



Governance: Urgent Mental Health Care Centre

November 2020



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Introduction

In September 2020 Neami National in partnership with RI International successfully tendered to establish and operate the new Urgent Mental Health Care Centre (UMHCC) in Adelaide, South Australia. There is currently a staged approach to the development and implementation of the UMHCC. Stage one (Sept-Nov) focused on co-design and consultation with consumer's, carers, clinicians and other associated stakeholders.

These sessions built on the work of SA Health, in consultation with SA Lived Experience Leadership & Advocacy Network (LELAN) and The Australian Centre for Social Innovation (TACSI) who co-designed the UMHCC philosophy of care prior to the Expression of Interest process run by SA Health. The philosophy of care (shown on the right) acts as guiding principles for the UMHCC by providing a reference point for decisions and underpinned the co-design process.

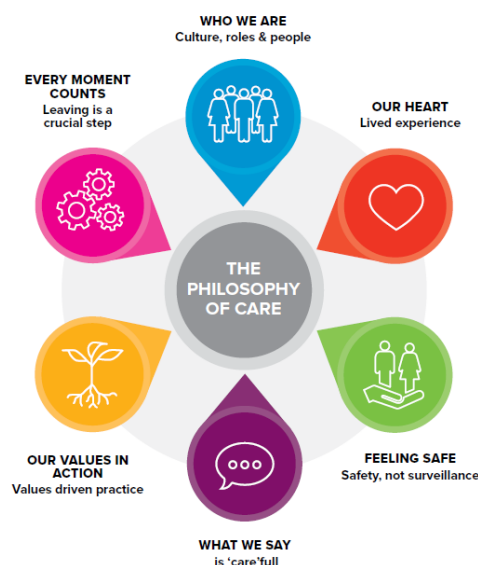


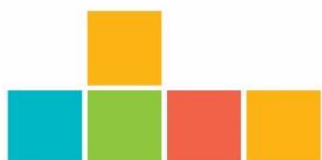
Figure 1: UMHCC Philosophy of Care

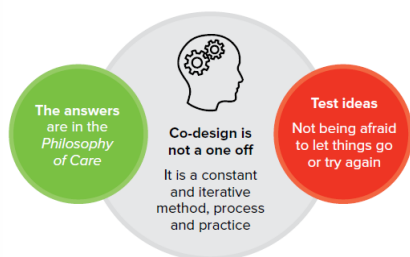
UMHCC Co-design

The UMHCC co-design phase required engagement of a diverse group of stakeholders, consumers and carers locally, interstate and internationally. To facilitate the process to ensure the right stakeholders were involved in the right elements of co-design, Neami designed a course of 18 co-design meetings over a period of six weeks.

Details of the co-design phase included:

- Online via the meeting platform Zoom to support maximum participation. For individuals where this presented a challenge, support/resources were provided to ensure participation.
- The co-design phase commenced with a briefing and overview of the philosophy of care, model and requirements as they stand to-date and end with a “final” overview of the outcomes of the co-design process. These sessions (kick-off and wrap-up) involved all stakeholders participating in the co-design process.
- Sessions were broken into specific focus areas to ensure the right key group of stakeholders are involved in the right elements of the modelling (not everyone will be required at every session).
- A “capped” number of participants to promote a quality co-design session relevant to the focus area, and involved a cross section of consumers, carers and other key stakeholders.
- Agency stakeholders were approached and invited to attend identified sessions
- An Expression of Interest process occurred for consumer and carer participation





Co-design is not a one-off process but is described as a constant and interactive method, process and practice. Collectively, participants needed to come into sessions with a mindset that it was okay to make changes, let things go and try again.

This document provides a summary of the two governance co-design sessions and will be used to support further development of UMHCC governance.

UMHCC Governance Co-design

As part of Neami National's tender submission to SA Health, Neami articulated an approach to governance, including a potential structure. However, an integral part of the co-design sessions was to go in with no assumptions and critically question and examine initial thinking.

