



**The Journey Forward  
Mental Health and Addictions Plan  
Capital and Coast District Health Board**

**Acute and Crisis  
Updated Terms of Reference October 2007**

**These Terms of Reference (TOR) have been developed in line with The Journey Forward organisational structural needs and to enable the objectives of the work stream to be met.**

**Work stream Objective**

**The Acute and Crisis workstream was established in February 2006 to meet its objectives as outlined on page 41 TJF. These can be summarised as:**

*To develop an acute and crisis service continuum model of care that reflects the elements of good practice, ensures the right service mix is in place and that people are supported in the setting most appropriate to their needs.*

**Roles and Responsibilities**

**The Acute and Crisis workstream will meet its objectives within agreed timescales through the completion of the following tasks:**

- 1. Ensure acute and crisis continuum 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, marginalised populations such as homeless and refugees. Gender needs, disabilities, child, youth, and the aging population must also be carefully considered and reflected.**
- 2. The Leadership Group has the overall responsibility of ensuring effective consultation and communication in the sector. This work stream will provide support to the Leadership Group through the development and implementation of a formal communication plan.**
- 3. Ensure the newly contracted community-enhanced Mental Health Recovery Services are incorporated into the continuum's design.**
- 4. Contribute to the development of the CCDHB Mental Health Service model of care, and ensure its direction is complimentary and consistent with the continuum needs.**
- 5. Review and contribute to the development of the design for the Acute Adult Mental Health Inpatient Unit Rebuild Project.**
- 6. Identify capacity for current statistical collection and utilise collection to build a picture of current usage and pathways for inclusion in the acute and crisis continuum design.**
- 7. Agree draft process map findings and/or provide additional continuum recommendations to Funding and Planning including any major cost and resource implications.**

8. **CCDHB Funding and Planning will draft the continuum of care based on sector informed findings, and specific recommendations from the Acute Redevelopment Steering Committee, the Acute and Crisis Workstream, and the Leadership Group. This workstream will consider and provide feedback on the final draft acute and crisis continuum prior to sector-wide formal consultation.**
9. **Develop outcome indicators and evaluation processes to monitor and assess implementation progress, and how effectively the continuum is delivering improved Mental Health and Addiction Services.**
10. **Identify and make recommendations about continuum training needs, and workforce requirements necessary to support implementation.**
11. **Identify barriers and highlight any risks that may need to be planned for and/or managed as part of this Group's work.**
12. **Take ownership to promote The Journey Forward to the sector, own the work streams solutions, and help to facilitate its change.**
13. **Advise CCDHB Funding and Planning on the development of a purchase and implementation plan that includes:**
  - **Realignment of existing services and timeframes**
  - **Development of service specifications and related documentation**

#### **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 incorporate all Acute and Crisis projects within the structure, and help shape their developments inline with the wider context of TJF continuum.**
3. **This workstream will work with the Improving Access workstream to define specialist support e.g. CATT, HBT, Acute Ward, Recovery Houses, and the necessary relationships required to improve access throughout the system.**
4. **This workstream will work with the Information and Coordination workstream to inform the required information flow and processes for the newly developed continuum.**
5. **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.**

#### **Membership**

**The final membership make up has been agreed and will comprise of those listed in Appendix 1**

#### **Meeting Frequency**

**This workstream will meet monthly 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.**

**Review**

**These TOR were finalised August 2006 and revised September 2007.**