PMHA | PRIVATE MENTAL HEALTH ALLIANCE

THIRTEENTH MEETING

HELD ON

17/18 MARCH 2011

AT

ADELAIDE CLINIC
33 PARK TERRACE
GILBARTON
SOUTH AUSTRALIA

DRAFT REPORT

Glossary of common Acronyms and Terms used in this Report

AHIA	Australian Health Insurance Association
AHMAC	Australian Health Ministers Advisory Council
AMA	Australian Medical Association
APHA	Australian Private Hospitals Association
APS	Australian Psychological Society
CPoC	Consumer Perceptions of Care
DoHA	Australian Government Department of Health and Ageing
FY(s)	Financial Year(s)
HCP	Hospital Casemix Protocol
Health Insurer(s)	Private Health Insurers that pay benefits for psychiatric care
Hospital(s)	Private Hospital(s) with psychiatric beds
MHSC	Mental Health Standing Committee of the AHMAC Health Priorities Principal Committee
MHISS	Mental Health Information Strategy Sub–committee of the MHSC
Network	Private Mental Health Consumer Carer Network (Australia)
NSMHS	National Standards for Mental Health Services
PMHA	Private Mental Health Alliance
PMHA–CCMWG	PMHA Collaborative Care Models Working Group
PMHA–CDMS	PMHA Centralised Data Management Service
SQPS	Safety and Quality Partnership Sub–committee of the MHSC

1 OPENING AND WELCOME

The Independent Chair of the Private Mental Health Alliance (PMHA), Mr Philip Plummer, opened the Thirteenth (13th) Meeting of the PMHA (the Meeting) at 12:30 PM on Thursday, 17 March (Day 1). In doing so, Mr Plummer explained that this Meeting was being held over two days and after the conclusion of Day 1 would reconvene tomorrow Friday, 18 March 2011 (Day 2) at 9:00 AM. The Meeting was kindly hosted by the Adelaide Clinic, 33 Park Terrace, Gilberton, in South Australia. The following representatives were in attendance.

Chair

1.	Mr Philip Plummer	PMHA Independent Chair

Consumers and Carers

2.	Ms Janne McMahon	Consumers
3.	Mr Patrick Hardwick	Carers (Day 1)

Providers

4.	Dr Chong–Siew Yong	Australian Medical Association (AMA) (Day 1)
5.	Dr Bill Pring	AMA (Day 1)
6.	Mr Howard Pickrell	AMA (Observer Day 1)
7.	Ms Moira Munro	PMHA Deputy Chair Australian Private Hospitals Association (APHA)
8.	Ms Carol Turnbull	APHA

Payers

9.	Ms Helen Eriksson	Australian Health Insurance Association (AHIA)
10.	Ms Andrea Selleck	AHIA (Day 1)
11.	Ms Robyn Milthorpe	Australian Government Department of Health and Ageing (DoHA) Mental Health Reform Branch
12.	Mr Bradley Schulz	DoHA Mental Health Reform Branch
13.	Mr Peter Callanan	DoHA Private Health Insurance Branch (Day 2)
13.	Ms Isabel Leal	DoHA Private Health Insurance Branch (Observer Day 2)

Staff

15.	Mr Allen Morris–Yates	PMHA–CDMS Director
16.	Phillip Taylor	PMHA Director (Secretary)

1.1 Apologies

1.	Ms Kym Connolly	Department of Veterans' Affairs (DVA)
2.	Mr Peter Callanan	Day 1
3.	Ms Isabel Leal	Day 1
4.	Dr Chong–Siew Yong	Day 2
5.	Dr Bill Pring	Day 2
6.	Ms Andrea Selleck	Day 2
7.	Mr Patrick Hardwick	Day 2

1.2 Changes in Representation

The Meeting noted that Mr Bradley Schulz would be attending meetings of the PMHA as a DoHA Observer and, when necessary, as alternate for Ms Robyn Milthorpe.

Ms Janne McMahon confirmed that the National Committee of the Private Mental Health Consumer Carer Network (Australia) had confirmed Mr Patrick Hardwick as the Carer Representative for the PMHA.

2 REPORT OF THE LAST (TWELFTH) PMHA MEETING

The PMHA adopted the report of its Twelfth (12th) meeting.

Resolved (unanimous)

1. *That the Private Mental Health Alliance (PMHA) adopts the Report of the Twelfth PMHA Meeting held on 22 October 2010 in Adelaide, as a true and accurate record of proceedings.*

2. *That the PMHA directs that the Report of the Twelfth PMHA Meeting be made available on the PMHA website at: www.pmha.com.au.*

Action: PMHA Director

3 PROGRESS REPORT ON MATTERS ARISING FROM THE 12TH PMHA MEETING

The Meeting noted and updated the following Table of Progress.

#	TABLE OF PROGRESS	RESPONSIBILITY	STATUS
2	PMHA MEETING REPORTS		
	Post Report of 11th PMHA Meeting on PMHA Website	PMHA Director	Done
	Draft and circulate for comment Report of 12th PMHA Meeting held on 22 October 2010.	PMHA Director	Done
	Revise Report of 12th PMHA Meeting and prepare final.	PMHA Director	Done
	Agenda Item 13th PMHA Meeting.	PMHA Director	Done
3.1	Matters Pending		
	Circulate two Discussion Papers after gap in logic in one of the papers has been corrected.	CDMS Director	Done
	Bring information for inclusion in the SQRs for Health Insurers to March 2011 PMHA.	CDMS Director	Done
	Bring revision of reporting for Health Insurers to March PMHA.	CDMS Director	Done
4	AMA FINANCIAL STATEMENTS		
	Agenda Item 13th PMHA Meeting.	PMHA Director	Done
5	PMHA COLLABORATIVE CARE MODELS WORKING GROUP		
	Agenda Item 13th PMHA Meeting	PMHA Director	Done
6	PMHA QUALITY IMPROVEMENT PROJECT (QIP)		
	Agenda Item 13th PMHA Meeting	PMHA Director	Done

#	TABLE OF PROGRESS (continued)	RESPONSIBILITY	STATUS
7	COMMUNICATION		
	Agenda Item 13th PMHA Meeting	PMHA Director	Done
7.1	PMHA Newsletter		
	Draft and circulate 7th Edition of the Newsletter to PMHA for approval, then publish widely	PMHA Director	Done
7.2	National Standards for Mental Health Services 2010		
	Ms McMahon/Dr Pring/Ms Gee/Ms Turnbull/Ms Eriksson to attend 1 December 2010 National Forum	PMHA Representatives	Done
7.3	Australasian Mental Health Outcomes Conference		
	PMHA–CDMS Director to attend and present	Mr Morris–Yates	Done
9	PMHA–CDMS REPORT		
	Agenda Item 13th PMHA Meeting	PMHA/CDMS Directors	Done
10	AMA Agreement for Services 2011–13		
	Revise budgets in line with discussions at 12th PMHA Meeting	PMHA Director	Done
	Organise 13th PMHA Meeting to be held over one half (17 March) and one day (18 March) in 2011	PMHA	Done
	Stakeholders to consult constituencies and report back to March 2011 meeting	PMHA	Done
	Agenda Item 13th PMHA Meeting	PMHA Director	Done
11	NETWORK REPORT		
	Circulate final report of Carer Identified? Project to APHA Psychiatry Committee	Ms Munro	Done
	Agenda Item 13th PMHA Meeting	PMHA Director	Done
12	MHSC REPORT		
	Represent the PMHA at the 26 November 2011 and 11 February MHSC Meetings	PMHA Chair/Deputy Chair	Done
	Agenda Item 13th PMHA Meeting	PMHA Director	Done
13	MHSC SQPS REPORT		
	Represent the PMHA at the 19 November 2011 SQPS Meeting	Dr Pring	Done
	Agenda Item 13th PMHA Meeting	PMHA Director	Done
14	MHSC MHISS REPORT		
	Represent the PMHA at the 4/5 November 2010 MHISS Meeting	PMHA Deputy Chair	Done
	Agenda Item 13th PMHA Meeting	PMHA Director	Done
15	OTHER BUSINESS		
	Circulate APHA Presentation to PMHA	PMHA Director	Done
	Agenda Item 13th PMHA Meeting	PMHA Director	Done
16	NEXT MEETING		
	Organise 13th PMHA Meeting for 17/18 March 2011 @ The Adelaide Clinic	PMHA Director	Done
	Prepare and circulate Agenda and Papers for 13th PMHA Meeting	PMHA Director	Done

The PMHA Director, Mr Phillip Taylor, reported that all matters pending had been included under agenda items for this Meeting.