Therefore, two governance co-design sessions were held focussed on unpacking on what stakeholders need and want from governance at the UMHCC. Sessions were used as an opportunity to reflect upon what was included in the tender submission, understanding needs and co-designing the best approach to governance.

Session dates:

Session 1: 2nd October 2020

Session 2: 23rd October 2020

Co-design sessions included a broad range of stakeholders including consumers, carers and agency representation. These design sessions were focused on unpacking:

- What is the need and purpose of the governance system;
- If we are running a different service, how should we be governing differently;
- How do we ensure that the governance system is empowering for all members;
- What skills, experience and diversity domains do we require to operationalise the purpose; and
- How should the overarching governance committee be chaired.

The same group of stakeholders attended both governance co-design sessions.

UMHCC Governance Co-Design – Outputs

This section provides an overview of the outputs from the governance co-design sessions.

Governance Structure

The diagram below provides a snapshot of the UMHCC governance structure. Through the co-design sessions it was determined that UMHCC governance would start simple, with two broad committees; an overarching *Governance committee* and an operationalised *Quality and Safety committee*.

The UMHCC will also link into the Neami governance structures, feeding through to the Neami Board of Directors.



Structure will continue to be reviewed and other UMHCC committees will be implemented as required. It was acknowledged that the UMHCC will need to access several pre-existing committees to add rigour to the governance system. This includes linking in with Local Health Networks, Adelaide Primary Health Network (PHN), South Australian Police (SAPOL) and South Australian Ambulance Services (SAAS). In addition, the group recognised the importance of meeting regularly with agencies one-on-one, particularly during implementation.

Lived experience expertise will be imbedded into the UMHCC committees and is discussed in further detail throughout this report.

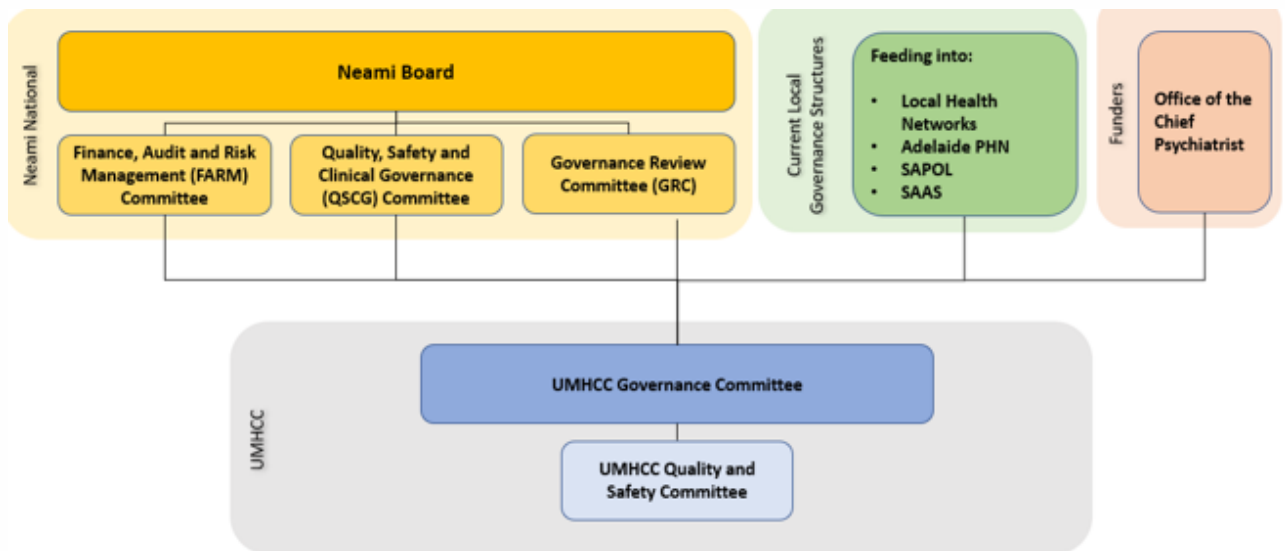


Figure 2: UMHCC Governance structure

What is the purpose of the UMHCC governance?

