Strengthening palliative care: A policy for health and community care providers 2011 - 2015

Barwon South Western region palliative care consortium

Memorandum of Understanding

between

Barwon Health

and

South West Healthcare

and

Colac Area Health

and

Western District Health Service

and

Portland District Health

and

Bellarine Community Health

Dated: September 1st 2011
THIS MEMORANDUM OF UNDERSTANDING is effective from 1st September 2011 till 30th June 2015.

Between:

Barwon Health  
ABN 45 877 249 165  
P. O. Box 281, Geelong 3220

and

South West Healthcare  
ABN: 41 189 754 233  
Ryot Street, Warrnambool 3280

and

Colac Area Health  
ABN: 39 087 165 191  
2 – 28 Connor Street, Colac 3250

and

Western District Health Service  
ABN: 47 616 976 917  
20 Foster Street, Hamilton 3300

and

Portland District Health  
ABN: 19 736 725 377  
Bentick Street, Portland 3305

and

Bellarine Community Health  
ABN: 96 536 879 169  
P. O. Box 26, Point Lonsdale 3225
1. Background

This memorandum of understanding is based on the Strengthening Palliative Care Policy and strategic directions 2011–2015. The strategic directions for 2011-2015 are:

- informing and involving clients and carers
- caring for carers
- working together to ensure people die in their place of choice
- providing specialist care when and where it is needed
- coordinating care across settings
- providing quality care supported by evidence
- ensuring support from communities.

This policy is consistent with the Victorian Health Priorities Framework 2012 – 2022 and builds on the National Strategy for Palliative Care which was released in 2011. It aims to ensure there is consistent access to specialist palliative care services and to enable continuity of care across the care continuum for people with a terminal illness and their carers and families. Regional consortia will be formed in each departmental region.

Specialist palliative care providers (community, inpatient and consultancy) funded under the Palliative Care Program of the Department of Health (the department) form regional consortia. The Regional Consortium will operate as a partnership with a memorandum of understanding between members. The consortium will enable a more efficient and cooperative use of resources while supporting an integrated approach to care for the patient.

2. Purpose

The purpose of this memorandum of understanding is to provide a common understanding and commitment among the members of all specialist palliative care providers (community, inpatient and consultancy) funded under the department’s Palliative Care Program, and subsequent invited members who join as auxiliaries and form the Barwon South Western (BSW) Region Palliative Care Consortium.

All specialist palliative care providers and auxiliary members agree to adopt the memorandum of understanding for the purposes of providing palliative care services in the nominated departmental region.

The members of the palliative care regional consortium at the time of signing are listed in Appendix 1 and have listed their respective service descriptions.

The regional consortium has four major roles.

- regional planning – planning services for people with a life threatening illness and implementing planned initiatives following approval by the department.
- role designation of health services in the region, ensuring consistent access to specialist palliative care services.
- coordination of care – developing and implementing processes and systems for coordinated and integrated care for people with a terminal illness.
- determination of priorities for future service development and funding in conjunction with departmental staff to support the implementation of the regional plans.
Each funded palliative care provider and auxiliary member will be required to sign-off in agreement on the submitted regional plan as part of the memorandum of understanding. The memorandum of understanding provides a basis for signatories to achieve these aims.

3. Vision

The signatories to this memorandum of understanding are committed to working with each other, governments and the community so all Victorians with a life threatening illness and their families and carers will have access to a high quality service system which fosters innovation and provides coordinated care and support that is responsive to their needs.

4. Principles

Principles underpinning this memorandum of understanding include:

- Signatories will communicate and work in a collaborative, cooperative and transparent way, sharing information, research, opinions and ideas.
- Signatories will recognise, reflect and respect the differing skills, expertise and values of each other.
- Signatories will support consumer and carer participation in service development, delivery and evaluation.
- Signatories will work closely with all relevant stakeholders to ensure the best possible input and consultation. As such, the aim can be seen as pulling together diverse elements to provide a richer contribution to palliative care services in Victoria.
- Signatories will actively foster a culture of learning.
- Each participating agency or service provider is to be viewed as an equal partner.
- Signatories will undertake collaborative planning underpinned by a social model of health.
- Signatories will recognise previous efforts in planning and build on existing work available.
- The signatories will take a flexible and innovative approach to the provision of palliative care services recognising that this initiative will be a learning process which leads to a key contribution to the lives of people with a life threatening illness and their families and carers.
- Planning activities will be consistent with and support other planning activities undertaken by the departmental region, including Federal and local government initiatives.
- As far as possible, signatories will ensure continuity of membership and regular attendance at all relevant meetings. Management Group members will have formal delegation to represent their organisation from the CEO, renewed annually. Meeting attendance will be reported annually. (for example, executive committee meetings, working group meetings).
- Information gained through participation in this initiative will not be used for commercial or competitive advantage.
- Each party will be totally responsible for its own personnel engaged in the memorandum of understanding.
- These developments provide additional impetus and opportunity for signatories to build on and enhance working relationships and the role of palliative care in the departmental region more broadly.