4 AMA FINANCIAL STATEMENTS

Mr Taylor reported on the AMA Statements of Income and Expenditure for the PMHA, its CDMS, and the Network, for the period 1 July 2010 to 31 December 2010, as they appear at ***Appendix A*** of this Report.

Resolved (unanimous)

That the Private Mental Health Alliance (PMHA) adopts the Statement of Income and Expenditure for the PMHA, its Centralised Data Management Service (PMHA–CDMS), and the Private Mental Health Consumer Carer Network Australia (Network), for the period 1 July 2010 to 31 December 2010, prepared by the Australian Medical Association.

5 AMA AGREEMENT FOR SERVICES 2011–13

The PMHA, its CDMS and the Network are currently supported under a funding agreement (the *AMA Agreement for Services 2009–11*) between the AMA, APHA, AHIA and beyondblue. Under this Agreement, the AMA provides infrastructure support and coordination for the activities of the PMHA, its CDMS and the Network from the offices of the Federal AMA in Canberra. This Agreement expires on 30 June 2011. The next agreement needs to be in place by 1 July 2011 to provide certainty for these activities beyond 30 June.

The Meeting considered a copy of the revised draft of the *AMA Agreement for Services 2011–13* to cover these activities for the period 1 July 2011 to 30 June 2013 (2 Financial Years), which had been circulated with the agenda and papers for this Meeting. This version now incorporates all the suggested amendments and corrections that have been received since the last meeting of the PMHA.

The AMA General Manager of Corporate Services and Chief Financial Controller, Mr Howard Pickrell, addressed the meeting and explained the major amendments that had been suggested by the AMA to Clauses 6, 7 and 20, and to the minor amendments to Schedule A of the Agreement. Amendments to Clause 6 will align the Agreement with the accrual accounting practices of the AMA and enable any costs incurred under the Agreement to be paid, if necessary, after expiration of the Agreement (see 6.3 below). The other amendments to Clause 6 are intended to make it clear as to what is actually being audited, which is a Statement of Income and Expenditure. The suggested changes to Clause 7 will ensure that the auditors can deliver what they are being asked to deliver at audit.

Ms Milthorpe indicated that because of the regular financial reporting provided by the AMA, an audit at the end of the two year period of the Agreement should be acceptable to DoHA.

An additional Sub–Clause 20.4 will ensure that if there is any extra insurance cover required as a consequence of broadening the activities of the PMHA, CDMS, or Network that additional cost will have to be met from Contributions, or by the Parties to the Agreement.

All these changes were endorsed and adopted by the Meeting and the clauses were then amended as follows.

6 MANAGEMENT OF FUNDS

6.1 The AMA must <u>maintain</u> ~~keep proper~~ accounts and records of its use of the Contributions, separately from other accounts and records of the AMA. All interest accrued on the

Contributions while they are held by the AMA must be dealt with by the AMA as if it were part of the Contributions.

6.2 The AMA will provide ~~quarterly~~ cumulative statements of income and expenditure of the Contributions for the PMHA, CDMS and Network to the PMHA Director and the PMHA prior to the face–to–face meetings of the PMHA, and the Network, as required by the PMHA Director.

6.3 The AMA must ~~not commit any part of the~~ ensure that Contributions are allocated for expenditure incurred under this agreement. ~~for expenditure that is likely to occur after the end of the agreement.~~

7 RECORDS AND PROGRESS REPORTS

7.1 The AMA must keep comprehensive written records of the conduct of PMHA activities including:

a) progress against the Deliverables and the objectives of the PMHA and the CDMS;

b) the creation of PMHA Material;

c) the creation or acquisition of Assets by the AMA; and

d) the receipt and use of the Contributions.

7.2 The AMA must ~~have~~ ensure that all financial accounts and records, maintained by the AMA in respect of the activities flowing from this Agreement (Financial Records) are prepared using the accruals basis of accounting. At the conclusion of the Agreement, or earlier termination of this Agreement, the AMA must prepare Statements of Income and Expenditure, which must be audited by a Qualified Accountant. ~~at the end of each financial year throughout the Agreement and on completion, or earlier termination of thei Agreement.~~ The terms of engagement of the Qualified Accountant by the AMA must include a requirement that the Qualified Accountant audit and provide a report on whether the Statements of Income and Expenditure:

(a) presents fairly, the activities of the Agreement; and

(b) are based on the Financial Records maintained by the Australian Medical Association Limited.

~~(a) whether the AMA has managed the Contributions and kept the Financial Records in accordance with generally accepted accounting principles in Australia, consistently applied;~~

~~(b) whether the Financial Records are complete and correct; and~~

~~(c) whether the AMA has complied with all of its obligations in respect of the Contributions under this Agreement.~~

20 INSURANCE

20.1 The AMA shall, for so long as any obligations remain in connection with this Agreement, effect and maintain insurance, which includes but is not limited to the insurances listed in Annexure 1.

20.2 The AMA shall, if so requested by the Other Parties, provide the Other Parties with a copy of any insurance policy effected in accordance with Clause 20.1 and a certificate of currency.

20.3 Insurances carried by the AMA appear at Annexure 1 of this Agreement.

20.4 Should any additional insurance cover be required as a consequence of broadening the activities of the PMHA, CDMS or Network beyond those at the commencement of this Agreement, which incurs an additional cost, will be met from Contributions, or by the parties to the Agreement.

SCHEDULE A — SERVICES AND DELIVERABLES

1.2 Administrative, Management and Other Services

1. The AMA will maintain appropriate financial control of, and provide support for, all PMHA and CDMS activities and expenditures, including the costs associated with human resource management, accounting processes, preparation for audit, and auditing. This must include:

(a) provision to PMHA Director of statements of income and expenditure for the PMHA, CDMS and Network.

(b) the attendance, when required, at meetings of the PMHA of an appropriate nominee from the AMA Financial Services Department.

2. The AMA will provide designated and secure office accommodation for the PMHA Director. ~~and CDMS Director~~.

3. The AMA will provide associated infrastructure support including IT support, and staff amenities to the PMHA Director.

The Meeting then discussed at length sub–clauses 2.6 through 2.14, which currently relate to requests from Other Parties to the AMA Agreement for Additional Services to be undertaken by the AMA. These clauses outline the steps that must be undertaken by the AMA after a Statement of Work has been issued to the AMA.

The Meeting agreed that essentially these clauses are intended to guard against additional work being undertaken that is not properly detailed, costed, funded and agreed to. They also seek to ensure that should a stakeholder wish to do something that is contrary to the views held by others, then that matter must be also openly discussed and worked through.

It was acknowledged that over the years a lot had been demanded of the AMA under the previous Agreements. Under the new Agreement, the PMHA felt it had a critical role to play in supporting the AMA by ensuring that all requests for additional work and projects are first assessed and approved by the PMHA, before any Statement of Work is issued to the AMA.

Mr Pickrell agreed to refer sub–clauses 2.6 to 2.14 to the AMA Legal Counsel, Mr Wayne Arthur, for advice on the wording of these sub–clauses particularly in relation to where and how the words “the Parties”, “the Other Parties”, or “the PMHA” should be used, given the PMHA is not a legal entity.

Ms Milthorpe requested that the AMA include under Annexure 1 the minimum level of insurances carried by the AMA.

Mr Pickrell then briefed the Meeting on the roles that are now covered under the AMA Professional Indemnity (PI) and Workers Compensation (WC) Insurances referred to in Annexure 1. They include:

- PMHA Independent Chair (PI)
- AMA representatives to the PMHA (PI)
- Network’s Independent Chair (PI)
- Network Deputy Chair (PI)
- Network State Coordinators (PI)

- PMHA Director (PI and WC)
- PMHA–CDMS Director (PI and WC)
- PMHA Senior Research Officer (PI and WC)

The other Members of the PMHA representing signatories to the Agreement will seek advice on their own insurance cover in relation to their role on the PMHA.

The Meeting then requested that the PMHA Director prepare a final draft version of the Agreement for review and endorsement out–of–session via email. That email should include a request that each Party to the Agreement indicate before the end of May whether they felt the Agreement was now at a point where it was ready for signature. If so, then the AMA would be able to coordinate the signing of the Agreement before the end of June 2011.

Resolved (unanimous)

That the Private Mental Health Alliance (PMHA) requests that thePMHA Director prepare and circulate a final draft of the AMA Agreement 2011–13 for review and endorsement out–of–session by the end of May 2011.

Action: PMHA Director

6 PMHA CDMS AND NETWORK BUDGETS FINANCIAL YEARS (FY) 2011–13

The Meeting then undertook the further development of the proposed draft budgets to support the activities of the PMHA, its CDMS and the Network under the next AMA Agreement for Services 2011–13.

