

## 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).

## GUIDING PRINCIPLES OF CANTERBURY CLINICAL NETWORK

- Taking a 'whole of system' approach to make health and social services integrated and sustainable;
- Focusing 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 SLA/WS will acknowledge and support the principles of the Treaty of Waitangi. We will strive for equitable health outcomes across our population/focus area through accessible, culturally appropriate services.

## CHILD AND YOUTH CCN WORKSTREAM (WS)

### 1. BACKGROUND

- 1.1. The Child and Youth Health workstream held its inaugural meeting in May 2012. The workstream identified two subgroups; a Child subgroup and a Youth subgroup. The workstream has identified a Core Group of members whose knowledge and expertise is required on both the Child and Youth subgroup. Wider members have been allocated to either the Child or Youth subgroup. Each subgroup has met regularly to develop the workplans and future meeting structure will evolve to meet the workplan's delivery needs. This will include the workstream calling on wider stakeholder's expertise and knowledge when required; an example of this may be representation on project groups

### 2. PURPOSE

- 2.1. Ensure child and youth health and disability support services are focused on children and young people and their family/whānau, and delivered in the most appropriate location/facility, while maintaining quality and safety;
- 2.2. Provide direction and a broad interdisciplinary focus for the Child Health and Youth Health Work Programmes;
- 2.3. Generate proposals for service improvement, redesign, and innovation to be included in the Child Health and Youth Health Work Programmes for improving the health of children and young people in Canterbury;
- 2.4. Have a coordinated system for long-term care;
- 2.5. Ensure robust evaluation of changes that result from the Child Health and Youth Health Work Programmes;
- 2.6. Maintain a regional/South Island and intersectoral perspective;
- 2.7. Identify and work towards meeting the Minister of Health's priorities and prioritise local initiatives.

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### 3. FUNCTION

- 3.1. Be a key point of integration between health, justice, education and social services;
- 3.2. Provide clinical leadership for the development and provision of health and social services for children and young people on behalf of the health system, with other agencies;
- 3.3. Agree outcomes and performance indicators for healthcare for children and young people;
- 3.4. Prioritise service development activity to meet national response and local imperatives
- 3.5. Be pro-active in research and evaluation around children and young people's needs;
- 3.6. Ensure provision of healthcare should be evidence-informed and built upon the development of a long-term relationship with generalist healthcare teams within their community;
- 3.7. Recommend transformational service improvement, identify areas requiring redesign, innovation (potentially for development by a service level alliance) and evaluation;
- 3.8. Link with other workstreams and service level alliances; undertake joint work with other workstreams and SLAs as appropriate. The most relevant links, among others, are with: Immunisation SLA, Integrated Family Health Services, Māori Health, Pacific Health, Rural Health Workstream, Canterbury Initiative and the Maternal Quality and Safety Improvement Governance Group;
- 3.9. Link with the South Island Alliance's workstream covering child and young person's health.

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### 4. MANDATE AND SCOPE

- 4.1. In Scope
  - 4.1.1. The Child and Youth Health Workstream has the mandate to review current Child and Youth Health service activities with the intention of identifying and recommend areas needing increased efficiencies and/or improved service levels;
  - 4.1.2. Members have the authority to meet with relevant stakeholders and service providers to gain information and ideas for improvements.
- 4.2. Out of Scope
  - 4.2.1. It is not within the scope of the workstream to contract with service providers or directly change existing contractual terms;
  - 4.2.2. The workstream does not have the mandate to manage a programme of service delivery nor is it responsible for developing and delivering on the programme budget;

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### 5. MEMBERSHIP

- 5.1. The Child and Youth Health Workstream will be composed of members selected for knowledge of and expertise in the health, education, social sectors and justice, who can work for the best outcome for children and young people and for the health system as a whole. Members will collectively need to be cognisant of the challenges to improving the mental and physical health of children and young people in Canterbury through the life course from before birth to transition to adulthood. They will be mindful of public health, preventive and community approaches through primary care to secondary and tertiary care, and disability support.
- 5.2. The Child and Youth Health Workstream will need to develop communication and links with iwi, consumers, families/whānau, government agencies such as the Ministries of Social Development and Education, and non-governmental organisations and community providers.
- 5.3. The workstream will review membership annually to ensure it remains appropriate;
- 5.4. Membership will ideally include a member of the CCN Alliance Leadership Team (ALT);
- 5.5. Remuneration for meeting attendance will be as defined in the CCN Remuneration Policy. Attendance lists should be collected and forwarded to the Programme Office for payment;

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### 6. TIME COMMITMENTS

- 6.1. Members should be committed to attending the workstream meetings. They should discuss participation with their originating organisation, especially if activity takes place during work hours;

- 6.2. A member may nominate an alternate person if they are unable to attend a meeting. The member is responsible for providing all necessary information to the alternate.
- 6.3. The workstream meeting schedule is as follows:
- 6.3.1. Combined child and youth workstream, which acts in a governance and overview capacity meets on a quarterly basis for one to two hours;
  - 6.3.2. The child workstream meets on a quarterly basis for one to two hours;
  - 6.3.3. The youth workstream meets on a quarterly basis for one to two hours;
  - 6.3.4. Subgroups may be formed to work on specific initiatives that have been identified by the main group;
  - 6.3.5. It is the expectation that a member will be able to attend two-thirds of scheduled meetings annually, unless discussed and agreed with chair;
  - 6.3.6. 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 chair will consider their membership status for revocation, following discussion with the member or reasonable attempts to contact the member;
  - 6.3.7. Each workstream will be supplied with project management and analytical support through the Programme Office and/or CDHB's planning and funding team.

