

Improving Access to Primary Care and Mental Health Services Terms of Reference July 2006

These TOR have been developed inline with TJF organisational structural needs, and are intended to compliment the generic TOR agreed at the outset of this change programme (**Appendix 1**).

Workstream Objective

The Improving Access to Primary Care (PC) and Mental Health Services (MHS) workstream was established in April 2006 to meet its objectives as outlined on page 42 of TJF. These can be summarised as:

To lead the development of options for an integrated framework for primary care services, and community mental health services including the development and planned implementation of pathways for agreed mental health problems.

An options paper with a recommended integrated framework will be submitted to the Leadership Group for consideration. The Leadership Group will submit the agreed framework to the CCDHB Board for approval subject to Funding and Planning financial approval. An implementation plan will be agreed, and sector-wide rollout will follow, with a strong focus on ongoing quality improvement.

Roles and Responsibilities

The Improving Access to Primary Care and Mental Health Services workstream will meet its objectives within agreed timescales through the completion of the following tasks:

1. Review, assess, and identify what currently works well, and where opportunities exist for improvement with agreed stakeholders, including consideration of location-specific planning.
2. Review worldwide research, and consider the successes of integrated models being piloted or implemented in PC and MHS.
3. Identify capacity for current statistical collection, and utilise collection to build a picture of current usage and pathways.
4. Identify and innovatively workshop the design of integrated pathways for mental health problems.
5. Ensure the proposed framework seeks to reduce health disparities and inequalities for the priority populations. Considerations to include Maori, and Pacific People, people living in deprived circumstances or with very low incomes, marginalized populations such as homeless and refugees. Gender needs, child, youth, and the ageing population must also be carefully considered and reflected.
6. TJF Leadership Group has the overall responsibility of ensuring effective consultation and communication with the sector. This workstream will provide support to the Leadership Group through the development and implementation of a formal consultation and communication plan.
7. Develop outcome indicators and evaluation processes to monitor and assess implementation progress, and how effectively the integrated framework is delivering improved mental health and addictions services.
8. Consider integrated framework training needs, and workforce requirements necessary to support implementation.

9. Highlight any major cost implications of preferred framework for Planning and Funding consideration.
10. Identify barriers and highlight any key implementation risks that may need to be planned for and/or managed as part of this project team's work.
11. Take ownership to promote the TJF to the sector, own the workstreams solution, and help to facilitate its change.
12. Develop a plan for implementing the agreed approach across the primary and secondary services, and NGOs including Maori and Pacific Providers.

Accountability/Workstream Boundaries

NOTE: Not all workstreams for TJF have been scoped or established.
The listed accountabilities are therefore indicative, and subject to change.

1. This workstream will report into the Mental Health Leadership group. The position of Chair will provide this necessary communication link.
2. This workstream will work with Acute and Crisis Workstream to define specialist support eg. CATT, HBT, acute ward, recovery houses, and the necessary relationships required for the new integrated service framework.
3. This workstream will work with the Promotion and Prevention Workstream to ensure early onset of mental illness is minimised and reflected in the preferred integrated framework, and that crucial relationships are developed.
3. This workstream will inform the Information and Co-ordination Workstream around improving access information and co-ordination needs, relationships, provision of consumer information, and outcome indicator/evaluation processes.
4. This workstream will inform the Addictions Service Development Workstream, specifically to share findings inline with task 1 above, and discussing its preferred addictions care pathway in line with task 4 above.
5. This workstream will report into the Working Towards Recovery Workstream to advise on proposed workforce configuration as a result of the preferred integrated service framework.

Membership

The final membership make up has been agreed and will comprise of those listed in **Appendix 2.**

Meeting Frequency

This workstream will meet once a month, to take forward TJF objective, and complete its roles and responsibilities within agreed project plan timeframes. Any necessary replacement of members due to other commitments will be formally agreed by the workstream.

The Journey Forward WORK GROUPS

Terms of Reference (revised Feb 06)

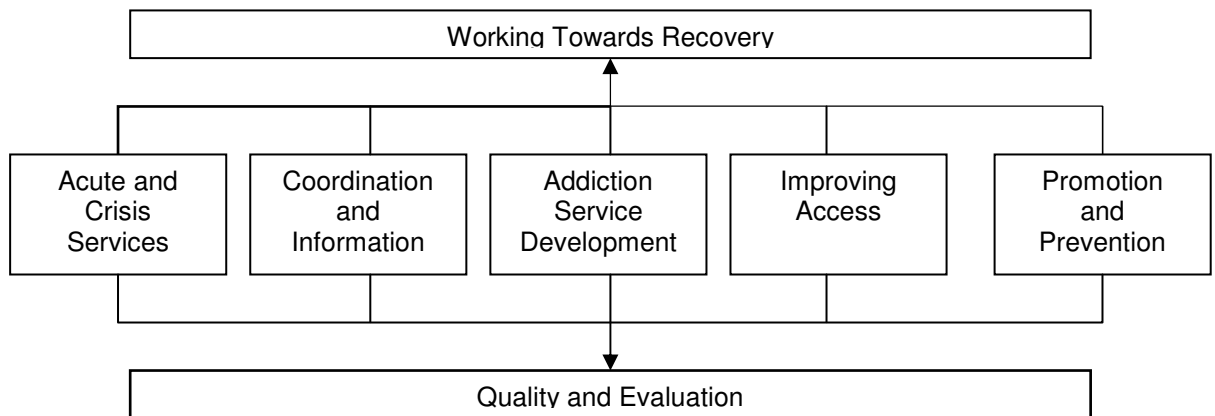
The implementation of *The Journey Forward* requires work groups are established to lead the development of an integrated and recovery focussed continuum of services for people with a mental illness or an addiction within the Capital and Coast district.

