

SOUTH ISLAND PALLIATIVE CARE WORKSTREAM

TERMS OF REFERENCE

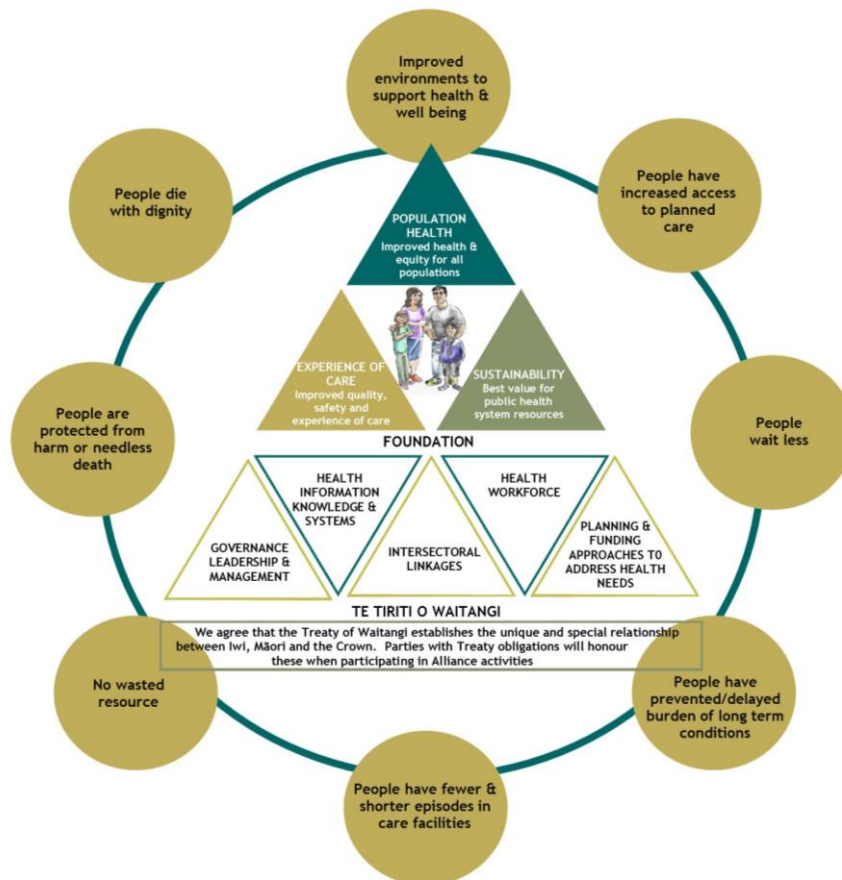
PRINCIPLES OF SERVICE LEVEL ALLIANCE CHARTER

The foundation of the Service Level Alliance (SLA) Charter is a commitment to act in good faith to reach consensus decisions on the basis of ‘best for people, best for system.’ Each SLA member will sign the SLA Charter and agree to the principles contained within it.

SOUTH ISLAND ALLIANCE VISION

Our vision is a sustainable South Island health system focused on keeping people well and providing equitable and timely access to safe, effective, high quality services, as close to people’s homes as possible.

SOUTH ISLAND ALLIANCE OUTCOMES FRAMEWORK



SERVICE LEVEL ALLIANCE

SOUTH ISLAND PALLIATIVE CARE WORKSTREAM

PURPOSE

The South Island Palliative Care workstream will operate within the SI Alliance framework, and exists to promote the development of, and equitable access to a high quality palliative care integrated system for all people in the South island. The workstream is established under, and has strategic linkages to, the Health of Older People Service Level Alliance.

SCOPE

The South Island Palliative Care workstream will focus on:

A) **Strategic Direction and Work Plan**

Develop a work plan to inform the development of an integrated palliative care system, and multidisciplinary workforce across the South Island. The plan will be included in the South Island Health Services Plan, and will be updated annually.

