

# North East Mental Health Service Coordination Alliance -NEMHSCA

## Terms of Reference

October 17 2019

### 1.Introduction

#### 1.1 North East Mental Health Service Coordination Alliance (NEMHSCA)

The North East Mental Health Service Coordination Alliance (NEMHSCA) is an inter-organisational collaborative platform, informed by people with lived experience that advocates, plans and shapes better health and wellbeing service delivery; including improving and enhancing service coordination and integration towards better health outcomes in the North East metropolitan region of Victoria.

#### 1.2 Role

The role of NEMHSCA is to promote the development, implementation and monitoring of an integrated multi sector service coordination framework that harnesses the knowledge, experience and practice wisdom of representatives from across the North East metropolitan region. NEMHSCA aims to provide a platform to better enhance service integration and communication so consumers, carers and the community can access responsive, appropriate and integrated Mental Health and wellbeing support.

#### 1.3 NEMHSCA region

NEMHSCA is supported by the Eastern Melbourne Primary Health Network (EMPHN) whose catchment area includes the City of Banyule, Whittlesea, Nillumbik and the Outer North suburbs of Mitchell and Murrindindi. NEMHSCA membership will not exclude services who may fall outside EMPHN boundary but have functional relationships with the area.

#### 1.4 NEMHSCAs commitment to communities

NEMHSCA makes the following commitments in seeking meaningful involvement and contribution from community members in reshaping services that directly affect them.

i. NEMHSCA recognises lived experience and the need for and value of consumer, carer and peer worker expert advice into the design and implementation of the alliance and its activities. NEMHSCA is dedicated to strengthening consumer and carer collaboration and participation by providing an expert advisory group to advise and inform the Governance Committee and the NEMHSCA Alliance on its activities and decision making.

ii. NEMHSCA recognises the ongoing struggle with disposition of the Aboriginal and Torres Strait Islander people and communities, past and present. NEMHSCA is dedicated to building stronger relationships with Aboriginal and Torres Strait Islander peoples, communities and services. NEMHSCA acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the North East region of Victoria and recognises the enormous health gaps and challenges in accessing culturally safe, appropriate and responsive services. NEMHSCA is dedicated to gaining expert advice by engaging with local Community.

iii. NEMHSCA values and supports its culturally and linguistically diverse communities (CALD). NEMHSCA recognises that culture and ethnicity shape the way people understand health and wellbeing and that services need to improve the way they engage with their diverse communities, particularly where disparities in health outcomes are evident. NEMHSCA is committed to being a culturally safe and responsive entity that promotes health and wellbeing for the CALD communities.

iv. NEMHSCA values and supports its LGBTIQ+ people and communities. NEMHSCA recognises that a disproportionate number of the LGBTIQ+ communities experience poorer health outcomes and these experiences are interrelated with discrimination and marginalisation. Actual or perceived discrimination from services can lead people to delay or deny seeking care. NEMHSCA is committed to being an entity that promotes safety and inclusivity for the health and wellbeing of the LGBTIQ+ communities.

### **1.5 NEMHSCA Good Faith and Guiding Partnerships Principles**

All members of NEMHSCA agree to act in good faith and demonstrate goodwill at all times during all aspects of the work that the Partnership undertakes together. To this end, the Partnership will collectively and conscientiously work to uphold the following shared principles:

- i. Partnerships add value through integration.
- ii. Partnerships mean clear, honest and informative communication.
- iii. Partnerships are respectful and comprise sharing authority.
- iv. Partnerships and performance count.
- v. Partnerships actively embrace a culture of learning and innovation.