5. Governance Structure

It is anticipated that representation from the member agencies of the BSW Region Palliative Care Consortium will be in accordance with the level appropriate to the decision making function of their respective service and their delegation. Individual signatories shall not be jointly and severally liable for the acts or omissions of the other parties and each of the parties hereby acknowledge that its acts and omissions and those of its staff or agents shall be the subject of its own professional indemnity and other insurance
Barwon South Western Region Palliative Care Consortium – Memorandum of Understanding

arrangements. Governance of the consortium will be defined by the existing Department of Health Palliative Care Policy in conjunction with the department Palliative Care Consortium Role Statements, Consortium Charter, Governance Processes and Organisational Structure.

6. Membership of regional consortium

The BSW Region Palliative Care Consortium will contain:
- one representative from each of the funded palliative care services in the region (inpatient, community and health service consultancy services). It is agreed that there is one vote per organisation.
- a representative from the departmental regional office (ex-officio).
- each service provider or agency may nominate a clinical representative who will attend the meetings but not have voting rights.
- a consortium reporting and organisational structure has been implemented. An Executive sub-committee, Clinical Leaders sub-committee, Regional Advisory Group, supported by ad hoc working parties and Focus Groups (established on a needs basis) that report to the consortium.
- additional agency representatives may attend Consortium meetings from time to time, aside from the voting and clinical representatives. These additional representatives are not accorded voting rights unless nominated as a proxy by the designated voting member.

The BSW Region Palliative Care Consortium members have elected to have a biannually appointed chair. A review of the position is undertaken after the close of each period. Approval of the Chair appointment is sought from voting representatives at the commencement of each 2 year period. Last elected 2011.

The role of the chairperson shall include:
- calling meetings and coordinating the agenda.
- liaising directly with the department on behalf of the consortium.
- relaying information from the department to members of the memorandum of understanding in a timely manner.
- acting in the best interests of all members of the memorandum of understanding.

7. Key responsibilities of the consortium

The BSW Region Palliative Care Consortium will have responsibility for:
- nominating an organisation as fund holder.
- having each member provide a representative who is authorised to represent and make decisions on behalf of that agency or service provider. Having each designated representative formally nominate a proxy annually.
- developing and monitoring the direction and effectiveness of the regional plan, including how the regional plan is to be evaluated.
- monitoring the work plan and key performance indicators as agreed by the consortium.
- coordinating and implementing relevant aspects of Strengthening Palliative Care: Policy and Strategic Directions 2011 - 2015.
- supporting the regional advisory group to inform decision making, planning, implementation and coordination of care related to Strengthening Palliative Care: Policy and Strategic Directions 2011 - 2015 within the region.
- directing the tasks of any working group or sub-committees established and receiving reports and recommendations from these.
- developing and implementing policies and procedures as required.
- facilitating effective communication processes between key stakeholders.
8. Operation of the consortium meetings

- All members have equal rights of participation in the meetings.
- The consortium members have developed terms of reference which are reviewed annually.
- Meetings are held at a frequency and location to be determined by the consortium.
- All members will actively participate in the decision making process of the consortium.
- The consortium shall aim to operate by consensus. If consensus is not possible, a majority decision shall be reached with the majority consisting of votes from the number of representatives eligible to vote. As the departmental representative is ex-officio, the representative has no voting rights.
- Members will raise issues of concern prior to committing to final decisions.
- Meetings will be conducted on the assumption that members have read and discussed the materials prior to the meeting.
- Decisions made at consortium meetings will be final, based on the assumption that all members have sufficient notification to ensure representation at the meeting and the opportunity to raise issues of concern to enable them to be addressed.
- All decisions endorsed by a meeting of the consortium for which notice of five days was given will be considered a decision of the whole regional consortium.
- A quorum of 3 is necessary for any decision made at consortium meetings. If no quorum is present within half an hour of the time of the appointed meeting time, the meeting will continue and decisions will be ratified by electronic media.

9. Fund holder

The fund holder for the palliative care consortium in the BSW Region is Barwon Health. Elected in 2011 and reviewed biannually. The fund holder’s responsibilities include:

- administrative tasks, including acquitting project funds on behalf of the regional consortium.
- liaising with the department on behalf of the regional consortium for the purposes of meeting financial accountability requirements.
- making recommendations relating to the use of funds allocated to this project.

10. Costs

Unless otherwise agreed by the regional consortium, each party will be responsible for its own costs and expenses incurred in connection with the entry into and the operation of this memorandum of understanding.