A reporting cycle will be agreed to meet the SI Alliance structure requirements

B) **Implementation**

Consistent implementation of the Resource and Capability Framework for Integrated Adult Palliative Care Services in New Zealand January 2013 and the Guidance for Integrated Pediatrics Palliative Care Services in New Zealand

C) **Service Improvement, Integration and Development**

Encourage access and quality improvements through service improvement plans, sharing best practice tools, and formation of local partnerships to achieve integrated and quality services and overcome barriers such as workforce shortages. In particular, during the implementation phase of *Te Ara Whakapiri: Principles and guidance for the last days of life*.

D) **Data Definitions, Information Collection and Systems**

Support development and reporting of standardized information collection and have monitoring oversight of information trends, and issues to inform ongoing planning and activity.

E) **Networking and Engagement**

Support an integrated system approach to local and South Island Palliative care linkages across the spectrum of services and providers to benefit the patient journey. This may include identification and encouragement of opportunities for community engagement, particularly focused on death and dying, and multicultural engagement.

Establish formal linkages with national bodies such as Hospice NZ, **the Palliative Care Advisory Panel** and professional bodies; regional networks such as the Southern Cancer Network and existing alliances such as the Health of Older People SLA, Child health SLA and other relevant National bodies

F) **Education, Training and Workforce development**

Work with the SI Regional Training Hub on the planning, training and funding opportunities for the current palliative care workforce across all professional and nonprofessional groups.

Annual Workplan – The group will report to the Strategic Planning and Integration Team (SPaIT) within two months of being established a project plan including timeline, reporting arrangements and any budget requests required to complete the work. This workplan once endorsed by SPaIT will be submitted to the South Island Alliance Leadership Team (SI ALT) for approval. Subsequent workplans will be included in the South Island Health Services Planning process.

QUORUM

The quorum for meetings is half plus one Alliance member from the total number of members of the Service Level Alliance.

FREQUENCY OF MEETINGS

Meetings will be held monthly, both face-to-face in Christchurch (unless there is benefit in holding the meeting in an alternative venue) and by teleconference or videoconference. Meeting dates will be arranged annually, taking into consideration the Alliance Leadership Team meetings.

REPORTING

The SLA/Workstream group will agree with the SPaIT and SI ALT their strategic direction and annual workplan. This will be influenced by the SI Health Services Plan, legislative and other national requirements. Three monthly reports for ALT will be completed by the SLA/Workstream and, quarterly reports (end September, December, March and July) for the Ministry of Health.

ACCOUNTABILITY

The SLAs/Workstream are accountable to the SI Alliance Leadership Team (SI ALT) who will establish direction, receive and approve recommendations.

The SLAs/Workstream will request the Strategic Planning and Integration Team (SPaIT) to review and endorse all recommendations being made to SI ALT. The Strategic Planning and Integration Team (SPaIT) facilitates an integrated approach linking the SLAs and workstreams to the South Island vision

ROLES AND RESPONSIBILITIES

MEMBERSHIP

Membership of the SLA/Workstream will include professionals who participate (e.g. referrers or providers) in the relevant services, those who work in key related services, management from relevant health services organisations and consumers with a knowledge and understanding of the service. Membership and the Chair will be agreed by ALT. The membership will include representatives from:

- Clinicians from relevant professional groups across the healthcare continuum
- Provider organisations
- DHB Planning and Funding
- Maori
- Consumers
- Other expertise as required by the scope

TERMS OF MEMBERSHIP

- Membership will be limited to no more than two Service Level Alliances/Workstreams for any one individual.
- Total SLA/Workstream membership should be 12 or fewer.
- All members are appointed for a term of up to three years. The terms of members will be staggered to ensure continuity of membership. No member may be appointed for more than six consecutive years unless an additional period of up to twelve months is confirmed by ALT to allow for continuity of projects.
- Chairs are appointed for a term of up to two years. No Chair may be appointed for more than four consecutive years unless an additional period of up to twelve months is confirmed to allow for continuity of projects. The Chair may remain a member of the group on standing down, as per the clause above. Chairs may be nominated by SI ALT, or from the SLA/Workstream membership, and the nomination approved by SI ALT.
- A deputy Chair may be elected from the SLA/Workstream membership and the nomination approved by SI ALT.
- Membership of a Service Level Alliance/Workstream will be reviewed annually to ensure its membership remains appropriate.
- It is the expectation that a member of a Service Level Alliance/Workstream will be able to attend two-thirds of scheduled meetings annually, unless discussed and agreed with the Chair.
 - SLA/Workstream attendance registers will be presented at each monthly meeting
 - The chair will discuss attendance and ongoing membership with any member when an issue arises
- Members of a SLA/Workstream should also link with, seek opinion and keep informed other like professionals and those within their organisation to support regional consensus / agreement.
- In some cases the Membership may include a member of the ALT
- SLA/Workstream Conflict of Interest registers will be updated at each monthly meeting