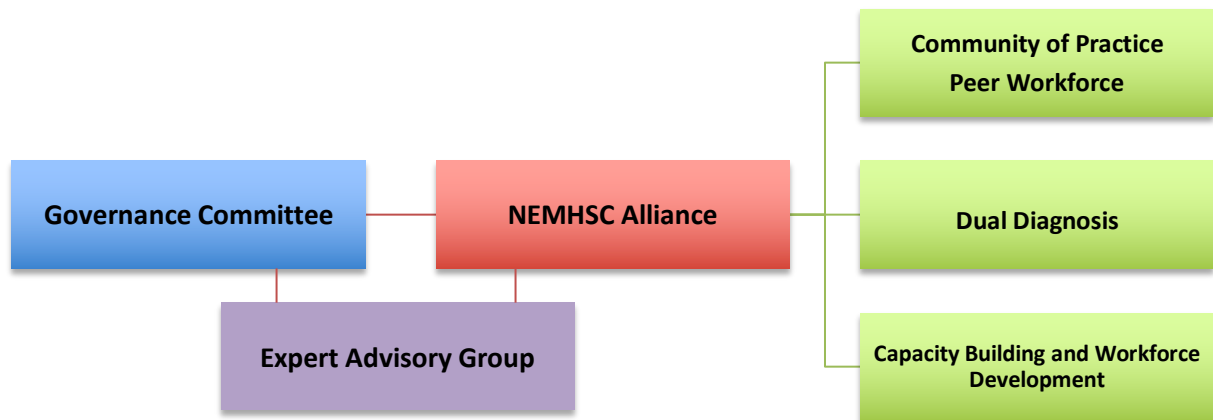
## **2. Function of NEMHSCA**

- i. Provide a mechanism to develop and drive a shared strategic direction for Mental Health and related community health and welfare services in the North East and Outer North region of metropolitan Victoria, ensuring consumers and their carers are central to the process and the needs of families, children and community are accounted for.
- ii. Strengthen consumer and carer collaboration and participation in regional service coordination design and activities, including co-design.
- iii. Make best use of collective expertise and diverse resources to create innovative strategies that address identified gaps in the system and lead to better health and wellbeing outcomes.
- iv. Develop and support the Strategic Priority areas identified by NEMHSCA.
- v. Collectively advocate for system improvements leading to a more coordinated Mental Health service delivery in the North East metropolitan region.

## **3. NEMHSCA Activities and Projects.**

- i. NEMHSCA and its Working Parties will initiate projects and collaborate on specific activities based on the needs of the Strategic Direction. For all projects, NEMHSCA will follow a project methodology and measure its deliverables and achievements using the appropriate methods.
- ii. NEMHSCA will evaluate all of its activities and a bi-annual survey will be sent out to members for feedback.

## 4. Structure



### 4.1 Governance Committee

### 4.2 Expert Advisory Group

### 4.3 The Alliance (NEMHSCA) Structure

- i. The Alliance is a multi-sectoral group of representatives from services within Mental Health, Alcohol and Other Drug, primary and community health and related community welfare services.
- ii. Banyule Community Health Service in West Heidelberg holds the responsibility of host location and chair for the Alliance meetings.
- iii. NEXUS Dual Diagnosis Service at St Vincent's Hospital holds responsibility for co-chairing the Alliance meetings.
- iv. The NEMHSCA Project Coordinator oversees the day to day operations of the NEMHSCA project.
- v. The Eastern Melbourne Primary Health Network (EMPHN) is the lead agency for the delivery of the NEMHSCA project, the stewardship for the project is in partnership with Banyule Community Health and NEXUS Dual Diagnosis Service.

#### **4.4 The Working Parties**

There currently exists a number of established, functional and targeted working groups across the North East metropolitan region who are an extension of and included in the NEMHSCA collaborative network.

##### **4.4.1 Community of Practice Peer Workforce**

This group seeks to bring together the Peer Workforce from the range of services in the region to develop and sustain support mechanisms and workforce opportunities through shared initiatives, training and networking.

##### **4.4.2 Dual Diagnosis Adult and Youth Working Groups**

- i. Youth dual diagnosis working group. This group provides a platform for staff who work with young people to access peer support, improve skills and knowledge around responding to dual diagnosis, foster links between programs and to develop and share resources.
- ii. Adult dual diagnosis working group. This group seeks to enhance collaborative relationships and staff/organisations ability to respond to dual diagnosis. Develop and improve skills and knowledge through information sharing and the exploration of challenges and successes.

