

PALLIATIVE CARE DECISION MAKING GROUPS

Palliative Care Advisory Committee (Draft Role Statement)

Function in implementing the *Strengthening Palliative Care Policy (SPCP)*

- Provide advice to the DHS on strategic issues related to palliative care in Victoria.

Members of the PCAC have earned authority and respect as a result of their experience and knowledge of palliative care and related sectors. The DHS and the sector look to the PCAC for advice about best practice approaches to improving palliative care service delivery.

Advice given by the PCAC to the DHS may impact on the priorities and work of consortia and other palliative care decision making groups.

Role

- To advise the DHS on the development, implementation and evaluation of palliative care policy.
- To lead service improvement initiatives in the Victorian palliative care sector
- To identify common themes and issues in regional palliative care consortia plans in order to inform the development of statewide priorities
- To consult with and advise the palliative care consortia about best practice palliative care

Responsibilities

- To represent the Victorian palliative care sector and related stakeholders in relation to:
 - Implementation of the *SPCP*
 - Evaluation of the *SPCP*
 - Refresh of the *SPCP*
- To advise the DHS on key statewide quality improvement initiatives:
 - Development and implementation of:
 - Palliative care patient pathways
 - Service delivery framework
 - Funding models
 - Development of clinical networks and quality data initiatives

Structure

Chair of PCAC

Options		Advantages	Disadvantages
Internal Chair	<ul style="list-style-type: none"> • Manager, Palliative Care 	More involvement and immediacy	Less influence within DHS
	<ul style="list-style-type: none"> • Ask the Executive Director, Metropolitan Health and Aged Care Services Division to nominate a chair for the committee. This could be the Director, Programs* Preferred Option 	Less involvement and immediacy	More influence within DHS
External Chair	<ul style="list-style-type: none"> • Palliative care 	Champion within palliative care Understanding of palliative care issues	Fewer links outside of palliative care
	<ul style="list-style-type: none"> • Non palliative care 	Links to non palliative care services	Less understanding of palliative care issues

Role of Chair

- To facilitate the effective functioning of PCAC meetings
- To allow different views and perspectives to be presented in PCAC meetings
- To draw on their influence and positional authority to assist the work of the PCAC.

Reporting to DHS and the Minister

- The PCAC will report to the Executive Director, Metropolitan Health and Aged Care Services Division or their nominee.
- The refresh of the *SPCP* will be endorsed by the Minister for Health.
- While the DHS will seek advice from the PCAC about the palliative care policy and service improvement initiatives the final decision will be made by the DHS.
- Consortia and other decision making groups are not accountable to the PCAC. All funded services and consortia are accountable to the DHS.

Membership:

- Consortia representatives (x 4) elected by the consortia.
 - The consortia representatives should also represent the four areas below:
 - Community
 - Inpatient
 - Metropolitan
 - Rural
- Statewide Services
- Academic Units
- Palliative Care Victoria
- DHS Aged Care
- Consumers/Carers
- DHS Advanced Care Planning
- Relevant professional groups

Members would have a two year term.

Working Groups

- Time limited working groups to be established for particular projects.
- These working groups would report to the Cancer and Palliative Care Unit.
- Working groups would normally be chaired by a PCSAC member
- Working group membership is not confined to PCSAC members

Communication/ Relationship with other groups

- Three half day meetings per year
- To run one horizon scanning session each year in relation to key issues which will impact on the implementation, evaluation and refresh of the *SPCP*
- Other planning sessions as required
- Attend statewide meetings

Peak body - Palliative Care Victoria (Draft Role Statement)

Function in implementing the *Strengthening Palliative Care Policy (SPCP)*

Provide advocacy and leadership for the palliative care sector in Victoria.

Role

Palliative Care Victoria Inc (Vic) is the peak body in Victoria representing palliative care providers and those with an interest in palliative care.