11. Budget guidelines

All palliative care providers funded under the department’s Palliative Care Program will be funded directly by the Department. Additional funds will be allocated to each regional consortium to support its work in service planning and implementing priority initiatives to achieve an integrated service delivery system.

The BSW Regional Palliative Care Consortium will nominate the fund holder for the regional consortium. The nominated fund holder will assume the role of banker.

BSW Region receives $100,000 per financial year. Any unexpended funds will be rolled over into the next financial year. The fund holder will be expected to complete a financial accountability statement each financial year and submit it as required by the department.
The funds will support the work of the consortium and the development of the regional plan. The funds will not be available for purchasing vehicles. The regional consortium should look to minimise administrative overheads to maximise use of allocated funds.

12. Role of signatories to the memorandum of understanding

Signatories to the memorandum of understanding will:

- support the vision and underpinning principles of the memorandum of understanding.
- actively participate in the development and implementation of the regional plan, including working groups and specific projects, recognising the resource implications and limitations of some members.
- support decisions made by the Consortium.
- promote and consult with staff, people with a life threatening illness, their families and carers, and the community about the development and implementation of Strengthening palliative care: Policy and Strategic Directions 2011 - 2015 in the region.

13. Dispute resolution

The BSW Region Palliative Care Consortium recognises and values the diversity of its members and seeks to anticipate and resolve differences in this spirit. The regional consortium will operate a forum in which members are encouraged to openly express and discuss their concerns and hesitations, seeking consensus and agreement as part of the overall decision making process.

In the event of a dispute or grievance arising within the memorandum of understanding, it will be addressed by negotiation at the consortium meetings with the aim of consensus or, failing that, a majority decision.

If a dispute cannot be resolved via this process, an independent mediator, agreeable to relevant parties, will be appointed to facilitate resolution. The Management Group will determine consideration of the process and financial implications.

14. Statement of Limitation

The regional consortium will not:

- act in a manner that undermines or contradicts the purpose or brief of specific organisations.
- duplicate existing structures
- be responsible for altering, changing or modifying any existing funding arrangements for signatory agencies unless otherwise agreed by all parties and the department.

15. Statewide Palliative Care Services

Each regional consortium should consult with statewide services where appropriate. These services include:

- Victorian Paediatric Palliative Care Program
- Very Special Kids
- Peter MacCallum Cancer Institute
- Motor Neurone Disease Association
- Victorian HIV Consultancy.
The regional consortium can access advice through the twice yearly scheduled meetings of the regional consortia, which the statewide services are invited to attend, or through a direct approach to the specific agency at the time of the need for advice.

16. Palliative Care Regional Consortium Focus Groups

A Regional Advisory Group has been formed by the BSW Region Palliative Care Consortium to provide advice and inform the development, implementation and review of the regional plan and the coordination of services. The Regional Advisory Group forms part of the consortium organisational structure along with standing committees and ad hoc focus groups that are formed to provide consultation and advice. The regional advisory group is likely to be drawn from:

- Divisions of General Practice
- local government
- community health
- district nursing
- bush nursing
- consumers and carers
- hospitals / health services
- Primary Care Partnerships
- private hospitals or practitioners
- residential care providers
- Medicare locals
- others (for example, volunteers).

The Regional Advisory Group is chaired by a consortium member.

17. Term, review and amendment of the memorandum of understanding

- This iteration of the memorandum of understanding will be current until there is a need for a new memorandum of understanding.
- The memorandum of understanding can be amended at any time by an agreement in writing between ALL the signatories.
- Decisions to alter component parts of the memorandum of understanding will require a three-quarters majority of all signatories.
- The amended memorandum of understanding will be circulated to all members for signing.
- This memorandum of understanding does not vary or affect existing rights and obligations under existing agreements between the partners and their agencies.

18. Legal status

This memorandum of understanding is not legally binding.

19. Definitions and interpretation

- Memorandum of understanding means this memorandum of understanding and its schedules.
- Regional Palliative Care Consortia means all specialist palliative care providers (community, inpatient and consultancy) funded under the Palliative Care Program of the Department of Health and any invited organisations.
- Regional Consortium means the Regional Palliative Care Consortium, which oversees this memorandum of understanding (see above).
Barwon South Western Region Palliative Care Consortium – Memorandum of Understanding

- Department means the Victorian Department of Health.
- Consultancy services mean specialist palliative care services within health services which clinicians provide to patients in non-designated palliative care beds.
- The singular includes the plural and vice versa.

