

Statement of Priorities

2022-23 Agreement between the Minister for Mental Health and the Victorian Collaborative Centre for Mental Health and Wellbeing (the Collaborative Centre)

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Background

Statements of Priorities are key accountability agreements between Government and Victorian publicly funded health, mental health and ambulance services.

The content and process for preparation and agreement of the annual Statement of Priorities is consistent with section 30 of the *Victorian Collaborative Centre for Mental Health and Wellbeing Act 2021* (the Act).

A Statement of Priorities consists of four main parts:

- Part A provides an overview of mission, objectives, principles and functions the Collaborative Centre service will achieve in the year ahead
- Part B lists the performance priorities and agreed targets and indicators
- Part C lists funding and any associated activity
- Part D forms the service agreement between the Collaborative Centre and the state of Victoria.

Victorian Collaborative Centre for Mental Health and Wellbeing Act 2021

30 Statement of priorities

- (1) The Board, in consultation with the Secretary, must prepare a statement of priorities for the Centre for each financial year.
- (2) The Board must give a copy of the statement of priorities to the Minister for approval on or before 1 October in each year.
- (3) If the Board and the Minister do not agree on a statement of priorities on or before 1 October, the Minister may make a statement of priorities for the financial year.
- (4) A statement of priorities must specify—
 - (a) the services to be provided by the Centre and the funds to be provided to the Centre; and
 - (b) the objectives, priorities and key performance outcomes to be met by the Centre; and
 - (c) the performance indicators, targets or other measures against which the Centre's performance is to be assessed and monitored; and
 - (d) how and when the Centre must report to the Minister and the Secretary on its performance in relation to the specified objectives, priorities and key performance outcomes; and
 - (e) such other matters as are—
 - (i) agreed by the Minister and the Board; or
 - (ii) determined by the Minister.
- (5) A statement of priorities may be amended at any time if the Board and the Minister agree.
- (6) If the Board and the Minister fail to agree to a proposed amendment of a statement of priorities within 28 days after the amendment is proposed, the Minister may—
 - (a) amend the statement of priorities; or
 - (b) refuse to the amend the statement of priorities.
- (7) The Minister may publish the statement of priorities on the Department's website.

Section 30 of the *Victorian Collaborative Centre for Mental Health and Wellbeing Act 2021* is similar

in intent to sections 40G, 65ZFA, and 65ZFB of the *Health Services Act 1988* which outline the requirements for statement of priorities as they apply to public hospitals and health services.

During the first year of the Collaborative Centre's establishment, the responsibility for performance monitoring of the Collaborative Centre will sit with Mental Health and Wellbeing Division within the Department of Health.

High standards of governance, transparency and accountability are essential. In this context, the Victorian Government commits to publish Statements of Priorities in November each year and present data on the performance of the Collaborative Centre in the public domain.

Part A: Strategic overview

Mission

The *Royal Commission into Victoria's Mental Health System* (the Royal Commission) outlined a vision for a modern and sustainable system that adapts and responds to Victorians' needs into the future.

An adaptive system is one that can identify and test new ideas, gather evidence about what works, and translate this into effective treatment, care and support. It uses evidence about what works to continually improve professional practice, service design and system policy.

The Collaborative Centre will boost the foundations for an adaptive mental health and wellbeing system and meet a gap in translational research into treatment, care and support for adults and older adults. To do this, it must model exemplary practice for partnership, leadership, and participation with people with lived and living experiences and their families, carers and supporters.

The inaugural board of the Collaborative Centre will develop a Mission Statement for the Centre in the 2022-23 financial year.

Objectives

The Collaborative Centre seeks to improve outcomes for and with people who use the mental health and wellbeing system in Victoria.

It aims to do this through:

- leading exemplary practice for the full and effective participation and inclusion of people with lived experience (consumers and families, carers and supporters) across the mental health and wellbeing system
- driving excellence in interdisciplinary translational research
- cultivating, coordinating, and disseminating evidence of proven and effective treatment, care and support
- contributing to the development of a highly skilled and diverse multi-disciplinary workforce and promoting new cultures of collaboration, inquiry, innovation and learning
- driving system-wide change to create an adaptive mental health and wellbeing system

- supporting government with better system design, redesign and integration to improve service delivery, policy and law making.