Responsibilities

- Promote collaboration among its members
- Ensure that the diverse needs of members, members' clients and communities are represented in all decision making about palliative care
- Provide forums for members, members' clients and communities
- Establish, develop and maintain alliances, partnerships and networks relevant to palliative care
- Drive and influence palliative care policy
- Inform and educate the community about palliative care

Structure

As per existing governance arrangements.

Communication/ Relationship with other groups

Attend all statewide palliative care meetings

Palliative Care Consortia (Draft Role Statement)

Definition of Consortium: a group of organisations formed to undertake an enterprise beyond the resources of any one member (*Merriam-Webster's Dictionary of Law*)

Underlying assumptions

- Palliative care consortia are cooperative groups which work in a client centred way to identify issues of common concern for the population of the region they represent.
- Structures and relationships should ensure good communication flow and linkages.
- Structures and relationships should not be any more complicated/time consuming than necessary.
- Structures and relationships should support consortium managers to undertake their role
- Structures and relationships should facilitate succession planning for consortia

Function in implementing the *Strengthening Palliative Care Policy (SPCP)*

- Work with agencies to drive the implementation of the Strengthening Palliative Care Policy in the region.
- Facilitate the integration of care for people with a life threatening illness and their carers and families across the service system
- Services working together to optimise the community's access to quality palliative services
- Enable more efficient and cooperative use of resources while supporting an integrated approach to care for the patient

Role

- Regional planning
- Coordinate care in the region
- Advise the DHS about priorities for future service development and funding in the region
- Implement the Service Delivery Framework
- Communication and capacity building
- Governance issues
- Align regional plan with DHS Direction

Responsibilities

- Nominate an organisation as fund holder
- Elect a consortium chair
- Appoint and manage consortium manager (via the executive group)
- Ensure performance management process for consortium manager is in place
- Progress the regional plan as agreed by consortium members
- Establish and monitor the consortium executive group
- Establish and monitor the clinical/practitioners group (optional)
- Establish and monitor the regional advisory committee(optional)
- Establish and monitor any working group or sub-committees established
- Develop and implement policies and procedures as required
- Facilitate effective communication processes between key stakeholders.
- Link with specialist services and academic units on relevant issues.
- Maintain a relationship with DHS
- Seek advice from clinical group as required
- Link with advisory group as required

Structure

- Membership:
- A minimum of one representative from each of the funded palliative care services in the region.
- Representative is CEO of agency or has delegated authority granted by the CEO.
- There is one vote per DHS funded palliative care organisation. Signatories of the consortium MOU do not necessarily have voting rights
- A representative from the departmental regional office (ex-officio)
- Any other service providers/stakeholders which the consortium nominates as having key relevance to the roles and responsibilities of the consortium.
- Meet a minimum of 6 times per annum

Communication/ Relationship with other groups

- Receive monthly update from DHS
- Receive updates on statewide meetings via chair/consortium manager
- Link with Academic units and statewide services as required on particular issues.
- Each regional consortium should consult with specialist services and academic units as appropriate.

Palliative Care Consortium Chair (Draft Role Statement)

Function in implementing the *Strengthening Palliative Care Policy (SPCP)*

Lead the implementation of the *SPCP* in each region

Role

- Demonstrate a commitment to palliative care and champion palliative care issues in the region
- Chair consortium meetings effectively
- Liaise directly with the department on behalf of the consortia
- Act in the best interests of all members of the consortium
- Liaise with consortium members

Responsibilities

- Ensure that the implementation of the *SPCP* is progressed in the region.
- Ensure that reports are provided to DHS on progress re *SPCP* implementation
- Represent consortium at statewide meetings.
- Does not have executive decision making power except as part of executive group.
- Performance management of project manager, as part of executive group.

Structure

- Elected by consortium - 2 year term recommended
- Consider option of electing deputy chair/chair elect. This position could also comprise the 3rd voting member of the executive group.
- The chair must be employed by a DHS funded palliative care service and therefore be a voting member of the consortium.

