



# EMR Alliance Workgroup – Terms of Reference

## Purpose

The primary purpose of the EMR Alliance Workgroup is to oversee and monitor the development and implementation of the recommendations of the *2018 Alliance Review Report*. The Workgroup is comprised of 13 senior management representatives across the Alliance membership and the Eastern Sector Development Team (ESDT).

The objectives of the Workgroup are to:

- Foster, promote and champion members' ownership of EMR Alliance strategic directions and activities
- Promote and advocate for positive and effective change to support EMR Alliance members, priorities and activities
- Identify and advise on issues, risks and barriers impacting on the EMR Alliance and its members and contribute to developing appropriate solutions and responses
- Liaise and collaborate with other Alliances to support shared priorities, advocacy and strategic directions
- Make strategic recommendations and provide advice on frameworks that can support (or pose risks to) the work of the EMR Alliance.

## Membership

- To ensure the Workgroup represents the breadth of Alliance members, membership will be derived from both the inner and outer east, across a range of sectors including:
  - Local Government
  - Community Health
  - Aged & Disability Services
  - Primary Care Partnership
- It is expected that members of the *EMR Alliance Workgroup* will hold senior positions within their respective EMR organisations, be active EMR Alliance members and have decision making authority to enable the Alliance to operate efficiently and effectively.
- Workgroup members will not be required to nominate an alternate representative who can attend meetings in the event they are unable to. If unable to attend, members should send their apology to the Chair or host member.
- Nominations for new Workgroup members will be tabled for discussion by the Workgroup and accepted in writing. Each member's tenure on the Workgroup will be reviewed after 1 year.

## Roles and Responsibilities

Workgroup members will commit to:

- attending all scheduled Workgroup meetings
- championing the EMR Alliance, Workgroup and all associated activities / resources
- being approachable and accessible to the broader membership, presenting member feedback to the Workgroup where necessary
- providing regularly progress updates to the EMR Alliance membership
- sharing all relevant communications and information across all Workgroup members
- making timely decisions and actions via majority vote, so as to not hold up Workgroup activities
- being respectful of member's roles, commitments, beliefs and opinions
- notifying members of the Workgroup, as soon as practical, if any matter arises which may be deemed to affect the Workgroup or impact participating in the Workgroup
- supporting induction / handover processes for exiting / new Workgroup members



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Members of the Workgroup can expect:

- that each member will be provided with complete, accurate and meaningful information in a timely manner
- to be given reasonable time to make key decisions
- to be alerted to potential risks and issues that could impact Workgroup activities, as they arise
- open and honest discussions
- to participate in ongoing 'health checks' to verify the overall status and 'health' of the Workgroup

### Secretariat

The Secretariat function for the Workgroup will be shared amongst members, on a rotating roster:

- Agenda – agreed electronic template will be used as the basis for every meeting and any additions are to be forwarded to the host member (a minimum of 7 days before each meeting). The agenda is to be distributed to all members by the host member (a minimum of 5 days before each meeting).
- Minutes - recording and circulating minutes will be done using an agreed electronic template. The minutes are to be distributed to all members within 7 days of each meeting and a copy will be stored by the ESDT.
- Hosting – host member will send a calendar meeting invitation to all members, with relevant details, provide a suitable meeting venue and basic catering

In addition to holding the secretariat function for the EMR Alliance, the Eastern Sector Development Team (ESDT) will provide strategic support to the Workgroup, including provision of expert advice, consultation and direction.

### Chair and Vice-Chair

The Chair will be a member of the *EMR Alliance Workgroup* elected by majority vote by members of the group. The Chairperson will attend and run the bi-monthly meetings, represent the Alliance in public forums and where necessary, facilitate the dispute resolution process.

A Vice-Chair will also be nominated, and in the event that the Chair is unable to attend, the vice-chair will adopt Chairperson responsibilities.

The positions of Chair and Vice-Chair will be held initially for 6 months. Following a review in June 2019, the roles will be reviewed and new nominees will be sought and voted on for 12 month tenure by the group.

### **Meeting Frequency and Contribution**

- Quorum will be 50% +1
- 2 hourly meetings, 9.30-11.30am, will be held 4-6 weekly (alternating Tuesdays and Wednesdays)
- The meeting venue will be arranged the host member
- Members will be asked to represent the interest of the broader membership, bringing their expertise and knowledge of issues and initiatives that may impact on the sector.
- The Workgroup supports open and transparent discussion of issues relating to the implementation of sector reform across the EMR. In the event of a perceived conflict of interest, members will disclose the potential conflict and can choose not to take part in a Workgroup discussion related to this issue.

### **Confidentiality**

The proceedings and records of the *EMR Alliance Workgroup* are not considered confidential. Where the group identifies information that is of a confidential nature, the issues will be documented without disclosing confidential information.



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### **Dispute Resolution**

In the event that there is disagreement between members of the *EMR Alliance Workgroup* which prevents the agreed objectives being reached, the following will apply:

- terms of reference will be considered the guiding document
- issues should be referred to the Chair of the Workgroup for discussion and review
- as appropriate, issues will be tabled for discussion by the Workgroup with the aim of resolving the issue or developing a process through which resolution should be achieved. If appropriate, additional people representing different interests may be invited to the meeting
- if the matter cannot be resolved through open discussion with the Workgroup, issues should be referred directly to the Eastern Sector Development Team.