Principles

The board, executives and staff of the Collaborative Centre will adhere to the following principles under Section 4 of the Collaborative Centre Act are as follows:

- mental health and wellbeing is shaped by the social, cultural, economic and physical environments in which people live and is a shared responsibility of society;
- the inherent dignity of people living with mental illness or psychological distress is to be respected and the necessary holistic support required to ensure their full and effective participation in society is to be provided;
- the family members and carers of people living with mental illness or psychological distress are to have their contributions recognised and supported;
- comprehensive mental health and wellbeing treatment, care and support services are to be provided on an equitable basis to those who need them and as close as possible to their communities;
- collaboration and communication is to occur between services within and beyond the mental health and wellbeing system and at all levels of government;
- responsive, high-quality mental health and wellbeing services attract a skilled and diverse workforce;
- people living with mental illness or psychological distress, their family members, carers, and local communities, are central to the planning and delivery of mental health treatment, care and support services;
- mental health and wellbeing services are to be informed by continuing research, evaluation, and innovation, to respond to community needs now and into the future.

The board, executives and staff of the Collaborative Centre will have regard to these principles, and principles within all applicable legislation, throughout the establishment and early operations of the centre.

Functions

The functions of the Collaborative Centre are as follows:

- leading exemplary practice for the full and effective participation and inclusion of people with lived experience across the mental health system
- developing and implementing an interdisciplinary translational research strategy that address priority needs in Victoria's mental health and wellbeing system
- conducting research into new treatments and models of care and support
- supporting a formal network of academic service leaders to share and apply research in service settings
- collating and disseminating research findings, advice and guidance, including through creating a 'what works' clearing house
- leading whole of workforce capability development and training that is evidence-informed
- coordinating and strengthening statewide services, including overseeing a new statewide trauma service
- delivering adult and older adult mental health care, treatment and support to a local population

- reporting to the Minister and Secretary as required
- additional programs of work as required.

Intended outcomes

Establishment priorities will focus on activities and outputs in 2022-23 in line with the objectives listed above.

Recommendation 1 from the Royal Commission specified the development of a new outcomes framework to drive collective responsibility and accountability for mental health and wellbeing outcomes and improve the outcomes and experiences of consumers, families, carers and supporters. The new framework is currently being designed in partnership with lived and living experience and other stakeholders from across the system for release at the end of 2022.

From 2023-24 onwards, monitoring under the Collaborative Centre’s annual Statement of Priorities will align with the new outcomes framework.

The Collaborative Centre will work at implementing an outcomes and evaluation monitoring approach throughout its first year of operation (see priority 3.5, below).

Part B: Performance priorities

In 2022-23 the performance priorities will focus on establishment activities and key outputs.

This list of performance priorities should be considered in conjunction with the requirements laid out in the Act.

The Collaborative Centre Board comprises diverse expertise and experience relevant to the functions of the Centre, including at least four members who identify as experiencing, or having experienced, mental illness or psychological distress and as caring for or supporting a person with mental illness or psychological distress. In performing its functions and priorities below, careful and purposeful regard must ensure these perspectives are embedded in all performance priorities below. This should include drawing on the perspectives of board members who bring a lived experience as well as engaging more broadly with people with diverse lived experiences.

Performance priorities are divided into three categories:

- operational establishment
- commencement of the Collaborative Centre’s functions
- budget, finance, reporting and outcomes.

1. Operational establishment

	Priority	Performance indicator
1.1	Appoint co-directors of the Centre: one of whom is a person who— (i) has worked, or is working, in academia in the field of mental health; and	The board has appointed two co-directors in line with the Act. The board has developed guidelines for the performance of the co-directors in line