1. Work Groups

During 2006/2007 seven work groups will be established to lead service developments. The areas of work are:

- Acute and Crisis Mental Health Services
- Coordination and Information
- Addiction Service Development
- Improving Access to Primary Care and Mental Health Services
- Promotion and Prevention
- Working Towards Recovery
- Quality and Evaluation

Most work groups will develop specific components of the integrated continuum. However Working Towards Recovery and Quality Evaluation span the continuum and will support the other work groups and new service developments.



All groups will need to consider how to implement the guiding principles of *The Journey Forward*, and the Strategic Aims of C&CDHB including reducing disparities.

2. Working together

The Journey Forward requires consumers, C&C DHB, non-government organisations, primary care and other key community and cultural groups to work together to develop an integrated and recovery focussed continuum of services.

3. Membership

Membership will be determined by the specific advice and support requirements of each work group. Each group will aim to have no more than 15 members.

Members will be drawn from the following groups:

- Consumers
- Families
- Maori
- Pacific
- Providers
- Primary Health Organisations
- Mental Health Services
- Community groups

The number of members from each group will vary between work groups.

Members will be selected through two processes.

- 1) The Leadership Group will identify people to be approached.
- 2) Specific stakeholder groups will be asked to identify people to be approached.

Where agreement on the representatives cannot be reached, C&CDHB will make any final decisions. Factors they will consider are:

- Skills and knowledge in the specific area
- Group competencies - there should be a range and balance of the competencies within the group
- Range and balance of stakeholder groups
- Availability to attend meetings and contribute to the group

4. Responsibilities

A Project Manager to coordinate and manage the projects relating to the work groups will be appointed by C&CDHB, as will administrative and coordination support.

The Planning and Funding Manager for C&C DHB will be responsible for delegating the overall coordination of each work group, ensuring there is a written project plan that reflects the objectives and actions outlined in *The Journey Forward*, undertaking work as required, monitoring and progress reporting. The Planning and Funding Manager will also ensure the activities of all work groups are aligned and this includes with any other developments being undertaken within the region or nationally.

Planning and Funding will appoint a chair for each work group. The chair may be from any stakeholder group but they must be able to demonstrate they have the competencies to provide leadership and technical expertise to the work group. The chair will be responsible for chairing meetings, liaising with the appointed Project

Manager, and administration and coordination support. The chair will report back to the Leadership group on progress.

The work group will be responsible for gathering and sharing information, identifying issues, undertaking agreed tasks / actions, developing options, reviewing any documentation developed on behalf of the group, and monitoring progress.

The work group is not responsible for any day to day operational issues or for making final decisions.

5. Confidentiality

During the course of their work members may be privy to sensitive information. Members are required to respect and maintain privacy and confidentiality at all times.

6. Conflict of interest

Members must avoid conflicts of interest. Any actual or potential conflict should be brought to the attention of the project leaders as soon as possible.

7. Conflict resolution

Every effort will be made to gain agreement on an option or a proposal. Where this is not possible, the different views and options will be submitted to the Leadership Group for their consideration.

8. Communication and meetings

Work groups will meet and communicate as required. This will be confirmed once the work programme is developed.

9. Substitution

If a member of the work group is unable to attend a meeting, a substitute cannot be sent on their behalf. This is to maintain group continuity.

10. Project governance

C & C DHB has overall responsibility for implementing *The Journey Forward* and the planning and funding of service developments. It will maintain a Steering Group to monitor progress and report to the Board.

The Journey Forward Leadership Group will oversee and support all work groups and other new initiatives to ensure they are aligned with the goals of the strategy and with each other. The leadership group will take a unifying role among sector participants; ensuring wide discussion of service changes and share responsibility for ensuring system adjustments and performance expectations are being met.

11. Strategic context

It is important that all work reflects and is aligned with the strategic direction outlined in the following documents.

- *The Journey Forward, C&C DHB 2005*
- *C&C DHB District Strategic Plan 2006 – 2012, C&C DHB 2005*
- *Te Tahuhu – Improving Mental Health 2005 – 2015: The Second New Zealand Mental Health and Addiction Plan, Ministry of Health 2005*
- *Our Lives in 2014, Mental Health Commission 2004*

