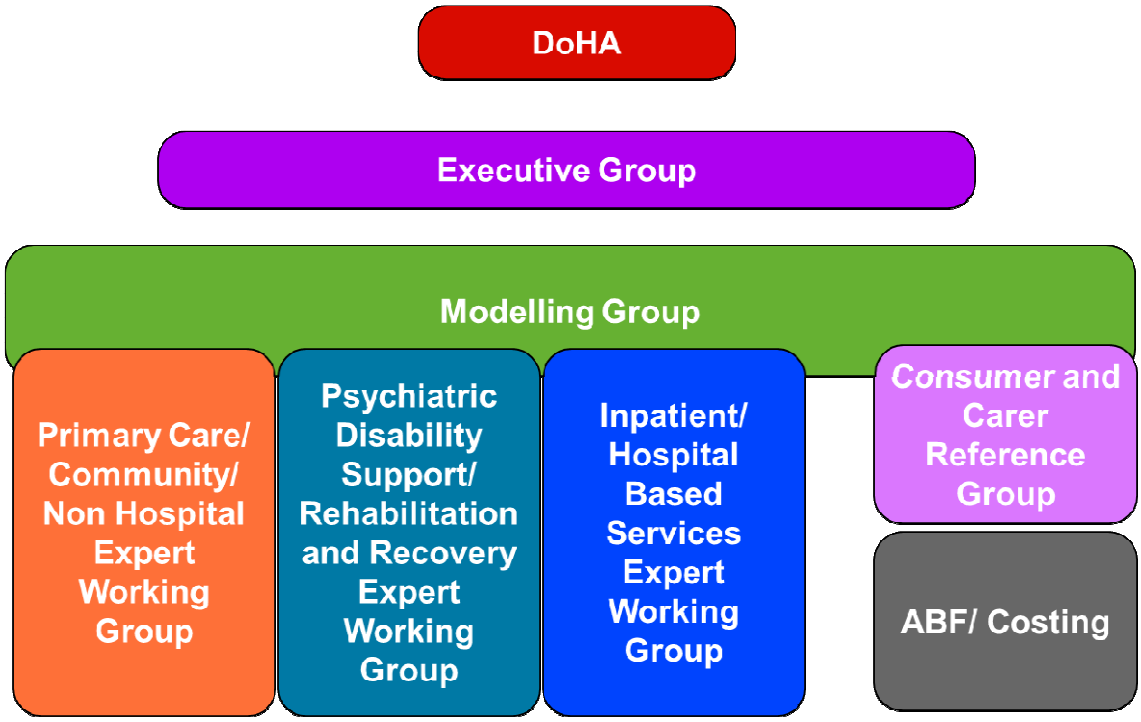
Figure 7 - Staged Development of the National Mental Health Planning Framework

	Model Components				
	Executive	**Modelling Group**	**Services Group**	**Clinical Group**	**Costing**
Stage 1	Nominal list of products/ core service elements for which targets are to be set.	Group formation: Model **V0**	This group will not form for Step 1. NSW & QLD existing service elements will be used to develop **V 0**.	This group will not form for Step 1. NSW & QLD existing service elements will be used to develop **V 0**.	NSW & QLD existing service elements will be used to develop **V 0.**
Stage 2		Summary of existing Model; Add national population to **AUS V0** to get **AUS V1**	Group formation: All jurisdiction's service elements. Take the AUS V0 service elements - identify gaps and problems - develop potential solutions for the Australian context **(AUS V1).**	Group formation: All jurisdiction's care packages. Take the AUS V0 care packages - identify gaps and problems - develop potential solutions for the Australian context **(AUS V1)**	Out of scope
AUS V1 models to Modelling/Services/Clinical/Costing Groups for continuous improvement process					
Stage 3	Review and prioritise	**AUS V2**. Once data received remodel	Upgrade and rationalise service elements with nationally agreed numeric attributes	Upgrade and rationalise care packages with nationally agreed clinical standards with outcome basis where possible	Out of scope
Stage 4	Define products/service elements for target setting	**AUS V3**	New service elements based on improved care models and research	New care packages resulting from clinical advances and research	Out of scope

Staged Development of the National Mental Health Planning Framework					
	Model Components				
	Modelling Group	Services Group	Clinical Group	Costing	Executive
Step1	Group formation: Model V0 Add national population to AUS V1	This group will not form for Step 1. Use NSW & QLD existing service elements to develop V 0	This group will not form for Step 1. Use NSW & QLD existing care packages to develop V 0	NSW & QLD existing costs will be used to estimate costs	Nominal list of products/ core service elements for which targets are to be set
Step 2	Summary of existing Model AUS V1	Group formation: All jurisdiction's service elements. Take the AUS V0 service elements - identify gaps and problems - develop potential solutions for the Australian context (AUS V1)	Group formation: All jurisdiction's care packages. Take the AUS V0 care packages - identify gaps and problems - develop potential solutions for the Australian context (AUS V1)		
V 0 and AUS V1 models to working Groups to begin improvement process					

The scope of the project will be limited to Stages 1 & 2 with a view for progressive development over a longer time period as part of a continuous improvement process. Furthermore, given the expertise already at hand, particularly in relation to modelling for mental health inpatient services, the most significant aspect of the project will relate to Stage 2. The costing aspects are also out of scope of this project due to the concurrent work related to Activity Based Funding.

Governance Structure



The project will be governed by the Executive Group with operational activity provided predominantly by the Project Team comprising of NSW and QLD staff. A Modelling Group will steer the main developmental work through three specialist subgroups as follows:

a. Primary Care / Community / Non Hospital Expert Working Group
b. Psychiatric Disability Support, Rehabilitation and Recovery Expert Working Group
c. Inpatient/ Hospital Based Service Expert Working Group

Consumer and carer representation is included in the membership of the Modelling Group and the three Expert Working Groups. An additional Consumer and Carer Reference Group will also be established who will work through the Project Team to provide feedback to the Modelling Group and/or Executive Group.

The following terms of reference relate specifically to the Modelling Group which has a supra-ordinate role for the project, coordinating the work of the three Expert Working Groups.

Membership

Membership of the NMHSPF Modelling Group is as follows:

- Chair – Mr Derek Wright, Executive Director of Mental Health & Substance Abuse, SA Department of Health
- Deputy Chair – Professor Theo Vos, Director of the Centre for Burden of Disease and Cost-Effectiveness, School of Population Health, University of Queensland
- Chair and Deputy Chair from each of the Expert Working Groups.
- A representative of a national mental health advisory body to be recommended by the Commonwealth.
- Any other required experts as nominated and agreed by the Executive Group.
- Secretariat

Terms of Reference

1. Coordinate and integrate the input from the three Expert Working Groups, assisted by the Project Team.
2. Make recommendations to the Executive Group on all matters related to the mental health service planning model development throughout the duration of the Project
3. Receive reports on the modelling work undertaken over the preceding six-month period by the Project Team on the advice of the three Expert Working Groups.
4. Provide an arbitration function on issues that cannot be resolved by the Expert Working Groups.
5. Prepare papers in time for the Executive Group (with Secretariat support of the Project Team) so that it will be possible to act on Executive Group decisions (by next meeting).
6. Conduct meetings in accordance with the Project Charter as endorsed by the Executive Group, and make recommendations for the work to be prioritised by the Expert Working Groups and over the next period.

Reporting

The Modelling Group will report to the Executive Group. The Executive Group provide an arbitration function on issues that can be resolved by the Modelling Group and/or have particularly strategic or critical importance to the success of the project.

Meetings

The NMHSPF Modelling Group will meet face to face approximately 4 times per year, and where possible, at least three weeks prior to the next meeting of the Executive Group so that recommendations to, and issues referred to, the Executive Group can be addressed within a timely fashion. A minimum attendance of the Chair, Co-Chair (or nominated Chairperson) and at least half of the remaining members will constitute a quorum. Business can be progressed out-of-session at the request of the Chair. Recommended courses of action will be circulated to members for consideration of endorsement by a specified date. In these instances, the intended course of action will be accepted or rejected by majority vote and will be reported through the agenda at the next face to face meeting.

Review and Termination of the Modelling Group

The Modelling Group will remain active for the duration of the project. The Modelling Group may review the membership and terms of reference for each Expert Working Group as appropriate and determined by project need, with any recommendations directed to the Executive Group for

endorsement. The Modelling Group may also request temporary membership with specialist expertise to any Expert Working Group as required.

Communication between Members and the Secretariat

The primary means of communication between members and the Secretariat will be via email. Members must ensure that the correct contact details, including email addresses are provided to the Secretariat and updated when changes occur. The Secretariat for the Modelling Group is as follows:

Ms Cath King
Manager – Qld Project Team
Mental Health Policy Unit
Level 2, 11 Moore Street
GPO Box 825,
Canberra, ACT 2601.
[redacted]
Fax: 02 6258 2943
[redacted]

Project Director

Mr Brian Woods
Mental Health and Drug and Alcohol Office
NSW Ministry of Health
Level 4, 73 Miller Street,
North Sydney 2060 | Locked Mail Bag 961 North Sydney NSW 2059
Central NMHSPF Project Phone Number: 02 9391 9153
Email: nmhspf@doh.health.nsw.gov.au

Appendix E: Primary Care / Community / Non-Hospital Expert Working Group

National MHSPF Mental Health Service Planning Framework

NATIONAL MENTAL HEALTH SERVICE PLANNING FRAMEWORK – PCCNH EWG **TRIM NO. H12/15007**

	Postal Address	Street Address	Telephone	Facsimile	E-mail
Chair - Primary Care, Community & Non-Hospital Expert Working Group Professor Harvey Whiteford Kratzmann Chair in Psychiatry and Population Health			[redacted]	(07) 3371 1289	[redacted] EA: [redacted]
Deputy Chair – Primary Care, Community & Non-Hospital Expert Working Group Professor Jane Gunn Department of General Practice University of Melbourne	GPO Box 4057 MELBOURNE VIC 3001	200 Berkeley Street Carlton Victoria 3053	[redacted]	(03) 9347 6163	[redacted] PA: [redacted]
Helen Christensen Professor of Mental Health at the University of New South Wales Executive Director of the Black Dog Institute in Sydney			EA's Anne – [redacted]		[redacted] EA's Name and Email: [redacted]
Peter Collicoat Director Mental Health Services Albury Wodonga Health -	Director Mental Health Services Albury Wodonga Health - Wodonga Campus 4 Watson St Wodonga Victoria 3690		[redacted]		Email: PA's Name and Email:
Brett Emmerson Assoc. Prof. Executive Director, Metro North Mental Health Services Royal Brisbane and Women's Hospital	Royal Brisbane and Women's Hospital Div MH Services PO Herston QLD 2049		EA- [redacted]		Email: PA's Name and Email: [redacted]

	Postal Address	Street Address	Telephone	Facsimile	E-mail
Louise McCutcheon Senior Project Manager – Service Development Orygen Youth Health	Locked Bag 10 Parkville Vic 3052		[redacted] Mobile:		Email: [redacted] PA's Name and Email:
Mark Oakley-Browne Statewide Clinical Director Statewide and Mental Health Services Tasmanian Government	Department of Health and Human Services Postal Address: Mental Health Services State Office GPO Box 125 Hobart Tasmania 7001		[redacted] Mobile: [redacted]	03-6230-7739	Email: PA's Name and Email:
Louise Salmon Carer COPMI – National Initiative			[redacted]		Email: [redacted]
Project Team					
NMHSPF Project Director Mr Brian Woods Associate Director, Programs Development and Coordination Mental Health & Drug & Alcohol Office NSW Ministry of Health	Level 4, 73 Miller Street, LMB 961, NORTH SYDNEY NSW 2059		[redacted]		[redacted] EA: [redacted]
NMHSPF Project – NSW Manager Ms Judith Burgess Manager, Strategic Planning & Evaluation Team Mental Health & Drug & Alcohol Office NSW Ministry of Health	Level 3, 73 Miller Street, LMB 961, NORTH SYDNEY NSW 2059		[redacted] Mob: [redacted]		[redacted]

National MHSPF Mental Health Service Planning Framework

Primary Care / Community / Non Hospital Expert Working Group

Draft Terms of Reference
March 2012

Project Summary

The National Mental Health Service Planning Framework is a key initiative of the Fourth National Mental Health Plan. The two year project has been developed and will be led by NSW in consultation with QLD using funds provided by the Australian Government Department of Health and Ageing. The aims and objectives of the project are as follows:

1. To build a population-based national service planning framework for mental health and to have it endorsed by jurisdictions.
2. To use standard epidemiological, clinical and service use information to estimate the need and demand for services.
3. To use clinical evidence and expert consensus to specify the average care packages required by individuals and groups.
4. To calculate the resources needed to provide these care packages, for example FTE staff per 100,000 population, and the beds/ treatment places per 100,000 population.