	<p>(ii) has worked, or is working, in clinical practice as a practitioner;</p> <p>And one is a person who—</p> <p>(i) identifies as experiencing, or as having experienced, mental illness or psychological distress; and</p> <p>(ii) has demonstrated the ability to apply their experience with mental illness or psychological distress to improve systems that deliver health or human services or to develop policy.</p>	<p>with Section 21 of the Act and aligned to the functions and powers of the directors, as outlined in Section 25 of the Act.</p>
1.2	<p>Implement an interim staffing structure to support establishment priorities, with a range of expertise including strong representation and leadership of people with lived experience and families, carers and supporters.</p>	<p>The board has approved and overseen implementation of an interim staffing structure that will meet priority actions and that includes designated lived experience roles embedded across all levels of the organisation.</p>
1.3	<p>Establish and formalise collaborative partnerships, involving (at minimum) one designated mental health provider and one academic institution, to deliver a best practice adult and older adult consortium.</p>	<p>Partnership selection has been undertaken in line with the government policies. Agreements with at least two partners have been entered into in line with the Act, with approval by the Minister for Mental Health.</p>
1.4	<p>Develop and implement a communications, media strategy and a stakeholder engagement strategy including branding and digital presence, developed in partnership with people with lived experience (consumers and family/carers).</p>	<p>A communications and media strategy has been completed and approved by the board.</p> <p>A stakeholder engagement strategy, including key stakeholder mapping, has been completed and approved by the board</p> <p>The Collaborative Centre has a recognisable brand and digital presence.</p>
1.5	<p>Establish board subcommittees/ advisory committees, as necessary, to assist in performance of key functions.</p>	<p>As a minimum an Audit and Risk Committee has been established and is operational.</p>
1.6	<p>Establish board advisory committees as required, considering membership from: people with lived experience (including consumers, family, carers and supporters), Aboriginal and/or Torres Strait Islander social and emotional wellbeing providers,</p>	<p>Board advisory committee(s) have been formally established and convened.</p>

	mental health clinicians, community mental health providers, alcohol and other drug service providers, and academic disciplines (including but not limited to psychiatry, psychology, social work, mental health nursing, carer and consumer academics, and occupational therapy).	
1.7	Reach agreement with the Health Infrastructure Division, Department of Health on an appropriate short-term site. Reached agreement with the Health Infrastructure Division, Department of Health on one or several potential long-term sites.	The Collaborative Centre can provide evidence of working with the Health Infrastructure Division, Department of Health to identify and commence operations in a temporary site proximate to health service partner (once appointed). The Collaborative Centre can provide evidence of working with the Health Infrastructure Division, Department of Health as required to identify long-term site options proximate to health service partner (once appointed).
1.8	Develop the Collaborative Centre's first 3-year strategic plan. This plan should be co-produced and partnering with people with lived experience as was as with families, carers or supporters.	The Strategic Plan has been submitted to the Minister for Mental Health for approval.
1.9	Work with Lived Experience leaders to develop a Lived Experience partnership approach that outlines how people with diverse lived experiences, including both consumer and family/carer/supporter perspectives, will be partners throughout all of the Collaborative Centre's performance priorities.	Work on a formal Lived Experience Framework which embeds a partnership approach has begun and is documented.

2. Commencement of the Collaborative Centre's functions

2.1	Develop and implement a workplan for the acquittal of recommendation 63 of the Royal Commission into Victoria's Mental Health System by the end of 2023, including but not limited to:	A workplan for acquittal of recommendation 63 has been developed in collaboration with the Department of Health, outlining progress against sections 2.1.1 – 2.1.4.
2.1.1	developing and publishing the Centre's first broad research strategy in line with	The workplan outlines a plan for the development of the Centre's first research strategy, including a co-design

	initial reform priorities identified by the Royal Commission;	approach and plan for the strategy to be published.
2.1.2	strengthening and supporting a formal network of academic service leaders responsible for sharing and applying research in service settings;	The workplan includes a strategy for initiating the formal network of academic service leaders.
2.1.3	Work in collaboration with existing training providers, mental health and wellbeing services, and people with lived experience, to coordinate learning and professional development activities across the whole system workforce;	<p>The workplan includes an outline of the proposed approach to evidence-informed education and training, including how impacts will be measured, planned timeframes and accountabilities, and that is informed by <i>Victoria's Mental Health and Wellbeing Workforce Strategy 2021-2024</i>.</p> <p>An agreement has been reached with the Department of Health on the implementation pathway for the Collaborative Centre's whole of workforce learning and professional development coordination function.</p> <p>The workplan identifies how the Collaborative Centre will to ensure education and training is informed by contemporary translational research.</p>
2.1.4	creating a 'clearing house' to collect, combine and share information from research, innovation and evaluations.	The workplan includes a plan for the development of the Collaborative Centre's research dissemination function, including how the 'clearing house' function will occur.
2.2	Work towards governance of the statewide trauma service in line with Royal Commission Recommendation 58.4.	Work towards an agreement with the Department of Health, the appointed consortium and the Statewide Trauma Service on an integration pathway.
2.3	Work closely with the Department of Health to establish strong collaborative relationships with statewide specialist providers.	An agreement between the Department and Collaborative Centre which identifies how the Centre can, where relevant, assist establishing and coordinating pathways and access between statewide services, Local and Area Mental Health Services. Regular updates and progress reports have been provided to the Department of Health on this work.

