

## BACKGROUND

The Canterbury Clinical Network (CCN) was established to provide clinical leadership and demonstrate alliance principles across the Canterbury Health System. The CCN leads the design and development of services across the sector where innovation and transformational change is required. The guiding principles of the CCN are:

- Taking a ‘whole of system’ approach to make health and social services integrated and sustainable;
- Focussing on people, their families and communities, keeping them at the centre of everything we do;
- Enabling clinically-led service development; whilst
- Living within our means

This alliance approach is underpinned by the Canterbury Clinical Network District Alliance Agreement.<sup>1</sup> This AST will acknowledge and support the principles of the Treaty of Waitangi and will strive for equitable health outcomes across our population/focus area through accessible, culturally appropriate services.

## CCN STRUCTURE

The CCN Structure consists of:

- Alliance Leadership Team (ALT) – A group of predominantly clinical leaders from across the Canterbury Health System, led by an independent chair, responsible for the governance of clinically-led alliance service development.
- Alliance Support Team (AST) – A group who provides the support function to ALT, providing advice and guidance on the prioritisation and funding of health services that have been recommended by the service level alliances (SLAs), workstreams and other CCN groups.
- Programme Office – A small team of employees who provide the day-to-day operational support to ALT, AST, the SLAs, workstreams and other CCN groups. Personnel include: a Programme Director, a Programme Manager, a Communications Advisor and a Project Administrator/coordinator plus a flexible resource pool of administration, project management and analytical support for SLAs, workstreams and other CCN groups.
- Service Level Alliances (SLA) – Alliances of clinical and non-clinical professionals drawn together to lead the transformational redesign, and delivery of services (or group of services) in specific areas of the Canterbury health system.
- Workstreams – Groups of clinical and non-clinical professionals and providers that guide and influence the transformation of a sector or service. Not a contracting entity, they guide the decision making of the ALT through recommendations on service design and delivery.
- District Alliance Agreement Signatories – Providers of health services in Canterbury who have agreed to work together in an alliance framework.

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<sup>1</sup>Deed of Amendment and Restatement (amending and restating the Canterbury Clinical Network District Alliance Agreement), 1 July 2013.

## ALLIANCE SUPPORT TEAM (AST)

### 1. BACKGROUND

- 1.1. The Alliance Support Team was established in 2010 to provide a support function to the newly established Alliance Leadership Team.
- 1.2. Membership includes the signatories on the District Alliance Agreement who have statutory accountability for the funding of health and wellbeing services for the Canterbury population, i.e. Planning and Funding management of the Canterbury District Health Board (CDHB), Pegasus Health (Charitable) Limited, Rural Canterbury Primary Health Organisation (PHO) and Christchurch PHO.
- 1.3. The remaining signatories of the District Alliance Agreement are represented on the service level alliances and workstreams that relate to the services they provide.

### 2. PURPOSE

- 2.1. The purpose of the Alliance Support Team is to support and enable ALT to provide strategic leadership to a range of programmes that deliver integrated health and social services as part of the Canterbury Health System.

### 3. FUNCTIONS

AST's function is to:

- 3.1. Provide advice to ALT regarding resource requirements for new service design, redesign, or new initiatives that are recommended by SLAs, workstreams or other CCN groups;
- 3.2. Provide advice on resource allocation for CCN Programme Office operations;
- 3.3. Provide a monitoring function for CCN Programme Office budgets;
- 3.4. Support ALT to engage with their constituent groups as well as the wider community;
- 3.5. Facilitate and participate in ALT's annual strategic planning process;
- 3.6. Participate in the annual CCN work planning process;
- 3.7. Ensure strategic and operational linkage across our system i.e. ensuring alignment of CCN activity with other things happening across the system
- 3.8. Provide input into information that is going to ALT i.e. ensuring this information is aligned, connected etc. (of note: Any papers considered by AST that for some reason are not progressed to ALT, will be described in the CCN Directors report along with the rationale).
- 3.9. Members attend ALT meetings as ex-officio and participate in discussions providing advice and guidance as required.

### 4. MEMBERSHIP

- 4.1. The membership of AST as at April 2017 is:

Chairperson (rotated quarterly between PHO CEOs)
Rural Canterbury PHO CEO
Christchurch PHO CEO
Pegasus Health (Charitable) Limited CEO
CDHB Planning & Funding Manager or their delegate
CDHB Hospital and/or Specialist Services General Manager
CCN Programme Office Staff

- 4.2. Other advisors will be invited to attend as required and on invitation from the Chairperson;
- 4.3. Alternates are acceptable when regular attendees cannot attend;
- 4.4. New or replacement members will be identified and recommended by AST for their required skills/expertise.  
The appointment will require endorsement from the ALT;
- 4.5. The Chairperson will rotate between the three PHO CEOs;
- 4.6. AST will review the membership annually to ensure it remains appropriate and relevant.

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## 5. ACCOUNTABILITY

- 5.1. AST is accountable to the ALT who will provide direction and guidance; receive, approve and make recommendations to the DHB as the statutory funder.

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## 6. FREQUENCY OF MEETINGS

- 6.1. Meetings will be held monthly or as required.

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## 7. MINUTES AND AGENDAS

- 7.1. Agendas will be coordinated by the Programme Office.
- 7.2. Agendas and Action Log will be circulated no less than five days prior to the meeting, as will any material relevant to the agenda.

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## 8. QUORUM

- 8.1. The quorum for meetings is half plus one AST member from the total number of members on AST.

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## 9. CONFLICT OF INTERESTS

- 9.1. Honesty and Integrity is Paramount: It is important that all members and representatives are open and honest with each other and advance the interests of our Alliance.
- 9.2. Full Disclosure: Each member is expected to fully disclose any conflict of interest that they are aware of or may have in respect of any matter touching or concerning our Alliance.
- 9.3. Declaration: The members of our Alliance Support Team will complete an Interests Register at the commencement of their membership. The Interests Register will remain on the agenda for all CCN AST meetings.
- 9.4. Managing Conflicts: Members will proactively manage all real or potential conflicts of interest. Our AST must consider the disclosure of any conflict of interest reported to it and decide how the conflict of interest is to be handled by our Alliance.

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## 10. REVIEW

- 10.1. These terms of reference will be reviewed annually and may be altered intermittently to meet the needs of its members and the Canterbury Health System.

## ENDORSEMENT

Date of initial agreement and finalisation by AST members: April 2014

Reviewed and updated 18/05/15; 9/04/2016; 13/04/2017

Next review due April 2018