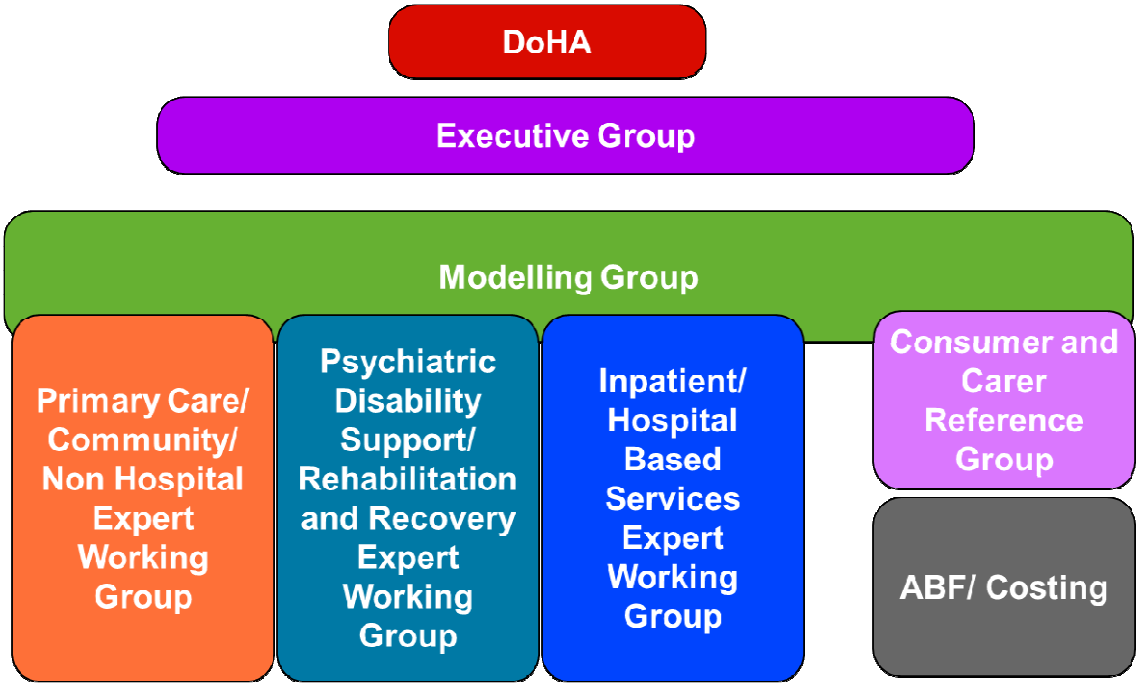
Building on the existing knowledge relating to population-based planning models, (particularly the NSW Mental Health Clinical Care and Prevention (MH-CCP) model, the following stages have been identified for the project:

Figure 8 - Staged Development of the National Mental Health Planning Framework

	Model Components				
	Executive	**Modelling Group**	**Services Group**	**Clinical Group**	**Costing**
Stage 1	Nominal list of products/ core service elements for which targets are to be set.	Group formation: Model **V0**	This group will not form for Step 1. NSW & QLD existing service elements will be used to develop **V 0**.	This group will not form for Step 1. NSW & QLD existing service elements will be used to develop **V 0**.	NSW & QLD existing service elements will be used to develop **V 0.**
Stage 2		Summary of existing Model; Add national population to **AUS V0** to get **AUS V1**	Group formation: All jurisdiction's service elements. Take the AUS V0 service elements - identify gaps and problems - develop potential solutions for the Australian context **(AUS V1).**	Group formation: All jurisdiction's care packages. Take the AUS V0 care packages - identify gaps and problems - develop potential solutions for the Australian context **(AUS V1)**	Out of scope
AUS V1 models to Modelling/Services/Clinical/Costing Groups for continuous improvement process					
Stage 3	Review and prioritise	**AUS V2**. Once data received remodel	Upgrade and rationalise service elements with nationally agreed numeric attributes	Upgrade and rationalise care packages with nationally agreed clinical standards with outcome basis where possible	Out of scope
Stage 4	Define products/service elements for target setting	**AUS V3**	New service elements based on improved care models and research	New care packages resulting from clinical advances and research	Out of scope

The scope of the project will be limited to Stages 1 & 2 with a view for progressive development over a longer time period as part of a continuous improvement process. Furthermore, given the expertise already at hand, particularly in relation to modelling for mental health inpatient services, the most significant aspect of the project will relate to Stage 2. The costing aspects are also out of scope of this project due to the concurrent work related to Activity Based Funding.

Governance Structure



The project will be governed by the Executive Group with operational activity provided predominantly by the Project Team comprising of NSW and QLD staff. A Modelling Group will steer the main developmental work through three specialist subgroups as follows:

a. Primary Care / Community / Non Hospital Expert Working Group
b. Psychiatric Disability Support, Rehabilitation and Recovery Expert Working Group
c. Inpatient/ Hospital Based Service Expert Working Group

Consumer and carer representation is included in the membership of the Modelling Group and the three Expert Working Groups. An additional Consumer and Carer Reference Group will also be established who will work through the Project Team to provide feedback to the Modelling Group and/or Executive Group.

These terms of reference relate specifically to the Primary Care / Community / Non Hospital Expert Working Group (PCCNH EWG) who will identify and evaluate the evidence base and provide the necessary expert opinion for the initial stages of national framework development.

Membership

Membership of the NMHSPF PCCNH EWG is as follows:

- Chairperson - (Professor Harvey Whiteford – Kratzmann Chair in Psychiatry and Population Health)
- Deputy Chairperson - (Professor Jane Gunn –. Department of General Practice, University of Melbourne)
- General Membership of the PCCNH EWG will consist of relevant experts (with some co-opted as required) from areas such as GPs; Acute/Crisis/Outreach Ambulatory and the Aboriginal Community Controlled Service.

Other attendees may include:

- Secretariat
- NMHSPF Project Director and Team Members (NSW & Qld)

Terms of Reference

1. To review the Modelling Tool as prepared by the Project Team and extend the typology / taxonomy.
2. To develop components of care (and other items such as readmission rates and occupancy rates) relevant to care packages in respect of individuals accessing primary mental health care and community/non-hospital mental health services
3. To provide a consistent source of expert advice on, and review of the Framework as it develops, particularly in the context of developing care packages across service environments, ensuring input across all project groups as appropriate.
4. Provide advice and review all matters related to components of the modelling tool, that is, epidemiological and clinical aspects of mental health treatment, and service delivery and planning issues, including;
    a. Identifying literature reviews and other literature relevant to the NMHSPF Project.
    b. Consulting with jurisdictions and / or professional networks to obtain and supply information needed by the NMHSPF Project.
5. Working with a standardised taxonomy of 'service elements' and of the key components of mental health services will be essential for the consultation process to develop agreed care packages.
6. Consult within jurisdictions and / or professional networks to obtain and supply information needed by the NMHSPF Project and record any recommendations.
7. Provision of a hierarchy of evidence will also need to be considered, including evidence based practice, clinical consensus and Australian best-practice. Additions and variations to the current utilisation levels must be cited and with precedent.
8. Consult with stakeholders regarding care packages and make recommendations with supporting evidence to the Modelling Group for incorporation or adjustment of the Framework as required. Where consensus cannot be reached the Modelling Group may be required to moderate and make a decision.

Reporting

The PCCNH EWG will report directly to the Modelling Group. The Modelling Group is responsible for coordinating and integrating input from the three Expert Working Groups to the Executive Group.

Meetings

The PCCNH EWG will meet face to face bi-monthly (approximately). A minimum attendance of the Chair (or nominated Chairperson) and at least half of the remaining EWG members will constitute a quorum. Business can be progressed out-of-session at the request of the Chair. Recommended courses of actions will be circulated to members for consideration of endorsement by a specified date. In these instances, the intended course of action will be accepted or rejected by consensus and/or majority vote and will be reported through the agenda at the next face to face meeting. Issues unable to be resolved will be tabled with the Modelling Group.

Review and Termination of the Subgroup

The PCCNH EWG will remain active for the duration of the project. The Modelling Group may review the membership and terms of reference for each entity in the project structure as appropriate and determined by project need. The Modelling Group may also suggest temporary membership with specialist expertise to any entity in the project structure as required.

Communication between Members and the Project Team

The primary means of communication between members and the Project Team will be via email. A member of the Project Team will be allocated to provide secretariat and other project support to each Expert Working Group. Members must ensure that the correct contact details, including email addresses are provided to their nominated Project Team member and updated when changes occur.

The contact details of the Project Team for the PCCNH EWG are as follows:

Project Support

Ms Judith Burgess
Manager - NSW Project Team
Mental Health and Drug and Alcohol Office
NSW Ministry of Health
Level 4, 73 Miller Street,
North Sydney 2060 | Locked Mail Bag 961 North Sydney NSW 2059
Phone: 02 9391 9220
[redacted]

Project Director

Mr Brian Woods
Mental Health and Drug and Alcohol Office
NSW Ministry of Health
Level 4, 73 Miller Street,
North Sydney 2060 | Locked Mail Bag 961 North Sydney NSW 2059
Central NMHSPF Project Phone Number: 02 9391 9153
Email: nmhspf@doh.health.nsw.gov.au

Appendix F: Psychiatric Disability Support, Rehabilitation and Recovery Expert Working Group

National MHSPF Mental Health Service Planning Framework

NATIONAL MENTAL HEALTH SERVICE PLANNING FRAMEWORK – PDSRR EWG **TRIM NO. TBA**

	Postal Address	Street Address	Telephone	Facsimile	E-mail
Chairperson The Hon. Robert Knowles AO Chair Mental Health Council of Australia	PO Box 51 Buninyong VIC 3357		[redacted]		[redacted]
Deputy Chair Mr Joe Calleja Chief Executive Officer Richmond Fellowship of WA	PO Box 682 Bentley, Western Australia 6982		[redacted]		[redacted]
Member Ms Joyce Bowden AOM Consultant to the Northern Territory Mental Health Service	PO Box 5122 Alice Springs, NT 0871		[redacted]		[redacted]
Member Amelia Traino Manager, Rehabilitation and Recovery Mental Health and Substance Abuse Division, SA Health	11 Hindmarsh Square Rundle Mall, Adelaide SA, 5000		[redacted]		[redacted]
Member Melissa Lee Discipline Principal in OT and Service Development Leader in Recovery Mental Health ACT ACT Health Directorate	Brian Hennessy Rehabilitation Centre, Mary Potter Cct, Bruce, ACT. GPO Box 825 Canberra, ACT 2601 (Note that both the location and GPO box details are required for any written correspondence)		[redacted]	[redacted]	[redacted]
Member Professor Daniel Rock Clinical Professor/Director North Metropolitan Area Health Service Western Australia	Locked Bag no.1 Mount Claremont WA, 6010	c/- Gascoyne House, Graylands Hospital, Claremont	[redacted]		[redacted]

	Postal Address	Street Address	Telephone	Facsimile	E-mail
Member Mr Quinn Pawson Chief Executive Officer Prahran Mission	PO Box 68 PRAHRAN VIC 3181	211 Chapel Street PRAHRAN VIC 3181			EA: Or
Member Mr David Meldrum Executive Director Mental Illness Fellowship of Australia	PO Box 844 MARLESTON SA 5033	5 Cooke Terrace Wayville SA 5034			
Member Mr Gerard Naughtin Chief Executive Officer Mind Australia	PO Box 592 Heidelberg, VIC 3084	86-92 Mount Street Heidelberg VIC 3084			
Member Dr Frances Dark Director Rehabilitation Services Princess Alexandra Hospital	519 Kessels Road, MacGregor, Qld 4108				
Member Dr Dan Siskind MITT Princess Alexandra Hospital	519 Kessels Road, MacGregor, Qld 4108				
Member Ms Julie Anderson Consumer	PO Box 359 Clifton Hill, VIC 3068				
Member Ms Eileen McDonald Carer	PO Box 616 Mittagong, NSW 2575				
Project Support for PDSRR EWG Ms Cath King Mental Health Policy Unit ACT Government Health Directorate	Level 2, 11 Moore Street GPO Box 825 Canberra ACT 2601 (Note that both the location and GPO box details are required for any written correspondence)				

National MHSPF Mental Health Service Planning Framework

Psychiatric Disability Support, Rehabilitation and Recovery Expert Working Group

Draft Terms of Reference
March 2012

Project Summary

The National Mental Health Service Planning Framework is a key initiative of the Fourth National Mental Health Plan. The two year project has been developed and will be led by NSW in consultation with QLD using funds provided by the Australian Government Department of Health and Ageing. The aims and objectives of the project are as follows:

1. To build a population-based national service planning framework for mental health and to have it endorsed by jurisdictions.
2. To use standard epidemiological, clinical and service use information to estimate the need and demand for services.
3. To use clinical evidence and expert consensus to specify the average care packages required by individuals and groups.
4. To calculate the resources needed to provide these care packages, for example FTE staff per 100,000 population, and the beds/ treatment places per 100,000 population.

Building on the existing knowledge relating to population-based planning models, (particularly the NSW Mental Health Clinical Care and Prevention (MH-CCP) model, the following stages have been identified for the project:

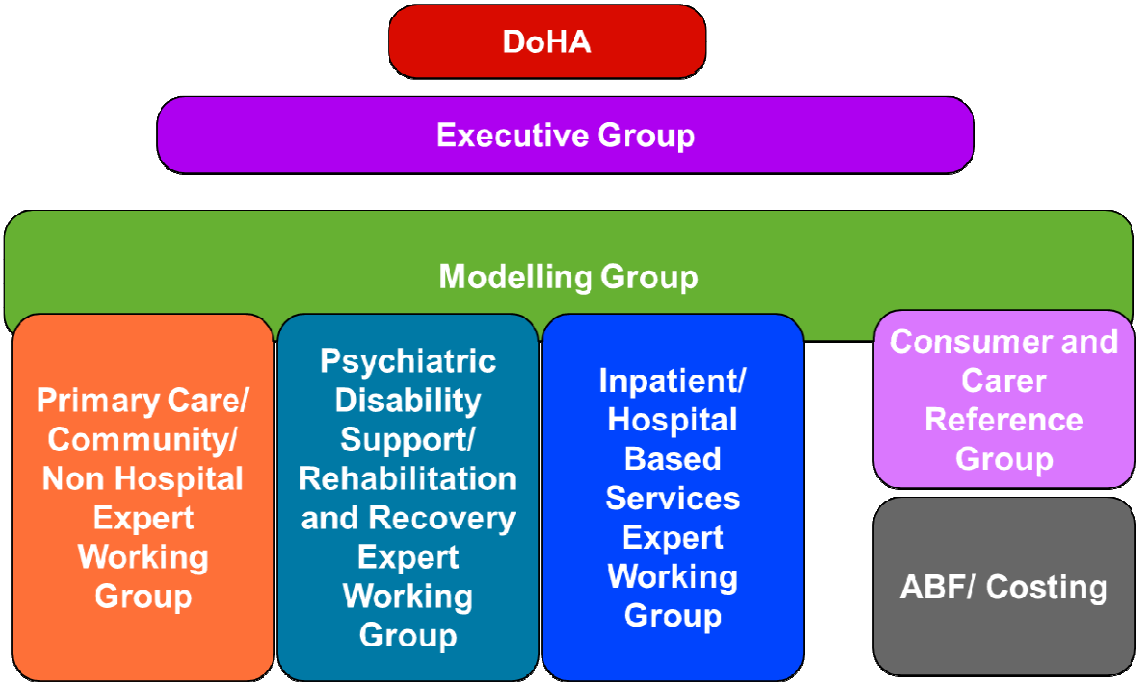
Figure 9 - Staged Development of the National Mental Health Planning Framework

	Model Components				
	Executive	**Modelling Group**	**Services Group**	**Clinical Group**	**Costing**
Stage 1	Nominal list of products/ core service elements for which targets are to be set.	Group formation: Model **V0**	This group will not form for Step 1. NSW & QLD existing service elements will be used to develop **V 0**.	This group will not form for Step 1. NSW & QLD existing service elements will be used to develop **V 0**.	NSW & QLD existing service elements will be used to develop **V 0.**
Stage 2		Summary of existing Model; Add national population to **AUS V0** to get **AUS V1**	Group formation: All jurisdiction's service elements. Take the AUS V0 service elements - identify gaps and problems - develop potential solutions for the Australian context **(AUS V1).**	Group formation: All jurisdiction's care packages. Take the AUS V0 care packages - identify gaps and problems - develop potential solutions for the Australian context **(AUS V1)**	Out of scope
AUS V1 models to Modelling/Services/Clinical/Costing Groups for continuous improvement process					
Stage 3	Review and prioritise	**AUS V2**. Once data received remodel	Upgrade and rationalise service elements with nationally agreed numeric attributes	Upgrade and rationalise care packages with nationally agreed clinical standards with outcome basis where possible	Out of scope
Stage 4	Define products/service elements for target setting	**AUS V3**	New service elements based on improved care models and research	New care packages resulting from clinical advances and research	Out of scope

The scope of the project will be limited to Stages 1 & 2 with a view for progressive development over a longer time period as part of a continuous improvement process. Furthermore, given the expertise already at hand, particularly in relation to modelling for mental health inpatient services,

the most significant aspect of the project will relate to Stage 2. The costing aspects are also out of scope of this project due to the concurrent work related to Activity Based Funding.

