



TERMS OF REFERENCE

Ngā Ratonga ā Hapori

Community Services Service Level Collaborative

BACKGROUND

CCN (Canterbury Clinical Network) is a collaborative of health professionals, mana whenua, consumers, and cross sector partners working together to decide how, when and where health services are delivered.

We use a principles-based framework to ensure that people and their family/ whānau are at the centre of designing equitable health services in a genuine and purposeful partnership.

The CCN consists of: Leadership Team, Support Team, Programme Office, Workstreams (WS) or Focus Areas, Service Level Collaboratives (SLCs) and time-limited working groups (taskforces).

GUIDING PRINCIPLES

- Taking a whole system approach to ensure health and social services are integrated and sustainable;
- Focussing on people, their family/whānau and community, keeping them at the centre of everything we do;
- Enabling clinically led service development; whilst
- Living within our means.

This Group will acknowledge and support the principles and provisions of Te Tiriti o Waitangi. We will strive for equitable health outcomes across our population/focus area through accessible, culturally appropriate services.

COMMUNITY SERVICES SERVICE LEVEL COLLABORATIVE

1. BACKGROUND

- 1.1 The CSSLC was formed in November 2011 to support an alliance between the three community services providers and Canterbury DHB and to apply a collective approach to the continued development, redesign, and implementation of restorative community services, enabling individuals to live safely within their homes and communities for as long as possible.
- 1.2 The SLC Community Services re-design informed a plan of work that, among other things, saw the implementation of the electronic referral form for community services and the identification of a need for navigation and socialisation tools/ strategies. The second phase of this initial work now needs to be implemented in the context of our current health system challenges and priorities.
- 1.3 In Dec 2021, a reset of the CSSLC purpose was undertaken to focus our collective efforts on key areas that would support continued access to community services and sustainability of our system. The urgent response needed through the COVID pandemic limited the ability for this work to progress.
- 1.4 Our system is continuing to experience sustained pressure with considerable workforce constraints and an increased demand across primary care, emergency and urgent care providers and community services.
- 1.5 It is timely to refocus the collective efforts across community services to prioritise work that contributes to addressing system capacity pressures and improves our communities' access to services, in the context of changes emerging from the health reforms.
- 1.6 The immediate priorities for the CSSLC are to explore and identify mechanisms, that can improve access to community services for the population with the greatest need.

2. PURPOSE

The CSSLC will

2.1. Identify and investigate one or more approaches or strategies where community services could contribute to reducing demand and improve our communities' access to services with on a focus on:

- Solutions to optimise our community's access to community nursing services. Ensuring the services remain efficient, maintain clinical integrity and provide good clinical outcomes.
- The transfer of care between secondary, primary and community care services to enable best outcomes for the Canterbury population.

The SLC will continue to act as a connector to ensure relationships are maintained and that clinicians, funders and providers work collaboratively to meet current challenges that include workforce shortages, and funding constraints.

2.2. Develop a clear picture of opportunities to enhance capacity in community services and increase access for our communities and make associated recommendations to the Leadership Team and Commissioning Team of Te Whatu Ora Waitaha.

3. EXPECTED OUTCOMES OF THE GROUP

3.1. Consider, prioritise and make recommendations on optimisation of the delivery of community nursing services.

3.2. Contribute to the system flow and improving our community's timely access to care.

3.3. Support the System to respond to the new national direction and a changing health system landscape and support the Te Whatu Ora Waitaha Commissioning Team to respond to national requests and opportunities that will support our System to response to current pressures.

3.4. Provide recommendations for the next phase of implementation of any new improvements or initiatives.

4. MANDATE

4.1. The SLC has the mandate to explore and investigate current community service activities with the intention of identifying and recommending areas where there is an opportunity to increase efficiencies and/or improve service delivery.

4.2. The SLC will focus on opportunities and initiatives to identify, maintain, improve, and develop efficient and sustainable models of service delivery that will aid the achievement of outcomes for those accessing Community Services (enabling them to remain at home where possible and prevent unnecessary hospitalisation) and for the health system.

5. SCOPE

5.1. In Scope – Meeting as a group to discuss and develop ideas and make recommendations.

The scope of the services for focus are described in the specifications for Community Services, CREST, Long Term Support for Chronic Health Conditions (LTS-CHC); and other services provided in the community including those delivered by Te Whatu Ora Waitaha Community Teams and Primary Care. Services are provided to those under 65 as well as for older people.

5.2. Out of Scope – Allocation of funding of ideas generated or contracts for service.

6. MEMBERSHIP

6.1. The membership of the Group will include professionals who participate (e.g. referrers or providers) in the relevant services across urban and rural settings, those who work in key related services, management from relevant health organisations and others who bring important perspectives, e.g. consumer, Māori, Pacific, migrant and/or rural voices.

