



SMR Alliance

Working together to maximise the wellbeing
of older people and people with a disability

Southern Metropolitan Region (SMR) Alliance Terms of Reference

Introduction:

The initial impetus for a regional Alliance stems from the Home and Community Care (HACC) Assessment Framework 2007, which states that HACC Assessment Services are required to build Alliances with key organisations that contribute to client assessment. A competitive submission based process was initiated by Department of Health and Human Services (DHHS) across the SMR. Managers representing local government that provide aged and disability care services across Southern Metropolitan Region (SMR) came together and supported a submission by Bayside City Council to establish an Alliance across SMR. Following the success of the submission by Bayside City Council, a planning session with key agencies was established and it was agreed that an Alliance with broader membership than the HACC program would be beneficial.

The SMR Alliance, supports better outcomes for older people aged 65+, younger people with a disability aged under 65 and carers through region wide agency collaboration. The Alliance brings together the expertise, knowledge and experience through sectoral representation of SMR funded community care agencies. The Alliance provides a region wide forum and 'voice' for organisations to promote a strong partnership through effective information sharing and collaborative problem solving.

The focus of the Alliance is strategic and aims to achieve system and process improvement. Whilst some of its activity will be practical and operational, this is only to achieve a strategic outcome.

The SMR Alliance is represented through a leadership group and working groups as required, established to drive agreed identified priorities.

The Regional Development Coordinator (RDC) is responsible for coordinating the secretariat function for the SMR Alliance. The RDC has a key role to facilitate and drive sector development and change management, and provide implementation support to agencies as a result of the implementation of aged care reforms and the National Disability Insurance Scheme.

This includes working with the Alliance and networks, the Wellness and Reablement Consultants (WRC), Diversity Adviser (DA), Aboriginal Development Officer (ADO) and with others such as Access and Support workers (A&S) and peak bodies to promote a coordinated approach to sector development and change management; and to build rapport with agencies to support them through this period of substantial change and reform.

Alliance Vision:

Maximise the wellbeing for older people, people with disabilities and their carers.

Alliance Purpose:

To be a region where older people, people with a disability and carers living at home receive high quality coordinated services that support their independence, potential and wellbeing. The Alliance will:

- Identify and prioritise strategic issues and themes emerging across the region
- Promote strategic collaborative problem solving
- Facilitate effective information and resource sharing
- Advocate on policy issues
- Reduce duplication and build links and partnerships.

Alliance Objectives:

- Advocate collectively. Leverage the power of SMR agencies working together to bring about strategic and systemic change, creating better client outcomes
- Promote and build excellent practice as a region
- Facilitate regional consistency and communication in addressing key strategic issues
- Combine and share information, resources and training
- Build regional capacity and overcome duplication of effort
- Attract membership and build strong partnerships/links within and outside the Alliance
- Utilise smart technology to connect, meet and inform.

Alliance Values:

- Respecting and valuing our diverse client group
- Openness, honesty and transparency
- Accountability
- Respect and integrity for each other
- Listening and learning from each other
- Innovation and flexibility.

Alliance Approach:

- To work collaboratively at a strategic and operational level
- To reduce and minimise barriers to service access
- Evidence based
- Respectful and inclusive of existing networks and projects and seek opportunities to work with them (e.g. PCP) to maximise available resources and avoid duplication
- Opportunistic and flexible in response to changing circumstances and community needs
- Established for the benefit of clients and the community and not for personal gain

SMR Alliance Structure:



The **SMR Alliance** is inclusive of all members. Within the Alliance there can be **Working Groups** that involve members and other invited stakeholders.

A **Leadership Group** made up of senior staff representing different service sectors across the SMR will work together to find solutions to issues and themes identified by Alliance members.

Alliance Membership:

The SMR Alliance will seek interest to join the Alliance Leadership Group from sectors across SMR who are not represented. The Alliance encourages input and feedback from all agencies including: CHSP and HACCPYP funded organisations, Community Health Services, Aged Care Assessment Services (ACAS), Regional Assessment Services (RAS), Packaged Care and Carer organisations.