Governance Structure



The project will be governed by the Executive Group with operational activity provided predominantly by the Project Team comprising of NSW and QLD staff. A Modelling Group will steer the main developmental work through three specialist subgroups as follows:

a. Primary Care / Community / Non Hospital Expert Working Group
b. Psychiatric Disability Support, Rehabilitation and Recovery Expert Working Group
c. Inpatient/ Hospital Based Service Expert Working Group

Consumer and carer representation is included in the membership of the Modelling Group and the three Expert Working Groups. An additional Consumer and Carer Reference Group will also be established who will work through the Project Team to provide feedback to the Modelling Group and/or Executive Group.

These terms of reference relate specifically to the Psychiatric Disability Support, Rehabilitation and Recovery Expert Working Group (PDSRR EWG) who will identify and evaluate the evidence base and provide the necessary expert opinion for the initial stages of national framework development.

Membership

Membership of the PDSRR EWG is as follows:

- Chairperson - (The Hon Robert Knowles AO – Chair, Mental Health Council of Australia)
- Deputy Chairperson - (Mr Joe Calleja – Chief Executive Officer, Richmond Fellowship of WA.)
- General Membership of the PSDRR EWG will consist of relevant experts (with some co-opted as required) from areas such as: Community Managed Organisations; Personal Helpers and Mentors; Respite; FaHCSIA; Child & Adolescent services; Older Persons and DOHA.

Other attendees may include:

- Secretariat
- NMHSPF Project Director and Team Members (NSW & Qld)

Terms of Reference

1. To review the Modelling Tool as prepared by the Project Team and extend the typology / taxonomy.
2. To develop components of care (and other items such as readmission rates and occupancy rates) relevant to care packages in respect of individuals accessing psychiatric disability support, rehabilitation and recovery services.
3. To provide a consistent source of expert advice on, and review of the Framework as it develops, particularly in the context of developing care packages across service environments, ensuring input across all project groups as appropriate.
4. Provide advice and review all matters related to components of the modelling tool, that is, epidemiological and clinical aspects of mental health treatment, and service delivery and planning issues, including;
    a. Identifying literature reviews and other literature relevant to the NMHSPF Project.
    b. Consulting with jurisdictions and / or professional networks to obtain and supply information needed by the NMHSPF Project.
5. Working with a standardised taxonomy of 'service elements' and of the key components of mental health services will be essential for the consultation process to develop agreed care packages.
6. Consult within jurisdictions and / or professional networks to obtain and supply information needed by the NMHSPF Project and record any recommendations.
7. Provision of a hierarchy of evidence will also need to be considered, including evidence based practice, clinical consensus and Australian best-practice. Additions and variations to the current utilisation levels must be cited and with precedent.
8. Consult with stakeholders regarding care packages and make recommendations with supporting evidence to the Modelling Group for incorporation or adjustment of the Framework as required. Where consensus cannot be reached the Modelling Group may be required to moderate and make a decision.

Reporting

The PDSRR EWG will report directly to the Modelling Group. The Modelling Group is responsible for coordinating and integrating input from the three Expert Working Groups to the Executive Group.

Meetings

The PDSRR EWG will meet face to face bi-monthly (approximately). A minimum attendance of the Chair (or nominated Chairperson) and at least half of the remaining EWG members will constitute a quorum. Business can be progressed out-of-session at the request of the Chair. Recommended courses of actions will be circulated to members for consideration of endorsement by a specified date. In these instances, the intended course of action will be accepted or rejected by consensus and/or majority vote and will be reported through the agenda at the next face to face meeting. Issues unable to be resolved will be tabled with the Modelling Group.

Review and Termination of the Subgroup

The PDSRR EWG will remain active for the duration of the project. The Modelling Group may review the membership and terms of reference for each entity in the project structure as appropriate and determined by project need. The Modelling Group may also suggest temporary membership with specialist expertise to any entity in the project structure as required.

Communication between Members and the Project Team

The primary means of communication between members and the Project Team will be via email. A member of the Project Team will be allocated to provide secretariat and other project support to each Expert Working Group. Members must ensure that the correct contact details, including email addresses are provided to their nominated Project Team member and updated when changes occur.

The contact details of the Project Team for the PDSRR EWG are as follows:

Project Support

Ms Cath King
Manager – Qld Project Team
Mental Health Policy Unit
Level 2, 11 Moore Street,
GPO Box 825
Canberra, ACT 2601

Project Director

Mr Brian Woods
Mental Health and Drug and Alcohol Office
NSW Ministry of Health
Level 4, 73 Miller Street,
North Sydney 2060 | Locked Mail Bag 961 North Sydney NSW 2059
Central NMHSPF Project Phone Number: 02 9391 9153
Email: nmhspf@doh.health.nsw.gov.au

Appendix G: Inpatient / Hospital Based Services Expert Working Group

National MHSPF Mental Health Service Planning Framework

NATIONAL MENTAL HEALTH SERVICE PLANNING FRAMEWORK – IHBS EWG **TRIM NO. TBA**

	Postal Address	Street Address	Telephone	Facsimile	E-mail
Chairperson Professor Phillip Mitchell Head of School School of Psychiatry University of New South Wales			[redacted]		[redacted]
Deputy Chair Dr Peter Burnett Ag Executive Director North West Mental Health Melbourne Health			[redacted]		[redacted]
Member Ms Liz Prowse Sector Manager Eastern Mental Health Adelaide Metro Mental Health Directorate South Australia Health			[redacted]		[redacted]
Member Ms Judi Morris Assistant Director Strategic and Infrastructure Planning Western Australia Mental Health Commission			[redacted]		[redacted]

	Postal Address	Street Address	Telephone	Facsimile	E-mail
Member Ms Moira Munro Chief Executive Officer Perth Clinic					
Member Mr Joe Petrucci Acting Service Development Manager Cairns & Hinterland Mental Health and ATOD Service					
Member Associate Professor Simon Stafrace Director of Psychiatry Alfred Health Victoria					
Member Associate Professor David Barton Medical Director Mental Health Southern Health Melbourne Health					
Member Associate Professor Beth Kotze Director Mental Health Kids NSW					
Member Lily Wu Consumer Worker Mental Health South Western Sydney Local Health District Liverpool Hospital	Locked Mailbag 7103, Liverpool BC, NSW 1871.				
Secretreriat Mr Kevin Fjeldsoe Queensland Director NMHSPF					

National MHSPF Mental Health Service Planning Framework

Inpatient/Hospital Based Services Expert Working Group

Draft Terms of Reference
March 2012

Project Summary

The National Mental Health Service Planning Framework is a key initiative of the Fourth National Mental Health Plan. The two year project has been developed and will be led by NSW in consultation with QLD using funds provided by the Australian Government Department of Health and Ageing. The aims and objectives of the project are as follows:

1. To build a population-based national service planning framework for mental health and to have it endorsed by jurisdictions.
2. To use standard epidemiological, clinical and service use information to estimate the need and demand for services.
3. To use clinical evidence and expert consensus to specify the average care packages required by individuals and groups.
4. To calculate the resources needed to provide these care packages, for example FTE staff per 100,000 population, and the beds/ treatment places per 100,000 population.

Building on the existing knowledge relating to population-based planning models, (particularly the NSW MH-CCP model), the following stages have been identified for the project:

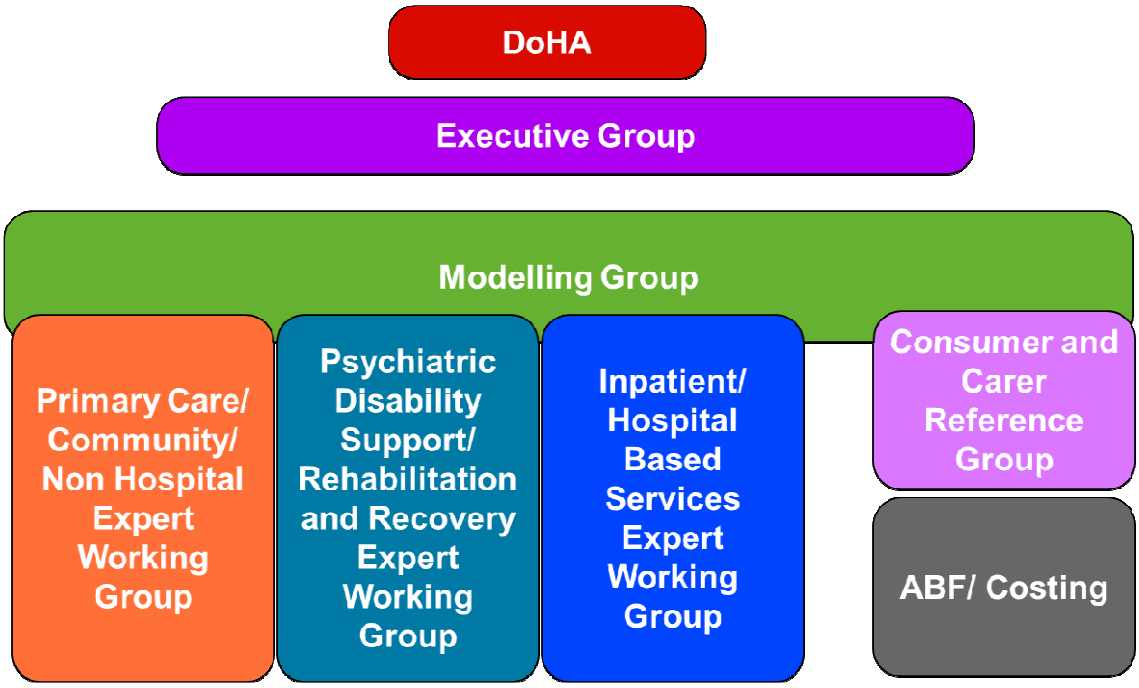
Figure 10 - Staged Development of the National Mental Health Planning Framework

	Model Components				
	Executive	**Modelling Group**	**Services Group**	**Clinical Group**	**Costing**
Stage 1	Nominal list of products/ core service elements for which targets are to be set.	Group formation: Model **V0**	This group will not form for Step 1. NSW & QLD existing service elements will be used to develop **V 0**.	This group will not form for Step 1. NSW & QLD existing service elements will be used to develop **V 0**.	NSW & QLD existing service elements will be used to develop **V 0.**
Stage 2		Summary of existing Model; Add national population to **AUS V0** to get **AUS V1**	Group formation: All jurisdiction's service elements. Take the AUS V0 service elements - identify gaps and problems - develop potential solutions for the Australian context **(AUS V1).**	Group formation: All jurisdiction's care packages. Take the AUS V0 care packages - identify gaps and problems - develop potential solutions for the Australian context **(AUS V1)**	Out of scope
AUS V1 models to Modelling/Services/Clinical/Costing Groups for continuous improvement process					
Stage 3	Review and prioritise	**AUS V2**. Once data received remodel	Upgrade and rationalise service elements with nationally agreed numeric attributes	Upgrade and rationalise care packages with nationally agreed clinical standards with outcome basis where possible	Out of scope
Stage 4	Define products/service elements for target setting	**AUS V3**	New service elements based on improved care models and research	New care packages resulting from clinical advances and research	Out of scope

The scope of the project will be limited to Stages 1 & 2 with a view for progressive development over a longer time period as part of a continuous improvement process. Furthermore, given the expertise already

at hand, particularly in relation to modelling for mental health inpatient services, the most significant aspect of the project will relate to Stage 2. The costing aspect is also out of scope of this project due to the concurrent work related to Activity Based Funding.

Governance Structure



The project will be governed by the Executive Group with operational activity provided predominantly by a Project Group comprising of NSW and QLD staff. A modelling group will steer the main developmental work through three specialist subgroups as follows:

a. Primary Care / Community / Non Hospital Expert Working Group
b. Psychiatric Disability Support, Rehabilitation and Recovery Expert Working Group
c. Inpatient/ Hospital Based Service Expert Working Group

Consumer and carer representation is included in the membership of the Modelling Group and the three Expert Working Groups. An additional Consumer and Carer Reference Group will also be established who will work through the Project Team to provide feedback to the Modelling Group and/or Executive Group.

These terms of reference relate specifically to the Inpatient/Hospital Based Services Expert Working Group (IHBS EWG) who will identify and evaluate the evidence base and provide the necessary expert opinion for the initial stages of national framework development.

Membership

Membership of the IHBS EWG is as follows:

- Chairperson - (Professor Phillip Mitchell – Head of School, School of Psychiatry, UNSW)
- Deputy Chairperson - (Dr Peter Burnett – Ag Executive Director, North Western Mental Health, Melbourne Health)
- General Membership of the IHBS will consist of relevant experts (with some co-opted as required) from areas such as: Private Hospitals; Child & Adolescent; Older persons; Health Insurance.

Other attendees may include:

- Secretariat
- NMHSPF Project Director and Team Members (NSW & Qld)

Terms of Reference

1. To review the Modelling Tool as prepared by the Project Team and extend the typology / taxonomy.
2. To develop components of care (and other items such as readmission rates and occupancy rates) relevant to care packages in respect of individuals accessing inpatient and/or hospital based services.
3. To provide a consistent source of expert advice on, and review of the Framework as it develops, particularly in the context of developing care packages across service environments, ensuring input across all project groups as appropriate.
4. Provide advice and review all matters related to components of the modelling tool, that is, epidemiological and clinical aspects of mental health treatment, and service delivery and planning issues, including;
    c. Identifying literature reviews and other literature relevant to the NMHSPF Project.
    d. Consulting with jurisdictions and / or professional networks to obtain and supply information needed by the NMHSPF Project.
5. Working with a standardised taxonomy of 'service elements' and of the key components of mental health services will be essential for the consultation process to develop agreed care packages.
6. Consult within jurisdictions and / or professional networks to obtain and supply information needed by the NMHSPF Project and record any recommendations.
7. Provision of a hierarchy of evidence will also need to be considered, including evidence based practice, clinical consensus and Australian best-practice. Additions and variations to the current utilisation levels must be cited and with precedent.
8. Consult with stakeholders regarding care packages and make recommendations with supporting evidence to the Modelling Group for incorporation or adjustment of the Framework as required. Where consensus cannot be reached the Modelling Group may be required to moderate and make a decision.

