

## **TERMS OF REFERENCE VICTORIAN MENTAL HEALTH REFORM COUNCIL**

### **Purpose**

To provide high level oversight of and guidance on implementation of mental health reform in Victoria, and effectively engage the range of sectors required to achieve the aims of the reform strategy.

### **Key Tasks**

Operating within the parameters of *Because Mental Health Matters: Victorian Mental Health Reform Strategy 2009-2019 (the Strategy)*, the Victorian Mental Health Council (the Council) will:

- Advise on short and longer term priorities within the Strategy, and any necessary shifts of focus as implementation progresses;
- Oversee the development of outcome indicators, monitoring and reporting processes for mental health reform;
- Identify opportunities for new or enhanced partnership within and between sectors, and clarify roles and responsibilities where necessary;
- Advise on key capacity building requirements to enable reform;
- Make linkages with other key advisory and decision making bodies relevant to Strategy objectives;
- Oversee and assist in communication of and advocacy for key reform messages and activities;
- Report regularly to the Minister for Mental Health on issues in progressing implementation of the Strategy.

### **Reporting lines and outputs**

The Council is a non-statutory body established by the Minister for Mental Health. The Council reports through the Minister for Mental Health to the Victorian state government and the community. An annual reform activity report, three-year progress report and five-year outcomes report will be produced.

### **Membership**

The Council will consist of 17 members, inclusive of the Chair, with 14 external members, and 3 members in government roles.

Membership will consist of selected individuals who are seen as senior leaders (but not necessarily in current executive or governance roles) across a range of sectors relevant to mental health care and outcomes. Members are not expected to formally represent delivery agencies or peak bodies. They will be selected on the basis of their experience and ability to contribute to change management and to take a broad system perspective.

As the Council will not make funding allocation decisions, conflicts of interest are not expected to be an issue. However, members will be expected to declare their interests (and those of any organisation in which they hold a formal position) on certain issues.

Government members will participate fully in Council discussion but will not be expected to make definitive comment on issues that may require direction from Ministers or Departmental heads.

The Council is time limited for 5 years and it is expected that the Chair and members will serve either a 3-year or a 2-year term, with the option for reappointment.

### **Relationship to other Bodies**

The Ministerial Advisory Committee on Mental Health (the MAC) will continue to function independently of the Council and have a focus on provision of expert advice on selected specific aspects of mental health treatment and care. The Council will have access to products of the MAC as agreed by the Minister.

The Council will bring together State government and non-government stakeholders. As such, the Council will have a clear way of linking with government structures such as the Interdepartmental Committee on Mental Health.

The Council will broadly cover issues of mental health reform and will be informed and complemented by Partnership Groups dealing with more specific issues. Partnership Groups will be established as purpose specific groups or built on existing bodies, bringing together government and external stakeholders.

### **Remuneration**

In accordance with the Department of Premier and Cabinet (DPC) *Guidelines for the Appointment and Remuneration of Part-time Non-executive Directors of State Government Boards and Members of Statutory Bodies and Advisory Committees*, the Council falls under a Group C – Band 2 remuneration structure, whereby the Chair receives a sessional rate of \$335 per session and members receive \$260 per session.

Chair and Council members are also eligible to be reimbursed for reasonable out of pocket expenses such as travelling, accommodation, meals and other incidental expenses associated with attendance at meetings. Other expenses, including remuneration for subcommittee and out of session work, will be subject to negotiation and approval from the Executive Director, Mental Health and Drugs Division, or their authorised delegate.

### **Terms of appointment**

The Council will meet approximately 4 times per year in addition to out of session and subcommittee work, as required.

It is expected that the Chair and members of the Council attended no less than 75% of meetings per year.