

Information and Coordination Workstream Final Terms of Reference August 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.

Workstream Objective

The Information and Coordination Workstream was established in March 2006 to meet its objectives as outlined on page 41 of TJF. It also incorporates the Quality and Evaluation objectives as outlined on page 43 of TJF. These can be summarised as:

To develop an information and coordination service that enhances the total service delivery framework.

To ensure the service focuses on wellness and recovery principles, and has the capacity to develop individualised support packages.

To develop quality indicators that enable the measurement and evaluation of outcome effectiveness for consumers, and the effectiveness of services compared to other approaches to service delivery.

Roles and Responsibilities

The Information and Coordination Workstream will meet its objectives within agreed timescales through the completion of the following tasks:

1. Ensure the proposed information and coordination service seeks to reduce health disparities and inequalities for the priority populations. Considerations to include Maori , Pacific, and other cultures and religions, 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 and reflected.
2. 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 communication plan.

Information Service

3. Keep a watching brief over regional developments for the Mental Health (MH) Line, ensure it strategically aligns with the Workstreams objectives, and is incorporated into the total service delivery framework.
4. Explore website development as an option for improving access to MH information and services. Ensure MH Line interface issues, and links to CCDHB Warmline are considered. Subject to agreement that website development is necessary, develop a business case for Funding and Planning consideration.
5. Subject to a successful business case, lead on the design of the Website initiative, its content, implementation and publicity plan.

Co-ordination Service

6. Consider the current role of MH Service Co-ordination, and agree what this service should look like in the wider context of TJF.
7. Consider the Care Co-ordination Service and identify any opportunities for a closer alignment which may benefit consumers.

8. Develop a business case for Funding and Planning consideration.

Quality and Evaluation

9. Consider National, Regional and Local initiatives and frameworks, and identify how they fit in with the Workstream objectives. This includes the Electronic Health Records Project, monitoring the implementation of the MHINC/MH Smart /Prime Project; Health of the Nation Outcome Scales (HONOS); Hua Oranga outcome measures; self assessed Consumer outcome measures; and Health Information Standards Organisation (HISO) Project.
10. Identify capacity for current information collection, and utilise collection to build a picture of current usage and pathways. Liaise with TJF Leadership Group and other established workstreams as appropriate.
11. Identify what information we want to know, its use, how and from where it can be collected. Consider providers current capabilities, any IT system requirements, and high level resource/cost implications as part of this work.
12. Based on National, Regional and Local activity and findings, and feedback from established workstreams identify any additional local indicators designed to demonstrate improvements in the delivery of MH and addiction services, and to demonstrate that investments are focused, and deliver value for money across the total service delivery framework.
13. Submit findings to CCDHB Funding and Planning, and recommend alignment with CCDHB policies.
14. Assist in the implementation of quality and evaluation outcomes, facilitation of ongoing quality and system improvement, monitoring, and collaborative learning across service providers.
15. Consider the training needs, and workforce requirements as a result of new initiatives, and which are required to support implementation.
16. Identify resources/material that need to be communicated for newly launched initiatives (as deemed appropriate).
17. Identify barriers and highlight any key risks that may need to be planned for and/or managed as part of this project team's work.
18. Take ownership to promote the TJF to the sector, own the workstreams solution, and help to facilitate its change.

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 consider recommendations from established workstreams on suggested outcome indicators and evaluation processes.
3. This workstream will work consider recommendations from established workstreams on required information flows and processes for any newly developed initiatives.

4. This workstream will be mindful of the expected tasks of currently non-established workstreams as outlined in TJF, and will define and establish the necessary link as these workstreams develop.

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

Meeting Frequency

This workstream will meet every six weeks, 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.