### **Review of Terms of Reference**

This document, membership tenure, roles and priorities of the *EMR Alliance Workgroup* will be reviewed in June 2019.



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## Appendix

### 1. Department of Health Expectations

The Department of Health's *2018 Change Management Strategy* advised the Victorian Aged Care sector that they expect industry Alliances will have these future roles and responsibilities:

- *Regional based channel for communication, information dissemination and a platform to identify systemic issues*
- *Lead and support sector development and change management, innovation and good practice to achieve good outcomes for clients*
- *Forum for DoH, Department of Health and Human Service (DHHS) and Regional Development Coordinators (RDC) to engage and communicate program information updates*
- *Receive feedback and discuss successes, opportunities, risks and challenges*
- *Support information sharing through communities of practice*
- *Identify local solutions to operational issues*
- *Drive and facilitate change management*
- *Move to operating independent of Department, RDC and Sector Development Team (SDT) support (from July 2019)*

### 2. Eastern Metropolitan Region (EMR) Alliance Overview

#### ❖ Vision

The Alliance seeks to enable a collaborative approach that supports the delivery of high quality, holistic and coordinated service provision across the EMR. The Alliance is committed to maximising its reach by proactively engaging relevant service providers, creating opportunities to share experience and information and retaining a focus on client empowerment and successful outcomes for the individual and the community.

#### ❖ Mission

The Alliance will provide a forum in which all local HACC-PYP and CHSP funded agencies, service delivery partners and key stakeholders can come together to support effective, person centred practice. The Alliance will facilitate timely and effective information sharing between agencies, promote collaborative problem solving and seek opportunities to strengthen and/or create new partnerships to address common issues.

The key objectives of the Alliance are to:

- create a shared understanding of the Wellness and Reablement approach, Diversity Planning and Practice initiatives and change management associated with aged care sector
- strengthen working relationships between local HACC PYP & CHSP agencies, and
- build the capacity of local agencies to embed key quality improvement elements as part of service delivery.

#### ❖ Structure

The structure of the Alliance has evolved over time to reflect the needs of its members. The Eastern Sector Development Team (ESDT) are funded, by both State and Commonwealth Department of Health, until end of June 2019 to provide the functions associated with coordination, facilitation and liaison for the Alliance. This includes coordinating events, setting and distributes agenda and minutes agendas, maintaining membership contact database and providing new member induction.

Membership is currently available to all staff of EMR HACC-PYP and CHSP funded agencies. It is a priority to ensure that ALL members have equal opportunity to participate in Alliance activities and remain actively engaged



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in group discussions and opportunities. This is supported through a range of face to face events including bimonthly Alliance meetings, forums and targeted workshops. Information is also shared with members via the Alliance's weekly updates, website and YouTube channel. In addition to the meetings available to all members, the EMR Alliance is represented through a Workgroup and a number of targeted project / focus groups that support key local projects and initiatives.

### **3. EMR Alliance Workgroup - Background**

From July 2019, it is expected that current transition activities associated with the Victorian State funded home and community care program for younger people into the NDIS and the Commonwealth aged care program will be complete. These activities are likely to bring significant change to the funding, policy and program environment. The changed role of DHHS is particularly significant for current partnership arrangements, as are the Commonwealth's priorities associated with regional communities of practice and alliances.

With a year to go, it was timely that the Eastern Metropolitan Region (EMR) Alliance started looking at how it will transition into the new environment. There are lots of questions, such as the nature of its ongoing role in facilitating and responding to Commonwealth directions and requirements, including the Commonwealth quality agenda, market impacts and increased choice and control for clients. In addition, with many Alliance members providing both aged care and NDIS services, and new providers in aged and disability service delivery, the Alliance is well positioned to look at new regional strategic opportunities.

Currently, the EMR Alliance is playing an important role in supporting the transition processes, particularly with providing information, assisting in the maintenance of activity, implementing quality improvement initiatives and regional leadership.

The Eastern Sector Development Team (ESDT), funded to assist the sector during this time of significant change and currently holding the secretariat function for the Alliance, is coordinating a collaborative process for Alliance members to think about the opportunities of these changes.

Alliance members have been participating in review project activities throughout 2018, which have included attending presentations, completing surveys and participating in consultation workshops. From the workshops, a report of member representatives' recommendations was created and released to all members for consideration. This report, along with EMR Alliance project update and Department of Health's Change Management Strategy, was presented at the 25 July 2018 EMR Alliance Convention. Voting on the report's key recommendation and 3 priority actions took place between 25 July – 27 August 2018.

25% of active members voted and 94% voted to establish the proposed member workgroup, with the Eastern Sector Development Team, to explore all member recommendations further.

To start the next phase of the review work, 13 Alliance members were sought to become representative members of an EMR Alliance Review Workgroup. This leadership group has been empowered by the broader membership to drive the implementation of the Alliance Review Report recommendations.