Reporting

The IHBS EWG will report directly to the Modelling Group. The Modelling Group is responsible for coordinating and integrating input from the three Expert Working Groups to the Executive Group.

Meetings

The IHBS EWG will meet face to face bi-monthly (approximately). A minimum attendance of the Chair (or nominated Chairperson) and at least half of the remaining EWG members will constitute a quorum. Business can be progressed out-of-session at the request of the Chair. Recommended courses of actions will be circulated to members for consideration of endorsement by a specified date. In these instances, the intended course of action will be accepted or rejected by consensus and/or majority vote and will be reported through the agenda at the next face to face meeting. Issues unable to be resolved will be tabled with the Modelling Group.

Review and Termination of the Working Group

The IHBS EWG will remain active for the duration of the Project. The Modelling Group may review the membership and terms of reference for each entity in the project structure as appropriate and determined by project need. The Modelling Group may also suggest temporary membership with specialist expertise to any entity in the project structure as required.

Communication between Members and the Project Team

The primary means of communication between members and the Project Team will be via email. A member of the Project Team will be allocated to provide secretariat and other project support to each Expert Working Group. Members must ensure that the correct contact details, including email addresses are provided to their nominated Project Team member and updated when changes occur.

The contact details of the Project Team for the IHBS EWG are as follows:

Project Support

Mr Kevin Fjeldsoe
QLD Project Team
Mental Health, Alcohol and Other Drugs Directorate
Qld Department Health
Melbourne Street
South Brisbane.

Project Director

Mr Brian Woods
Mental Health and Drug and Alcohol Office
NSW Ministry of Health
Level 4, 73 Miller Street,
North Sydney 2060 | Locked Mail Bag 961 North Sydney NSW 2059
Central NMHSPF Project Phone Number: 02 9391 9153
Email: nmhspf@doh.health.nsw.gov.au

Appendix H: Consumer and Carer Reference Group

National MHSPF Mental Health Service Planning Framework

NATIONAL MENTAL HEALTH SERVICE PLANNING FRAMEWORK - CONSUMER & CARER REFERENCE GROUP

	Postal Address	Street Address	Telephone	Facsimile	E-mail
Chairperson– TBA					
Member – Modelling Group & PDSRR EWG Ms Eileen McDonald Carer	PO Box 616 Mittagong, NSW 2575		[redacted]		[redacted]
Member – PDSRR EWG Ms Julie Anderson Consumer	PO Box 359 Clifton Hill, VIC 3068		[redacted]		[redacted]
Member – IHBS EWG Lily Wu Consumer Worker Mental Health South Western Sydney Local Health District Liverpool Hospital	Locked Mailbag 7103, Liverpool BC, NSW 1871.		[redacted]	[redacted]	[redacted]
Member – PCCNH EWG Louise Salmon Carer COPMI – National Initiative			[redacted]		[redacted]
Member Heather Nowak Consumer Community Support Worker & Peer Specialist Personal Helpers and Mentors Program			[redacted]		[redacted]
Member Gail Sant Carer Family and Carer Project Officer Mind Australia	210 Greenhill Road, Eastwood, SA 5063		[redacted]		[redacted]
Secretariat TBA					

National MHSPF Mental Health Service Planning Framework

Consumer and Carer Reference Group

Draft Terms of Reference
February 2012

Project Summary

The National Mental Health Service Planning Framework is a key initiative of the Fourth National Mental Health Plan. The two year project has been developed and will be led by NSW in consultation with QLD using funds provided by the Australian Government Department of Health and Ageing. The aims and objectives of the project are as follows:

1. To build a population-based national service planning framework for mental health and to have it endorsed by jurisdictions.
2. To use standard epidemiological, clinical and service use information to estimate the need and demand for services.
3. To use clinical evidence and expert consensus to specify the average care packages required by individuals and groups.
4. To calculate the resources needed to provide these care packages, for example FTE staff per 100,000 population, and the beds/ treatment places per 100,000 population.

Building on the existing knowledge relating to population-based planning models the following stages have been identified for the project:

Figure 11 - Staged Development of the National Mental Health Planning Framework

	Model Components				
	Executive	**Modelling Group**	**Services Group**	**Clinical Group**	**Costing**
Stage 1	Nominal list of products/ core service elements for which targets are to be set.	Group formation: Model **V0**	This group will not form for Step 1. NSW & QLD existing service elements will be used to develop **V 0**.	This group will not form for Step 1. NSW & QLD existing service elements will be used to develop **V 0**.	NSW & QLD existing service elements will be used to develop **V 0.**
Stage 2		Summary of existing Model; Add national population to **AUS V0** to get **AUS V1**	Group formation: All jurisdiction's service elements. Take the AUS V0 service elements - identify gaps and problems - develop potential solutions for the Australian context **(AUS V1).**	Group formation: All jurisdiction's care packages. Take the AUS V0 care packages - identify gaps and problems - develop potential solutions for the Australian context **(AUS V1)**	Out of scope
AUS V1 models to Modelling/Services/Clinical/Costing Groups for continuous improvement process					
Stage 3	Review and prioritise	**AUS V2**. Once data received remodel	Upgrade and rationalise service elements with nationally agreed numeric attributes	Upgrade and rationalise care packages with nationally agreed clinical standards with outcome basis where possible	Out of scope
Stage 4	Define products/service elements for target setting	**AUS V3**	New service elements based on improved care models and research	New care packages resulting from clinical advances and research	Out of scope

The scope of the project will be limited to Stages 1 & 2 with a view for progressive development over a longer time period as part of a continuous improvement process. Furthermore, given the expertise already at hand, particularly in relation to modelling for mental health inpatient services, the most significant aspect of the project will relate to Stage 2. The costing aspects are also out of scope of this project due to the concurrent work related to Activity Based Funding.

The project will be governed by the Executive Group with operational activity provided predominantly by a Project Group comprising of NSW and QLD staff. A modelling group will steer the main developmental work through three specialist subgroups as follows:

a. Primary Care / Community / Non Hospital Expert Working Group
b. Psychiatric Disability Support, Rehabilitation and Recovery Expert Working Group

c. Inpatient/ Hospital Based Service Expert Working Group

Consumer and carer representation is included in the membership of the Modelling Group and the three Expert Working Groups. An additional Consumer and Carer Reference Group will also be established who will work through the Project Team to provide feedback to the Modelling Group and/or Executive Group.

These terms of reference relate specifically to the Consumer and Carer Reference Group.

Membership
Membership of the NMHSPF Consumer and Carer Reference Group is as follows:

- Chair
- Consumer and carer representatives on the three Expert Working Groups
- Additional consumer and carer representatives (to a maximum of 4 additional representatives)

Other attendees may include:

- Secretariat
- NMHSPF Project Director and Team Members (NSW & Qld)

Terms of Reference

1. Consider the perspective and expertise of consumers and carers towards the development of a National Mental Health Service Planning Framework that will provide optimum outcomes for consumers and carers. This will involve the following:
    a. To review the modelling work conducted by the Modelling Group and Expert Working Groups and provide a consistent source of expert advice;
    b. Provide advice that relates to epidemiological and clinical aspects of mental health treatment, service delivery and planning issues form the perspective of consumers and carers, relying on and citing evidence based practice.
2. To provide an open forum for peer discussion to support the consumer and carer members involved on Project Groups.
3. To support interagency liaison between the NMHSPF Project and the National Mental Health Consumer and Carer Forum. This may include:
    a. Speaking to updates provided to NMHCCF meetings;
    b. Representing the NMHSPF Project at other meetings (with permission or at the request of the Project Director or Chair of the Executive or Modelling Groups.

Reporting
The NMHSPF Consumer and Carer Reference Group will be convened for the specific purpose of providing feedback on a particular issue and also to provide opportunities of peer discussion for the representatives on other Project Groups. The Reference Group will be supported by the Project Team who will facilitate the provision of feedback to the Executive Group and/or Modelling Group as appropriate.

Meetings
The Reference Group will meet face to face approximately 3-4 times throughout the Project duration. Where possible, the meetings will coincide with other NMHSPF meetings. A minimum attendance of the Chair (or nominated Chairperson) and at least half of the remaining subgroup members will constitute a quorum. Business can be progressed out-of-session at the request of the Chair. Recommended courses of actions will be circulated to members for consideration of endorsement by a specified date. In these instances, the intended course of action will be accepted or rejected by consensus or majority vote and will be reported through the agenda at the next face to face meeting. Issues unable to be resolved will be tabled with the Modelling Group.

Review and Termination of the Committee
The Reference Group will remain active for the duration of the project. The Executive Group may review the membership and terms of reference for each entity in the project structure as appropriate and determined by project need. The Executive Group may also invite temporary membership with specialist expertise to any entity in the project structure as required.

Communication between Members and the Project Team

The primary means of communication between members and the Project Team will be via email. A member of the Project Team will be allocated to provide secretariat and other project support to the Consumer and Carer Reference Group. Members must ensure that the correct contact details, including email addresses are provided to their nominated Project Team member and updated when changes occur.

The contact details of the Project Team for the Consumer and Carer Reference Group are as follows:

Project Support

TBA

Project Director

Mr Brian Woods
Mental Health and Drug and Alcohol Office
NSW Ministry of Health
Level 4, 73 Miller Street,
North Sydney 2060 | Locked Mail Bag 961 North Sydney NSW 2059
Central NMHSPF Project Phone Number: 02 9391 9153
Email: nmhspf@doh.health.nsw.gov.au

Appendix I: Issues / Risks Register

DBK.500.002.0081

ISSUE DEFINITION						ACTION			RESOLUTION		STATUS UPDATE	
Issue/Risk ID	Issue/Risk Status	Project Group	Group Function	Issue/Risk Description	Priority H/M/L	Action Required	Resp. Officer	Target Date:	Outcome	Resolution Date:	Current Status as at (Insert Date)	Comments
Provide Unique No. For each issue. Prefix each issue/risk with the Group initials eg PDSRR001	Open/ In Progress/ Closed	Project Nroup Name	Function within the Project Group to which this issue/risk pertains	Description of the issue/risk ie what is currently happening and likely change or impact	Assign priority based on likely impact. High Medium Low	Describe agreed actions to address or resolve issue/risk	Identify person responsible for agreed actions	Define the date for each action	Describe the outcome that resolved this issue/risk	Insert date resolved	For unresolved issues/risks provide an update at the reporting date	Space for additional comments regarding the issue/risk or related action

Appendix J: Project Budget - Detailed

Budget 1: 2 x SPO/Trainees-Stage 1; 4 x SPO/Trainees-Stage 2. July 2011 to 1 July 2013

		TOTAL	Notes	Year 1			Year 2			Total
		indicative start	*dates*	Jul-Dec 2011	Jan-Jun 2012	2011-12	Jul-Dec 2012	Jan-Jun 2013	2012-13	
National Mental Health Planning Framework Executive Group										
1.1	Members atendance (in kind)	$ -	(1)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
1.2	Contingency	$ 50,000	(2)	$ 25,000	$ -	$ 25,000	$ 25,000	$ -	$ 25,000	$ 50,000
1.3	Commonwealth Primary MH and MBS project	$ -	(3)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Sub-Total		**$ 50,000**		**$ 25,000**	**$ -**	**$ 25,000**	**$ 25,000**	**$ -**	**$ 25,000**	**$ 50,000**
PROJECT TEAM & EXPERT WORKING GROUPS										
Project Team										
2.1	Project management	$ -	(4)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2.2	Modeller	$ 150,000	(5)	$ 37,500	$ 37,500	$ 75,000	$ 37,500	$ 37,500	$ 75,000	$ 150,000
2.3	SPO/ Graduate Trainee	$ 250,000	(6)	$ 62,500	$ 62,500	$ 125,000	$ 62,500	$ 62,500	$ 125,000	$ 250,000
2.4	SPO/ Graduate Trainee	$ 250,000	(6)	$ 62,500	$ 62,500	$ 125,000	$ 62,500	$ 62,500	$ 125,000	$ 250,000
2.5	Admin 0.25 FTE	$ 54,000	(7)	$ 13,500	$ 13,500	$ 27,000	$ 13,500	$ 13,500	$ 27,000	$ 54,000
2.6	Goods & services NSW Team	$ 3,000		$ 750	$ 750	$ 1,500	$ 750	$ 750	$ 1,500	$ 3,000
2.7	Goods & services QLD Team	$ 3,000		$ 750	$ 750	$ 1,500	$ 750	$ 750	$ 1,500	$ 3,000
2.8	SYD:BRIS Travel / accomm @ 3pers x 5 mtgs x 2 yrs	$ 45,000	(8,9)	$ 13,500	$ 9,000	$ 22,500	$ 13,500	$ 9,000	$ 22,500	$ 45,000
Sub-Total		**$ 755,000**		**$ 191,000**	**$ 186,500**	**$ 377,500**	**$ 191,000**	**$ 186,500**	**$ 377,500**	**$ 755,000**
Modelling Group										
3.1	Chair - 10 sessions	$ 25,000	(9,10)	$ 7,500	$ 5,000	$ 12,500	$ 5,000	$ 7,500	$ 12,500	$ 25,000
3.2	Venue hire - 10 sessions	$ 35,000	(9,11)	$ 10,500	$ 7,000	$ 17,500	$ 7,000	$ 10,500	$ 17,500	$ 35,000
3.3	Travel for NGO reps etc	$ 20,000	(9,12)	$ 6,000	$ 4,000	$ 10,000	$ 4,000	$ 6,000	$ 10,000	$ 20,000
3.4	Printing, Internet, G&S	$ 40,000		$ 12,000	$ 8,000	$ 20,000	$ 8,000	$ 12,000	$ 20,000	$ 40,000
Sub-Total		**$ 120,000**		**$ 36,000**	**$ 24,000**	**$ 60,000**	**$ 24,000**	**$ 36,000**	**$ 60,000**	**$ 120,000**
Primary Care/ Community/ Non Hospital EWG										
4.1	SPO / Graduate Trainee(0.5 FTE)	$ -	(6)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4.2	Admin 0.25 FTE	$ 54,000	(7)	$ 13,500	$ 13,500	$ 27,000	$ 13,500	$ 13,500	$ 27,000	$ 54,000
4.3	Venue hire - 4 meetings x 2 years	$ 28,000	(11,12)	$ 7,000	$ 7,000	$ 14,000	$ 7,000	$ 7,000	$ 14,000	$ 28,000
4.4	Travel for NGO etc reps x 3 (x4 x2)	$ 24,000	(11,13)	$ 6,000	$ 6,000	$ 12,000	$ 6,000	$ 6,000	$ 12,000	$ 24,000
Sub-Total		**$ 106,000**		**$ 26,500**	**$ 26,500**	**$ 53,000**	**$ 26,500**	**$ 26,500**	**$ 53,000**	**$ 106,000**
Psychiatric Disability Support Rehabilitation and Recovery EWG										
5.1	SPO / Graduate Trainee (0.5 FTE)	$ -	(6)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5.2	Admin 0.25 FTE	$ 54,000	(7)	$ 13,500	$ 13,500	$ 27,000	$ 13,500	$ 13,500	$ 27,000	$ 54,000
5.3	Venue hire - 4 meetings x 2 years	$ 28,000	(11,12)	$ 7,000	$ 7,000	$ 14,000	$ 7,000	$ 7,000	$ 14,000	$ 28,000
5.4	Travel for NGO etc reps x 3 (x4 x2)	$ 24,000	(11,13)	$ 6,000	$ 6,000	$ 12,000	$ 6,000	$ 6,000	$ 12,000	$ 24,000
Sub-Total		**$ 106,000**		**$ 26,500**	**$ 26,500**	**$ 53,000**	**$ 26,500**	**$ 26,500**	**$ 53,000**	**$ 106,000**
Inpatient/ Hospital-based services EWG										
6.1	SPO / Graduate Trainee(0.5 FTE)	$ -	(6)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6.2	Admin 0.25 FTE	$ 54,000	(7)	$ 13,500	$ 13,500	$ 27,000	$ 13,500	$ 13,500	$ 27,000	$ 54,000
6.3	Venue hire - 4 meetings x 2 years	$ 28,000	(11,12)	$ 7,000	$ 7,000	$ 14,000	$ 7,000	$ 7,000	$ 14,000	$ 28,000
6.4	Travel for NGO etc reps x 2 (x4 x2)	$ 16,000	(11,13)	$ 4,000	$ 4,000	$ 8,000	$ 4,000	$ 4,000	$ 8,000	$ 16,000
Sub-Total		**$ 98,000**		**$ 24,500**	**$ 24,500**	**$ 49,000**	**$ 24,500**	**$ 24,500**	**$ 49,000**	**$ 98,000**
TOTAL		**$ 1,235,000**		**$ 329,500**	**$ 288,000**	**$ 617,500**	**$ 317,500**	**$ 300,000**	**$ 617,500**	**$ 1,235,000**

