TERMS OF REFERENCE

Oxford and Surrounding area Health Service Development Group

BACKGROUND

The Canterbury Clinical Network (CCN) was established to provide clinical leadership and demonstrate alliance principles across a multi-disciplinary team. The CCN leads the development of services across the sector where innovation and transformational change is required. The CCN consists of:

1. Alliance Leadership Team (ALT);
2. Programme Office;
3. Workstreams or Focus Areas;
4. Service Level Alliances (SLAs).
5. Design/Development Groups.

GUIDING PRINCIPLES OF CANTERBURY CLINICAL NETWORK

- 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.

The Oxford and Surrounding area Health Services Development Group (OSHSDG) acknowledges and supports the principles of the Treaty of Waitangi.

OXFORD AND SURROUNDING AREA HEALTH SERVICES DEVELOPMENT GROUP (OSHSDG)

1. BACKGROUND

1.1. In June 2016 a forum was held in the Oxford Area with representation of a wide range of health providers. The forum further explored areas that had been identified as service improvement opportunities with a focus on providing sustainable integrated service delivery within the Oxford Area, with the patient at the center of the model. As an outcome of the forum, a locally led, focus group was established to further explore the identified improvement opportunities under the broad scope of Workforce Modelling, Mental Health, Sustainable After-hours, Transition/Discharge into the Community, Patient Movement/transportation and One-stop-shop concept.

1.2. The service improvement opportunities were further explored from those attending the Oxford Forum and were endorsed in principle and will inform the work of the Oxford and Surrounding area Health Service Development Group.

1.3. The OSHSDG engaged with the community and a breadth of health providers delivering services in the district to develop a Model of Care. This included a number of recommendations for improving the communities' access to fit for purpose health services.

1.4. The Oxford and Surrounding Areas Model of care was endorsed for implementation by the CCN ALT in November 2018 and the Canterbury DHB Board in February 2019.

2. PURPOSE

2.1 To see this as a process to developing and recommending a model of care and to acknowledge the need for community input prior to implementing significant health and social service changes. "Nothing about us without us" philosophy.

2.1. The group agreed that the work being undertaken will not just be for Oxford town-ship, it was agreed that this will include the surrounding area (geographical map attached), and in continuing this process,

the group will now be identified as Oxford and Surrounding area Health Service Development Group (OSHSDG).

2.2. To provide oversight of health service improvement and sustainability initiatives for the Oxford and Surrounding area;

2.3. To provide local leadership, and propose transformational service improvement for health provision in the Oxford and Surrounding area;

2.4. To consider health issues within a broader scope of social services and other drivers of wellbeing;

2.5. To make specific recommendations, generally to those agencies with funding responsibility for a service, regarding the implementation of proposals identified in 2.2;

2.6. That this group's process of service improvement will eventually lead to an implementable model of care for Oxford and Surrounding area which will be flexible enough to meet the needs of the community into the future;

2.7. To be a vehicle for the Oxford and surrounding areas community to oversee the implementation of the Model of Care by providing local leadership including monitoring, encouraging and holding to account transformational service improvement for health provision in the area

2.8. .To act as a responsive central point of contact for ideas and information on the needs of people within the Oxford and Surrounding area, balancing the demands on the system for patient care and wellbeing, and the need for sustainable clinical services and business practices;

2.9. To link with community-based providers and other groups such as the Rural Health Work stream, CDHB and service level alliances and workstreams, and undertake joint work as appropriate.

2.10. To provide a handover, as appropriate, to a permanent Oxford and Surrounding Areas Health Advisory Committee, when such committee is convened, and before the OSHSDG completes it work and disbands.

3. MANDATE AND SCOPE

In Scope

3.1. The OSHSDG has the mandate to review current health service activities for the Oxford and Surrounding area population with the intention of identifying areas and recommending where improvements can be made in the appropriate use of resources, improved patient outcomes, and/or service levels;

3.2. Members may be tasked to meet with relevant stakeholders and service providers to gain information and ideas for improvements with consultation designed to be simple and efficient, as well as effective.

3.3. The group will support the principles of integration of Rural Services document as endorsed by CCN June 2016.

Out of Scope

3.4. It is not within the scope of the OSHSDG to contract with service providers or directly change existing contractual terms;

3.5. The OSHSDG does not have the mandate to manage a programme of service delivery nor is it responsible for developing and delivering on the programme budget.

3.6. The OSHSDG does not have a mandate to directly implement all of the recommendations in the Model of Care, however OSHSDG will monitor the implementation until such time as a permanent Oxford and Surrounding Areas Health Advisory Committee is convened.

