TERMS OF REFERENCE

Health of Older People Workstream

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;
- 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 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.

HEALTH OF OLDER PEOPLE CCN WORKSTREAM (HOPWS)

1. BACKGROUND

1.1. The prior Aged Care Workstream was established in 2009 as a key leadership and advisory group. Its purpose was to provide oversight of the strategic direction of the Canterbury health system for Older People. It has been instrumental in establishing several Service Level Alliance (SLAs) i.e. Community Services SLA (CSSLA), Medicines Management Service SLA (MMSSLA), Aged Residential Care SLA (ARCSLA); and new initiatives to transform services for older adults e.g. Medicines Management Service (MMS), Community Rehabilitation Enablement Support Team (CREST), and Falls Prevention. Renamed Health of Older People Workstream in 2013, the workstream continues to transform the system to enable older adults to live well at home and in their community.

2. PURPOSE

2.1. Provide leadership for the Canterbury Clinical Network's Health of Older People work programme;

2.2. Develop recommendations for the ALT and consider and/or action any requests from ALT;

2.3. Ensure robust evaluation of any service changes for the Health of Older People;

2.4. Provide a clearing house for ideas and information on the health needs of Older People, balancing the demands on the system for patient care and wellbeing and the need for sustainable clinical services and business practices;

2.5. Provide clinical leadership in transformational service improvement, and service integration;

2.6. Identify areas requiring redesign and innovation (potentially for development by a SLA), and;

2.7. Link with other workstreams / service level alliances and undertake joint work as appropriate.

2.8. Be guided by the principles of the Treaty of Waitangi and work biculturally with Canterbury Mana Whenua to ensure health equity and improvement in health status for older Maori adults.

3. EXPECTED OUTCOMES OF THE WORKSTREAM

3.1. To enable older adults to live well at home and in their community;

3.2. To contribute to reducing avoidable hospital admissions by developing a more integrated system with accessible; organised, coherent services in the community;

3.3. To work towards the aspirational target of extending independent living for older adults;

3.4. Recommendation of service innovation is made to ALT.

4. MANDATE AND SCOPE

In Scope:

4.1. The workstream group has the mandate to review current service activities for the health of older people with the intention of identifying and recommend areas needing increased efficiencies and/or improved service levels;

4.2. Members have the authority to meet with relevant stakeholders and service providers to gain information and ideas for improvements.

Out of Scope:

4.3. It is not within the scope of the Health of Older Persons workstream to contract with service providers or directly change existing contractual terms;

4.4. 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;

4.5. The workstream does not have the authority to develop initiatives outside the agreed scope of the CDHB Annual Plan, unless with the express authority of the ALT.

5. MEMBERSHIP

5.1. The membership of the Health of Older People workstream will include clinicians 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 perspective e.g. consumer, Maori, Pacific, migrant and/or rural voices;

5.2. 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 Workstream to achieve success;

5.3. The workstream will review membership annually each December to ensure it remains appropriate;

5.4. Membership will 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;

5.6. It is the expectation that a member will be able to attend two-thirds of scheduled meetings annually, unless discussed and agreed with chair, Alternates can be arranged, and approved by the chair, preferably in advance of the member's absence.

5.7. 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 work of the group, the chair will discuss, with them, their membership status,

5.8. Each workstream will be supplied with project management and analytical support through the Programme Office.

6. SELECTION OF MEMBERS, CHAIRPERSON AND DEPUTY CHAIRPERSON AND EXECUTIVE COMMITTEE

6.1. 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;

6.2. 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 (e.g. an independent chair).

6.3. A small Executive Committee will function as required between meetings and as a minimum will consist of the Chair and Deputy Chair and the Chief of Service Specialist Older Persons Health or his/her nominee and the Facilitator. Should there be no General Practitioner on the resulting Executive; one will be appointed from Health of Older People Workstream. The role of the Executive Committee is to provide focused consideration of issues and areas of interest between meetings. It is not a decision making body and all recommendations for/from the Executive Committee will be considered by the full HOPWS membership as part of their regular meeting schedule.