Notes

(1) State and national members covered by in-kind funds from their employers.

(2) Discretionary funds, to use for data analysis, expert advice etc

(3) This work will be funded separately by the Comonwealth to inform participation in the Primary Care Expert Working Group. Membership will include relevant Comonwealth experts and an observer from the Modelling Group.

(4) Notional 0.1 FTE of Associate Director and G11/12 Manager, in-kind contribution from NSW Health and Queensland Health

(5) Costed as 0.5 FTE NSW G12 x 2 years

(6) Note: Staffing profile to be reviewed at the end of Stage 1. The original thought was to employ two SPOs who would work across the four 'expert' groups with an option to recruit an additional two graduate trainees. This option does not include the further consideration that the SPO will have challenging work and training people would pose an unnecessary burden. Subsequent proposals employ 2 SPO/Graduate Trainees to work on Stage 1 and add another two SPO/ Graduate Trainees as the project progresses. The idea being that the SPO/Trainees will each have training/development opportunities on the job. Administratively this is also simpler, since each group would have its own SPO. Some rotation of SPOs around the groups would also be of benefit, as it would help to manage the risk of losing key staff at critical stages. NSW G9/10 salary has been assumed.

(7) Costed as 0.25 FTE NSW G8 x 2 years

(8) Costed on the basis of 3 project staff flying Sydney-Brisbane or vice versa, on five occasions each year.
Flights/ Accom: It is expected that these would require flying up on one day, overnight accomodation, meeting with some or all EWG's on a full day, overnight accommodation, processing input next day, return flight in PM.

(9) Meetings: Assumed 3 meetings in first 6 months and in last six months, four meetings in the intervening year.
The assumption is that the modelling group will need to meet before and after the other groups have done their work.

(10) This is provision for a paid Chair at the rate of $2500 per day for 10 meetings. If unused it might be added to the discretionary funds in Note (2)

(11) Venue costed at $3,000/day for 1 day meetings. In general we would aim to hold all meetings concurrently, which is feasible since each group has a designated PHO. We have added $500 for stenography services.

(12) Expert Working Groups meet twice about 5-7 weeks apart in each 6 month period. This is based on the model used for the national DA-CCP development.

(13) This is for travel by representatives (NGO's, Carer Organisations) who are not supported by an organisational travel allowance.

Appendix K: Communications and Marketing Strategy

National MHSPF Mental Health Service Planning Framework

Communications & Marketing Strategy

Population based planning for Mental Health service development

national mental health strategy

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Contents

Document Version Control

Version	Date	Document Reviewer	Nature Of Change/ Comments/ Distribution
1.00	30/08/2011	Cath King	First draft for distribution to first meeting of Executive Group
1.01	21/09/2011	Cath King	Amendments following Executive Group meeting of 20/09/11
1.02	27/01/2012	Cath King	Amendments following bi-annual review of project documents.
1.03			
1.04			
1.05			

Figures

Tables

1.Introduction

Both in Australia and internationally, there have been calls for the development of more strategic and coordinated approaches to mental health planning and service delivery. There is currently no nationally agreed approach to the way that mental health services are planned. Planners in States and Territories use their own approaches to this task, which vary considerably in the extent to which they are based on best available evidence. Australia's National Mental Health Strategy has called for each jurisdiction to develop a mix of services appropriate to local population needs, but has not specified targets for services.

The *Fourth National Mental Health Plan - An agenda for collaborative government action in mental health 2009-2014*[1] makes explicit commitment to developing a national mental health service planning framework (NMHSPF) that establishes targets for the mix and level of the full range of mental health services, underpinned by innovative funding models. This commitment is evidenced by the $1.235 million invested in the National Mental Health Service Planning Framework (NMHSPF) Project by the Commonwealth Department of Health and Ageing over two years.

It has been proposed that developing an agreed range of service options across both the health and community support sectors will improve access to appropriate services. Population based planning frameworks will inform this process by specifying a recommended mix and level of services to inform jurisdictional planning. These service profiles will be used to develop resource targets to guide future planning and service development.
More specifically, a nationally agreed planning framework would:

- Be based on sound epidemiological data that quantifies the prevalence and distribution of the various mental illnesses, as well as evidence based guidelines that identify the treatment required for the range of conditions;
- Translate this knowledge about illness prevalence and required treatments into resources, measured in terms of the workforce and service components required to establish an adequate service system;
- Include delineation of roles and responsibilities across the community, primary and specialist sectors, including the private sector and non-mental health specific services (e.g. aged care, general health services);
- Consider the workforce requirements to deliver the range of services;
- Include acute, long stay, ‘step up/step down’ and supported accommodation services, as well as ambulatory and community based services;
- Consider the contribution of public, non-government sectors and private mental health service providers;
- Clearly differentiate between the needs of children and young people, adults and older people;
- Consider socio-demographic factors such as culturally and linguistically diverse groups;
- Suggest role definitions and delineations to determine the recommended mix of services with comment on how to address scarcity or mal-distribution in some geographical locations; and
- Promote flexible funding models that allow innovation and service substitution to meet specified targets in different delivery contexts.

To date, there has been significant work progressed in service planning across Australia. Of particular relevance to this project is the continued development of the NSW Mental Health Clinical Care and Prevention (MH-CCP) planning model over 10 years and additional service modelling work in Queensland. This work will provide a solid foundation from which to build the NMHSPF and broaden the planning focus across the mental health sector and different service types.

[1] AHMC (2009) *Fourth National Mental Health Plan - An agenda for collaborative government action in mental health 2009-2014*, Australian Government, Canberra

2. Purpose of the Strategy

By developing a communications and marketing strategy, a reliable framework is created to ensure effective communication processes support efficiency in the project's management and achievement of project objectives.

The Strategy will promote consistent comprehensive communication across the project elements with engagement of a diversity of stakeholders at appropriate and strategic milestones of the project.
This communications and marketing strategy will align with the NMHSPF Project Charter and the business rules relevant to each element within the project structure to ensure consistency of understanding of the expectations and boundaries of the various roles and responsibilities in relation to communication issues.
The Strategy will adhere to any contractual obligations agreed between the NSW Department of Health and the Commonwealth Department of Health and Ageing, particularly in relation to inter- governmental reporting responsibilities.

3. Objective

The objective of the Strategy is to:

- Ensure stakeholders are appropriately identified, engaged, informed and consulted about the NMHSPF, allowing government to develop an effective planning framework;
- Ensure there is a common understanding and expectation of outcomes across the elements of the NMHSPF project structure;
- Increase awareness of the impact of NMHSPF among all stakeholders relevant to their area of need, interest and/or expertise;
- Ensure clarity around roles and responsibilities of the elements of the NMHSPF project structure;
- Provide governance for all communications functions;
- Ensures linkage with other processes for cooperative and/or dependant activity;
- Identify key strategic communications activities across all of the NMHSPF Project;
- Identify key communication messages consistently across the NMHSPF Project.

4. Key Audiences

4.1 Primary Stakeholders

- COAG/National Mental Health Commission & the Australian Government Department of Prime Minister& Cabinet
- Standing Council on Health (formerly AHMC) and Subcommittees
- Australian Government – particularly Department of Health & Ageing
- State/Territory Mental Health Commissions and Services
- Consumers and Carers
- Community Mental Health Service Providers (Non-Government Organisations)
- Private Mental Health Service Providers

(Inclusive of rural and remote, transcultural and Aboriginal and Torres Strait Islander mental health communities)

4.2 Secondary Stakeholders

- Other state and territory government departments related to mental health – Housing, Employment, Education, Justice, Community and Disability, Emergency, Transcultural and Immigration Services
- Other related Australian Government Departments – FaHCSIA, DEEWR, OATSIH
- Other related social services
- Professional bodies & Unions

4.3 Tertiary Stakeholders

- General Public
- All other State/Territory Government Departments
- All other Australian Government Departments
- Media
- Consultants & contractors
- International community

5.Key Messages

5.1 Language

In all public communications the National Mental Health Service Planning Framework should be referred to as such or abbreviated to “NMHSPF”. For internal/project communications, the NMHSPF can also be referred to as the “‘Framework”.

Due to the complexity and technicality of the project, both a technical and ‘plain English’ descriptive will be developed where appropriate to suit the diversity of the targeted audience.

5.2 Messages

To establish and reinforce realistic expectations throughout the project’s duration, the following key messages should be included in all significant presentations, regardless of the stakeholder group. The messages are appropriate to the perceived interests of all three tiers of stakeholders identified earlier in this communication strategy. The four core messages to be delivered throughout the project include the following:

1. **Nationally Consistent** - The NMHSPF will provide an ‘Australian average’ estimate of need, demand and resources for the range of agreed mental health services required across the lifespan and across the continuum of care from prevention to tertiary treatment.
2. **Flexible and Portable** - The NMHSPF will be flexible to adaptation to suit jurisdictional priorities and other variations and will be presented in a user friendly format. However, some technical aspects cannot be altered or the validity of the product will be compromised.
3. **Not all, but many** - To ensure national viability, the NMHSPF will not account for every circumstance or service possibly required by an individual or group, but will allow for more detailed understanding of need for mental health service across a range of service environments.
4. **Not who, but what** – The NMHSPF will capture the types of care required, but will not define who is best placed to deliver the care. Decisions about service provision will remain the responsibility of each State/Territory and the Commonwealth.
5. **Evidence & Expertise** - The NMHSPF will identify what services ‘should be’ provided in a general mental health service system. Contemporary mental health practice, epidemiological data and working with key stakeholders with diverse expertise will underpin the technical, clinical and social support mechanisms that will form the content of the Framework.

5.3 Project Branding

The project will be supported by a ‘brand’ that will provide a common mandatory design across all project documents. The design will be unique to the project and not be representative of any Government specifically as this will be acknowledged through the inclusion of text as appropriate to the document. The 'brand' will be developed by the Project team and endorsed by the Executive Group.

6. Overview of the Project Scope and Structure

The NMHSPF Project is able to build on the existing planning work by both NSW and Qld over the last 10 years. This work significantly informs the specialist mental health and inpatient service aspects of the project and forms a solid foundation for further definition of other programs and service environments. A staged process to develop the NMHSPF is outlined in Figure 1 below, noting that the scope of this project will be limited to stages 1 and 2 only. The existing NSW MH-CCP model has been modified to improve the product over the last 10 years and a similar process is reasonably expected for this Framework. This work will occur over Stages 3 & 4.

	Model Components				
	Executive	**Modelling Group**	**Services Group**	**Clinical Group**	**Costing**
Stage 1	Nominal list of products/ core service elements for which targets are to be set.	Group formation: Model **V0**	This group will not form for Step 1. NSW & QLD existing service elements will be used to develop **V 0**.	This group will not form for Step 1. NSW & QLD existing service elements will be used to develop **V 0**.	NSW & QLD existing service elements will be used to develop **V 0.**
Stage 2		Summary of existing Model; Add national population to **AUS V0** to get **AUS V1**	Group formation: All jurisdiction's service elements. Take the AUS V0 service elements - identify gaps and problems - develop potential solutions for the Australian context **(AUS V1).**	Group formation: All jurisdiction's care packages. Take the AUS V0 care packages - identify gaps and problems - develop potential solutions for the Australian context **(AUS V1)**	Out of scope
AUS V1 models to Modelling/Services/Clinical/Costing Groups for continuous improvement process					
Stage 3	Review and prioritise	**AUS V2**. Once data received remodel	Upgrade and rationalise service elements with nationally agreed numeric attributes	Upgrade and rationalise care packages with nationally agreed clinical standards with outcome basis where possible	Out of scope
Stage 4	Define products/service elements for target setting	**AUS V3**	New service elements based on improved care models and research	New care packages resulting from clinical advances and research	Out of scope

Figure 12: Staged Development of the NMHSPF

The proposed governance structure to support the project is outlined in Figure 2. Each of the stakeholders identified as primary stakeholders earlier in this document is represented in some manner and will carry responsibility for the integrity and actioning of this communications strategy.

Stakeholders identified earlier as secondary and tertiary stakeholders will be engaged as appropriate for both marketing and consultative purposes. This engagement will require careful management as the complexity of both the project content and activity may diminish the value of the information transferred and limit both understanding and usefulness for both parties. Issues of primary consideration include the timeliness, method and environment of engagement whilst ensuring they relate specifically to the purpose of the engagement and the expectation of the stakeholder.

The NMHSPF Project Team, led by the Project Director in NSW, will be primarily responsible for ensuring that communication and marketing strategies engage stakeholders appropriate to purpose and strategically to support the success of the project.