6.1 PMHA Budget FY 2011–13

Mr Taylor and Mr Pickrell briefed the Meeting on the issues relevant to the PMHA budget and the difficulties involved with the PMHA Director working 0.8 FTE across PMHA, CDMS and Network related responsibilities and 0.2 FTE on AMA related activities. The Meeting noted that this had been a trial arrangement under the current Agreement, which had only been implemented to accommodate the reduction in core funding occasioned by the withdrawal of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) in 2007. The Meeting agreed this arrangement should be reviewed for the next Agreement.

6.2 PMHA–CDMS Budget FY 2011–13

Mr Allen Morris–Yates spoke to the PMHA–CDMS budget and briefed the meeting on the CDMS line items, responding to questions as they arose. Allen explained additional expenditure that would be necessary under the 2011–13 FY budgets to renew software and equipment and the rental costs associated with the PMHA's CDMS.

Mr Plummer reported on the cost analysis he had now completed between the PMHA–CDMS Director being employed by the AMA, versus working as a consultant through a contract with his company Data Systematics Pty Ltd from 1 July 2011. The Meeting noted that there would be additional costs associated with a contractual arrangement with Datasytematics of approximately $120,000. These costs were

essentially associated with the employment and training of a support person to guarantee that, if CDMS Director is not available, then the CDMS would be maintained. Under the current arrangement, the AMA is responsible for that guarantee, which is a much more cost effective arrangement for the CDMS stakeholders.

6.3 Network Budget 2011–13

Ms McMahon briefed the meeting on the Network budget and the rationale for the additional expenditure requested, which is largely associated with increases in staffing expenditure and succession planning.

The Meeting noted that RANZCP has confirmed a donation toward the Network for Financial Years 2011–13. Mr Taylor reported that beyondblue had also confirmed its contribution toward the Network for FY 2011–13.

Ms McMahon responded to several questions and spoke about what would be required for the Network to become an incorporated body. The Meeting noted that at the time of the original negotiations of the current AMA Agreement stakeholders had agreed that the Network should remain under the auspice of the AMA rather than incorporate.

The Meeting then discussed the evolving role and growth of the Network and its engagement with both its membership base and its core funders. Core funders indicated that they had now reached the limit of their capacity to fund the ongoing growth of the Network.

6.4 Way forward

At the request of the Chair, Mr Taylor, Mr Morris–Yates, Ms McMahon and Mr Hardwick, left the Meeting to enable the representatives of core funders to have a frank and open discussion in relation to the PMHA, its CDMS and the Network budgets going forward. After that "in committee" discussion, Mr Taylor, Mr Morris–Yates, Ms McMahon and Mr Hardwick, returned to the Meeting.

The Meeting advised that the representatives of the core funders of the PMHA, CDMS and Network had requested that the following now be undertaken in relation to each of these enterprises for FY 2011–13.

- The PMHA Director should be returned to a full–time role under the PMHA Budget working on PMHA, CDMS and Network related activities, and the additional responsibilities associated with the PMHA Quality Improvement Project and it's Steering Committee.

- Remove the 0.2 FTE component of the CDMS Director's salary from the PMHA budget and add it to the 0.8 FTE salary component under the CDMS budget, so that the CDMS Director resumes a full–time role under the CDMS budget.

- In the PMHA budget, remove the sitting fee component from the consumer representative line item, as that role is undertaken within the context of the allowance paid to the Network Chair under the Network Budget. The Network

Chair to consider fully funding attendance at PMHA Meetings from the Network Budget and advise the PMHA Director what is feasible in revising the PMHA budget.

- In the PMHA, CDMS and Network budgets for FY 2011–13, salaries and allowances are to be increased by 4% on FY 2011–12. All other general ongoing Line Items are to be increased by 3% on FY 2011–12, with the exception of some certain identified infrastructure expenditure in the PMHA budget (computer and software) and for some identified infrastructure (equipment and software) and recurrent (rental and communication) expenditure for the CDMS.

- Non–salary components of the Network budget for FY 2011–13 can be adjusted within the various Line Items to better accommodate activity.

- Any donations secured from other sources can be appropriated for whatever purpose in the Network budget for FY 2011–13, subject to the strict understanding that the Network budget will have to revert back to the original estimates, if the donation cannot be secured in any subsequent years.

- Core stakeholder contributions to the Network budget are to be increased by 3% on the contributions for FY 2011–12, with any donations clearly presented as distinct from those core contributions.

- The Chair of the PMHA will meet with the Chair of the Network to develop a plan of governance for the Network.

- The Commonwealth will not be able to confirm its contributions to the PMHA, its CDMS, or the Network, until after the May 2011 Federal Budget.

Resolved (unanimous)

1. *That the Private Mental Health Alliance (PMHA) requests that the PMHA Director produce and circulate a final set of budgets for the PMHA, its Centralised Data Management Service (CDMS) and the Private Mental Health Consumer Carer Network Australia [Network] consistent with the agreements reached at the 17 March 2011 Meeting of the PMHA held in Adelaide.*

Action: PMHA Director

2. *That the PMHA requests that the revised budgets for PMHA, its CDMS and the Network be considered and endorsed out–of–session no later than the end of May 2011, for inclusion in the next AMA Agreement for Services 2011–13.*

Action: PMHA Members

3. *That the PMHA requests the Chair of the PMHA meet with the Chair of the Network to develop a governance plan for the Network consistent with the AMA Agreement for Services 2011–13.*

Action: PMHA Chair

7 PMHA WORK PLAN 2011–13

The Meeting revisited the PMHA Strategic Plan for Financial Years (FYs) 2009–11 and the Work Plan for FY 2010–11. Both expire on 30 June 2011. The Meeting then worked on what is to be included in the next PMHA Strategic Plan and Work Plan for 2011–13.

A copy of the final version of that Work Plan appears at ***Appendix B*** of this Report.

8 CLOSE DAY 1 – OPENING DAY 2

The Chair concluded the Meeting proceedings for Day 1 at 5:00 PM.

The work plan for 2011–13 for the PMHA–CDMS was deferred for discussion under the CDMS Report (refer to Agenda Item 9.1 below), and the 2011–13 work plan for the Network was deferred for discussion under the Network Report (refer to Agenda Item 10.1).

The Chair opened proceedings for Day 2 at 9:00 AM on Friday, 18 March 2011.

9 PMHA'S CENTRALISED DATA MANAGEMENT SERVICE (PMHA–CDMS) REPORT

At the invitation of the Chair, the Director of the PMHA's CDMS, Mr Morris–Yates, reported on the following under this Agenda Item.

9.1 PMHA–CDMS Work Plan 2011–13

The Meeting revisited the document titled, *Tasks to be undertaken by the PMHA's CDMS during July 2009 to June 2011* and noted that the following will be included in the next PMHA–CDMS Work Plan 2011–13.

- Routine preparation of Standard Quarterly Reports (SQRs) and other reports including Annual Statistical Reports (ASRs), COAG Indicator Reports and requests for ad–hoc Reports approved by the PMHA.

- Administration and maintenance of the CDMS infrastructure and new PMHA website, including the equipment maintained at the CDMS Dale Road office and in the Adelaide CBD.

- The continuation of the re–development of the four components of the CDMS Data Warehouse, which includes the following.

  (1) Entity management
  (2) Data submission and processing
  (3) Analysis and reporting
  (4) Documentation of process for alternate administrators.

- Revision of the HSMdb software and major update for distribution by June2012.

- Ongoing support for Hospitals with the local processing and submission of data to the CDMS.

- PMHA Quality Improvement Project (QIP).

  This includes substantive responsibilities associated in managing QIP and the Senior Research Officer in consultation with the PMHA Director and the QIP Steering Committee. It specifically involves the PMHA and CDMS Directors in the redevelopment and maintenance of the new PMHA website. That redevelopment will enable authenticated user access for Hospitals and Health Insurers to subscriber–only resources and reports by 2012. User access will be based on the Centers for Medicare and Medicaid Services (United States of America) IACS model. Under this model the PMHA Director or CDMS Director authenticates a single person in each subscriber organisation as that organisation's Security Official. The Security Official authenticates and manages their organisation's designated service users' PMHA website accounts. PMHA staff are NOT responsible for management of any organisation's service user accounts. Implementation of this model will occur once the form of the necessary Agreement between subscribing Organisations and the AMA is agreed and approved by PMHA. The Agreement will enable web–based access to subscriber only material including web–based access to SQRs and XML extracts (from July 2012). This is also an opportunity to improve the quality of CDMS content on the PMHA website.

- Attendance at PMHA and other relevant meetings.

A copy of the final version of the Work Plan for the CDMS appears at ***Appendix C*** of this Report.