SUB COMMITTEES/WORKING GROUP

The SLA/Workstream group may establish a working group or sub committees for short term or specifically focused pieces of work. Membership for these groups can be recruited from outside of the PCW. No remuneration is available to support these groups.

The SLA/Workstream will:

- determine membership
- establish aims
- establish terms of reference
- agree timeline
- clearly define a process for decision making
- report to the relevant SLA/Workstream

MEMBER SKILL SET

- Excellent communication
- Understand and utilise best practice and alliance principles
- Ability to analyse services and participate in service design
- Ability to analyse proposals using current evidence bases

- An understanding of:
 - The South Island Alliance
 - Government Health Policy
- Willingness to work as part of a team and share decision making
- A range of pragmatic, practical and grounded skills
- Innovative, strategic, high level thinking and decision making

FUNCTION

The SLA/Workstream functions are to:

- Participate in strategic planning, design and prioritisation in the specific area of health and social services within a defined scope in which the alliance partners operate or have been tasked to review
- Ensure activities align with the SIA outcomes framework
- Link with other SIA SLAs and Workstreams
- Balance the demands on the system for patients care and wellbeing with the need for sustainable services
- Influence the implementation of service design
- Recommend how services will be funded using collective decision making and available resources from a range of sources
- Apply delegated funding where available to lead the required service/service change
- Promote effective communication and collaboration among all key stakeholders
- Design evaluation criteria
- Ensure that monitoring and evaluation is occurring
- Report to ALT on service design, progress and activity, and evaluation
- Feed into Annual Plans around deliverables, targets, etc.
- Attend and participate in relevant meetings
- Monitor ongoing effectiveness of service delivery
- Members will actively be engaged with, and own, key South Island service delivery activities as defined in the SLA/workstream workplan within the South Island Health Services Plan

FACILITATION AND ADMINISTRATIVE SUPPORT

The South Island Alliance Programme Office or one of the DHBs will provide facilitation support to the SLA/Workstream, this will include administrative and project management support. DHBs and other participating organisations may be required to provide additional resources. Where resources cannot be met within the participating organisations a briefing paper identifying requirements should be submitted to ALT for consideration.

Draft minutes of meetings will be completed by the end of the fifth working day after a meeting and sent to the SLA Chair for review and approval prior to distribution to SLA members.

CONFLICTS OF INTEREST

Conflicts of interest will be stated by the proposed membership prior to the start of any new alliance, SLA, workstream, by any new member and before commencing any new programme of work. All conflicts of interest will be recorded in a register held by the facilitator and tabled at each meeting.

AMENDMENTS

These terms of reference will be reviewed annually and may be altered to meet the needs of its members.

TERMINOLOGY

- Alliance Charter – outlines the purpose, principles, commitments and mandate of alliance leadership teams; provides a basis for individuals on the leadership teams to commit to the approach
- Alliance Leadership Team (ALT) – (the South Island DHB CEOs) prioritises activity, allocates resources (including funding and support) and monitors deliverables.
- Strategic Planning & Integration team (SPaIT) – The team will support an integrated approach linking the Service Level Alliances and workstreams to the South Island vision and identifying gaps, recognising national, regional and district priorities. The Team will provide a strategic and integrated view that is broader than the current priority areas and incorporates the SI Health Services Plan development.
- Service Level Alliance/Workstream - a group of clinical, and non-clinical professionals and consumers who provide guidance; design and plan the delivery of a service or group of services in a specific area of health services within a defined scope; propose transformational service improvement. Identify areas requiring redesign and innovation.
- Working Group – a group of clinical and non-clinical professionals drawn together to undertake specific projects or tasks under the guidance of the SLA/Workstream.