SIGNED for and on behalf of BARWON HEALTH

By: Name of Officer Mr David Ashbridge (CEO)

Signature of Officer _____________________

(An officer duly authorised to sign on its behalf)

Date _____________________
Barwon South Western Region Palliative Care Consortium – Memorandum of Understanding

SIGNED for and on behalf of SOUTH WEST HEALTHCARE

By: Name of Officer Mr John Krygger (CEO)

Signature of Officer _____________________

(An officer duly authorised to sign on its behalf)

Date _____________________
SIGNED for and on behalf of WESTERN DISTRICT HEALTH SERVICE

By: Name of Officer Mr Jim Fletcher (CEO)

Signature of Officer ______________________

(An officer duly authorised to sign on its behalf)

Date ______________________
SIGNED for and on behalf of PORTLAND DISTRICT HEALTH

By:     Name of Officer          Mr John O’Neill (CEO)

Signature of Officer            __________________________

(An officer duly authorised to sign on its behalf)

Date            __________________________
SIGNED for and on behalf of COLAC AREA HEALTH

By: Name of Officer Mr Geoff Iles (CEO)

Signature of Officer ________________________

(An officer duly authorised to sign on its behalf)

Date ________________________
SIGNED for and on behalf of BELLARINE COMMUNITY HEALTH

By: Name of Officer Mr John Fendyk (CEO)

Signature of Officer ____________________

(An officer duly authorised to sign on its behalf)

Date ____________________
Appendix 1

Membership of Regional Consortium

<table>
<thead>
<tr>
<th>Service name</th>
<th>Description of service (profile)</th>
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| Barwon Health               | Barwon Health provide:                                                                                               | • a community based interdisciplinary palliative care service that provides holistic care for people in the end stages of a life threatening illness in the City of Greater Geelong excepting Point Lonsdale, Drysdale, Clifton Springs, Wallington, Portarlington, Indented Head, St Leonards, Swan Bay, East of Lake Connewarre, Curlewis, Marcus Hill, Breamlea, Ocean Grove and Barwon Heads, Surf Coast Shire, Little River, Inverleigh, Meredith, Bannockburn, Teesdale, Rokewood. Barwon Health CPC has an integrated model of care with community nursing  
• a 15 bed Inpatient Palliative Care Unit is located at the McKellar Centre  
• A Hospital Based Palliative Care Consultancy Team is located at the Geelong Hospital.  
• Community nursing is also provided by Barwon Health and a share care arrangement exists for all palliative care patients allowing after hours service to be maintained.  
• A sub-regional palliative care consultancy team provides specialist advice and support to other specialist palliative care providers in the sub region and other generalist health care professionals e.g. general practitioners, community nurses and aged care. |
| South West Healthcare       | South West Healthcare provide: –  
A community based interdisciplinary palliative care service that provides holistic care for people in the end stages of a life threatening illness in the City of Warrnambool and the shires of Corangamite and Moyne.  
South West Healthcare has an integrated model of care with community nursing.  
South West Healthcare has three palliative care funded beds within a 6-bed unit.  
A sub-regional palliative care consultancy team provides specialist advice and support to other specialist palliative care providers in the sub region and other generalist health care professionals e.g. general practitioners, community nurses and aged care. |
| Western District Health Service | Western District Health Service provide:–  
A community based palliative care service that provides holistic care for |
<table>
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<th>Organization</th>
<th>Description</th>
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<tbody>
<tr>
<td>Western District Health</td>
<td>Western District Health Service has an integrated model of care with community nursing and one funded palliative care bed at Western District Health Service in Hamilton.</td>
</tr>
<tr>
<td>Portland District Health</td>
<td>Portland District Health provide: A community based palliative care service that provides holistic care for people in the end stages of a life threatening illness in the shire of Glenelg except for the Merino – Casterton area. Portland District Health has an integrated model of care with community nursing and one funded palliative care bed at Portland District Health.</td>
</tr>
<tr>
<td>Colac Area Health</td>
<td>Colac Area Health provide: A community based palliative care service that provides holistic care for people in the end stages of a life threatening illness in the areas of Colac, Elliminyt, Cororooke, Gellibrand, Irrewillie, Carlisle River, Barwon Downs, Beech Forest, Lavers Hill, Johanna, Apollo Bay, Kennett River, Cape Otway, Deans Marsh, Barongarook, Birregurra, Forrest, Wye River, Skene Creek, Marengo and Beeac. Colac Area Health has an integrated model of care with community nursing and one funded palliative care bed at Colac Area Health.</td>
</tr>
<tr>
<td>Bellarine Community Health</td>
<td>Bellarine Community Health provide: A community based palliative care service that provides holistic care for people in the end stages of a life threatening illness in the areas of Point Lonsdale, Drysdale, Clifton Springs, Wallington, Portarlington, Indented Head, St Leonards, Swan bay, Queenscliff. East of Lake Connewarre, Curlewis, Marcus Hill, Breamlea, Ocean Grove and Barwon Heads. Barwon Health CPC has an integrated model of care with community nursing</td>
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