Communication/ Relationship with other groups

- Receive and action strategic/policy level communication from DHS. (cc'd to project manager)
- Cc'd on day to day communications from DHS sent to project manager but no action required unless stated otherwise.
- Cc'd on relevant letters sent to CEOs of services in the region
- Receive monthly update
- Attend all statewide palliative care meetings

Consortium Manager (Draft Role Statement)

Function in implementing the *Strengthening Palliative Care Policy (SPCP)*

Manage the implementation of the SPCP in each region

Role

- Promote the change required in the region to achieve the implementation of the *SPCP*
- Take a lead role in undertaking strategic planning on behalf of the consortium
- Knowledge management for the palliative care consortium
- Information management
- Relationship building and management
 - Internal to consortium
 - External to consortium
- Build the relevance and effectiveness of the consortium for all members
- Act as a resource to the consortium.

Responsibilities

- Provide strategic advice re priorities for the consortium.
- Manage projects related to the implementation of the *SPCP* and regional plan.
- Coordinate the agenda for consortium meetings.
- Manage the day to day operations of the consortium
- Be a conduit for communications between the DHS and the consortium. Ensure that the DHS has an up to date distribution list for consortium contacts.
- Where appropriate, manage other staff employed by the consortium
- Provide induction and orientation to consortium members and other stakeholders
- Undertake awareness raising about palliative care for stakeholders.
- Promote the consortium and its key projects to stakeholders.
- Evaluate the implementation of initiatives undertaken by the consortium
- Provide a secretariat/ administrative role to the consortium where required
- Keep abreast of palliative care issues at a state and national level.

Structure

- Selection panel to include consortium executive group plus the option of a DHS rep.
- Standard PD to be adopted for all consortium managers employed by consortia.
- The PD will identify the expected outcomes to be achieved by the consortium manager. Options will be available to consortia about how these outcomes

are achieved. The accountability for achieving these outcomes rests with consortia.

- Performance management to be provided by the executive group.
- Level of financial delegated authority to be determined by the consortium.

Communication/ Relationship with other groups

- Receive day to day management communications from DHS (cc'd to consortia chair) and distribute to consortium as required
- Receive monthly update from DHS and distribute to consortium members
- Attend all statewide palliative care meetings
- Communication with other project managers
- Communication within consortia
- Communication with other key stakeholders in the region.

Individual consortium members–voting (Draft Role Statement)

Function in implementing the *Strengthening Palliative Care Policy (SPCP)*

Ensure that all palliative care services engage with the *SPCP* and are involved with its implementation.

Role

As per consortium role: participate in

- Regional planning
- Coordinating care
- Determining priorities for future service development and funding
- Implementing Service Delivery Framework
- Communication and capacity building
- Governance issues
- Relationship with DHS

Responsibilities

- Support the vision and underpinning principles of the memorandum of understanding
- Actively participate in the development and implementation of the regional plan, support decisions made by the regional consortia
- Promote and consult with staff, people with life-threatening illnesses, their families and carers, and the community about the development and implementation of the *SPCP* in the region.
- Be authorised to represent and make decisions on behalf of agency.
- Report to CEO of agency re. Consortium projects/issues
- Champion palliative care in own agency.
- Consult with own agency re. relevant issues on behalf of the consortium.

Structure

- Representatives must either be the CEO of the agency or have delegated authority granted by the CEO.
- Representatives report (bi-annually) to their CEO in relation to consortium projects/issues.
- There is one vote per DHS funded palliative care organisation. Signatories of the consortium MOU do not necessarily have voting rights.
- Consortium members must attend 75% of all consortium meetings held each year.

Communication/ Relationship with other groups

- Receive monthly update
- Receive updates on statewide meetings via project manager/chair
- Report to CEO re. progress of consortia and relevant issues
- Consult with other staff in own agency re relevant issues

Individual consortium members-non voting (Draft Role Statement)

Function in implementing the *Strengthening Palliative Care Policy (SPCP)*

Ensure that all palliative care services engage with the *SPCP* and are involved with its implementation.