9.2 Preparation of SQRs for Hospitals and Payers.

The PMHA–CDMS Director updated PMHA Representatives on Hospitals progress with submission of data in respect of the periods April to June 2010 and July to September 2010. The July to September SQRs were distributed on the 23/24 December 2010.

9.3 Revision of the National Model the National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures (National Model)

Included in the work program for the PMHA's CDMS is the task of revising the *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital–based Psychiatric Services* (National Model). The PMHA's CDMS prepared two papers regarding these revisions. The first paper titled, *Revision of the stratification framework used in Hospitals' and Payers' Standard Quarterly Reports*, addresses the stratification scheme used in the PMHA's CDMS Standard Quarterly Reports (SQRs). The second paper titled, *Reporting Framework, Version 3–0*, details a new version of the framework for the content and layout of SQRs. PMHA has approved the release of the Papers, at the discretion of PMHA–CDMS Director, to other relevant experts in this area, including Mr Bill Buckingham and Mr Philip Burgess. These papers were circulated to all members of the Australian Government's Mental Health Information Strategy Sub–committee (MHISS) for the 4/5 November 2010 MHISS Meeting.

The CDMS has also been working on the analysis and reporting framework for information regarding the costs of the services provided. At present, de–identified aggregate financial information is included in the SQRs for participating Hospitals, but not in the SQRs for participating Health Insurers. The National Model accommodates provision of this information to both stakeholders and CDMS has been asked to rectify this situation. The 18 June 2010 PMHA Meeting agreed, that it would be useful for the CDMS to investigate what financial information might be useful to include in the ASRs produced by the PMHA's CDMS.

9.3.1 Reporting Ambulatory Care

Mr Morris–Yates briefed the meeting on the paper he had prepared on the problems with the current accuracy of reporting of ambulatory care in relation to the private sector. The paper highlights anomalies between the accurate data available from the PMHA's CDMS and that being reported inaccurately by the Australian Institute of Health and Welfare (AHIW) in its Mental Health Services in Australia (MHSIA) Report. It appears that some form of filtering is being applied at the state health department level and possibly by the AIHW, that is resulting in these anomalies. The WA Health Department, for example, instructs private hospitals not to submit this data. Ms Munro indicated that the Mental Health Information Strategy Subcommittee (MHISS) of the Mental Health Standing Committee has been trying to have this situation addressed. Ultimately, the private sector wants to have the data submitted and reported on accurately.

A copy of the paper prepared by Mr Morris–Yates has been sent to MHISS and to Mr Gary Hanson at the AHIW.

9.3.2 Reporting of Charges information

Mr Morris–Yates reported that a Discussion Paper has almost been completed on an analysis and reporting framework for the charges data that could be incorporated in Hospitals and Payers SQRs and the Annual Statistical Report. The Paper discusses what data is available in the Hospital Casemix Protocol (HCP) data set and the changes that have occurred over time. The impact of those changes on the data collection and how the charges are dealt with is also discussed. Recommendations have been made to deal with anomalies in the charges data. The reporting framework will be able to provide some insight into the charges data, including which, if any, demographic, clinical and other factors should be used in the stratification of aggregate statistics regarding charges. After discussion, it was agreed that the reporting framework will have to be carefully considered by Health Insurers.

9.3.3 Changes to Payers SQRs

Mr Morris–Yates reported that for Payers SQRs the reporting period has been changed from quarterly to twelve month period ending, as requested. Statistics on charges for services have been included, together with additional statistics on Hospitals timeliness of submission of data and more comprehensive explanatory notes. Ms Helen Eriksson thanked Mr Morris–Yates on behalf of the AHIA Mental Health Committee for making these changes to the Payers SQRS.

10 PRIVATE MENTAL HEALTH CONSUMER these changes. CARER NETWORK (AUSTRALIA) [NETWORK] REPORT

At the invitation of the Chair, Ms McMahon reported on the following in her capacity as the Network Chair.

10.1 Network Work Plan 2011–13

Ms McMahon reported on progress with the development of the Network work plan for 2011–13, which was undertaken at the Network's recent 23rd meeting of its National Committee held on 21/22 February 2011 in Melbourne. Ms McMahon briefed the meeting on the work plan and indicated that some aspects of that plan would now need to be amended in line with the funding for FY 2011–13. The Network will be progressing the following under the plan.

- An annual survey of Network members.
- Increasing the Network membership base.
- Securing ongoing donations and funding.
- A survey of carers of people with Borderline Personality Disorder (BPD).
- Recommendations of the Carer Identified Project. The APHA is in the process of distributing these Recommendations to Hospitals for their comment.

- Recruitment, education and training of health professionals, particularly in relation to psychiatrists and psychologists. Ms Milthorpe mentioned that there is a very good DVD on Recovery produced from Queensland Health that could be used for training purposes.

- A risk register for the Network.

A copy of the final revised version of the Network Work Plan for 2011–13 appears at ***Appendix D*** of this Report.

10.2 23rd Network Meeting

Ms McMahon then reported briefly on some of the other matters that were discussed at the 23rd Meeting beyond the work plan, as follows.

- Six representatives of the Network provided a two hour symposium at the recent 12th International Conference for the International Society for the Study of Personality Disorders.

- Ms McMahon has participated in three workshops on the Personal Electronic Health Record, as there are particular issues for people with a mental illness.

- The Network continues to be involved in Peer Competency Projects.

- Professor Allan Fels AO has accepted the invitation to become a Patron of the Network.

- The Network has been invited to provide a three hour consumer and carer focus for the World Congress of Psychotherapy in Sydney on 27 August 2011.

10.3 Next Network Meeting

The next (24th) meeting of the Network will be held on 8/9 August 2011 at RANZCP Headquarters in Melbourne.

11 PMHA COLLABORATIVE CARE MODELS WORKING GROUP (CCMWG)

The Meeting adopted the Report of the Seventh Meeting of the PMHA's CCMWG held on 20 August 2010 and the Report of the Eighth CCMWG meeting held on 3 December 2010 in Canberra.

Mr Taylor, as Chair of the CCMWG, reported that the meeting scheduled for 25 February 2011 has been cancelled largely due to inability of Hospital representatives to attend. The next meeting of the CCMWG will be held on 15 April 2011 in Canberra and it was agreed that if a Hospital, or Health Insurer, representative on CCMWG is unable to attend their alternate on the PMHA will attend in their absence. The Meeting noted the 15 April 2011 meeting will focus on the development of industry agreed national guidelines for outreach type services. Mr Taylor reported the Royal Australian College of General Practitioners is considering how best it can participate in the CCMWG.

Resolved (unanimous)

1. *That the Private Mental Health Alliance (PMHA) adopts the Report of the Seventh Meeting of the PMHA's Collaborative Care Models Working Group (CCMWG) held on Friday, 20 August 2010 in Canberra.*

2. *That the PMHA adopts the Report of the Eighth CCMWG Meeting held in Canberra on Friday, 3 December 2010.*

3. *That the PMHA notes that the next meeting of the CCMWG will be held in Canberra on Friday, 15 April 2011.*

12 PMHA QUALITY IMPROVEMENT PROJECT

The PMHA Quality Improvement Project (QIP) contains a suite of four complementary activities to be undertaken within the context of the available funding.

1. *Implementation of Consumer Perceptions of Care Measure (CPoC).* This first activity involves the implementation of a standardised measure of CPoC in all private hospital–based psychiatric services across Australia.

2. *Outcomes in Private Psychiatry Practice (OPPP).* Work on this second activity will establish a research network of psychiatrists evaluating outcomes within the context of their private psychiatry practice.

3. *Internet Access to the PMHA's CDMS (IAP).* This third activity involves a scoping exercise to determine the requirements for a model Agreement that would enable appropriate and secure internet–based access for participating stakeholders to the data currently held by the PMHA's CDMS.

4. *Borderline Personality Disorder (BPD).* This activity involves preliminary work to scope what models of care are currently being used for people with a diagnosis of BPD.

Since the end of 2010, preparations for QIP have progressed well.

The Senior Research Officer (SRO), Ms Ellie Rosenfeld, appointed for the Project, commenced duties on 31 January 2011 located at the PMHA Research Office, at Kahlyn Day Centre, in Adelaide.

A range of briefings have been provided for Ms Rosenfeld in February and March as set out in the table below.