##### **4.4.3 Capacity Building and Workforce Development Group**

This group focuses on staff capacity building and workforce development. This group seeks to strengthen staff/organisations relationships, local coordination, collaboration and to develop activities and initiatives based on the needs of the local workforce.

## 5. Membership

- i. Each NEMHSCA partner organisation will delegate a representative that holds some decision making authority for their organisation, can attend regularly and holds demonstrated interest in supporting the NEMHSCA Strategic Priorities.
- ii. Potential new member organisations are to be considered by the NEMHSCA governance committee upon request or otherwise via annual review, and if accepted, the project coordinator will extend an invitation.
- iii. By invitation of the chair and co-chair others may attend for all or part of one or more meetings of the Alliance meeting as a resource or in an advisory capacity. Any member of the group may seek the chair's permission for a non- member to attend part of all of the meeting for the development of the work of the Alliance or for information sharing.
- iv. It is the responsibility of members who are resigning from their position within their organisation to handover information about their role with the Alliance to another suitable leader within the organization
- v. All services for membership are to be considered by the NEMHSCA Governance Committee upon request or otherwise via annual review.

## 6. Reporting

- i. An annual report on the progress of NEMHSCA against the strategic plan and actions, is provided to the NEMHSCA Governance Committee by the NEMHSCA project coordinator and is endorsed and provided to the NEMHSC Alliance.
- ii. Minutes are distributed to members of the NEMHSC Alliance no later than two weeks after the meeting, as well as one week from the date of the most recent meeting.

## 7. Meetings

- i. The Alliance will determine the frequency of its meetings during the first year of its development.
- ii. The Alliance will convene at Banyule Community Health service in West Heidelberg.
- iii. The chair and co-chair of the Alliance will call a meeting of the group if so requested by any member of the Alliance or Governance Committee.
- iv. Guest speakers with information relevant to the strategic direction of NEMHSCA will be welcomed but must be approved and placed on the NEMHSCA governance committee meeting agenda by the Project Coordinator.

v. A quorum shall consist of the majority (more than 50%) of members of the Alliance. Meetings without a quorum may proceed at the discretion of the chair with notes recorded and distributed to the Alliance. No formal decision making will be conducted without a quorum.

## **8. Alliance, Committee and Working Parties Records and Communication**

i. The storage of Alliance and Committee records and documents will be the responsibility of the host location service Banyule Community Health to store within its electronic database.

ii. Only duplicate copies of committee documents (agendas, minutes and papers) should be circulated to members, with the original (master set) stored at Banyule Community Health.

iii. The working parties chairs and co-chairs are responsible for the capture, creation and storage of agendas, minutes and documents relating to their working party.

iv. The retention and disposal of all committee records, including email and electronic documents, must be in accordance with the relevant legal requirements.

## **9. Review**

i. The Terms of Reference and the membership of the Working Groups, including attendees, shall be reviewed annually by the NEMHSCA Governance Committee with any changes to be approved by the consensus of the members.

ii. Review of the Alliances performance shall be conducted annually and reported to the NEMHSCA partners.

## Appendix

### NEMHSCA Key Principles and Policies

#### Recovery Orientated Practice Framework

Victorian Department of Health 2011a, *Recovery-oriented practice: literature review*, Mental Health, Drugs and Regions Division, State Government of Victoria, Melbourne, (docs.health.vic.gov.au/docs/doc/EA9CBEB3FB430CE0CA2579090023087E/\$FILE/1106004\_Recovery%20oriented%20practice%20literature%20review\_Web.pdf)

No Wrong Door. [www.nowrongdoor.org.au](http://www.nowrongdoor.org.au)

Originally developed in collaboration with South Western PHN and One Door Mental Health/South Western Partners in Recovery. Launched 20 August 2015.