6.2. Each Group member will sign the [CCN Charter](#) and agree to the principles contained within it. The foundation of the CCN Charter is a commitment to act in good faith to reach consensus decisions based on 'best for patient, best for system.'

- 6.3. Members are selected not as representatives of specific organisations or communities of interest, but because collectively they provide the range of competencies required for the Group to achieve success.
- 6.4. The Group will review membership annually to ensure it remains appropriate.
- 6.5. 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.
- 6.6. It is the expectation that a member will be able to attend two-thirds of scheduled meetings annually, unless discussed and agreed with the chair.
- 6.7. 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.
- 6.8. Each Group will be supplied with project facilitation and analytical support.

7. SELECTION OF MEMBERS, CHAIRPERSON AND DEPUTY CHAIRPERSON

- 7.1. New or replacement members will be identified by the Group for their required skills/expertise. The appointment will require endorsement from the Leadership Team on recommendation from the Group.
- 7.2. The chair and deputy chair will, in most cases, be nominated by members of the Group. 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 will be appointed by the Leadership Team (i.e., an independent chair).

8. MEMBERS

The composition of the Community Services SLC is:

Name(s)	Perspective/Expertise
Gill Mendonca	Consumer
Cindy Briggs Kathy Fry	Healthcare NZ
Gwendolynn Johnson Sara Bray	Access Community Health
Lisa Cowap Tracey Crofts	Nurse Maude Association
Chris Nash	Allied Health, Te Whatu Ora
Anne Roche Val Fletcher	Physician / Community Geriatrician, Te Whatu Ora
Jane Evans	Transfer of Care Nurse, Christchurch Hospital
Kaylene Scott	Older Persons Health Community Teams, Te Whatu Ora
Annette Findlay	Mana Whenua perspective
Caroline Skegg	Nursing Director, Older Persons Population Health, Te Whatu Ora
Caroline McCullough	Nursing Director, Burwood Hospital
Kylie Catterall Stacey Simpson	Plastics, Christchurch Hospital
Vacant	General Practitioner
Ellen Crofts	Practice nurse perspective
Michael McIlhone	CCN Leadership Team Sponsor
Jacqui Lunday-Johnstone	Te Whatu Ora Waitaha Clinical Executive Team
Sarah Pullinger	Portfolio Manager, Planning and Funding, Te Whatu Ora
Lucy Farley	Project Specialist, Planning and Funding, Te Whatu Ora
Janice Lavelle	Co-Chair
Lovey Ratima-Rapson	Co-Chair

Members may be co-opted on to the SLC as required.

9. ACCOUNTABILITY

- 9.1. The SLC is accountable to the CCN Leadership Team who will establish direction; provide guidance; receive and approve recommendations.

10. WORK PLANS

- 10.1. The Group will agree on their work plan and submit it to the Leadership Team for approval via the CCN Programme Office. The work plan will be influenced by the CCN Strategic Plan, national and local direction provided by Te Whatu Ora, Te Aka Whai Ora and the Ministry of Health and legislative and other requirements.
- 10.2. The Group will actively link with other CCN work programmes where there is common activity.

11. FREQUENCY OF MEETINGS

- 11.1. The SLC will be held as needed to progress short term priorities. It is anticipated smaller work group(s) or project teams will be established under the SLC to lead work on specific priorities between SLC meetings.
- 11.2. Virtual meetings will be offered to support attendance.

12. REPORTING

- 12.1. The Group will report to the Leadership Team on an agreed schedule via the CCN Programme Office.
- 12.2. Where there is a risk, exception or variance to the Group work plan, or an issue that requires escalation, a paper should be submitted to Leadership Team in a template provided by the CCN Programme Office.
- 12.3. Where there is an innovation or service recommendation, a paper should be submitted to the Leadership Team in a template provided by the CCN Programme Office.
- 12.4. Where applicable, reporting will include progress against or contribution to National Performance and Health Targets.

13. MINUTES AND AGENDAS

- 13.1. Agendas and minutes will be coordinated between the Group chair/s and facilitator.
- 13.2. Agendas will be circulated no less than 5 days prior to the meeting, as will any material relevant to the agenda.
- 13.3. Minutes will be circulated to all Group members within 5 days of the meeting and minutes remain confidential whilst 'draft' and until agreed.
- 13.4. Copies of the approved minutes will be provided to the CCN Programme Office and may be included on the CCN website. Any confidential or sensitive material should be excluded.