Briefing	Date	Participants				
Orientation	10 February 2011	Ms Rosenfeld	Mr Morris–Yates	Mr Taylor	Mr Tim Coombs	
QIP BPD	15 February 2011	Ms Rosenfeld	Ms McMahon			
QIP OPPP	16 March 2011	Ms Rosenfeld	Dr Pring	Mr Morris–Yates	Mr Taylor	
QIP CPoC	16 March 2011	Ms Rosenfeld	Ms Munro	Dr Pring	Mr Morris–Yates	Mr Taylor

The PMHA QIP Steering Committee is holding face–to–face meetings back–to–back with meetings of the PMHA to enable proper reporting arrangements for the SRO and to manage and support QIP over the course of 2011 and 2012. Mr Taylor reported that the first meeting of the QIP Steering Committee was held on Thursday, 17 March 2011 and Ms Andrea Selleck was appointed as Chair. Ms Rosenfeld discussed and further developed the draft work plan for QIP with the Steering Committee and it was agreed that the work plan would be endorsed out–of–session.

Since the 12th PMHA Meeting, DoHA has offered and Mr Philip Plummer approved additional funding to strengthen the management of the Project by covering the costs of Professor Page's participation on the Steering Committee and providing a travel budget to enhance the *Outcome Measures in Private Psychiatry Practice* Work Program for the SRO and Dr Bill Pring. The travel budget will enable the SRO and Dr Pring to undertake at least two visits to major Australian cities to enhance the establishment of the network of psychiatrists and ensure the support of participating private psychiatric hospitals and their Medical Advisory Committees.

DoHA also provided additional funding to strengthen the QIP Work Program for the *Internet Access to the PMHA's CDMS.* Previously, the Work Program was only able to determine the requirements for a model Agreement that would meet the requirements of participating stakeholders for secure internet–based access to the data currently held by the PMHA's CDMS. However, to progress such access beyond a model Agreement would require substantial re–development of the PMHA's current website, which fell outside the current funding available for QIP. The additional funding will now enable that re–development work to be undertaken and completed before the end of June 2011 (refer also to Agenda Item 9.1 above). Given the timeframe for completion of this work, PMHA approval for the basic design of the new website will be sought out–of–session.

Total additional funding of $226,081 (GST Inclusive) has been secured for these aspects of QIP.

The Chair formally thanked DoHA for the additional funding.

13 PMHA COMMUNICATION

PMHA Communication is an ongoing Standing Item on the PMHA Agenda for discussion of issues related to the PMHA Newsletter and what other strategies might be used to promote the private sector.

13.1 PMHA Newsletter

Mr Taylor reported that the Seventh Edition of the PMHA Newsletter was released in December 2010. The Eighth Edition is due for publication in May 2010. After discussion, the following articles were agreed for inclusion.

1.	From the Chair (includes QIP update)	Philip Plummer
2.	AMA and Mental Health	Dr Choong–Siew Yong
3.	Mental Health Reform Update	Ms Robyn Milthorpe
4.	PMHCCN	Ms Janne McMahon
5.	Psychogenomics	Dr Bill Pring
6.	Stakeholder Round–up	PMHA
7.	Fact Sheet	Phillip Taylor

Resolved (unanimous)

1. *That the Private Mental Health Alliance (PMHA) requests that the PMHA Director draft the Eighth Edition of the PMHA Newsletter for circulation, via email, to members of the PMHA for their comment and approval out–of–session.*

2. *That the PMHA requests that all future Newsletters include an email link to enable readers to provide comments and feedback on the Newsletter.*

Action: PMHA Director

13.2 Australasian Mental Health Outcomes Conference

Mr Morris–Yates reported on the presentations provided to the Australasian Mental Health Outcomes Conference held on 18/19 November 2010, in Auckland, New Zealand. One presentation, titled *Enabling effective use of routinely collected data on health outcomes*, covered the HSMdb software and how it could be used by hospitals to analyse their data. A second presentation, titled *A framework for the analysis and reporting of outcomes in ambulatory care mental health services*, detailed the National Model's revised analysis and reporting framework for Ambulatory Care. At the conference Mr Morris–Yates also chaired a session titled *Outcome research* at which Professor Andrew Page and his colleagues presented the following three papers.

- *Charting a course in mental health using readmission as an indicator of the quality of psychiatric hospitalisations.*

- *Charting a course in mental health using inpatient monitoring to improve hospital outcomes.*

- *Charting a course in mental health by turning data into clinically–useful information.*

Ms Munro also attended the Conference. There was a brief discussion of some of the other presentations at the Conference including those on the "super" accreditation of ECT services in the United Kingdom (UK), which equates to the routine accreditation of such services in Australia. This presentation also highlighted the perverse incentives that can arise when activity–based funding and case classification is not used appropriately. Ms Milthorpe offered to circulate a copy of this presentation.

14 MENTAL HEALTH STANDING COMMITTEE (MHSC) REPORT

The MHSC reports to the Australian Health Ministers' Conference (AHMC) through the Australian Health Ministers' Advisory Council (AHMAC) and the Health Policy Priorities Principal Committee (HPPPC).

The Meeting noted the draft minutes of the meeting of the MHSC held on 26 November 2010 and the agenda for the last meeting of the MHSC, which was held on 11 February 2011 in Sydney. The PMHA Chair and Deputy Chair reported that most of the discussion at that meeting was related to the Fourth National Mental Health Plan and the lack of funding for its full implementation.

Under this Agenda Item, Ms Turnbull queried the status of the Mental Health Professional Online Development (MHPOD), which is a new online learning resource being developed for people working in mental health, based on the national practice standards for mental health. Ms Milthorpe agreed to follow this up and suggested further information could be included in the PMHA Newsletter.

Ms Milthorpe responded to a question from Ms McMahon and briefed the Meeting on the scoping exercise that has been done for the National Service Planning Framework. There is now a larger process being undertaken based on the outcome of the scoping exercise, which will be conducted by Queensland Health with a separate contract for the primary care sector. Ms Milthorpe's area in DoHA is managing this complex project.

14.1 Next MHSC Meeting

The next MHSC meeting will be held on Friday, 13 May 2011. The Chair and Deputy Chair will attend that meeting.

15 MHSC SQPS REPORT

The SQPS is responsible for taking the Australian Government mental health safety and quality agenda forward. The Meeting noted a copy of the draft minutes of the meeting of the SQPS, held on 19 November 2010 in Sydney, together with a copy of the agenda of the last SQPS meeting held on 11 March 2011 in Sydney. The PMHA representative on the SQPS, Dr Bill Pring reported briefly on the work of the SQPS at the end of Day 1 of the PMHA Meeting. A summary of activity from that verbal presentation with some further information on SQPS activity is set out below.

15.1 National Standards for Mental Health Services (National Standards) 2010

The National Standards Implementation Steering Committee (NSISC) met on 14 December 2010. Following the change of role of the NSISC since the completion of the major body of work associated with finalising the revised National Standards and development of Implementation Guidelines. SQPS has agreed to the following committee structure to take forward the National Standards implementation.

- National Standards Implementation Advisory Subcommittee (NSIAS). Formerly the NSISC, this group retains the same membership as the NSISC, however, its role has changed to become an information and advisory group.

- National Standards Implementation Network/Working Group (NSIN/WG). This group comprises the jurisdictional national standards implementation project officers and jurisdictional representatives who are tasked with working collaboratively to progress the major national implementation activity.

The Meeting noted that a National Standards Accreditation Forum was held in Sydney on 1 December 2010 that attracted 125 participants. Ms Munro reported that, since that time, the Australian Council on Healthcare Standards (ACHS) had undertaken an exercise to map the National Standards to the ACHS EQuIP. The Australian Commission on Safety and Quality in Healthcare (ACSQHC) recently agreed to look at whether the mapping of the National Mental Health Standards to the ACSQHC National Standards is also possible. Currently there are 10 National Standards, but that may grow. There may well be an additional (11th) ACSQHC Standard that is for mental health. ACSQHC Standards must be met and there is no working towards achieving them, as is the case with the ACHS Standards. ACSQHC also has expressed an interest in the *deteriorating patient*.

Resolved (unanimous)

That the Private Mental Health Alliance (PMHA) requests that the PMHA Chair invite the a representative of the Australian Commission on Safety and Quality in Healthcare (ACSQHC) to attend the next appropriate meeting of the PMHA to report on the work of ACSQHC.

Action: PMHA Chair

15.2 Seclusion and Restraint initiatives

The first teleconference of the organising committee for the 2011 National Seclusion and Restraint Forum in Adelaide was held on Friday 28 January 2011. Planning for the Forum, hosted by South Australia, is in its initial stages with the date and theme(s) still to be confirmed. Following discussions with representatives from DoHA work is currently underway to transfer some of the National Seclusion and Restraint Project material from the NMHSRP project website to the MHSC website. The continuation of the Community of Practice facility via the SQPS wiki is also being explored.