## 7. SELECTION OF MEMBERS, CHAIRPERSON AND DEPUTY CHAIRPERSON

- 7.1. New or replacement members will be identified by the workstream for their required skills/expertise. The appointment will require endorsement from the ALT on recommendation from the workstream;
- 7.2. The chair and deputy chair will, in most cases, be nominated by members of the workstream. Where there is more than one nominee for either one or both positions, the election will be put to a vote. In some cases, the role of chair may be appointed by ALT (i.e. an independent chair).

## 8. MEMBERS

The composition of the Child and Youth Health Workstream Core Group is:

Name(s)	Perspective/Expertise
Nicola Austin	Chair – Neo natal
Wayne Turp	Project Manager
Clare Doocey	Core Group – Paediatrics
Donna Ellen	Core Group – Primary Care
Fiona Bartley	Core Group – Ministry of Education
Harith Swadi	Core Group - Adolescent and Family Mental Health Services
Kerry Marshall	Core Group – Community and Public Health, CDHB
Kim Burgess	Core Group – Primary Care Child Health Clinical Lead (GP)
Maria Pasene	Core Group – Pacific Representative
Michael McIlhone	Core Group – Alliance Leadership Team (DoN)
Michelle Turrall	Core Group – Maori Representative
Norma Campbell	Core Group – Secondary Care Midwifery

## Child Workstream

Member	Role	Perspective
Alison Willis	Oranga Tamariki	Vulnerable Children
Anne Feld	Plunket	Early Childhood
Cheryl Duffy		Mental Health
Dave Jeffrey	Sport Canterbury	Active family
Ester Vallero	Pegasus Health	CALD
Janetta Skiba	Rural PHO	Rural Health
Jill Borland	Sport Canterbury	Active children
Susan Booth	Before School Checks Nurse Co-ordinator	Before school check coordination (Primary Care)
Kay Boone	CDHB	Child Development
Nicky Scott	Practice Nurse	Primary Care
Rebecca Harris	Midwife	Maternity
	Family Advisory Council	Consumer
Vicky Brewer	Public Health Nurse	Early Childhood
Viv Patton	GP	Primary Care GP

## Youth Workstream

Member	Role	Perspective
Brad Blackler	Youth Advisory Council	Consumer
Chloe Biddick	Youth Advisory Council	Consumer
Chris Mene	Consultant	Cross Sector
Clare Healy	GP	General Practice
Gail McLauchlan	Public Health Specialist	Community and Public Health
Gayle Lauder	Youth Health Nurse Specialist	Youth
Jacqui Winterbourn	Public Health Nurse, Ashburton	Rural Health
Jo Dowell	Clinical Manager	Youth Specialty Service
Joan Allardyce	Canterbury University Health Centre	Territory Education Health Operations
Juliet Berkeley	Clinical Director of Endocrinology and Diabetes services	Secondary Health Services – Adolescent Diabetes
Kate Nicoll	Midwife	Teen pregnancy
Lynlee Snell	Nurse Consultant SMHS	Mental Health in Schools
Phil Newton	NZ Police	Youth Justice
Stephanie Moor	Child and Adolescent Psychiatry, University of Otago	Specialist Mental Health

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## 9. ACCOUNTABILITY

- 9.1. The workstream is accountable to the ALT who will establish direction; provide guidance; receive and approve recommendations.

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## 10. BUDGET

- 10.1. The OLG and Programme Office will support the annual development of an *operational budget* for the Child and Youth Health Workstream which will be authorised by the ALT. The operational budget will be administered by the Programme Coordinator in conjunction with the Workstream leads

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## 11. WORKPLAN

- 11.1. The workstream will agree on their annual work plan and submit it to the ALT for approval via the CCN Programme Office. The work plan will be influenced by the CCN Strategic Plan, Ministry of Health Targets, the CDHB Annual Plan, legislative and other requirements;
- 11.2. The workstream will actively link with other CCN work programmes where there is common activity.

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## 12. FREQUENCY OF MEETINGS

- 12.1. Each workstream meet at different times during the year. The Child and Youth groups will meet individually twice a year. The Core group will meet three times a year. Also three times a year all the groups will meet together.
- 12.2. Meeting dates will be arranged annually, taking into consideration ALT meetings; to ensure reporting is current and up to date.