Role

As per consortium role: participate in

- Regional planning
- Coordinating care
- Determining priorities for future service development and funding
- Implementing Service Delivery Framework
- Communication and capacity building
- Governance issues
- Relationship with DHS

Responsibilities

- Support the vision and underpinning principles of the memorandum of understanding
- Actively participate in the development and implementation of the regional plan, support decisions made by the regional consortia
- Promote and consult with staff, people with life-threatening illnesses, their families and carers, and the community about the development and implementation of the *SPCP* in the region.
- Be authorised to represent and make decisions on behalf of agency.
- Report to CEO of agency re. Consortium projects/issues
- Champion palliative care in own agency.
- Consult with own agency re. relevant issues on behalf of the consortium.

Structure

- Representative reports (bi-annually) to CEO re consortium projects/issues.
- Must attend 75% of all consortium meetings held each year.

Communication/ Relationship with other groups

- Receive monthly update
- Reports to CEO re. progress of consortia and relevant issues
- Consult with other staff in own agency in relation to relevant issues

Palliative Care Consortium Executive Group (Draft Role Statement)

Function in implementing the *Strengthening Palliative Care Policy (SPCP)*

Operationalisation of the consortium regional plan.

Role

Ensure financial accountability of the consortium.

Provide financial reports to consortium on a quarterly basis.

Responsibilities

- Report outcomes and achievements against the regional plan to the consortium.
- Report on all decisions made to consortium.
- Do not make decisions on matters which fall outside the priorities stated in the regional plan.
- Chair and one other voting member of the consortium responsible for performance management of consortium manager.

Structure

- Minimum membership - Comprises chair, consortium manager (non voting, in advisory capacity) and one or two other voting members of the consortium
- Option of additional voting member, which could be the deputy chair.
- 2 performance meetings held per year with consortium manager. Performance plan developed (meeting 1) and reviewed (meeting 2).

Communication/ Relationship with other groups

- Attends all consortium meetings
- Provides written report on any decisions made in period since previous consortium meeting.

Palliative Care Consortium advisory/reference group (optional) (Draft Role Statement)

Function in implementing the *Strengthening Palliative Care Policy (SPCP)*

Ensure that a broad range of relevant stakeholders engage with the *SPCP* and advise appropriately on its implementation.

Role

- To inform decision making, planning, implementation and coordination of care related to *SPCP* within the region
- Build and maintain relationships with service providers in the region.

Responsibilities

- Provide advice to the consortia re relevant issues in a timely manner, as requested.
- Champion the *SPCP*/palliative care/the palliative approach in own agency.

Structure

- The regional consortium, in consultation with its advisory group, will determine the preferred size of the advisory group and the frequency and location of advisory group meetings

Communication/ Relationship with other groups

- Consult with other staff in own agency in relation to relevant issues
- Other details to be determined by individual consortia as appropriate.

Consortium clinical / practitioners group (optional) (Draft Role Statement)

Function in implementing the *Strengthening Palliative Care Policy (SPCP)*

Promote the *SPCP* principles to clinicians in each region.

Role

- Ensure that decisions made by the consortium are based on good clinical practice.
- Facilitate collective problem solving in the implementation of the *SPCP* at a clinical level.
- Develop resources that promote good clinical practice.

Responsibilities

- Provide advice to consortium re clinical issues in region.
- Provide forum for clinicians to discuss/resolve clinical issues.

Structure

- The chair of the clinical group is a member of the consortium and reports to the consortium.

Communication/ Relationship with other groups

- Consult with other staff in own agency re relevant issues
- Other details to be determined by individual consortia as appropriate.

Palliative Care Consortium Fundholder (Draft Role Statement)

Function in implementing the *Strengthening Palliative Care Policy (SPCP)*

Ensure funds for the implementation of the *SPCP* are acquitted responsibly in each region.

Role

- Ensure financial accountability of the consortium.
- Provide financial reports to consortium on a quarterly basis.