During the first co-design session considerable time was dedicated to understanding and clearly articulating the role and purpose of UMHCC governance. Co-design participants responded with over 40 different purpose statements. These statements were analysed, themed and grouped into four key areas; governance principles, service delivery, service system and community.

The governance principles, along with the philosophy of care guide how we should govern, and the three areas; service delivery, service system and community articulate what the committees govern. Details of what is included under each of these headings is outlined in the table below.

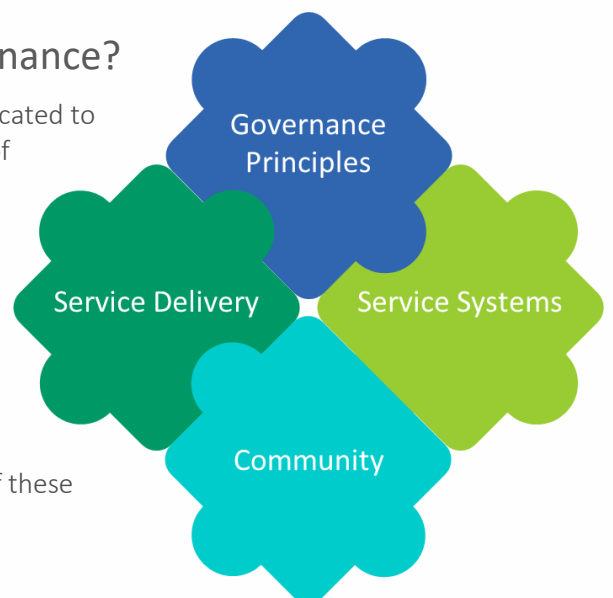


Figure 3: Role of UMHCC governance

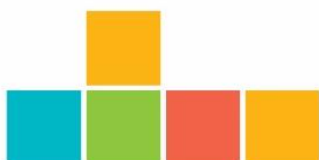


Table 1: UMHCC areas of governance

Areas of governance	
<i>Governance Principles – guiding principles to achieve good governance</i>	<ul style="list-style-type: none"> • Ensuring the service lives up to the philosophy of care (UMHCC) • Creating a lead culture, a positive and constructive culture of safety, consumer centred practice and outcomes • Integrating the voice of consumers and carers across all levels of the service • Staying abreast of best practice, adapt and respond to ensure the service continues to meet the needs of the people it serves • Striving for a structure that is equitable, inclusive and culturally responsive
<i>Service Delivery</i>	<ul style="list-style-type: none"> • Supporting service establishment • Measuring, monitoring and supporting a great consumer experience • Monitoring fidelity to the program (research and evaluation) • Discussing and implementing continuous improvement initiatives • Supporting compliance (legislation, contracts, MoU's, policies) • Reviewing critical incidents and AAR's • Benchmarking, reviewing KPI's and reporting • Monitoring and addressing risk • Reflective conversations (observations) • Monitoring and addressing risk
<i>Service Systems</i>	<ul style="list-style-type: none"> • Discussing systemic issues/concerns and developing quality improvement initiatives • Establishing and monitoring robust protocols and pathways • Supporting clear and consistent lines of communication with all service providers • Maintaining the service scope • Critically evaluating and reporting on the performance of the service • Identifying training and information gaps across the UMHCC service system • Growing partnerships between service providers/agencies • Reflective conversations (observations)
<i>Community</i>	<ul style="list-style-type: none"> • Communicating and promoting the service to the community • Advocating for the UMHCC (e.g. greater access, increased hours) • Identifying people, stakeholders, organisations from the community that need to be brought into the structure (equity, inclusion and cultural responsiveness) • Reporting updates, performance and outcomes to the community (e.g. via newsletters)



How can the UMHCC govern differently to ensure committee members feel heard, empowered and engaged?

During co-design sessions the group outlined key areas to ensure that governance is established in a way that will support committee members to feel heard, empowered and engaged.