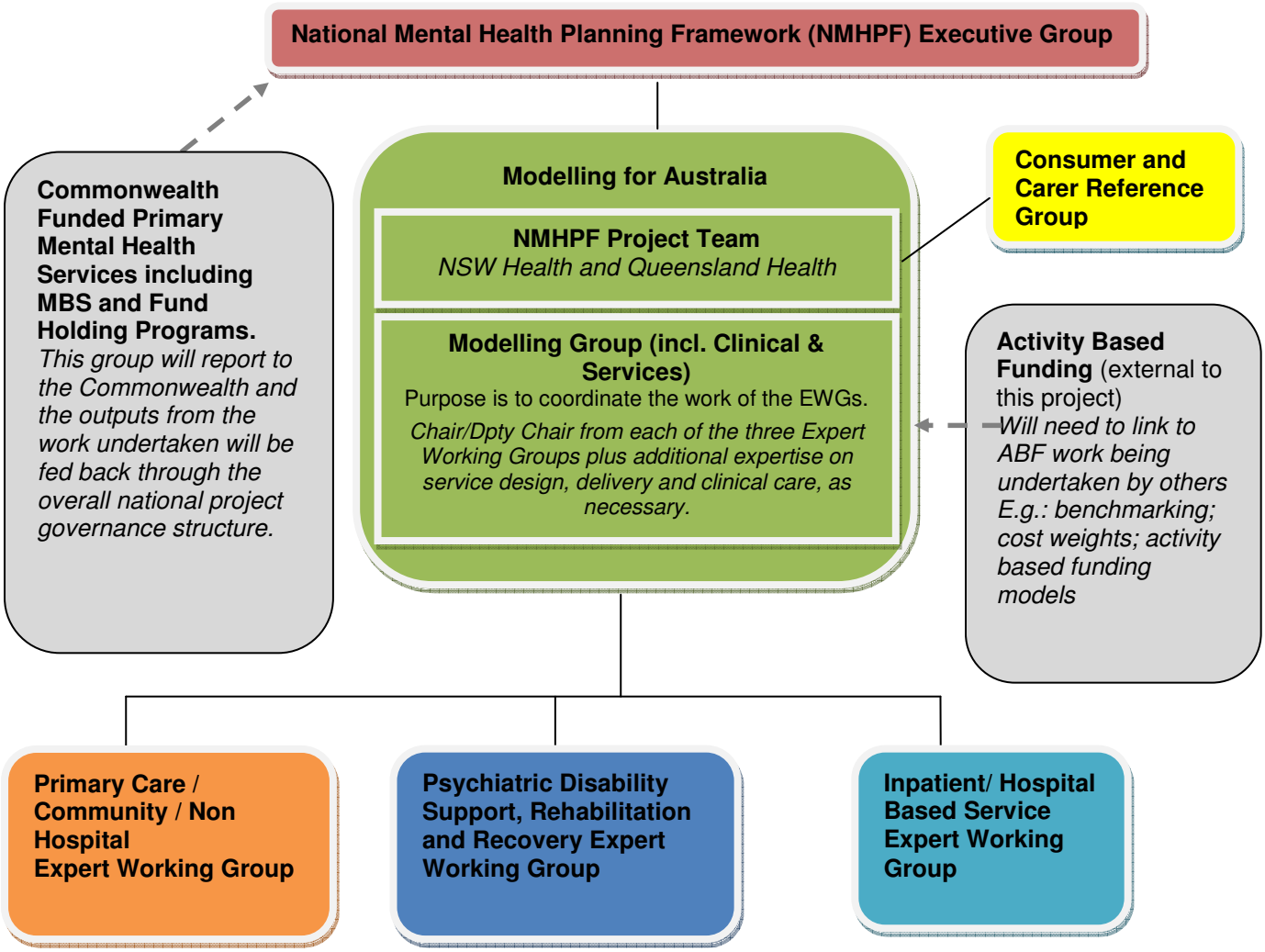

Figure 13: Governance Structure of the NMHSPF (Stages 1 & 2 only)

7. Communications Responsibilities

7.1 Executive Group

Chair/Deputy Chair

- Facilitate member discussion to achieve consensus on key decision points;
- Ensure all issues pertinent to the NMHSPF Executive Group (both internal and external to the project) are communicated to members during meetings or through out-of-session processes;
- Ensure all correspondence associated with the project is appropriately branded and consistent with key messages;
- Receive and distribute correspondence on behalf of the NMHSPF Executive Group;
- Represent the NMHSPF Executive Group (with the support of the Project Director) in media activities;
- Represent the NMHSPF Executive Group (with the support of the Project Director) in other environments as necessary;
- Develop strategies for resolving differences of opinion and communicating the resolution and rationale to the relevant parties.

Secretariat

- Facilitate the transfer of information:
    - To NMHSPF Executive Group Members;
    - Between the Chairperson and Members;
    - From the NMHSPF Executive Group to other elements of the project structure; and
    - From the NMHSPF Executive Group to external parties as directed by the Chair.
- Manage and execute all correspondence on behalf of the NMHSPF Executive Group;
- Under the direction of the Project Director, maintain the Govdex wiki site for the use of project members;
- Execute communication activity as identified in the NMHSPF Communication and Marketing Strategy or as directed by the Project Director and/or NMHSPF Executive Group Chairperson. This includes (but is not limited to) both internal and external communiqués, media documents, ministerial documents and reports to the Commonwealth and other stakeholders.

Members – State/Territory Governments

- Support the provision of expertise as appropriate to meet project objectives;
- Identification of jurisdictional specific issues;
- Dissemination of information to jurisdictional stakeholders as determined by the NMHSPF Executive Group; and
- Act as the jurisdictional point of contact for general public and other local enquiries.

7.2 Project Team

The Project Director

- Provision of information and advice to the Executive Group, Modelling Group, and Expert Working Group meetings as appropriate;
- Provision of reports to the liaison officer located in the Australian Government Department of Health and Ageing;
- Act as the key point of contact for project enquiries and media requests; and
- Coordination of the Project Team Activity.

NSW and Qld Project Managers

- Coordination of consultations and workshops with stakeholders;
- Dissemination of information to stakeholders as per agreed protocol;
- Liaise with relevant Communications and Marketing services to generate and execute agreed marketing tools and strategies; and
- Identify issues likely to affect project outcomes and provide advice to the Project Director.

7.3 Modelling Group

Chair/Deputy Chair

- To coordinate and integrate the input from the three expert working groups and make recommendations for work based on that input.
- Ensure all issues pertinent to the NMHSPF Executive Group (both internal and external to the project) are communicated to the Chair/Deputy Chair of the Executive Group and/or through meetings or out-of-session processes.
- Facilitate member discussion to achieve consensus on key decision points;
- Develop strategies for resolving differences of opinion and communicating the resolution and rationale to the relevant parties; and
- Identify and engage stakeholders with appropriate expertise to support achieving the objectives of the project.

Secretariat

- Facilitate the transfer of information:
    - To NMHSPF Modelling Group Members;
    - Between the Chairperson and Members;
    - Between the Modelling Group and the three Expert Working Groups;
    - From the NMHSPF Modelling Group to the Executive Group and Project Team;
    - From the NMHSPF Modelling Group to external parties as directed by the Chair.
- Manage and execute all correspondence on behalf of the NMHSPF Modelling Group;
- Provision of documentation as required for upload onto the project's wiki site; and
- Execute communication activity as identified in the NMHSPF Communication and Marketing Strategy or as directed by the NMHSPF Modelling Group Chairperson. This includes (but is not limited to) both internal and external reports, media documents and ministerial documents.

Members

- Support the engagement of expertise as appropriate to meet project objectives; and
- Identification and management of issues relevant to their specific area of expertise towards achieving the project objectives.

7.4 Expert Working Groups

Chair/Deputy Chair

- To assimilate information based on research, expertise and evidence based practice and discussion to achieve a consensus view from members and form advice to the Modelling Group.
- Ensure all issues pertinent to the NMHSPF Modelling Group (both internal and external to the project) are communicated to and from the Chair/Deputy Chair of the Modelling Group and/or through meetings or out-of-session processes; and
- Identify and engage stakeholders with appropriate expertise to support achieving the objectives of the project.

Secretariat

- Facilitate the transfer of information:
  - To NMHSPF EWG Members;
  - Between the Chairperson and Members;
  - Between the EWG and the Modelling Group and/or Project Team;
  - From the EWG to external parties as directed by the Chair.
- Manage and execute all correspondence on behalf of the NMHSPF Modelling Group;
- Provision of documentation as required for upload onto the project's wiki site; and
- Execute communication activity as identified in the NMHSPF Communication and Marketing Strategy or as directed by the NMHSPF EWG Chairperson. This includes (but is not limited to) both internal and external reports, media documents and ministerial documents.

Members

- Support the engagement of expertise as appropriate to meet project objectives; and
- Identification and management of issues relevant to their specific area of expertise towards achieving the project objectives.

7.5 Australian Government

- Communicate progress of the NMHSPF Project to the Standing Council on Health (formerly AHMC) and subcommittees as appropriate;
- Report feedback from Health Ministers and their subcommittees or from other Commonwealth processes relevant to the NMHSPF Project to the Project Director and the NMHSPF Executive Group Chairperson;
- Facilitate linkage between relevant Commonwealth processes and the NMHSPF Project;
- Liaise with the NMHSPF Project Director as appropriate to ensure contractual integrity of the project;
- Facilitate participation from other Commonwealth agencies as requested by the Chairperson of any element within the project structure.

8. Communications and Marketing Strategies

Strategies to meet the communication and marketing objectives are outlined below in Table 1. Four areas of purpose have been identified to group the strategies as follows:

- Orientation and Induction – Preliminary tasks to establish the communication aspects of the project and raise awareness amongst stakeholders towards a common understanding of the project's objectives, proposed outcomes and stakeholder contributions. (Aligned with planning phase of project management).
- Consultation Process – These activities relate to the key developmental phase of the project where stakeholders are engaged for different purposes to inform the development of the Framework. Note that this phase includes both the inner workings of the entities within the project structure as well as external consultative activity to gain particular expertise. (Aligned with execution phase of project management).
- Keeping People Up to Date – Monitoring and updating information will be integral in ensuring positive outcomes both within the project structure and with external communications. These strategies will aim to meet the project objectives in informing the Framework, but also meet responsibilities and expectations of information provision to various stakeholder groups. (Aligned with the monitoring and controlling phase of project management).
- Finalisation of Product – Communication and marketing strategies in this category will ensure the product is finalised and published in a professional manner and will ensure the product is made widely available to all stakeholders. (Aligned with the closing phase of project management).

The Strategies have been further divided into generic activity that applies across the project and to the three groups of stakeholders identified earlier in the document under Key Audiences. Each strategy refers particularly to the purpose and audience identified and is relevant to only communication and marketing activity. Other roles and responsibilities of these stakeholders are beyond the scope of this document.

Table 2: Summary of Communication and Marketing Activities

3	Generic Activity	Primary Stakeholders	Secondary Stakeholders	Tertiary Stakeholders
Orientation & Induction	Standardised Materials • Project Branding • Introductory Communiqué • Key Messages • Issues Log • FAQ's • Background paper & technical summary • Prepared presentations • Media products (Action G1) Establish NMHSPF Project web page on MHSC website with links from the DoHA home page and jurisdictional websites. (Action G2)	Develop briefing package appropriate to different audiences (including Ministerial briefing documents). (Action P1) Introductory workshops to outline project, product, outcomes and stakeholder contribution. Note requirement for technical and 'plain English' versions of information appropriate to audience. (Action P2) Develop communication protocols for use within and external to the project structure. (Actions P3 & P4) Establish project wiki site and upload all relevant documents for use by project entities. (Action P5)	Circulate briefing package with invitation to identify any issues of importance to their sector that they consider relevant to the project. (Action S1)	Circulate communiqué to identified stakeholders. (Action T1) Upload introductory communiqué and selected briefing material to the NMHSPF page of the MHSC website (appropriate for public access) (Action T2)

3	Generic Activity	Primary Stakeholders	Secondary Stakeholders	Tertiary Stakeholders
Consultation Process	Monitor stakeholder attitude and facilitate positive engagement and consultative outcomes. (Action G3)	Identification of Modelling Group and EWG members. (Action P6) Engage expertise as required by Modelling group, EWGs or as directed by the Executive Group. (Action P7) Engagement of jurisdictions in developing common language to service elements. (Action P8) Consider consultation with special needs groups (eg ATSI, CALD, Rural/remote, homeless) as appropriate. (Action P9) Establish links with related processes that could inform the NMHSPF project or vice versa. (Action P10) Maintain and update project wiki site for internal project communications for use by project members. (Action P11) Conduct two targeted stakeholder information sessions to inform the development and finalisation of Version 1. (Action P12)	Circulation of final draft Version 1 with time limited opportunity for feedback. (Action S2) Targeted consultation as required by EWGs and Modelling Group. (Action S3)	Targeted consultation as required by EWGs and Modelling Group. (Action T3)
Keeping People Up to Date	Develop reporting template to summarise activity for use by Modelling Group and Expert Working Groups. (Action G4) Bi-Annual Communiqué summarising progress in 'plain English' terms. (Action G5) Monitor project status as per communication protocols. Develop and effect strategies as appropriate to issues identified. (Action G6)	Circulate bi-annual communiqué to members for circulation to their constituents. (Action P13) Maintain communication protocols for and between project entities including: • Prepare Ministerial briefings/updates • Maintain project wiki site (Action 14) Executive Group to provide progress reports to the Commonwealth.(Action P15) Commonwealth to report to Health Ministers and subcommittees. (Action P16)	Circulate bi-annual communiqué. (Action S4)	Circulate bi-annual communiqué to interested stakeholders and post on NMHSPF Page of MHSC website. (Action T4)
Finalisation of Product	Final Project Reports • Detailed report • Summary report (Action G7) Final Product • Corporate branding • Public launch and media release • Marketing/ Publishing plan or other product promotion. (Actions G8 & G9)	Facilitate endorsement through MHSC, HPPPC, HWPC, AHMAC and finally by Health Ministers. (Action P17) Develop a generic implementation guide for all jurisdictional stakeholders. (Action P18) Consider/establish mechanisms to support stages 3 & 4 of NMHSPF development. (Action P19) Executive Group to provide final report to Commonwealth. (Action P15) Preparation of Ministerial documents to support launch and/or other media activity. (Action P20)	Circulate notification of final product, summary report, access points for full report/product and any marketing campaign details. (Action S5)	Circulate summary report electronically and to interested stakeholders and upload all other materials appropriate for public access on NMHSPF page of MHSC website. (Action T5) Promote project and generate interest in international and other research communities. (Action T6)

The Strategies outlined in Table 1 are the broad strokes of activity proposed for the NMHSPF Project. The following text explains the scope, boundaries and characteristics of key strategies, together forming the projects' internal communication protocol. Furthermore, the strategies are operationalised in a logistical sense in the Communications and Marketing Action Plan, appearing in the next section.