Responsibilities

- Administrative tasks, including acquitting project funds on behalf of the regional consortia
- Liaise with the department on behalf of the regional consortia for the purposes of meeting financial accountability requirements

Structure

- Nominated by consortium
- Assume the role of banker.
- Complete a financial accountability statement (FAS) within three months of the end of the financial year
- Lodge FAS with relevant DHS Region

Communication/ Relationship with other groups

- Financial reports provided to consortia/executive group/DHS as required.

Statewide services (Draft Role Statement)

Function in implementing *Strengthening Palliative Care Policy (SPCP)*

Represent the specialist groups and issues which receive palliative care funding in Victoria.

Role

- Provide expertise on specialist issues (HIV, MND, cancer, paediatrics, bereavement) to palliative care consortia and DHS.

Responsibilities

- Provide advice and expertise re specific issues as required by consortia and DHS.
- Consider model of each service linking with one consortium for a period of time.

Structure

- Comprises CEO (or nominee) of:
 - Motor Neurone Disease Association of Victoria (MNDA Vic)
 - HIV Consultancy
 - Victorian Paediatric Palliative Care Program (VPPCP)
 - Very Special Kids (VSK)
 - Peter MacCallum Cancer Centre
 - Australian Centre for Grief and Bereavement (ACGB)
- Membership may expand to include other specialist services not funded by the palliative care program.
- Meet annually as a group.

Communication/ Relationship with other groups

- Provide advice to consortia on specific issues as requested.
- Attend statewide palliative care meetings.
- Take a leadership role in presenting at the statewide meeting.

Academic units (Draft Role Statement)

Function in implementing *Strengthening Palliative Care Policy (SPCP)*

Provide academic expertise/rigour to the implementation, evaluation and refresh of the SPCP.

Role

- Provide advice and support in relation to undertaking and applying academic research and best practice principles to consortia and palliative care services.

Responsibilities

- Working with DHS and other key groups to evaluate and refresh the *SPCP*
 - Evidence
 - Research
- Develop and jointly run a research seminar series
 - Update sector re research projects
 - Educative role – eg. focus on a particular methodological/analytical approach
- Facilitate learning and research opportunities for consortia
- Provide linkage, dissemination of information and support for people undertaking palliative care research and/or postgraduate education in Victoria.
 - Communications strategy
 - ‘State of the Nation’ re: palliative care postgraduate students
- Work towards collaborative/consortium – common Masters program

Structure

- Meet as a group twice yearly.
- Core group to comprise:
 - Associate Professor Peter Hudson and Dr Jenny Phillip, Centre for Palliative Care, St Vincent’s Health and University of Melbourne
 - Associate Professor Kate Jackson, Southern Health and Monash University
 - Professor Margaret O’Connor, Vivian Bullwinkel Chair in Nursing, Monash University
 - Dr Bruce Rumbold, Palliative Care Unit, La Trobe University
 - Professor Annette Street, Professor of Cancer and Palliative Care Studies, La Trobe University and Austin Health Clinical School of Nursing

Communication/ Relationship with other groups

- Attend statewide palliative care meeting
- Receive monthly update
- Link with individual consortia on an as-needs basis as identified by academic units/consortia
- Consider model of each academic unit linking with one consortium for a period of time.
- Link with VCOG and relevant stream groups:
 - Palliative medicine
 - Psycho oncology

Consortium managers group (Draft Role Statement)

Function in implementing *Strengthening Palliative Care Policy (SPCP)*

Share information between consortium managers

Act as a peer support network for consortium managers.

Role

- Support project managers to undertake their individual role.
- Identification of common issues in implementing the *SPCP*.

Responsibilities

- Provide updates re activities to other project managers.
- Develop resources for project managers to assist them to undertake their role.
- Workforce development
- Forum to address common issues

Structure

- Meet approximately every 6 weeks – either at DHS Central Office and/or in regions.
- All consortium managers to attend group meetings
- Option of DHS and/or PCV representative if required

Communication/ Relationship with other groups

- Email group
- Other communication/links as required