4. MEMBERSHIP

4.1. The OSHSDG will review membership periodically to ensure it remains appropriate;

4.2. Further expertise will be brought in as and when required to provide support to the implementation;

4.3. Remuneration for meeting attendance will be as defined in the CCN Remuneration Policy. Attendance lists will be collected and forwarded to the Programme Office for payment;

4.4. It is the expectation that a member will be able to attend two-thirds of scheduled meetings annually, unless discussed and agreed with Oxford Project Facilitator;

4.5. When a member is absent for more than two consecutive group meetings without prior apology, or if the member is not able to contribute to the good of the group, the Oxford Project Facilitator will consider their membership status for revocation, following discussion with the member or reasonable attempts to contact the member;

4.6. The OSHSDG will be supplied with project management and analytical support through the Programme Office of the Canterbury Clinical Network and via the CDHB Planning & Funding team.

4.7. The group has agreed that as part of the OSHSDG process guest speakers can attend, this has to be negotiated with the group prior to attendance at the meeting.

5. SELECTION OF MEMBERS

5.1. New or replacement members will be identified by the OSHSDG for their required skills/expertise.

5.2. The Oxford Project Facilitator will be supported by a chairperson elected from the OSHSDG.

6. MEMBERS

The composition of the OSHSDG:

Perspective/Expertise	**Name(s)**
Aged Care Facility/Rest Home Provider	Soraya Martin
Allied Health	Lucie Hartfield
ALT Member	Sir John Hansen
CDHB Planning and Funding	Carol Horgan
Community Groups (including service groups, child/youth/adult/elderly related groups and advocacy groups)	Emily Chapman (Youth) Kylie Bay (Parents and Babies)
Community Trusts	Jo Ealam Pat Hayward
Consumer	Barbara Robert
District Nursing	Brigid Sinclair
Emergency Services	Kirsty Mann/Cole Gillman/Orla Fowden (St John) Aaron Campbell (Police)
General Practitioner	Dr Judith Millar
Local Government/Manager Retirement Village (voluntary)	Kevin Felstead (Chairperson)
Manawhenua ki Waitaha.	Hutika Crofts-Gibbs
Non-Government Organisation	Glenda Rich
Pharmacy	Tracie Miller
PHO	Carol Glover (Pegasus PHO)
Practice Manager/Business Manager	Richelle Jorgensen
Practice Nursing	Brigid Sinclair

Perspective/Expertise	Name(s)
Secondary Care/Rural Hospitals	Win McDonald/ Sarah Harvey (Nurse Manager)
Oxford Group Facilitator - CCN	Carol Horgan

7. ACCOUNTABILITY

7.1. The OSHSDG is accountable to its members, the Oxford and Surrounding area community and to the CCN ALT via the Rural Health Workstream (RHWS) who will establish direction, provide guidance, receive and make recommendations.

7.2. Progress with implementing the Oxford and Surrounding Areas Model of Care recommendations will be reviewed by the OSHSDG.

8. WORK PLANS

8.1. The OSHSDG will agree on their work plan and submit it to the RHWS for their information and endorsement via the CCN Programme Office;

8.2. The OSHSDG will actively link with other CCN work programmes where there is common activity;

8.3. The OSHSDG work plan will be strongly driven to meet agreed time frames;

8.4. A review of progress will be carried out in October 2017

9. FREQUENCY OF MEETINGS

9.1. Meetings will be held monthly for 2 hours;

9.2. Meeting dates will be arranged in advance and will ensure reporting via RHWS is current and up to date.

10. REPORTING

10.1. The OSHSDG will undertake reporting to the RHWS; the report will be sent to the group prior to RHWS for endorsement

10.2. Where there is a risk, exception or variance to the OSHSDG's work plan, or an issue that requires escalation, a paper should be submitted to RHWS and if necessary to ALT in a template provided by the CCN Programme Office;

10.3. Where there is an innovation or service recommendation, a paper should be submitted to RHWS and ALT in a template provided by the CCN Programme Office;

11. MINUTES AND AGENDAS

11.1. Agendas and minutes will be coordinated by the Oxford Project Facilitator;

11.2. Agendas will be circulated no less than 5 working days prior to the meeting, with any material relevant to the agenda;

11.3. Minutes will be circulated to all group members within 7 days of the meeting and minutes remain confidential whilst 'draft' and until agreed;

12. QUORUM

12.1. The quorum for meetings is half plus one OSHSDG member from the total number of members on the OHSDG.

12.2. It is the responsibility of the group member to notify the Oxford Project Facilitator if they will be absent from the meeting.

12.3. It was agreed by the group that if there is not a quorum for the meeting, then any decisions will be rescheduled to the next meeting or done by proxy email vote, or the meeting will not convene.