Overarching approach

The Philosophy of Care is acknowledged as central to governance

Skilled chairperson/s that encourage broad participation from every member

Lived Experience is integrated into all elements of governance with equal voice representation

Build a committee with the right mix of skills, experience, decision making authority and diversity

Provide education, training and development opportunities for committee

Use co-design principles

Follow through on promises and proposals

Meeting structures where there is co-chairing between consumers and carers, each person is given a voice and each perspective is given time in the agenda. – *co-design participant*

Committee meetings

Provide orientation for each member

Spend time introducing committee members, what skills/experience they bring

Facilitate pre-meetings

Set agendas together and focus on more than just 'nuts & bolts' business matters

Allow members adequate time to read material ahead of meetings

Clearly articulate how the committee will communicate

Lived experience members are paid for their time

A combination of consumers, carers, peer workers around the table, with all positions given validity. Is productive in that time is given for issues to be thought about (prior to meeting reading provided). And respect is shown to all in a caring environment. – *co-design participant*



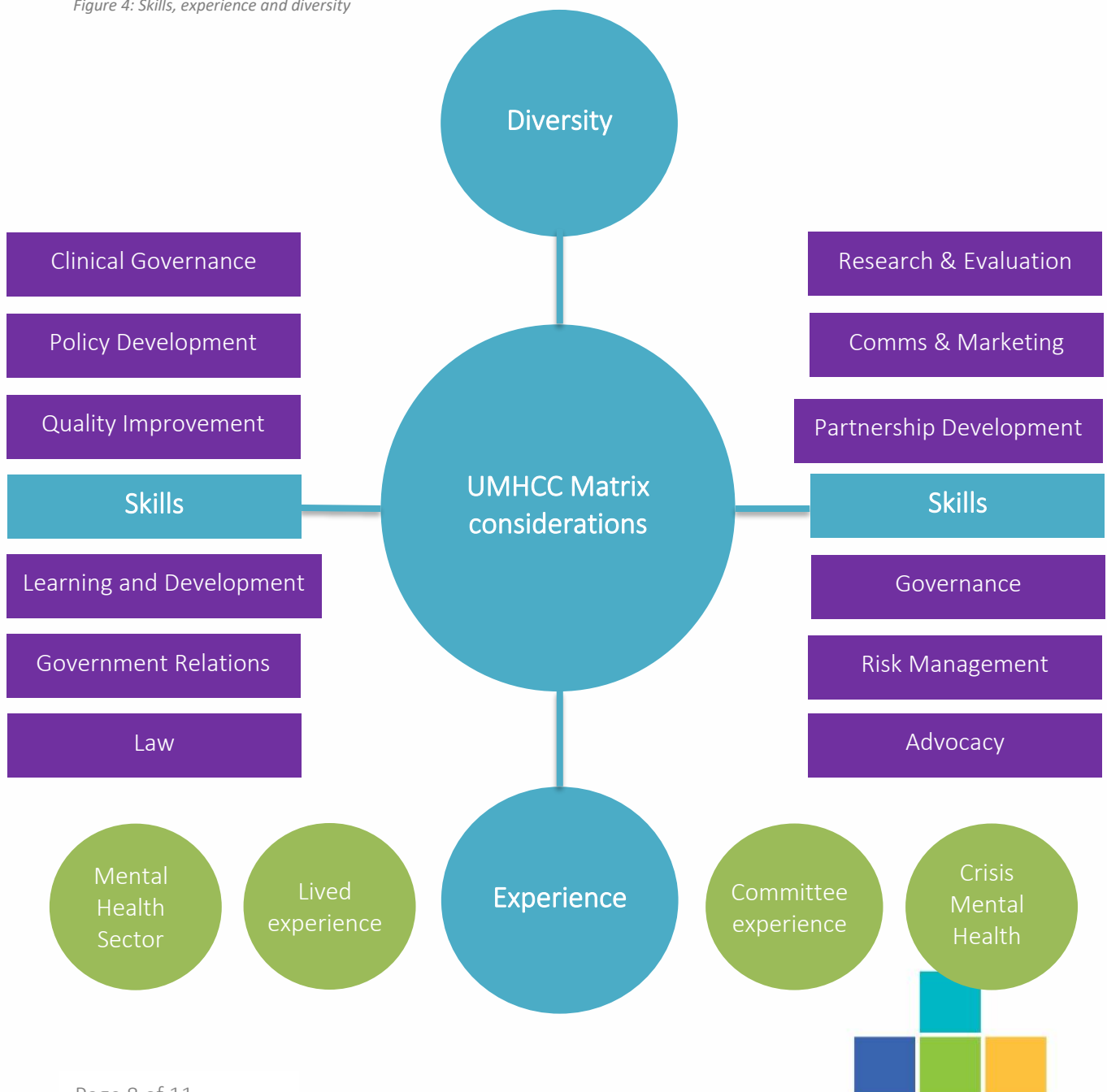
What skills, experience and diversity domains are required to operationalise the purpose?