15.3 Fourth National Mental Health Plan Actions

Action 23 – Review of the Statements of Rights and Responsibilities

SQPS has formed a small Steering Committee to progress the project activity associated with the review of the Mental Health Statements of Rights and Responsibilities. The intention is to outsource the project to an external consultant with the scope restricted to amendments and updates rather than a major rewrite of the document.

The Steering Committee met via teleconference on 17 January and work is underway to finalise the terms of reference and develop the project brief/workplan for consideration at the March SQPS meeting prior to seeking MHSC endorsement. The Commonwealth Department of Health and Ageing has identified available resources to progress the initial phase of this activity in the current financial year.

Ms Kathryn Sequoia, National Standards Project Officer, is providing support to the Steering Committee on an interim basis until June 2011. Further resourcing options for 2011–2012 are being considered.

Action 25 – Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised competencies and roles in clinical, community and peer support areas – Review of the National Practice Standards for the Mental Health Workforce

The Mental Health Workforce Advisory Committee (MHWAC) has developed a draft project brief for a contained review of the National Practice Standards for the Mental Health Workforce. As the review of the Practice Standards is an action item for both MHWAC and SQPS, a parallel consultation process, seeking initial comments from both committees is currently underway. When agreed, MHWAC will submit the final draft to the final draft to MHSC for endorsement.

15.4 Next SQPS Meeting

The next meeting of the SQPS will be held on Friday, 1 July 2011 in Melbourne. Dr Pring will attend that meeting.

16 MHSC MENTAL HEALTH INFORMATION STRATEGY SUB–COMMITTEE (MHISS)

MHISS provides expert technical advice and recommendations on initiatives to address the information requirements for MHSC.

The Meeting noted a copy of the minutes of the MHISS Meeting held on 4/5 November 2010 and the agenda for the next MHISS Meeting, to be held 24/25 March 2011 in Canberra. The PMHA Representative on MHISS, Ms Moira Munro, attended these meetings and reported briefly on some of the issues relevant to the private sector. A summary of that verbal presentation, together with some further information on MHISS activity is set out below for the purpose of this Report.

16.1 Fourth National Mental Health Plan Measurement Strategy

The Fourth National Mental Health Plan Measurement Strategy aims to inform all stakeholders, including health ministers, the mental health sector, other areas of government, and the general public how the commitments made under the Fourth Plan to measure the progress towards reform and service delivery will be fulfilled. A draft was submitted to the MHSC November 2010 meeting for consideration. The MHSC requested that further amendments be made, and to bring the Measurement Strategy back to the MHSC February 2011 meeting for final endorsement.

16.2 National Project: Mental Health Intervention Classification (MHIC) 09 Pilot Study

The development of a Mental Health Intervention Classification (MHIC) 09 is based on a reappraisal study of the MHIC 06, which reflected the need for a standardised approach to the collection of national information on mental health interventions. The AIHW coordinated a MHIC 09 proof of concept study at a pilot site in early 2010, and findings from the study were presented to MHISS in August 2010. A project proposal for a wider MHIC pilot to be conducted across a number of jurisdictions and mental health settings was presented to MHISS at its November 2010 meeting and endorsed in principle. The AIHW is scheduled to commence the pilot studies in June 2011 with a final report due in January 2012.

Ms Munro will ensure that private hospitals are included in the pilot studies.

16.3 National Project: Measuring Consumers' Experiences of Care

The Victorian Department of Health, with the support of the Commonwealth, has developed a project concept to give effect to the commitments in the Fourth Plan to strengthen the focus of the mental health sector on consumers' experiences of care. MHISS endorsed the project concept in principle, and the Victorian Department of Health will now finalise the project plan and convene an expert advisory panel to progress the work. The project aims to develop a draft instrument and conduct a proof of concept trial, with the final instrument to be presented to MHISS by October 2012 along with recommendations for next steps. Ms Milthorpe confirmed that the private sector will be consulted in relation to its work on the CPoC under the PMHA QIP. The Meeting noted that ACSQHC is also undertaking a scoping exercise in this area.

16.4 National Project: Development of a consumer self–report measure

The Australian Mental Health Outcomes and Classification Network (AMHOCN) has been commissioned by MHISS to develop a consumer self–report measure that provides information on social inclusion outcomes such as education, employment and housing for youth and adults. This aims to give effect to the commitments in the Fourth Plan to strengthen the focus of the mental health sector on social inclusion and recovery. The project will build on a report already provided by AMHOCN to MHISS on current recovery measures. A final report including the draft social inclusions outcomes measure is due in June 2011.

16.5 National Project: Development of a Mental Health Non–Government Organisation (NGO) National Minimum Dataset (NMDS)

The mental health NGO NMDS project outlines the process for the development and implementation of a proposed mental health NGO NMDS, which aims to better inform policy and planning of mental health NGO activities nationally, in order to support people with mental illness. The AIHW provided a project concept brief to MHISS in November 2010 which was endorsed in principle. The AIHW is scheduled to commence drafting the Data Set Specifications and form a Cross–Sectoral Working Group in March 2011, with the aim of finalising the NGO NMDS in late 2012 and progressing national data collection in 2013–14.

16.7 Next MHISS Meeting

The next MHISS Meeting will be held on 24/25 March 2011 in Canberra and Ms Munro will attend.

17 OTHER BUSINESS

17.1 Borderline Personality Disorder Reference Group

Ms McMahon reported on the work being undertaken by the Borderline Personality Disorder (BPD) Expert Reference Group, which includes a scoping exercise of what current policies and practices currently exist in the public sector. Part of that exercise will scope the experiences of consumers and carers. The Network will be undertaking the survey.

17.2 National Health and Medical Research Council (NHMRC) Mental Health Workshop II

Mr Taylor reported that Professor Andrew Page is now unable to attend this NHMRC workshop, which will be held on 13 April 2011 in Canberra. Mr Morris–Yates agreed to attend the Workshop on behalf of the PMHA.

18 PMHA MEETINGS 2011

The Meeting noted the following meetings of the PMHA and its QIP Steering Committee for the remainder of 2011.

PMHA MEETINGS ADELAIDE 2011			
VENUE	MEETING	DATE	TIME
The Adelaide Clinic 33 Park Terrace Gilberton South Australia	2nd QIPSC 14th PMHA	Thursday, 21 July 2011 Friday, 22 July 2011	2:00 PM – 4:00 PM 10:00 AM – 4:00 PM
	3rd QIPSC 15th PMHA	Thursday, 20 October 2011 Friday, 21 October 2011	2:00 PM – 4:00 PM 10:00 AM – 4:00 PM

19 CLOSE

There being no further business, the Chair closed the Meeting at 2:00 PM.

Mr Phillip Plummer
Chair

Mr Phillip Taylor
PMHA Director (Secretary)

1. PMHA			
INCOME (Stakeholder Contributions)			
Australian Medical Association	55,702		
Australian Private Hospitals Association	55,702		
Australian Health Insurance Association	55,702		
Australian Government Department of Health and Ageing	63,702		
Transfer of PMHA Balance from 1 July 2009 to 30 June 2010	21,516		
TOTAL	**252,324**		
ITEMS	**Budget**	**Expenditure**	**Balance**
Staffing	168,919	78,709	90,210
Infrastructure	0	2,906	–2,906
Recurrent and other expenses	20,214	9,427	10,787
PMHA Meetings	10,147	3,288	6,859
PMHA Subgroup Meetings	3,089	5,781	–2,692
PMHA Representatives attending Other Meetings	7,456	2,917	4,539
Total before AMA Administration charge	209,825	103,029	106,796
AMA Administration Charge (10% of Agreed Budget)	20,983	20,983	0
TOTAL	**230,808**	**124,011**	
FUNDS REMAINING	**128,313**		

2. PMHA–CDMS			
INCOME (Stakeholder Contributions)			
Australian Private Hospitals Association	68,115		
Australian Health Insurance Association	68,115		
Australian Govt Department of Health and Ageing	68,115		
Transfer of CDMS Balance From 1 July 2009 to 30 June 2010	24,665		
New Hospital Enrollments and re–enrollments	7,000		
TOTAL	**236,010**		
ITEMS	**Budget**	**Expenditure**	**Balance**
Staffing	151,969	80,241	71,728
Infrastructure	19,005	17,889	1,116
Recurrent and Other Expenses	14,794	9,570	5,224
PMHA–CDMS Director attending other meetings	0	3,752	–3,752
Workshops	0	2,197	–2,197
			0
Total before AMA Administration charge	185,768	113,650	72,118
AMA Administration Charge (10% of Agreed Budget)	18,577	18,577	0
TOTAL	**204,345**	**132,226**	
FUNDS REMAINING	**103,784**		