13. CONFLICT OF INTERESTS

13.1. An interests register will be stated and recorded

13.2. Where a conflict of interest exists, the member will advise the chair and the chair will manage this conflict of interest. The Interests Register will be a standing item on OSHSDG agendas and be available to the Programme Office on request.

14. REVIEW

14.1. These terms of reference will be reviewed annually and may be altered from time to time to meet the needs of its members and the health system.

15. EVALUATION

15.1. Prior to the commencement of any new work programme, the OSHSDG will design evaluation criteria to evaluate and monitor on-going effectiveness of activities. Any evaluation will comply with the evaluations framework outlined by CCN and/or the ALT and/or CDHB as the funder.

ROLES & RESPONSIBILITIES

16. CCN OXFORD PROJECT FACILITATOR

16.1. CCN Oxford Project Facilitator will facilitate the OSHSDG to identify and recommend opportunities for service improvement and redesign;

16.2. Develop the group to respond to a service need, engaging with key stakeholders and interested parties best suited for the purpose of service innovation;

16.3. Produce work plans and other reports as required; this will be a group process and all members will be involved and endorse the plan;

16.4. Provide support and leadership when implementing the group's outputs;

16.5. Be well prepared for meetings to guide discussion towards action and/or decision;

16.6. Meet with the other CCN leaders to identify opportunities that link or overlap, share information and agree on approaches.

16.7. Provide or arrange administrative support;

16.8. Support members to develop work programmes that will transform services;

16.9. Develop project plans and implement within scope following direction from the group, CCN Programme Office and/or ALT and/or CDHB as appropriate;

16.10. Document and maintain work plans and reports to support the group's accountability to the ALT and CDHB;

16.11. Work with the members to drive the work plan by providing oversight and coordination, managing the resources and facilitating effective teamwork;

16.12. Keep key stakeholders well informed;

16.13. Proactively meet reporting and planning dates;

16.14. Actively work with other CCN groups to identify opportunities that link or overlap, share information and agree on approaches;

16.15. Identify report on and manage risks associated with the OSHSDG work activity.

17. OSHSDG MEMBERS

17.1. Bring perspective and/or expertise to the OSHSDG table;

17.2. Understand and utilise best practice and alliance principles;

17.3. Influence and recommend identified transformational service initiatives;
17.4. Develop close relationships with stakeholders and collaborative groups to ensure system-wide innovation and design principles;
17.5. Provide advice to the OSHSDG group, wider clinical network (i.e. ALT) and relevant SLAs as appropriate;
17.6. Support the principles of the Treaty of Waitangi;
17.7. Actively participate in the annual planning process;
17.8. Work as part of the team and share decision making and be well prepared for each meeting.

18. PLANNING & FUNDING REPRESENTATIVE

18.1. Provide knowledge of the Canterbury Health and Welfare System;
18.2. Support the group to navigate the legislative and funding pathways relevant to the OHSDG;
18.3. Facilitate access to analytical support for the purpose of evaluation, reporting and monitoring.

TERMINOLOGY

- Canterbury Clinical Network (CCN) – an alliance of health care leaders, including rural and urban general practitioners and practice nurses, community nurses, pharmacists, physiotherapists, hospital specialists, Manawhenua ki Waitaha, CDHB planning and funding management, and PHO and IPA representatives.
- SLA Charter – outlines the purpose, principles, commitments and mandate of SLA leadership teams; provides a basis for individuals on the leadership teams to commit to the approach.
- Alliance Leadership Team (ALT) – the CCN alliance leadership team responsible for the governance of clinically-led service development.
- Alliance Support team – an operational group of alliance partners which supports the workstreams and service SLA groups with prioritisation of design and delivery of health services. They support the ALT and assist with delivery of its goals.
- Service level Alliance SLA – a group of clinical and non-clinical professionals drawn together to lead the transformational redesign, delivery of services or group of services in a specific area of the Canterbury health system.
- Workstream – a group of clinical and non-clinical professionals drawn together to lead the transformation of a sector or service. Not a contracting entity, they guide the decision making of the ALT through initiative design.
- Programme Office – includes the AST, the Programme Director, Programme Manager, Communications Coordinator and CCN Administrator as well as a flexible resource pool of administration, project management and analysis for workstream and SLA groups.
- Service Level Provision Agreements – agreements between the DHB and a service provider that are signed in conjunction with the SLA and specify expected outcomes, reporting and funding for the services to be provided.

ENDORSEMENT

Date of agreement and finalisation by OSHSDG members: 1 July 2019

Date of endorsement from ALT:

Date of review: June 2020 if required