2.4	Onboard and integrate collaborative partnership members into planning and operations.	An approach has been developed for the inclusion of partnership members in the first year of planning and operations, including appointment to the board.
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3. Budget, finance, reporting and outcomes

3.1	Appropriately manage budgets and acquittal.	Submission of financial acquittal for FY23 (unaudited).
3.2	Undertake budget planning including providing input to support the development of business cases for further funding in partnership with the Department of Health as required.	The Collaborative Centre has provided input to business cases or budget strategies as required by the Department of Health.
3.3	Ensure that planning and development work includes partnership with diverse communities and utilising the Victorian Human Rights Charter.	<p>The Collaborative Centre can demonstrate that it has embedded the fundamentals of the Human Rights Charter is documented in planning work.</p> <p>The Collaborative Centre can demonstrate adherence to the mental health principles outlined in legislation, including cultural safety and self-determination.</p> <p>The Collaborative Centre has promoted Aboriginal and Torres Strait Islander cultural safety and self-determination in the operations of the Centre through adherence to the Aboriginal and Torres Strait Islander Cultural Safety Framework 2021, in preparation for the board to develop and implement a Cultural Safety Plan.</p> <p>The Collaborative Centre will demonstrate evidence of leadership and co-production with diverse communities including priority populations identified by the Royal Commission.</p>
3.4	Meet regularly with the Department of Health throughout the first year of operations to update on implementation progress.	The Collaborative Centre attends, at minimum, quarterly implementation progress meetings with the

		<p>Department of Health leadership to report on implementation progress against all of the above priorities.</p> <p>The Collaborative Centre Co-Directors and/or Executive Director, Establishment will also attend, at minimum, quarterly performance meetings with Department of Health.</p>
3.5	Develop an approach for monitoring and measuring the outcomes of the Collaborative Centre's work in line with the new outcomes and performance framework.	Intended outcomes of the Collaborative Centre are defined (to be reflected in 2023-24 Statement of Priorities).
3.6	In line with section 12(b) of the Act, establish a governance framework for the Centre and monitor the Centre's compliance with the framework.	The Collaborative Centre will provide regular updates on the development and compliance with the framework to the Department of Health.
3.7	<p>The board must submit an Annual Report to the Minister at the end of the financial year that includes:</p> <p>(a) a review of its activities during the financial year; and</p> <p>(b) a review of its implementation of its strategic 20 plan; and</p> <p>(c) any other information specified in writing by the Minister.</p>	Submission of an Annual Report as soon as practicable at the end of the financial year.

Part C: Activity and funding

Funding	Budget (\$ 000s)
Mental Health and Wellbeing Division	
Output funding through the 2021-22 State Budget for the establishment of the Collaborative Centre (total \$4.9 million, less \$1.3 million allocated to DH staffing and costs)	3.789 <i>(inclusive of 1.323 already allocated to mobilisation staffing)</i>
Health Infrastructure Division	
Asset funding through the 2022-23 State Budget for service and capital planning	1.100
Total funding	4.889

Accountability and funding requirements

The Victorian Collaborative Centre for Mental Health and Wellbeing will comply with:

- All laws applicable to it;
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health
- All applicable policies and guidelines issued by the Department of Health from time to time and notified to the Centre;
- Relevant standards for programs which have been adopted e.g. International Organisation for Standardisation standards and AS/NZS 4801:2001, Occupational Health and Safety Management Systems or an equivalent standard.

Part D: Signature

The Minister and the chair of the board agree that funding will be provided to the Collaborative Centre to enable the centre to meet its establishment priorities and performance requirements as outlined in this Statement of Priorities.



Colin Brooks MP
Acting Minister for Mental Health
Minister for Child Protection and Family Services
Minister for Disability, Ageing and Carers



Terry Laidler
Chair
Victorian Collaborative Centre for Mental Health and Wellbeing

Date: 26 / 09 / 2022

Date: 27/09/2022