9.NMHSPF Internal Communications Protocol

9.1 Project Entities

The Project structure is outlined in Figure 2 earlier in this document. Each person attached to any of the entities contained in the structure is identified as a 'project member' in a general sense, or more specifically in their role within the structure (eg. Modelling Group member, Executive Group Chair etc).

All members are required to maintain confidentiality of information relevant to the project. Government members are automatically bound by their employment terms and non-government project members will be required to sign a Deed of Confidentiality (as described in the NMHSPF Project Charter) to ensure a common understanding of confidentiality requirements.

The project structure is hierarchal in nature, with authority allocated to the entity with oversight and more specifically, to the Chair and Deputy Chair of the entity. The NMHSPF Executive Group therefore has the overall authority of the project and responsibility to ensure the project meets the proposed objectives. Please refer to the communication responsibilities relevant to each entity outlined earlier.

Project members should note that the NMHSPF Project will be somewhat limited in that the Framework will not be able to capture every characteristic or care package and will require some compromise to remain viable as a planning tool. Wherever possible, project entities should aim for a consensus across their membership group but may refer significant issues likely to affect the outcomes of the Project to the oversighting entity in the Project structure. The Chair/Deputy Chair of each project entity is responsible for the early identification and prompt resolution of issues and/or consultation with the entity of oversight.
For issues raised that have no clear response at the time (e.g. due to early developmental stage of the planning tool – a particular result may still be unknown), the Project Team will maintain an 'Issues log' that will be addressed as able throughout the project. The issues and the Questions & Answers document will be linked to meet the purpose of communicating the resolution of the issue.

Communication between project members (as a group) will primarily occur through meetings and through the use of the secure online portal (wiki site). Email is encouraged for one-to-one communication, but not for group advice.

Business rules will be established for each project entity and will direct the general operation of the entity and the transfer of information both within and external to the group. The Business Rules will further identify meeting frequency, pre-meeting briefing sessions and out of session processes to manage effective communication between members. Note that communication and referral of issues between project entities should generally be progressed formally through the relevant secretariats or between Chair/Deputy Chairpersons, and not between members.

The Project Team will function as the central communication point across the Project. All enquiries outside of normal meeting business regarding the project should be addressed to the Project Director in the first instance. For generic or administrative enquiries, the request should be directed through the secretariat of the relevant project entity. For more technical or specialised issues, direct member contact may be the most effective way to address the matter.

The Project Team will be responsible for generating a common calendar for access by members through the wiki site. The Calendar will identify key project dates including meetings for each project entity, reporting timelines and other milestones as appropriate. The Chair/Deputy Chair of each project entity, through the relevant secretariat is responsible for ensuring the Project Team is updated of pertinent activity for the Calendar.

The Project Team will draft and circulate project information packages to the Chair/Deputy Chair and secretariat of each project entity with the following documents:

- Briefing package relating to the project (including Introductory Communiqué, project summary, background paper, FAQs and key messages);
- Draft terms of reference and business rules template relevant to the project entity;

- Deeds of confidentiality for non-government project members;
- Draft calendar of key project dates;
- Suite of standardised project templates and other branding material as appropriate;
- Copy of the NMHSPF Project Charter and Communication and Marketing Strategy; and
- Copy of the business rules of the oversighting entity.

All communication matters external to the NMHSPF Project requires endorsement by the Project Director or the Chair/Deputy Chair of the relevant project entity as appropriate to the scope of their authority (please refer to the communication responsibilities outlined above and also the business rules relevant to the project entity). All external material is required to acknowledge Commonwealth funding and be presented using the branding and templates common across all aspects of the project. The relevant artwork is at Appendix 1. The Project Team and the Chair/Deputy Chair of each project entity carries the responsibility to ensure the presentation of material is consistent with the project's common design.

9.2 Wiki Site

A secure online portal (wiki) will be used as the main communication tool by all members of the project. Managed and updated by the Project Team, the wiki will contain all relevant meeting papers for each project entity and other relevant documents.

Upon establishment, all project members will be allocated a secure login and password and will be responsible for ensuring they access the site regularly to remain current to project activity and status. Selecting a 'watching' facility on key pages will assist members in this objective.

The Executive Group, Project Team and the Chair/Deputy Chair of the Modelling Group will have access to all pages on the wiki site. Modelling Group members, Expert Working Groups and any other subgroups established by the Modelling Group will have access to all papers except the Executive Group meeting papers and forum discussions.

As the project will be directing Government policy, all non-government project members will require a signed Deed of Confidentiality before access to the wiki site will be provided regardless of the entity to which they are attached in the structure.

General responsibilities associated with the wiki site are as follows:

- Access to the wiki site will be available to project members, their executive assistants and one operational person. Note that all non-government personnel will require a deed of confidentiality prior to access being given.
- Update and management of the wiki site will remain the responsibility of the Project Team. This includes:
    - Ensuring meeting papers are uploaded allowing adequate time for review prior to a meeting. Note that papers should be available at least one week prior to a meeting, and several days prior to a pre-meeting briefing;
    - Posting alerts on the home page to advise members of wiki activity for their attention;
    - Liaising with the Commonwealth in regards to technical issues related to the site;
    - Uploading documents requested by project members and approved by the Project Director;
    - Managing and monitoring the security of the site including permissions for project members; and
    - Monitoring the content of the site for currency, appropriateness and access bi-annually as part of the biannual project communications review.
- All material for upload to the wiki requires endorsement by the Project Director;
- Members are responsible for ensuring their timely access to meeting papers and other documents as required and advising the Project Team of any difficulties in using the site; and
- Members are responsible for their own contributions to forums on the wiki, and are instructed to ensure their comments are appropriate to the task and not unnecessarily inflammatory in nature. The Project Director has the authority to remove any comments or other material deemed inappropriate on the wiki site.

9.3 Engagement of Stakeholders

The NMHSPF Executive Group and senior Project Team members are predetermined in the project proposal. All other project members will be determined by the Executive Group in consultation with the Chair/Deputy Chair of the Modelling Group and subsequently, Chair/Deputy Chair of each Expert Working Group.

Membership on each project entity will be determined based on a required diversity of expertise. Where possible, representation across jurisdictions will be facilitated, but achieving the relevant expertise will be the prioritised criteria.

Proposed members will be approached verbally by the Chair/Deputy Chair of the relevant entity in the first instance to provide a brief overview of the project, their proposed role and assess their capacity and interest for involvement. A formal letter of invite would then follow with background information as appropriate. Deeds of confidentiality will be circulated to all non-government project members by the relevant secretariat for completion prior to active involvement in the process.

All project members should have a common understanding of their role in the project. Engagement of project members in most cases will be relevant to their expertise, not their representative function. Therefore, the following assumptions have been identified for project members:

- Expert working group and modelling group members are not advocates; and
- Executive members are responsible for representing the jurisdictional issues relevant to key decisions.

To ensure consistency of understanding on the project's objectives and Framework's capacity and function, all project members will be encouraged to attend an introductory workshop. Workshops will be tailored to suit each audience as appropriate and the Project Team will have primary responsibility to organise and manage this process.

Each Chair/Deputy Chair will be responsible for directing targeted consultation processes by their members. Members allocated these tasks will ensure the enquiry relates specifically to the project's objectives as agreed by the entity or as directed by the Chair/Deputy Chair and is not influenced by alternative personal views or external roles/responsibilities.

The Project Team will be responsible for the organisation and management of general consultation processes as endorsed by the NMHSPF Executive Group. Communication of details relevant to project members will be communicated through the project wiki site.

The Project team will also develop bi-annual Communiqué for public circulation summarising project progress in 'plain English' terms. The document will be based on summary reports received from each project entity and will be subject to endorsement by the NMHSPF Executive Group. The communiqué will include the following information:

- Brief overview of previous progress;
- Summary of modelling activity since last Communiqué;
- Summary of consultations conducted;
- Summary of key outcomes/decision.

On issues identified for general comment by any project entity, the forum facility on the project wiki site can be used to generate feedback and opinion from across the project membership group. Access to this facility is available through the Project Director only who has oversight and authority of the wiki content.

All communication with the media, Ministers and the Commonwealth requires consultation with and/or endorsement by the Project Director and/or the NMHSPF Executive Chair/Deputy Chair. At no time is any other project member to communicate with these parties. All communication with these parties is directed by the Executive Group or requests should be forwarded to the Project Director via the Chair/Deputy Chair of the project entity.

The Project Team is responsible for the development of standardised presentations regarding the project. These presentations are intended for use by the Executive Group Chair/Deputy Chair and/or the Project Director for a variety of external presentations, seminars and workshops as required.

In addition to the secure project wiki site for use by project members, a webpage linked to the Mental Health Standing Committee (MHSC) website (www.health.gov.au/mhsc) will be established for the purpose of providing biannual updates and summary material on the progress of the Project. The Commonwealth will continue to manage the site, with all NMHSPF content coordinated and endorsed by the Project Director.

9.4 Monitoring Project Status

The Project Team will be responsible for monitoring project status and providing advice to the NMHSPF Executive Group. The Project team will assess project status through the following activity:

- Weekly project team teleconferences including NSW and Qld teams – Each week, the Project Director will convene a combined project team meeting that reviews the operational aspects of the project. A Microsoft Project Management tool has been established to facilitate this process.
- Biannual administrative & communication review – Every 6 months, the project team will review their communication strategies, tools and protocols assessing them for currency and relevance to the project's objectives. This includes all generic documents, website content, wiki function, internal protocols, templates and other tools. Any significant changes will be proposed to the NMHSPF Executive Group for endorsement and subsequently circulated to other project members as appropriate.
- Meeting attendance – The Project Director and/or Project Managers will attend the meetings of the each entity of the project structure. This attendance will facilitate communication between entities and will ensure issues identified for referral to the oversighting group are properly understood. Attendance will also indicate progress in the project and provide early advice of any delays.
- Internal project reporting – The Modelling Group and Expert Working Groups are required to complete and forward a reporting template that summarise activity for previous six months to the Project Team for the advice of the NMHSPF Executive Group and to inform bi-annual Communiqués. These reports will highlight any concerns regarding the project status.

The Project Team will also monitor stakeholder attitude through attendance at project meetings across the structure and through monitoring feedback received through the various consultative processes and workshops. Any issues of significance will be referred to the appropriate project entity and/or the NMHSPF Executive Group.

9.5 Reporting Processes

The NMHSPF Project is conducted within a contractual environment between the Commonwealth Department of Health and Ageing and the NSW Department of Health. Contractual reporting authority and responsibility lies with the NMHSPF Executive with support from the Project Team and is progressed in accordance to the terms of the project contract.

Although NSW and Qld are contracted to progress the project, the Commonwealth remain responsible for all other Government reporting requirements. This includes providing updates to or seeking endorsement from Health Ministers, the Australian Health Ministers Advisory Council (AHMAC) or its subcommittees, including reporting to the MHSC or HPPPC.

In the four weeks following December and July each year, each project entity is required to submit a summary of project activity to the Project Team as per the template provided. The Project Team will collate this material and submit to the NMHSPF Executive Group for their advice and endorsement of relevant public updates.

9.6 Ministerial Documents & Media Products

The Project Team will be primarily responsible for the provision of information for Ministerial and Media use. A range of products will be developed for impromptu use as required. All jurisdictions and the Commonwealth will be encouraged to contact the Project Team when preparing Ministerial or Media advice to ensure information is accurate, consistent and current.

At the NMHSPF Executive Group meeting of 20 September 2011, State and Territory Members agreed to advise the Commonwealth of anticipated media activity by their Health Ministers in relation to the NMHSPF Project. Similarly, the Commonwealth Member agreed to circulate any media statements relating to the NMHSPF Project to all State/Territory Health Ministers on the day of release.

All external documents, including media products will identify the Commonwealth's investment in the NMSHPF Project.

10. Communications and Marketing Action Plan

To operationalise the strategies outlined earlier, an Action Plan has been developed to identify:

- Actions required;
- Personnel responsible;
- Indicative timelines;
- Review processes; and
- Performance indicators.

Note that the Communications and Marketing Action Plan may be subject to modification as part of the monitoring project status process identified in the previous section. This may require changes to any aspect of the Action Plan, but is more likely to affect the timeline and/or detail of activity proposed. Through this monitoring process, both the Strategy and the Action Plan will remain focused on achieving project objectives.

10.1 Action Plan for Generic Activity (Table 3)

	Action	Responsibility	Timing	Review Processes	Performance Indicators
Orientation & Induction	**G1.** Develop Standardised Materials for use across the project. Ensure materials are in 'plain English' format with enough technical detail to ensure accuracy. Include the following: • Project branding • Introductory communiqué • Key messages • Issues Log • FAQ's • Background paper & technical summary • Prepared presentations • Media products	Project Team	December 2011	Review and update material at biannual project status review.	Endorsed by Executive Group in September 2011.
	G2. Establish NMHSPF Project web page on MHSC website with links from the DoHA home page and jurisdictional websites.	Project Team Commonwealth	December 2011	Review website content biannually.	Webpage established. Biannual review of website content.
Consultation Process	**G3.** Monitor stakeholder attitude and facilitate positive engagement and consultative outcomes.	Project Team	Throughout project		Positive stakeholder engagement.
Keeping People Up to Date	**G4.** Develop reporting template for use by Modelling Group and Expert Working Groups that summarise activity for previous six months.	Project Team	Draft Template September 2011	Review and amendment as identified by Project Team, Modelling Group and/or Executive Group.	Template endorsed by the Executive Group through endorsement of the Communication and Marketing Strategy. Circulation of template to Modelling Group and EWGs upon establishment of the committees.
	G5. Using the summaries provided by each entity in the project structure, develop bi-annual Communiqué for public circulation summarising project progress in 'plain English' terms. Include in document: • Brief overview of what's gone before; • Summary of modelling activity since last Communiqué; • Summary of consultations conducted; • Summary of key outcomes/decision; • Statement of project status (eg. Timeliness, barriers, changes in direction etc) • Brief reference to way forward.	Secretariats and Project Team	January 2012 to incl July-Dec 2011 July 2012 to incl Jan-June2012 Jan 2013 to incl July-Dec 2012 July 2013 to incl Jan-June 2013	Compile information and circulate final draft to Modelling Group and EWGs for review prior to tabling with Executive Group to ensure accuracy of content is maintained.	Endorsement of the Communiqué by the Executive Group in: • February 2012 • September 2012 • February 2013 • September 2013.
	G6. Monitor project status as per communication protocols including review of objectives, project structure and function, timing and deliverables. Develop and effect strategies as appropriate to issues identified.	Project Team	Throughout Project	Weekly review by project team. Feedback from project entities.	Project meets proposed objectives and timelines. Issues identified and addressed with minimal impact.