3. THE NETWORK			
INCOME (Stakeholder Contributions)			
Australian Medical Association	12,062		
Australian Private Hospitals Association	12,062		
Australian Health Insurance Association	12,062		
Australian Govt Department of Health and Ageing	104,033		
Beyondblue	12,062		
RANZCP Donation	12,062		
Transfer of Network balance from 1 July 2009 to 30 June 2010	17,669		
TOTAL	**182,012**		
ITEMS	**Budget**	**Expenditure**	**Balance**
Staffing	104,675	52,644	52,031
Infrastructure for Network Independent Chair	781	2,836	–2,055
Network Meetings	39,801	14,212	25,589
Network Representative attending Other Meetings	8,779	7,881	898
Total before AMA Administration Charge	154,036	77,573	76,463
AMA Administration Charge (10% of Agreed Budget)	15,404	15,404	0
TOTAL	**169,440**	**92,977**	**76,463**
FUNDS REMAINING	**89,034**		

PRIVATE MENTAL HEALTH ALLIANCE				
PRINCIPLES	PRIORITIES	WORK PLAN 2011–13	SCHEDULE	RESPONSIBILITY
REPRESENT AND PROMOTE THE PRIVATE MENTAL HEALTH SECTOR	1 Sustain a coherent position when representing the private mental health sector	The PMHA Chair, or in their absence, a PMHA agreed delegate, to provide the position of the PMHA and all its Parties as a whole. Where this conflicts with the position held by any individual Party, then the PMHA may not represent the Parties. Where the Parties are unable to formulate an agreed PMHA position, the Parties cannot speak on the matter as representatives of the PMHA.	At all time	PMHA Chair PMHA Deputy Chair PMHA Director
		The Chair, or in their absence a PMHA agreed delegate, takes a pro–active role in representing a consolidated private sector position and ensures that relevant input is provided into key forums and meetings.	At all times	PMHA Chair PMHA Deputy Chair PMHA Director
		Review the PMHA Operating Guidelines	2011	PMHA
		Review PMHA Communication Plan	2011	PMHA
	2 Promote the work of the PMHA and its CDMS	Follow PMHA Communication Plan	2011–13	PMHA
		Quarterly electronic PMHA Newsletter.	2011–13	PMHA Director/PMHA
		Promulgate the Guidelines for Determining Benefits for Health Insurance Benefits Purposes for Private Mental Health Care (2010 Edition)	2011–13	PMHA–CCMWG
		Review the PMHA Discussion Paper, *Update On Funding Service Delivery For Private Mental Health Services*	2012	PMHA
		Redevelop the PMHA Website	2011	PMHA–QIP
		Annual PMHA–CDMS Statistical Report	2011–13	PMHA–CDMS Director
		Utilisation of PHI Circulars.	Ongoing	PMHA Director
	3 Engage with key national bodies involved in mental health	Represent the PMHA on the following key National Committees and their relevant sub–committees.		
		▪ Australian Health Minister's Advisory Council (AHMAC) Health Policy Priorities Principal Committee (HPPPC), Mental Health Standing Committee (MHSC).	2011–13	PMHA Chair PMHA Deputy Chair
		▪ MHSC Mental Health Information Strategy Sub–committee (MHISS)	2011–13	PMHA Deputy Chair
		▪ National Healthcare Agreement Performance Indicators 2007–08.	2011–13	PMHA Deputy Chair
		▪ MHSC Safety and Quality Partnership Sub–committee.	2011–13	Dr Bill Pring
		Maintain a watching brief Council of Australian Governments (COAG) mental health reforms and consider the implications for the private sector.	2011–13	PMHA

PRIVATE MENTAL HEALTH ALLIANCE				
PRINCIPLES	PRIORITIES	WORK PLAN 2011–12	SCHEDULE	RESPONSIBILITY
CARE FOCUS	4 Ensure participation of the private sector in relevant national mental health committees, reviews, and activities	Continued representation for the private sector in the development and implementation of measures directed toward achieving consistency in the provision of safe high quality mental health care. This includes, but is not limited to, the following.	2011–13	PMHA
		▪ The National Mental Health Policy and Fourth National Mental Health Plan 2009–2014.	2011–13	PMHA Deputy Chair Dr Bill Pring
		▪ National Comorbidity Collaboration.	2011–13	Ms Carol Turnbull
		▪ Active involvement and input into implementation of the National Standards for Mental Health Services (NSMHS) 2010.	2011–13	PMHA Deputy Chair
		▪ Mental Health Workforce Advisory Committee.	2011–13	Ms Carol Turnbull
		▪ National Mental Health Information Development Expert Advisory Panel	2011–13	PMHA–CDMS Director
		▪ National Mental Health Workforce Practice Standards	2011-13	Ms Carol Turnbull
		Manage the PMHA Quality Improvement Project	2011–12	PMHA–QIP SC
		Review of Guidelines For Determining Benefits For Health Insurance Purposes For Private Patient Hospital Based Mental Health Care.	2012	PMHA–CCMWG
PMHA–CDMS	5 Ensure that the PMHA–CDMS is the mechanism for monitoring and accountability and change under the governance of the PMHA	Govern the PMHA's CDMS.	Ongoing	PMHA
		Annual Review of the PMHA–CDMS reports.	2011–12	PMHA
		Ensure ongoing improvement in the quality of data collection, analysis and reporting by the CDMS.	Ongoing	PMHA
		Ensure the wide dissemination of information from the PMHA–CDMS to highlight the achievements and work undertaken by the sector, including demonstrating the differences between the private and public sectors.	Ongoing	PMHA
		Use available CDMS data to promote a sector wide perspective for individual Hospitals and Health Insurers on what CDMS does, how it is does it, and how well it is done.	Ongoing	PMHA PMHA–CDMS Director
		Facilitate the greater utilisation of CDMS data at a national level directed towards better understanding and improving clinical outcomes.	Ongoing	PMHA PMHA–CDMS Director

PRIVATE MENTAL HEALTH ALLIANCE				
PRINCIPLES	PRIORITIES	WORK PLAN 2011–12	SCHEDULE	RESPONSIBILITY
FUNDING REFORM	6 Examine and monitor models service delivery and their funding that emerge under private health insurance legislation	Continue the work of the PMHA Collaborative Care Models Working Group (PMHA–CCMWG) to assist in opening up discussion on the following. ▪ Innovative models of service delivery and their funding. ▪ Integration of different types of service delivery between the public and private sectors. ▪ The shift toward prevention and promotion, particularly in relation to community based services.	Ongoing	PMHA–CCMWG
		Participate in the development of uniform quality and safety provisions for models of service delivery that emerge under private health insurance legislation.	Ongoing	PMHA–CCMWG
		Continue to examine models of funding and service delivery that emerge outside of the Hospital setting that Health Insurers are able to fund under Hospital and General Treatment.	Ongoing	PMHA–CCMWG
FUTURE WORK PROGRAMS BUDGETS	7 Develop proposed work programs and budgets 6 months prior to 30 June 2013	Conduct a PMHA Workshop toward the end of 2012 to discuss the future work programs and budgets for PMHA, PMHA–CDMS and Network and any areas of concern that need to be addressed in their development.	2012	PMHA

CDMS Work Plan for July 2011 to June 2013

- Prepare SQRs and other reports
- Administer and maintain CDMS infrastructure (and new PMHA website)
- Continue redevelopment of CDMSdwh
  - Entity management
  - Data submission management and processing
  - Analysis and reporting
  - Documentation of processes for alternate administrators
- Continue maintenance and development of HSMdb
  - Revisions for distribution in July 2011 and July 2013
  - Major update for distribution by June 2012
- Provide support to Hospitals re:
  - Implementation of OMP (rating HoNOS, application of the data collection protocol)
  - Local processing and submission of data to CDMS
  - Installation of HSMdb
- Assist with the redevelopment of the PMHA web site
  - Work with CDAA on the first phase of the work
  - Revise CDMS site content
  - Enable authenticated user access to subscriber-only material
- Work with SRO on the QIP (particularly CPoC and Internet Access projects)

	Maintenance of infrastructure and Preparation and distribution of SQRs	Redevelopment of CDMSdwh	Maintenance and development of HSMdb	Assistance with Quality Improvement Projects	Redevelopment of PMHA website
Apr-Jun 2011	■ ■■ 🗎		■■ ○	■■	■■■ ○
Jul-Sep 2011	■ ■■ 🗎	■■■■		■■ ✸	■
Oct-Dec 2011	■ ■■ 🗎		■■■■■■ ○	■ ✸	
Jan-Mar 2012	■ ■■ 🗎	■■■■■		■ ✸	■
Apr-Jun 2012	■ ■■ 🗎	■■■■■		■	■ ○
Jul-Sep 2012	■ ■■ ✍	■■■■■■		■ ✸	
Oct-Dec 2012	■ ■■ ✍	■■■■■■		■ ✸	
Jan-Mar 2013	■ ■■ ✍	■■■■	■■	■ ✸	
Apr-Jun 2013	■ ■■ ✍	■■■■	■■ ○	■	

Private Mental Health
Consumer Carer Network (Australia)

engage, empower, enable choice in private mental health

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PO Box 542, Marden, SA 5070
Phone: (08) 8336 2378
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Web: www.phmccn.org

Achieving Positive Outcomes

Work Plan 2011-2013

Developed by the National Committee

1st March, 2011

Introduction

The *Private Mental Health Consumer Carer Network (Australia)* [Network] has come a long way since its ***formal*** inception in 2004. Over the course of its short history the Network has made significant impact on the mental health sector both in terms of private sector settings and the mental health system more broadly. This is represented now by wide recognition that the Network has significant presence as the Australian peak private mental health sector consumer and carer organisation and as the recognised authoritative voice of consumers and carers using private sector mental health services.

