

Alcohol and Drug Outcome Measure (ADOM) reports advisory group

Terms of reference v1, May 2016.



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Introduction

Te Pou o te Whakaaro Nui supports the sector and Ministry of Health with information and outcome development and utility within the context of the *Mental Health and Addiction Service Development Plan 2012-2017: Rising to the Challenge* (Ministry of Health, 2012). Post implementation of the mandated ADOM there is a need to validate and clarify ADOM reports and information use at a local and national level.

1. Purpose

The advisory group will provide advice and guidance to the ADOM project lead on:

- the validity of technical tools that support ADOM use at a clinical level such as the Feedback Wheel
- inclusion and exclusion rules regarding incomplete data in regards to report development
- guidance to the sector on the development of local reports including business rules
- peer validation of any information, reports and data usage resulting from ADOM collections
- tāngata whai ora and cultural areas as appropriate such as impact of reports and inclusive and collaborative practice in reports development.

The chair of the group will be the ADOM project lead. Membership of the group will be subject matter experts from across the sector and will include academic, clinical, research, policy, tāngata whai ora, cultural and sector expertise. Membership to the group will be flexible, allowing additional expertise to be utilised as required. Membership will be appointed by Te Pou. Group quorum is the chair and three members, ensuring that there is a balance of Te Pou and other group members.

The group will advise the ADOM project lead, who in turn will advise Te Pou senior leadership and the Ministry of Health (delegated representative). Key stakeholder interfaces will relate to *Rising to the Challenge* and PRIMHD reference groups. The group is not a decision making forum. The decision making role remains with the project lead who is accountable to the chief executive, Te Pou in conjunction with the Ministry of Health.

Use of the term ‘information’ relates to a core focus on ADOM and Programme for the Integration of Mental Health Data (PRIMHD).

2. Roles and accountability

2.1 Accountabilities of the chair include:

- ensuring members attend (virtual) meetings and are fulfilling responsibilities described in this Terms of Reference (TOR) document
- ensuring agendas and minutes are distributed in a timely manner and that these are an accurate representation of the proceedings of the group
- identifying agenda items and ensuring these are noted in advance of the meetings
- ensuring that action points assigned are completed
- updating members on key elements of current work
- monitoring and managing any issues and risks

- acting as the liaison point between the group, Te Pou (chief executive) and/or the Ministry of Health.

2.2 Accountabilities of the members include:

- work collaboratively on the development of opportunities and initiatives regarding use of ADOM information and shape future direction
- provide advice and recommendations to the ADOM project lead
- help to prioritise suggested changes, opportunities and future initiatives
- provide comment and advice to ensure that the direction will meet the needs of the sector and/or key stakeholders and/or respective district health board (DHB) areas and non-government organisations (NGOs)
- engage their areas of expertise in giving relevant and representative feedback, and act as a reference point for ADOM related issues that have been raised regarding reports and/or data utility
- complete any action points assigned by the group, within the timeframe required as in schedule of meetings.

2.3 Expectations of the group

- Membership is initially for minimum of 12 months.
- Agree a distribution list for minutes of the meeting.
- Members are expected to make all reasonable endeavours to ensure the position they represent is in the best interests of the health sector, the state sector and the public.
- Members are expected to perform their functions in good faith, honestly and impartially, and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest.
- There is an expectation that members will make every effort to attend all meetings and devote sufficient time to become familiar with the affairs of the reference group and the wider environment within which it operates.
- Members are expected to ensure the confidentiality of all advisory group business is maintained. The chair of the group will provide direction on what information may be discussed outside of the group.
- Members are expected to exhibit behaviours both within the meeting and external to the meeting that reinforce and demonstrate commitment to the effective and appropriate use of information, including declarations of conflict of interest.

Proper observation of these principles will protect the group and its members and will ensure the group retains the confidence of stakeholders in the sector.

3. Membership

ADOM reports advisory group		
Name	Role	Email address
Dr Barry Welsh	Principal advisor, Ministry of Health	Barry_welsh@moh.govt.nz
Dr Daryle Deering	Senior lecturer, national addiction centre	daryle.deering@otago.ac.nz
Assoc Prof Simon Adamson	Associate professor, National addiction centre	simon.adamson@otago.ac.nz
Nickie Stroud	Quality and performance support officer, CareNZ	Nickie.s@carenz.co.nz
John Conneely	Site coordinator, Hawkes Bay DHB	John.Conneely@hawkesbaydhb.govt.nz
Margo Bebb	Business analyst, MASH Trust	mbebb@boss.net.nz
Vicki Aitken	Director, mental health and addictions, Waikato DHB	Vicki.aitken@waikatodhb.health.nz
Tejpal Singh	Psychiatrist, addictions, Waikato DHB	Tejpal.Singh@waikatodhb.health.nz
Matthew Dwyer	Information analyst, Analytical Services, PRIMHD, Ministry of Health	Matthew_Dwyer@moh.govt.nz
Paul Hanton	Clinical project lead, ADOM project lead	Paul.hanton@tepou.co.nz
Suzy Morrison	Consumer lead, Matua Raki	Suzy.morrison@matuaraki.co.nz
Keri Opai	Paeārahi, Te Pou	Keri.opai@tepou.co.nz
Jenny West	Mental health information analyst, Te Pou	Jenny.west@tepou.co.nz
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Dr Angela Jury	Researcher, Te Pou	Angela.jury@tepou.co.nz
Dr Mark Smith	Clinical lead, Te Pou	Mark.smith@tepou.co.nz
Klare Braye	Project leader, Matua Raki	Klare.braye@matuaraki.org.nz

4. Scheduling of meetings

An initial face to face meeting will be convened to agree the function and purpose of the group, after which two virtual meetings per year will be held.

There will be regular updates and feedback requests from the chair related to utility and reports that will not require full meetings but will require input from members within an agreed timeframe.

Standard meeting etiquette applies to all meetings, such as cell phones switched off, punctual attendance, all apologies to be submitted to the chair or secretariat in advance and all actions assigned to members to be completed by the due date.

The agenda will be circulated to all members at least seven days in advance of the meeting. Any additional agenda items should be added via the chair or via members of the Te Pou information team prior to the meeting.

Items to be tabled on the day will be agreed in advance with the chair.

Meetings will have minutes prepared and circulated no later than fourteen days following the meeting.

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