14. QUORUM

- 14.1. The quorum for meetings is half plus one Group member from the total number of members of the Group.
- 14.2. Facilitator Conflict of interests will be stated and recorded on an Interests Register.
- 14.3. Where a conflict of interests exists, the member will advise the chair and withdraw from all discussion and decision-making pertaining to the interest.
- 14.4. The Interests Register will be a standing item on the Group agendas and be available to the Programme Office on request.

15. REVIEW

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

16. EVALUATION

- 16.1. Prior to the commencement of any new programme of work, the Group will design evaluation criteria to evaluate and monitor on-going effectiveness of Group activities. Any evaluation will comply with any

evaluation framework outlined by CCN and/or the Leadership Team or Te Whatu Ora - Waitaha as the funder.

ROLES

17. CHAIR/S

- 17.1. Lead the team to identify opportunities for service improvement;
- 17.2. Lead the development of the service vision and work plan;
- 17.3. Develop the team to respond to a service need; engaging with key stakeholders and interested parties best suited for the purpose of service innovation;
- 17.4. Work with the project manager/facilitator and/or analyst to produce work plans and other reports as required;
- 17.5. Provide leadership when implementing the group's outputs;
- 17.6. Work with the facilitator to facilitate meetings to achieve outcomes in an economical and efficient manner;
- 17.7. Be well prepared for meetings and ready to guide discussion towards action and/or decision;
- 17.8. Meet with the other CCN leaders to identify opportunities that link or overlap, share information and agree on approaches.

18. LEADERSHIP TEAM MEMBER

- 18.1. Act as a communication interface between the Leadership Team and the SLC.
- 18.2. Participate in the development and writing of papers that are submitted to Leadership Team.
- 18.3. Act as Sponsor of papers so papers are best represented at the Leadership Team table.

19. CLINICAL LEADER

- 19.1. Provide strong clinical leadership across all SLC work activity;
- 19.2. Serve as mentor and provide clinical guidance to SLC members (where relevant).

20. GROUP MEMBERS

- 20.1. Bring perspective and/or expertise to the Group table
- 20.2. Understand and utilise best practice and collaborative principles
- 20.3. Analyse services and participate in service design
- 20.4. Analyse proposals using current evidence bases
- 20.5. Work as part of the team and share decision making

21. PROJECT MANAGER/FACILITATOR

- 21.1. Support chairs and/or clinical leaders to develop work programmes that will deliver healthcare improvements.
- 21.2. Provide or arrange administrative support
- 21.3. Document and maintain work plans and reports to support the Group's accountability to the Leadership Team
- 21.4. Develop project plans and implement within scope following direction from the Group, CCN programme office and/or the Leadership Team as appropriate
- 21.5. Work with the chair/s to drive the work plan by providing oversight and coordination, managing the resources, and facilitating effective teamwork
- 21.6. Keep key stakeholders well informed
- 21.7. Proactively meet reporting and planning dates
- 21.8. Work with other CCN Groups to identify opportunities that overlap, share information and agree on approaches.

22. COMMISSIONING TEAM TE WHATU ORA WAITAHA REPRESENTATIVE

- 22.1. Provide knowledge of the Canterbury Health System, and national landscape, priority focus and expectations;
- 22.2. Support the group to navigate the legislative and funding pathways relevant to the SLC;
- 22.3. Support the next steps in implementation of agreed improvements and innovations
- 22.4. Facilitate access to analytical support for the purpose of evaluation, reporting and monitoring.

TERMINOLOGY

- [CCN Charter](#) – outlines our commitments and enduring principles for the way CCN signatories and all members across our Leadership Team, Support Team, and other CCN collaborative Groups will operate.
- Leadership Team – the CCN Leadership Team responsible for the governance of service development.
- CCN (Canterbury Clinical Network) – a collaborative of health professionals, mana whenua, consumers, and cross sector partners working together to decide how, when and where health services are delivered.
- Service Level Collaborative (Group) – 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 Leadership Team through initiative design.
- Support Team – the small operational arm of the Leadership Team who supports the workstreams, SLCs, and Groups with prioritisation of design and delivery of health services. They support the Leadership Team and assist with delivery of its goals. Part of the Programme Office.
- Programme Office – includes, the Programme Leader, Programme Coordinator as well as a flexible resource pool of administration, project management and analysis for workstream, SLC and Groups.
- Service Level Provision Agreements – agreements between Te Whatu Ora – Waitaha and a service provider that are signed in conjunction with the District group and specify expected outcomes, reporting and funding for the services to be provided.

ENDORSEMENT OF TOR

Agreement and endorsement of these TOR should be dated and recorded in the minutes.

Date of endorsement by SLC: / /

Date of endorsement from CCN Leadership Team: **21st March 2023**