	Action	Responsibility	Timing	Review Processes	Performance Indicators
Finalisation of Product	**G7.** Draft Final Project Report including both a detailed report and summary report for public circulation. Ensure reports have 'plain English' descriptive with technical detail as appropriate.	Project Team	July 2013	Review by Modelling Group and Executive Group	Endorsed by Executive group in late 2013.
	G8. Liaise with the Commonwealth Department of Health & Ageing in relation to publishing details and format, ensuring a standardised logo is used (e.g. NMHS logo and/or project branding) and acknowledgement of NSW/Qld project with Commonwealth funding on initial inside page.	Project Director Commonwealth liaison officer	August 2013	Nil	Publishing details determined and representative of the project's key contributors.
	G9. Facilitate finalisation of product and project as informed by the Executive Group, including (but not limited to): • Publication in journals • Public launch and media release • Marketing/ Publishing plan or other product promotion	Executive Group Project Team	September 2013	Nil	Endorsed by Health Ministers Accessible by all stakeholder groups. Launch or other media opportunity.

10.2 Action Plan for Primary Stakeholders (Table 4)

	Action	Responsibility	Timing	Review Processes	Performance Indicators
Orientation & Induction	**P1.** Utilising the materials developed at Action G1, develop briefing packages appropriate to different primary stakeholders including: • Executive Group/Modelling Group/Expert Working Group participants; • Consumers and Carers; • Community support services (NGO's)/private mental health services/mental health peak bodies; • COAG, Health Ministers and Commonwealth Departments of Health & Ageing and Prime Minister and Cabinet.	Project Team	December 2011		Briefing packages developed and circulated to stakeholder groups.
	P2. Facilitate introductory workshops to outline project, product, proposed outcomes and stakeholder contribution. Note requirement for technical and 'plain English' versions of information appropriate to audience. Separate workshops to be conducted for the following groups: • Project Team; • Executive Group & Chairs/Deputy Chairs of Modelling Groups and Expert Working Groups. • Modelling Group/Expert Working Group participants; • Consumers and Carers; and • Community support services (NGO's)/private mental health services/mental health peak bodies.	Executive Group Chair/Dpty Chair Project Team	February 2012		Workshops conducted and stakeholders aware of project.
	P3. Develop communication protocols for and between project entities that outline the processes of across the project structure and the authorities/responsibilities attached to each entity.	Project Team	September 2011	Review by Executive Group as needed.	Communication protocols endorsed by the Executive Group.
	P4. Define the role of Health Ministers, AHMAC and its subcommittees and establish protocols to meet requirements.	Executive Group Project Team	September 2011	Review by Executive Group as needed.	Endorsed by the Executive Group.
	P5. Establish project wiki site and upload all relevant documents for use by project entities as per communication protocols.	Project Team	September 2011	Nil	Project wiki site established and members accessing documentation.
Consultation Process	**P6.** In consultation with jurisdictions, identify Modelling Group and EWG members relevant to a preferred skill set. Where possible, strive for a broad range of jurisdictional membership, noting that the priority is achieving a diversity of expertise.	Executive Group Chairs/Deputy Chairs of Modelling Group and Expert Working Groups.	February 2012	Membership reviews as required by each entity and as per the relevant business rules.	Diversity of relevant expertise represented on each group in the project structure.
	P7. Engage expertise as required by Modelling group, EWGs or as directed by the Executive Group. Note that some targeted consultative activity may be performed by members as directed by the relevant Chair/Deputy Chair.	All project entities including members	As required	Nil	Framework development is based on expertise and evidence based research.

	Action	Responsibility	Timing	Review Processes	Performance Indicators
	P8. Engage jurisdictions in scoping service elements to inform the framework's development. This action will require the development of a standardised survey tool, liaising with appropriate jurisdictional contacts with planning expertise and working with them to match criteria to baseline model and identify additions required.	Project team Jurisdictions	December 2011	Nil	Standardised survey tool developed Framework descriptive mapped against each jurisdiction with additional elements identified.
	P9. Consider the scope of consultation for special needs groups (eg ATSI, CALD, rural/remote, homeless) and develop strategies to support engagement policy and explanatory notes for stakeholders as appropriate.	Executive Group	September 2011	As required	Project scope confirmed. Stakeholder queries/concerns addressed.
	P10. Establish links with related processes that could inform the NMHSPF project or vice versa. This includes, but is not limited to: • Commonwealth Primary Care process; • Relevant jurisdictional planning activity; and • Relevant workforce planning activity.	Modelling Group Project Team Commonwealth MHWAC	As required	As a consideration during review of project status.	Framework development is based on expertise and evidence based research. Framework is developed in alignment with other relevant jurisdictional and national processes.
	P11. Maintain and update project wiki site for internal project communications for use by project members.	Project Team	As required	As required	Project members have timely access to all relevant information.
	P12. Facilitate two targeted stakeholder workshops to inform the development and finalisation of Version 1.The initial workshop may also act as the introductory workshop identified at Action P2 as appropriate. Separate workshops should be conducted for the different stakeholder groups including: • Executive Group & Chairs/Dpty Chairs of Modelling Groups and Expert Working Groups; • Modelling Group/Expert Working Group participants; • Consumers and Carers; and • Community support services (NGO's)/private mental health services/mental health peak bodies.	Project Team Chair/Deputy Chair of Modelling Group.	September 2012 March 2013	As required	Final product tested with stakeholder groups.
Keeping People Up to Date	**P13.** Circulate bi-annual communiqué developed at Action G1 to project members and Mental Health Standing Committee for circulation to their constituents.	Project Team	March 2012 October 2012 March 2013 October 2013.	Review by Executive Group biannually.	Primary stakeholder groups aware of project progress.
	P14. Maintain communication protocols developed at Action P3 including: • Prepare Ministerial briefings/updates; • Maintaining project wiki site; and • Monitoring project status and stakeholder attitude.	All Project members.	Throughout project	As described in communication protocol	
	P15. Develop progress reports as per contractual requirements with the Commonwealth.	Project Team Executive Group	As per contract	Project status reviews	Contractual terms met.
	P16. Commonwealth to report to Health Ministers, AHMAC and its	Commonwealth	As appropriate	Nil	Health Minsters, AHMAC and subcommittees are aware of project

	Action	Responsibility	Timing	Review Processes	Performance Indicators
	subcommittees.				status.
Finalisation of Product	**P17.** Executive Group to provide final report to Commonwealth and facilitate endorsement of the final draft through MHSC, HPPPC, HWPC, AHMAC and finally by Health Ministers.	Executive Group Commonwealth	July 2013	Nil	Final report endorsed by Health Ministers.
	P18. Develop a generic implementation guide for all jurisdictional stakeholders to support jurisdictions in modifying the framework for local use.	Project Team Modelling Group	September 2013	Stage 3 as appropriate (beyond scope of this project)	Jurisdictions utilise the framework to inform planning.
	P19 Consider/establish mechanisms to support stages 3 & 4 of NMHSPF development and communicate same to stakeholders.	Executive Group Project Team	September 2013	Nil	Way forward identified and responsibility allocated to support further development.
	P20. Preparation of Ministerial documents to support launch and/or other media activity.	Commonwealth Project Team	September 2013	Nil	Launch event and media alerted.

10.3 Action Plan for Secondary Stakeholders (Table 5)

	Action	Responsibility	Timing	Review Processes	Performance Indicators
Orientation & Induction	**S1**. Utilising the materials developed at Action G1, develop briefing packages and circulate to all secondary stakeholders including an invitation to identify any issues of importance to their sector that they consider relevant to the project. Consider circulation to the Fourth Plan CSWG or equivalent cross sectoral mechanism, professional bodies and the Commonwealth.	Project Team	December 2011		Briefing packages developed and circulated to stakeholder groups. The Framework is informed by cross sectoral expertise.
Consultation Process	**S2.** Circulate the final draft Version 1 to secondary stakeholders identified in Action S1 with time limited opportunity for feedback.	Modelling Group	March 2013	Consider feedback from stakeholders	The Framework is informed by cross sectoral expertise. Project awareness beyond the mental health sector.
	S3. Conduct targeted consultation with secondary stakeholders as required to support the objectives of the project. Noting that this stakeholder group is likely to have only focus relevance to the project, this consultative activity is likely to be performed by project members at the instruction of their relevant Chair or Deputy Chair.	Modelling Group Expert Working Groups	As required		Framework development is based on expertise and evidence based research outside of the mental health sector.
Keeping People Up to Date	**S4.** Circulate bi-annual communiqué developed at Action G1 to secondary stakeholders identified at Action S1 for circulation to their constituents.	Project Team	March 2012 October 2012 March 2013 October 2013.	Review by Executive Group biannually.	Secondary stakeholder groups aware of project progress.
Finalisation of Product	**S5.** Using materials developed at Action G6, circulate notification of final product, summary report, and advice on access points for full report/product and any marketing campaign details.	Project Team	After final endorsement by Health Ministers		Secondary stakeholders have access to final product.

10.4 Action Plan for Tertiary Stakeholders (Table 6)

	Action	Responsibility	Timing	Review Processes	Performance Indicators
Orientation & Induction	**T1.** Identify tertiary stakeholders and circulate introductory communiqué developed at Action G1 with advice on accessing further information.	Project Team	December 2011	Nil	Introductory Communiqué circulated.
	T2. Upload introductory communiqué and selected briefing material (appropriate for public access) as developed at Action G1 onto the NMHSPF Project webpage established at Action G2.	Project Team Commonwealth	December 2011	Nil	Introductory project material uploaded onto NMHSPF Project webpage.
Consultation Process	**T3.** Conduct targeted consultation as required by Expert Working Groups and Modelling Group to meet project objectives. Noting that this stakeholder group is likely to have only focus relevance to the project, this consultative activity is likely to be performed by project members at the instruction of their relevant Chair or Deputy Chair.	Modelling Group Expert Working Groups	As required	As required	
Keeping People Up to Date	**T4.** Circulate bi-annual communiqué developed at Action G1 to secondary stakeholders identified at Action S1 for circulation to their constituents and upload to NMHSPF page of MHSC website.	Project Team	March 2012 October 2012 March 2013 October 2013.	Review by Executive Group biannually.	Tertiary stakeholders aware of project progress.
Finalisation of Product	**T5.** Circulate summary report developed at Action G7 electronically identified stakeholders and upload all other materials appropriate for public access on the NMHSPF page of the MHSC website.	Project Team	After final endorsement by Health Ministers	Nil	Final reports made available in a public environment.
	T6. Promote project and generate interest in international and other research communities.	Executive Group Modelling Team Project Team	After final endorsement by Health Ministers	Nil	Project is published in international publications.

Appendix 1 – Generic Project Branding Artwork

Project logos

National MHSPF Mental Health Service Planning Framework

National MHSPF Mental Health Service Planning Framework

Footer Artwork

Population based planning for
Mental Health service development

national mental health strategy

Watermark Artwork

Additional artwork for published documents will be considered later in the Project subject to focus group feedback.

Appendix L: Deed of Confidentiality and Conflict of Interest Form

National MHSPF Mental Health Service Planning Framework

UNDERTAKING IN RELATION TO CONFIDENTIAL INFORMATION AND CONFLICT OF INTEREST

THIS AGREEMENT is made the …… day of ……. ……2012

by…..……**[insert name of Confidant] "Confidant"**

of ……..……**[insert address of Confidant]**

RECITALS:

1. On 20 June 2011 the Commonwealth Department of Health and Ageing contracted the NSW Ministry of Health ("**NSW**") to establish and lead the National Mental Health Service Planning Framework Project (the "**Project**").
2. The Project includes an Executive Group, Project Team, Modelling Group and three Expert Working Groups, and other subgroups established to meet a specific objective.
3. Government employees engaged as members of any structure within the Project are subject to the codes of conduct, established within the respective jurisdctions, which address conduct in relation to confidentiality of information and conflict of interest.
4. This Agreement applies to individuals who are not government employees who are engaged as a member of any structure within the Project.
5. NSW has appointed the Confidant as a member of the Project.
6. NSW requires the Confidant to undertake to preserve and maintain the confidentiality of information to which the Confidant will have access by virtue of his/her position in the Project.
7. NSW requires the Confidant to undertake certain actions in relation to any actual or potential conflict of interest.

IT IS AGREED AS FOLLOWS:

1. Interpretation

"**Approved Person**" means a person:

(a) who has been appointed by NSW to be a member of the Project;

(b) who is an Executive of the organisation, department, agency, ministerial council, committee or other body the Confidant represents.

"**Confidential Information**" means any material made available to the Confidant during the Project that:

(a) is notified (whether in writing or not) by NSW to the Confidant as confidential;

(b) the Confidant knows or ought to know is confidential; or

(c) is personal information, about a natural person whose identity is apparent, or can reasonably be ascertained.

but does not include information which:

(d) is public knowledge;
(e) has been independently developed or acquired by the Confidant; or
(f) has been notified in writing by NSW to the Confidant as being not confidential.

"**Conflict of interest**" includes any situation where a Confidant or the Confidant's partner, family member, or close family friend has a direct financial or other interest which influences or may appear to influence proper consideration or decision making by the Project on a matter or proposed matter, that the Confidant will be required to declare that interest and will then take no further part in the consideration of that matter.

2. Undertaking

2.1 The Confidant agrees that he/she shall keep secret and confidential all Confidential Information and that he/she will not directly or indirectly disclose to any person, other than an Approved Person, any Confidential Information without prior approval by NSW.

2.2 The Confidant agrees not to make any other use of information contained in the Confidential Information except as it relates to fulfilling their role as a member of the Project.

2.3 The Confidant acknowledges that the undertakings given in relation to the Confidential Information shall continue after the Confidant ceases to perform his/her duites as a member of the project.

2.4 The Confidant agrees to return all Confidential Information, including any copies held in the Confidant's possession, to NSW on ceasing to perform his/her duties as a member of the Project.

2.5 The Confidant warrants that to the best of his or her knowledge, no conflict of interest exists, or is likely to arise in the performance of his/her duties as a member of the Project.

2.6 If, during the period of the membership on the Project, a conflict of interest does arise, or appears likely to arise, the Confidant undertakes to notify NSW immediately in writing and to take such steps as NSW may reasonably require to resolve or to otherwise deal with the conflict.

SIGNED by

…… ……
(Printed Name of Confidant) *(Signature)*

in the presence of:

…… ……
(Printed Name of Witness) *(Signature)*