

Joint (Hutt Valley & Capital & Coast DHBs) Addiction Working Group Terms of Reference October 2007

The Journey Forward (TJF) is C&C DHB service development plan for Mental Health and Addictions. HV DHB's service development plan is Make it Happen (Whakamahingia) (MIH).

In line with these plans, and given a majority of addiction providers are jointly funded across both DHBs, it has been agreed by TJF Leadership Group (LG), and the HV Local Leadership and Advisory Group (LLAG) that both DHBs collaborate and jointly develop an Addictions Service Plan. The development of this plan will be informed by the needs of target groups and whanau/family.

These TOR has been developed to meet TJF and MIH organisational structural requirements, and enable the objectives of this working group to be met.

Working Group Objectives

1. Develop a Joint Addiction Service Development Plan for the Hutt Valley and Capital and Coast DHB populations;
2. Incorporate and reflect the key strategic directions, visions, and aims of both TJF and MIH.

Roles and Responsibilities

The Joint Addiction Working group will meet its objectives within agreed timescales through the completion of the following tasks:

1. Addressing the health disparities and inequalities for the priority populations such as Maori and Pacific People; people living in deprived circumstances or with very low incomes, marginalised populations such as homeless and refugees. Gender needs, disabilities, child, youth, and the aging population must also be carefully considered;
2. Contribute to the development of service models being led elsewhere within the TJF and MIH programme structures, and ensure the direction is complimentary and consistent with Addiction service model needs;
3. Ensure any newly contracted Mental Health and Addiction Services are incorporated into the Service Development Plan;
4. Develop outcome indicators and evaluation processes to monitor and assess implementation progress, and identify how effectively the continuum is delivering improved Mental Health and Addiction Services.
5. Consider workforce development requirements and core competencies necessary to support the development of the Addiction sector, including influencing basic joint competencies held by the workforce, utilising the MOH "lets get real" skills for MH and Addictions workforce, and plans from Matua Raki.
6. Identify barriers and highlight any risks that may need to be planned for and/or managed as part of this Group's work.

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7. Take ownership to promote TJF and MIH to the sector, own the working groups solutions, and help to facilitate its change.
8. Advise CCDHB & HVDHB Planning and Funding Divisions on the development of a purchase and implementation plan that includes:
 - Realignment of existing services and timeframes
 - Contribute to the development of service specifications and related documentation
9. The Leadership Groups have the overall responsibility of ensuring effective consultation and communication in the sector. This working group will provide support to the Leadership Groups through the development and implementation of a formal communication plan.

Accountability/Workstream Boundaries

NOTE: Not all workstreams for TJF have been scoped or established, and both MIH TJF are at different phases in its implementation. The listed accountabilities are therefore indicative, and subject to change.

1. This working group will report into the TJF LG and HV LLAG. The Working Group Chair and HVDHB Clinical manager will provide this necessary communication link to TJF LG and MIH LLAG respectively.
2. This working group will work with TJF Information and Coordination, Quality and Evaluation workstream to inform the required information collection, flow and processes for the newly developed addictions continuum.
3. This working group will link with the Wet Hostel Project Team and Steering Committee and contribute to the development of the Wet Hostel service model. The Chair of the Steering Committee will provide this linkage.
4. This working group will be mindful of the expected tasks of currently non-established workstreams as outlined in TJF, and MIH, and will define and establish the necessary links as these workstreams develop.

Membership

Membership has been agreed and will comprise of those listed in Appendix 1.

Meeting Frequency

This Working Group will meet monthly to take forward TJF and MIH objectives, meet quarterly with the Joint Addiction Network, and complete its roles and responsibilities within agreed project plan timeframes. Any necessary replacement of members due to other commitments will be managed in the short term through TJF membership policy.

Addictions Network

The Addictions Network is an open forum for addictions service providers, target groups and whanau/family across the region to enable formal input into the working groups planning processes, and encourage positive development of relationships across providers.

The members of this working group are required to attend all network meetings, and will assist in developing agenda items. The organisation of the network will be managed from HV DHB Planning and Funding.

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Review

These TOR will be reviewed in six months time.