7. MEMBERS

The composition of the Health of Older People Workstream is:

HOPWS membership **	**Perspective/Expertise**
Vacant	Chair, & Clinical Lead
Steve Cate/ Susan Bowness[1], Healthcare New Zealand; Samantha Powell, Nurse Maude	Community nursing/home based support provider (2)
Penny Taylor, Presbyterian Support Upper South Island ; Simon Templeton, Age Concern	Community organisation representative (2)
Alex de Roo	Community pharmacist (1)
Nick Haley	Allied Health - Community (1)
Gillian Mendonca (urban); Julie Barlass (rural)	Consumer representatives (1 urban, 1 rural)
Vacant (rural), Robyn Bowman (urban) vacant (GP)	General practitioners (including 1 rural, 1 urban, 1 other)
Mardi Postill	ACC
Val Fletcher , Janice Lavelle, Kate Gibb/Diana Gunn, Anne Roche, Colin Peebles/Joanna Reeves	Older Persons Health & Rehabilitation (formerly OPHSS), including a Psychiatrist (4)
Annette Findlay	Nominee of the Maori Caucus (1)
Shyrell Friedberg ; Deb Gillon, CCN	Practice Nurse or Care Co-ordinator (2) Nurse Practitioner, Older Adults
Fran Pucilowski	Aged Residential Care (1)
TBA	CDHB Planning and Funding, OPH (1)
Nanette Ainge, CDHB	Project facilitator
Donna Hahn, Rose Laing	Primary Care Liaison (2)

*Ex Officio – Carolyn Gullery, General Manager, Planning & Funding, CDHB; Chief of Service, OPH Specialist Services. Sub working groups will be set up as required and will report recommendations through the Health of Older People Workstream. These groups may have additional clinicians, separate from the Health of Older People Workstream's membership.

** ALT member

8. ACCOUNTABILITY

8.1. The Health of Older People workstream is accountable to the ALT who will establish direction; provide guidance; receive and approve recommendations.

[1] Proposed alternate member

9. WORK PLANS

9.1. The Health of Older People 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 District Annual Plan, the "Better Sooner More Convenient" Initiative, legislative and other requirements;

9.2. The workstream will actively link with other CCN work programmes where there is common activity.

10. FREQUENCY OF MEETINGS AND EXECUTIVE FUNCTION BETWEEN MEETINGS

10.1. Meetings will be held five times per annum from 1730 – 1900 on the second Thursday of that month;

10.2. Meeting dates will be arranged annually, taking into consideration ALT meetings; to ensure reporting is current and up to date;

10.3. Between meetings small working groups will be used to develop engagement and planning;

10.4. Between meetings an Executive Committee will make urgent decisions for ratification at subsequent Health of Older People Workstream meetings. Meetings will be as required and be by face to face or teleconference.

11. REPORTING

11.1. The workstream will report to the ALT on an agreed schedule via the CCN Programme Office;

11.2. Reports will be provided by the workstream in a template provided by the CCN Programme Office;

11.3. Where there is a risk, exception or variance to the Workstreams work plan, or an issue that requires escalation, a paper should be prepared in a template provided by the CCN Programme Office;

11.4. Where there is a new innovation or service recommendation, a paper should be prepared in a template provided by the CCN Programme Office.

11.5. Where applicable, reporting will include progress against or contribution to Ministry of Health Performance and Health Targets.

12. MINUTES AND AGENDAS

12.1. Agendas and minutes will be coordinated between the workstream chair and facilitator;

12.2. Agendas will be circulated no less than seven days prior to the meeting, as will any material relevant to the agenda;

12.3. Minutes will be circulated to all group members within five working days of the meeting and minutes remain confidential whilst 'draft' and until agreed.

12.4. 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.

13. QUORUM

13.1. The quorum for meetings is half plus one workstream member from the total number of members of the workstream.

14. CONFLICTS OF INTEREST

14.1. Prior to the start of any new programme of work, conflict of interest will be stated, recorded and available on request to the CCN programme Office;

14.2. Where a conflict of interests exists, the member will advise the chair and withdraw from all discussion and decision making;

14.3. The Interests Register will be a standing item on SLA agenda's 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 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

17. CHAIRPERSON/CLINICAL LEADER

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

18. ALT MEMBER

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

19. WORKSTREAM MEMBERS

19.1. Bring perspective and/or expertise to the workstream table;
19.2. Understand and utilise best practice and alliance principles;
19.3. Influence and recommend identified transformational service initiatives;
19.4. Develop close relationships with stakeholders and collaborative groups to ensure system-wide innovation and design principles;
19.5. Provide advice to the workstream group, wider clinical network (i.e. ALT) and SLAs as appropriate;
19.6. Support the principles of the Treaty of Waitangi;
19.7. Actively participate in the annual planning process;
19.8. Work as part of the team and share decision making and be well prepared for each meeting.

20. PROJECT MANAGER/FACILITATOR

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

21. PLANNING & FUNDING REPRESENTATIVE

21.1. Provide knowledge of the Canterbury Health System;

21.2. Support the group to navigate the legislative and funding pathways relevant to the workstream;
21.3. 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: 12 /12/2013
Date of last endorsement from ALT: 20/07/15
Date of Review: July 2016