Mental Health Inquiry: Decisions required to inform initial Cabinet paper		
Date and time	9 November 2017, 5.30pm	
Minister	Hon Dr David Clark	
Attending	Dr John Crawshaw and Hannah Cameron	

These points are to support discussion with the Minister of Health further to advice delivered on Friday 3 November (**Attachment A**). Since then officials have had opportunity to engage with several mental health stakeholders (including Kevin Allan – the Mental Health Commissioner, Marianne Elliott – Author, People's Mental Health Review; Marion Blake – CE Platform Trust; Barbara Disley – CE Emerge Aotearoa) and officials from other agencies. These conversations have helped us refine our thinking on a number of matters, with our latest advice outlined below. A summary of stakeholder views on purpose, scope, timing and arrangements for the inquiry is attached (**Attachment B**).

We require decisions from the Minister on several matters so that we can prepare a draft Cabinet paper by **Monday 13 November.**

Description	Discussion Points	Questions for the Minister
1. Purpose, scope and timing of the inquiry		
Purpose and scope	Scope of the inquiry could vary along the following dimensions: • responses to mental ill health ↔ prevention of mental ill health • services provided by the health sector ↔ services provided by other sectors • identifying issues and areas for focus ↔ recommending specific solutions • dealing with immediate service gaps ↔ addressing the underlying drivers of system performance. We have continued to consider how the inquiry might best add value. The mental health system (both prevention and response; within and beyond the health sector) is not currently operating as a system of integrated parts. Neither is it integrating well with related systems (e.g. those that affect social determinants of health). The inquiry could help drive a whole-of-system approach to mental health by: • providing an accurate picture of system performance • identifying the main drivers of system performance and how these are working (e.g. roles and relationships, accountability levers, regulation, the way services are commissioned, funding arrangements, information flows, culture, workforce planning etc) • proposing system-level actions to make and embed changes that will improve system performance. It would take time for the inquiry and subsequent system-level changes to deliver tangible improvements. While some stakeholders consider that the inquiry should focus on system transformation, others envisage it focusing on immediate	*How would you judge the inquiry to have been a success?* *Do you want the inquiry to focus the underlying drivers of system performance or focus on immediate service gaps or do both in a two-stage approach?*

	service improvements. Several people suggested a two-sstage inquiry i.e. address short term known problems and sort them quickly, and identify longer term larger issues and potentially charge re-established Mental Health Commission for taking those forward over a longer period. If you wish the inquiry to focus solely on major system transformation, we consider that more immediate actions (such as the Government's manifesto commitments to improve youth mental health and reduce suicide) would be needed alongside the inquiry to help address service gaps and pressures in the short term. For example, **Attachment C** outlines an approach to progressing suicide prevention actions while the inquiry is taking place. Stakeholders considered that it is crucial for the inquiry to take account of Te ao Māori perspectives.	
Extent of public consultation	We understand that you want to ensure that the inquiry hears the consumer voice. The extent of consultation will affect the inquiry timeframe and cost. We recommend that you consider the approach to consultation carefully given the number of mental health-related consultations that have been undertaken in recent years, most recently consultation on a draft suicide prevention strategy. Some agencies and stakeholders have stressed the importance of the inquiry panel getting out on the ground and hearing people's stories firsthand including directly with iwi, whānau and representatives of Māori communities; others say another review is not required as we have enough information and knowledge and a call to action is the real necessity. Some were concerned about consultation fatigue and commented that "the consultation has been done" as there is significant information available about what the problem is (e.g. People's Mental Health Review, Productivity Commission Report, consultation on the draft Suicide Prevention Strategy). We suggest that the inquiry panel considers consultation findings from previous consultations ahead of: • holding a limited number of regional public hearings • undertaking targeted engagement with iwi and specific stakeholders • inviting evidence from specific stakeholders. We do not suggest calling for written public submissions given the time required to analyse the likely number of submissions.	*What extent of public consultation do you have in mind?* *Are there specific groups that you particular want the inquiry to hear from?*
Timing	All stakeholders we consulted indicated that a short inquiry is what the sector wants with swift action to follow. However, this needs to be balanced with the call for wide and deep consultation.	*What are your views on when the inquiry should report back?*