The Network's workload has progressively increased, particularly in the last three or so years with a great deal of activity nationally within mental health. This has come from within the private mental health sector and from external requests and invitations either to the Network itself or our representatives, to present the private mental health consumer and carer perspectives in a number of forums.

Since inception, we have appeared by invitation before **seven Parliamentary Inquiries**, have made **twenty seven formal Submissions,** have been invited to actively contribute and participate in **fifteen national Forums** and have representatives currently on **fifteen Boards or Committees. Project development and management** has also been an important activity undertaken by the Network when we were first funded in 2007 by the Commonwealth to run **a national project** across both public and private mental health sectors titled the *Identifying the Carer Project.* This was completed on time and within the budget. A further two Projects following this theme were completed during 2010.

The Network has always been proactive in all undertakings and has worked vigorously in attaining the objectives and goals of our first Strategic Plan 2004-2006 and Work Plans 2007-2008, 2009-2010.

Structure of the Network

The Independent Chair Ms. Janne McMahon OAM, who is a consumer, heads the Network.
Each Australian state and the ACT has its own State Coordinator who form the National Committee, and meet for two, two day face to face meetings of the Network held in February and August each year, via teleconferences during the year and via email at all times.

Each state has an established State Committee, which meets formally twice per year for approximately 2-4 hours, usually at a private hospital within that state. The role of the State Coordinator is to represent the views at the national level of the people of their respective state. Representation on these committees is drawn from members of private hospital consumer carer advisory committees and consumer consultants together with people who have experienced care and their carers, from private sector settings within each state. Each State Committee has its own Terms of Reference under which it operates. These are consistent with the direction of the Network and work alongside and complementary to the National Committee.

A crucial and innovative activity of the Network has been the establishment of the Network's *Expert Advisory Panel*. The panel provides experts whom the Network can call upon to provide information on very specific issues, areas of fact and complexity, within their respective area of expertise. This informal group has been called upon on a number of issues to date.

The Network's activities including Reports of all meetings and our Work Plan, appear on our website: www.pmhccn.org

NETWORK OBJECTIVES 2011–13	NETWORK PRIORITIES 2011–13	NETWORK WORK PLAN 1 JULY 2011 – 30 JUNE 2013	TIME FRAME	RESPONSIBILITY	OUTCOME
Objective 1 Excel as the peak consumer and carer organisation for private mental health	1 Maintain and develop organisational partnerships and engagement	Support consumer and carer representatives on the PMHA	Ongoing	Nominated NNC Member	
		Engage with relevant professional organisations including but not limited to:			
		▪ PMHA	Ongoing	Chair/Nominated NNC Member	
		▪ DoHA	Ongoing	Chair	
		▪ APHA Psychiatry Sub–committee.	Ongoing	Chair	
		▪ AHIA Mental Health Committee	2011–13	Chair	
		▪ AMA	Ongoing	Chair	
		▪ beyondblue	Ongoing	Chair/bluevoices Representative	
		▪ RANZCP	Ongoing	Chair	
		▪ APS	Ongoing	Chair	
		▪ ACMHN	2011–13	Chair	
	2 Promote and expand the Network	THeMHS Conference Exhibition Stand	Annual	Chair/NNC	
		Identify conference opportunities	Ongoing	Chair/NNC	
		Explore further opportunities (commercial or otherwise) to promote the Network at the national and state level.	Ongoing	Chair/NNC	
		Monthly e–news alert	Monthly	Network Admin Officer	
		Appoint Patron/s	Ongoing	Chair	
		Maintain and regularly update the website	Ongoing	Deputy Chair/PMHA Director	
		Distribute promotional brochure Driving Change to private hospitals	2012	Admin Officer	
		Establish ordering system for promotional brochure	2011–12	Admin Officer	
		Investigate development of additional promotional material including poster and business cards	2011–12	Chair/NNC	
	3 Maintain effective relationships with consumer and carer organisations	Engage with other national and state consumer and carer organisations.	2011–13	Chair/NNC/Admin Officer	
		Support the establishment of a national peak body for mental health carers	2011–13	Chair/NMHCCF Representatives	
	4 Ensure the Network currently represents the diversity of private mental health consumers and carers	Examine available data in the following key national reports that contribute to comprehensive information about mental health services in Australia. ▪ National Mental Health Report ▪ Mental Health Services in Australia ▪ COAG National Action Plan on Mental Health 2006–2011: Annual Progress Report ▪ PMHA-CDMS Annual Statistical Report	2011	PMHA Director/Deputy Chair	

NETWORK OBJECTIVES 2011–13	NETWORK PRIORITIES 2011–13	NETWORK WORK PLAN 1 JULY 2011 – 30 JUNE 2013	TIME FRAME	RESPONSIBILITY	OUTCOME
Objective 2 Advocate to address the systemic needs and improve the lives of mental health consumers and carers	5 Identify areas for improvements in treatment and care and advocate for best practice	Participate in developing, and implementing new models of service delivery for consumers and carers in the private sector.	2011–13	PMHA C&C/NNC	
		Develop and promote Network positions on identified issues.	2011–13	Deputy Chair/NNC	
		Monitor and publish psychotropic medications listed for consideration by the Pharmaceutical Benefits Advisory Committee.	2011–13	Admin Officer	
		Awareness of prescribing practices to identify medications that could be listed on Pharmaceutical Benefits Schedule.	2011–13	Chair/NNC	
		Advocate for improved services for people with a diagnosis of Borderline Personality Disorder.	ongoing	Chair/Deputy Chair	
		Participate in the development of a national strategy for trauma informed care.	2011–13	Chair/Deputy Chair	
		Explore greater use of PMHA–CDMS Data for the benefit of consumers and carers in the management of their illness.	Ongoing	NNC	
	6 Participate in developing, implementing and reforming mental health policy and practice.	Scope current reforms and proposals for their impact on private mental health consumers and carers.	2011–12	Deputy Chair/Mr Hill	
		Provide targeted input into mental health policy issues from the private sector consumer and carer perspectives	Ongoing	NNC	
		Actively seek participation on all relevant Committees, Working Groups, Inquiries etc.	Ongoing	NC/Chair/Deputy	
Objective 3 Ensure sustainability of the Network	7 Strengthen, support and maintain the Network	Survey of members.	Annual	NNC	
		Engage with the wider membership of the Network wherever possible.	Ongoing	Chair/NNC/Admin Officer	
		Develop and review Network operational documents	Ongoing	Deputy Chair/NNC	
	8 Strengthen, support and maintain the Network's State Committees	Expand the membership of State–based committees	As required	Chair/NNC/Admin Officer	
		Ensure ongoing viable State Committees in each State	Ongoing	Chair/NNC/Admin Officer	
		Secure funding to enable remuneration for State coordinators and reimbursement for State committee members	2011–13	Chair	
	9 Secure ongoing funding for the Network	Participate in negotiations AMA Agreement for Services 2011–13 and secure ongoing funding from the RANZCP and APS.	2012–13	Chair	
Objective 4 Build capacity to undertake new directions	10 Explore opportunities for development of research and projects around areas of identified need for consumers and carers	Identify possible consumer and carer related projects and/or research.	2011–13	Chair/NNC	
		Progress recommendations of Carer Identification Project	2011–13	Chair/PMHA Carer Representative	
	11 Pursue opportunities for education and training	Engage with relevant organisations to explore ways to develop consumer and carer perspectives in the education and training of health professionals.	2011–13	Chair	
		Engage with relevant organisations to explore opportunities for input into the education and training of private mental health sector consumers and carers.	2011–13	Chair	