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## 13. REPORTING

- 13.1. The SLA/WS will report to the ALT on an agreed schedule via the CCN Programme Office;
- 13.2. Where there is a risk, exception or variance to the SLA/WS work plan, or an issue that requires escalation, a paper should be prepared in a template provided by the CCN Programme Office;
- 13.3. Where there is a new innovation or service recommendation, a paper should be prepared in a template provided by the CCN Programme Office.
- 13.4. Where applicable, reporting will include progress against or contribution to Ministry of Health Performance and Health Targets.

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## 14. MINUTES AND AGENDAS

- 14.1. Agendas and minutes will be coordinated between the SLA chair and facilitator;
- 14.2. Agendas will be circulated no less than 3 days prior to the meeting, as will any material relevant to the agenda;
- 14.3. Minutes will be circulated to all group members within 7 days of the meeting and minutes remain confidential whilst 'draft' and until agreed.
- 14.4. Copies of the approved minutes will be provided to the CCN Programme Office for inclusion on the CCN website. Any confidential or sensitive material should be excluded.

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## 15. QUORUM

- 15.1. The quorum for meetings is half plus one workstream member from the total number of members of the work stream.

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## 16. CONFLICTS OF INTEREST

- 16.1. Prior to the start of any new SLA/WS or programme of work, conflict of interests will be stated and recorded on an Interest Register;
- 16.2. Where a conflict of interests exists, the member will advise the chair and withdraw from all discussion and decision making;

16.3. The Interests Register will be a standing item on SLA agenda's and be available to the Programme Office on request.

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## 17. REVIEW

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

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## 18. WORKSHOP APPROACH TO INITIATION

18.1. Prior to initiation of a new workstream the opportunity will be provided for a broad range of participants to meet at a facilitated meeting and work together to:

18.1.1. Agree the scope and deliverables of the workstream;

18.1.2. Based on the deliverables agree the basis for a project plan, meeting schedule and requirement for resources;

18.1.3. Agree the membership of the workstream group.

Attendance at the initial workshop will not attract attendance fees.

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## 19. EVALUATION

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

## ROLES & RESPONSIBILITIES

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### 20. CHAIRPERSON/CLINICAL LEADER

20.1. Lead the team to identify and recommend opportunities for service improvement and redesign;

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

20.3. Work with the project manager/facilitator and/or analyst to produce work plans and other reports as required;

20.4. Provide leadership when implementing the group's outputs;

20.5. Be well prepared for meetings and work with the project facilitator to guide discussion towards action and/or decision;

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

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### 21. ALT MEMBER

21.1. Act as a communication interface between ALT and the SLA;

21.2. Participate in the development and writing of papers that are submitted to ALT;

21.3. Act as Sponsor of papers to ALT so papers are best represented at the ALT table.

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### 22. WORKSTREAM MEMBERS

22.1. Bring perspective and/or expertise to the work stream table;

22.2. Understand and utilise best practice and alliance principles;

22.3. Influence and recommend identified transformational service initiatives;

22.4. Develop close relationships with stakeholders and collaborative groups to ensure system-wide innovation and design principles;

22.5. Provide advice to the work stream group, wider clinical network (i.e. ALT) and SLAs as appropriate;

22.6. Support the principles of the Treaty of Waitangi;

22.7. Actively participate in the annual planning process;

22.8. Work as part of the team and share decision making and be well prepared for each meeting.

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### 23. PROJECT MANAGER/FACILITATOR

- 23.1. Provide or arrange administrative support;
- 23.2. Support chairs and/or clinical leaders to develop work programmes that will transform services;
- 23.3. Document and maintain work plans and reports to support the group's accountability to the ALT;
- 23.4. Develop project plans and implement with in scope following direction from the group, CCN programme office and/or ALT as appropriate;
- 23.5. Work with the chair to drive the work plan by providing oversight and coordination, managing the resources and facilitating effective teamwork;
- 23.6. Keep key stakeholders well informed;
- 23.7. Proactively meet reporting and planning dates;
- 23.8. Activity work with other CCN groups to identify opportunities that link or overlap, share information and agree on approaches;
- 23.9. Identify report and manage risks associated with the workstream work activity.

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### 24. PLANNING & FUNDING REPRESENTATIVE

- 24.1. Provide knowledge of the Canterbury Health System;
- 24.2. Support the group to navigate the legislative and funding pathways relevant to the workstream;
- 24.3. 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.
- Alliance Leadership Team (ALT) – the CCN alliance leadership team responsible for the governance of clinically-led service development.
- Alliance Support team (AST) – an operational group of alliance partners who 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.
- Programme Office – includes the Ops Leaders Group, the Programme Leader, Programme Coordinator as well as a flexible resource pool of administration, project management and analysis for workstream and alliance groups.
- Service level Alliance – 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 guide and influence the transformation of a sector or service. Not a contracting entity, they guide the decision making of the ALT through initiative design.
- Service Level Provision Agreements – agreements between the DHB and a service provider that are signed in conjunction with the District Alliance and specify expected outcomes, reporting and funding for the services to be provided.

### ENDORSEMENT

Date of agreement and finalisation by workstream members: 3/12 /2015

Date of endorsement from ALT: 21/03/2016

Date for Review: December 2017