Initially committee composition for the UMHCC was going to take a more traditional representational approach. This approach would have focussed on ensuring that the committees have representation from the key agencies and include consumer and carer representation.

In discussion with the co-design group it was acknowledged that the governance committee required more than a representational approach. The group wanted to build a committee with the right mix of skills, experience, decision making authority and diversity. Diverse committees promote an open and transparent process and sends an important message about the values of an organisation and the society it wishes to create.

As such, the co-design group considered the types of skills, expertise and experience they believe are crucial in context of the UMHCC's purpose (these considerations are outlined in the diagram below) to support the development of a skill matrix. Diversity was spoken about more broadly, and will be captured through a free text response in the matrix.

Figure 4: Skills, experience and diversity

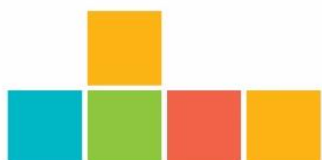


How should the overarching governance committee be chaired?

Throughout the co-design sessions the position of committee chair was identified as crucial in the success of the committee. A committee chair is a leadership position that requires specific skills and is responsible for facilitating committee meetings and reporting to other components of the UMHCC governance structure. As such the group spent considerable time discussing three different chairing options; internal chair, independent chair and co-chair.



The co-design group came to a consensus to implement a **co-chair** approach. A co-chair approach is when multiple people, in this instance two people, share the chairing responsibilities. One chair will be an internal Neami employee (external of the UMHCC program) and the other chair will be a Lived Experience position. The group indicated that a co-chair approach, if done well, most closely reflected the service model, a model where people with lived experience have an equal position.



Skills Matrix – Draft

The Urgent Mental Health Care Centre works hard to optimise the governance committee’s composition for effective leadership and governance. To this end, a matrix has been developed to ensure that the governance committee consists of the right mix of a skills, experience and diversity.

Category	Item	Committee Background and Diversity		
		Yes	Somewhat	Gap
Skills / Expertise	Advocacy			
	Clinical Governance			
	Communication and Marketing			
	Governance			
	Government Relations			
	Law			
	Learning and Development			
	Partnership Development			
	Policy Development			
	Quality Improvement			
	Research and Evaluation			
	Risk Management			
		Any other key skills/expertise relevant to crisis mental health governance	[Free text – maximum 30 words]	
Experience	Committee experience			
	Crisis mental health sector			
	Lived experience – carer			
	Lived experience – consumer			
	Mental health sector			
	Any other key experiences relevant to crisis mental health governance. e.g. Suicide prevention, alcohol and other drugs	[Free text – maximum 30 words]		
Diversity	In addition to ensuring that there is skills and experience diversity the committee would like to acknowledge the value that diverse experience bring to the committee. e.g. ethnic and cultural, gender, generational, geography and sexual orientation. Please list what diverse experiences you would bring to the committee?	[Free text – maximum 50 words]		



More Information

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