	If the inquiry reports by October 2018, the Government response to the inquiry could align with Budget 19 decisions. A longer timeframe risks paralysis in the health sector as decision-makers hesitate to commit to courses of action in the face of on-going uncertainty. We understand that you intend for a Mental Health Commission to be re-established after the inquiry has been undertaken.	
3. Inquiry arrangements		
Type of inquiry	If the inquiry focuses on understanding and improving system performance it is more akin to a Select Committee Inquiry or Productivity Commission review than an incident investigation that is typically done as a government inquiry under the Inquiries Act (such as the recent Havelock North drinking water event). As such, it may be more suited to being a non-statutory ministerial inquiry or review. However, stakeholders that commented on the type of inquiry all indicated a strong preference for the gravitas and protections offered by a statutory inquiry (rather than a non-statutory ministerial inquiry). For example, the People's Mental Health Review was surprised at the very high level fear of reprisal particularly amongst the mental health workforce and found many people reluctant to share their views. This led them to propose a Royal Commission of Inquiry into mental health because of the protection provided to those supplying information to an Inquiry	*Do you favour the gravitas and protections of a statutory inquiry, or the greater flexibility of a non-statutory ministerial inquiry?*
Appointing minister(s)	Any type of inquiry can be established by a single minister or group of ministers. Given the likely broad scope of the inquiry and the potential for it to result in advice concerning the education, social and justice portfolios in addition to the health portfolio, you may wish to consider whether you want to be the sole appointing minister or whether you will be the leader of a group of appointing ministers.	*What is your preference in terms of being the sole appointing minister or the leader of a group of appointing ministers?*
Administering agency	Cabinet needs to decide which agency will administer the inquiry. Once that decision is made, that agency is responsible for establishing the terms of reference, the membership and the budget (with input from other departments) and appointing the Secretariat Head. The administering agency is also responsible for the Vote appropriation. Stakeholders' views indicate a strong preference for the administering agency to be an agency other than the Ministry of Health (given that the inquiry would need to consider the role of the Ministry of Health in relation to current and future system performance). You may therefore wish to consider whether the inquiry should be administered through another agency such as DIA (if a government inquiry) or SSC, DPMC, HDC or MSD.	*Do you want the administering agency to be an agency other than the Ministry of Health to increase the perceived independence of the inquiry?*

Chair and membership	An inquiry of this scope and scale would require a Chair and two to four members. There is a need to balance the number of members so that the inquiry is small enough for coherent conversations but large enough for necessary perspectives to be captured. It is useful when members can represent more than one perspective. Size also has budget implications. The first Cabinet paper should propose a Chair, who can then be involved in developing the Terms of Reference and selecting panel members. Final appointments of Chair and members will be done in the second Cabinet paper. **Attachment D** outlines the skills, expertise and attributes we suggest for the inquiry Chair and members. **Attachment E** outlines the process for appointments.	*What (if any) support do you require from officials to identify and liaise with potential Chairs and members?*
4. Next steps		
Draft Cabinet paper	Based on your directions from this meeting, we will develop a draft Cabinet paper that we will provide on **Monday 13 November** for your review and feedback on **Tuesday 14 November**. We will then provide you with a near-final Cabinet paper on **Wednesday 15 November** for lodging on **Thursday 16 November**. If you have identified a potential Chair by the Cabinet lodgment deadline, we will incorporate this into your Cabinet paper. If not, you could raise this aspect orally at Cabinet.	
Consultation with Prime Minister +/- Attorney-General, and other ministers	You are required to consult with the Prime Minister ahead of taking a proposal to Cabinet for either a government inquiry or a non-statutory ministerial inquiry. You are also required to consult with the Attorney-General if it is a government inquiry. You may also wish to consult other ministerial colleagues including the Ministers of Education, Social Development, Housing and Urban Development, Justice, Police, Corrections, Māori Development, Pacific Peoples and Children. We also suggest that you consult with the Minister responsible for the agency you consider should administer the inquiry (if not the Ministry of Health).	
Consultation on draft TOR with iwi leaders and key stakeholders	There is a small window of opportunity to consult with iwi leaders and selected stakeholders on the draft terms of reference in the week of 20 November, should you wish this to happen. The most efficient way to reach iwi leaders will be via the Minister of Māori Development and your Māori caucus.	*Are there particular stakeholders you wish to consult on the draft TOR?*