Leadership Group:

This group will provide leadership for the SMR Alliance and includes representatives of the differing sectors across Southern Metropolitan Region as well as covering each PCP catchment.

The Leadership Group will consist of:

- Meeting Chair – Bayside City Council or a Leadership Group member
- Two Managers, one from a large Non-Government Organisation (NGO) and one from a smaller NGO
- Two Managers from diversity specific organisations
- Three Local Government Managers, one per PCP catchment
- Two Community Health Service Managers, one stand alone and one integrated CHS
- One ACAS Manager
- Two Managers Packaged Care
- One Manager from a Carer specific organisation

- Manager from the Sectoral Development auspice organisation
- One Department of Health and Human Services and one Department of Health representative ex officio
- Sectoral Development staff including the Regional Development Coordinator (RDC), Wellness and Reablement Consultants, Diversity Adviser and Aboriginal Development Officer ex officio
- Regional Assessment Service Coordinator ex officio

Each Leadership Group member will be responsible for nominating a suitable person to attend in their absence. The RDC will contact any Leadership Group member who has not attended two consecutive meetings (other than for planned absences) to discuss reasons and where three consecutive meetings have not been attended without a valid reason that person's position on the leadership group will be discussed at the following leadership group meeting.

Working Groups:

The SMR Alliance will establish or work with existing working groups to undertake specific tasks and/or oversee projects related to the objectives of the Alliance. Existing and relevant working groups can link with the SMR Alliance as a group or as individuals.

Sectoral Development team role with the SMR Alliance:

The RDC, Wellness and Reablement Consultants and Diversity Adviser will work closely with the Alliance to inform wellness and reablement and diversity discussions and initiatives and to progress relevant work of the Alliance.

Consumer representation on SMR HACC Alliance:

Consumer involvement with the Alliance's work will be sourced through existing consumer networks, as relevant.

Roles and Responsibilities:

Leadership Group:

The Leadership Group will:

- Promote the SMR Alliance and take responsibility for communicating the Alliance direction and approach
- Identify and prioritise strategic issues for the Alliance to address, and seek feedback
- Finalise and approve project briefs for Alliance Working Groups
- Agree on project methodology, deliverables, timelines and outcomes

Meeting Chair:

The Meeting Chair will:

- Chair meetings
- Arrange a deputy as required

SMR Alliance membership:

SMR Alliance members will support the Alliance vision, purpose, objectives, values and approach.

Auspice:

Bayside City Council will:

- Have a contractual arrangement with DHHS and DoH for the sectoral development team
- Employ sectoral development staff and provide day to day supervision
- Manage the sectoral development funding and provide accountability reports to DHHS and DoH
- Provide workstation, consumables and other necessary items for sectoral development staff
- Pay accounts in accordance with Council's procurement arrangements.

Department of Health and Human Services and the Department of Health:

- Provide to the Leadership Group, information on aged care and NDIS reforms, funding opportunities and other relevant issues
- Provide the Leadership Group with guidance on DHHS and DoH expectations
- Attend Leadership Group meetings in ex officio capacity
- Attend SMR Alliance forums, as relevant.

Alliance Administration:

Administrative support will be provided to the Leadership Group by the RDC and will include:

- Organising meeting venues, catering and mail outs, as required

- Receive any requests to participate/present at a meeting of the Leadership Group
- Invite and formalise arrangements with invited guests
- Take Leadership Group meeting minutes
- Call for agenda items and reports and develop, distribute and provide access to Leadership Group minutes, meeting agendas and reports
- Ensure distribution of the final agenda and any written reports at least 5 working days before the meeting using the agreed agenda format
- Manage membership data base

Alliance Logistics:

Leadership Group Meetings:

- Meetings will be held bi-monthly on the last Tuesday of alternative months
- Meetings will occur from 3-4.45 pm
- A quorum will consist of 50% plus 1 member, but excluding ex-officio attendees

Decision-making:

The process for decision making will be by consensus, following full discussion, consideration and reflection of issues. When there is no consensus, the majority view will prevail and alternative views will be recorded in the minutes.

Review of Terms of Reference (TOR)

These TOR will be reviewed every 12 months, or upon request of the Leadership Group.