

BACKGROUND

Canterbury and West Coast DHB both work under Alliance Frameworks. Each Alliance has been developed based on needs of their unique populations.

The foundation of Alliancing is a commitment to act in good faith to reach consensus decisions on the basis of a 'best for patient, best for system' principle. Each SDG member will sign the relevant Alliance Charter and agree to the principles contained within it.

Both Alliance Frameworks were established to provide clinical leadership and demonstrate alliance principles across a multi-disciplinary team. These groups lead the development of services across their sectors where innovation and transformational change is required. Each Alliance consists of:

1. Alliance Leadership Team (ALT);
2. Alliance Support Groups (ASG);
3. Programme Office;
4. Workstreams or Focus Areas;
5. Service Level Alliances (SLAs); and
6. Service Development Groups (SDGs).

GUIDING PRINCIPLES OF THE CANTERBURY CLINICAL NETWORK AND WEST COAST ALLIANCE

- 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; and
- Living within our means.

This SDG will acknowledge and support the principles of Te Tiriti o Waitangi and the provisions of Te Tiriti o Waitangi. We will strive for equitable health outcomes across our population/focus area through accessible, culturally appropriate services by ensuring there are specific goals for achieving equity of outcomes for Māori, Pacific and vulnerable communities.

ORAL HEALTH SDG

1. BACKGROUND

- 1.1. Oral health is an important part of general health and wellbeing across a person's lifespan. With the wider determinants of health influencing oral health, measures of access to oral health services and oral health status particularly in childhood provide indicators of inequities of access and health outcomes.
- 1.2. Oral health has increasingly been seen as a vital part of Canterbury & West Coast DHB's service planning. Children's oral health measures now sit under several focus areas which are reported to the Ministry of Health including Newborn Enrolment in Community Dental Services, children's Decayed Missing Filled Teeth (DMFT) scores and percentages of adolescents accessing publicly funded oral health services.
- 1.5. Following several workshops in 2017, a need for a more structure approach, under the CCN banner was identified. For the past three years the Canterbury and West Coast DHBs have had a joint Transalpine Oral Health Steering Group.

2. PURPOSE

- 2.1. The primary function of the Oral Health SDG is to provide strategic leadership, direction, and advice for oral health services across the Canterbury and West Coast health systems within an alliance framework. This includes:
- Developing and overseeing a strategic oral health plan for Canterbury and the West Coast that sets the direction for improved access to oral health services to enable improved outcomes for Māori, Pacific and vulnerable populations
 - Facilitating system level co-design which aims to reduce inequalities in oral health for targeted populations
 - Optimising prevention/maintenance of good oral health;
 - Improving early intervention in individuals and populations who are likely to have poor oral health outcomes; and
 - Developing strong linkages and synergies with other relevant groups/sectors.
- 2.2. While the Oral Health SDG's current priority is to improve oral health and access to oral health services across our population's lifespan, the group recognise this work is also linked to improving access to health services generally, and to the long-term health outcomes of our population.

3. EXPECTED OUTCOMES OF THE SDG

- 3.1. It is expected that the SDG will develop a Service Model that will have a focus on achieving the variety of System Level and DHB Performance Measures that focus on Oral Health. This focus will be included, but not be limited to:

DHB Performance Targets

- Pre-schoolers Enrolled in DHB funded Oral Health Services;
- Number of enrolled pre-schoolers and primary school children overdue for their scheduled examinations;
- Caries Free at 5 years old;
- DMFT Score at Year 8; and
- Utilisation of Adolescent Oral Health Services.

Both the Canterbury and West Coast DHB's have specific targets for under their Systems Level Measures Improvement Plans. These are:

Canterbury:

Access and Utilisation of Youth-Appropriate Health Services

- Increase enrolments in the Community Dental Service
- Community Dentists recall process

ASH Rates for 0- to 4-year-olds

- Improved Oral Health
- Increased new-born enrolments

West Coast:

ASH Rates for 0- to 4-year-olds

- Improved Oral Health

The SDG group will, following the development of this service model and identified groups, pull together a Work Plan which includes a focus on achieving these performance targets.

4. MANDATE

- 4.1. This group is mandated to make Recommendations to each Alliance, Planning and Funding Leadership Team or the relevant DHB EMTs, based on Service areas identified.

5. SCOPE

5.1. In Scope

- 5.1.1. Oral Health Services for those under the age of 18;
- 5.1.2. Low income adults, and those whose oral health is funded through the DHB (Hospital Dental Services);
- 5.1.3. Oral Health Promotion, across the Canterbury and West Coast health systems; and
- 5.1.4. Oral Health for those 65 years and older.

5.2. Out of Scope

- 5.2.1. Services not funded or coordinated by the DHBs; and
- 5.2.2. Lobbying the Ministry of Health or Government for Oral Health funding.

6. MEMBERSHIP

- 6.1. The membership of the SDG 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, and management from relevant health organisations and others who bring important perspective e.g. consumer, Māori, Pacific, migrant and/or rural voices;
- 6.2. 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 SDG to achieve success;
- 6.3. The SDG will review membership annually to ensure it remains appropriate;
- 6.4. Membership will include a sponsor from each ALT;
- 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 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; and
- 6.8. Each SDG will be supplied with project management and analytical support through the Programme Office.

7. SELECTION OF MEMBERS, CHAIRPERSON AND DEPUTY CHAIRPERSON

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

8. MEMBERS

The composition of the Oral Health SDG is:

Name(s)	Perspective/Expertise	Coverage
Christine Leleifenika	Consumer Perspective	Canterbury
Tule Misa Win McDonald	Community Dental Service	Canterbury and West Coast
To be confirmed	Planning and Funding	Canterbury and West Coast
Vacant	Primary Care	
Lester Settle	Community Dentist Urban / Clinical Director Hospital Dental	Canterbury and West Coast

Gail McLauchlan (WC) Melissa Kerdelmidis	Population /Public Health perspective	West Coast Canterbury
Tanya McCall (Chair)	Pacific Perspective	Canterbury
Jane Cartwright	ALT member/Sponsor Dietitian	Canterbury
Kylie Parkin Hector Matthews Vacant	Māori Perspective	West Coast Canterbury
Sarah McKenzie	Well Child Tamariki Ora perspective	Canterbury
Tom Moriarty	Clinical Perspective / NZDA Canterbury Branch	Canterbury
Davina Ruru (Interim)	West Coast ALT Sponsor Pharmacist	West Coast
Vacant	Oral Health Promotion	
Ex-officio		
Kirsty Peel	Facilitator	

9. ACCOUNTABILITY

9.1. The SDG is accountable to the ALTs who will establish direction; provide guidance; receive and approve recommendations.

10. WORK PLANS

- 10.1. The SDG will agree on their annual work plan and submit it to both ALTs for approval via the Programme Offices. The work plan will be influenced by the CCN Strategic Plan, Ministry of Health Targets, the CDHB & WCDHB Annual Plans and legislative and national oral health initiatives including the national oral health workplans.
- 10.2. The SDG will actively link with other Alliance work programmes where there is common activity.
- 10.3. The SDG will ensure alignment with the goals of Whakamaua Maori Health Action Plan and Ola Manuia Pacific Health and Wellbeing Action Plan.

11. FREQUENCY OF MEETINGS

- 11.1. Meetings will be held every two months.
- 11.2. Meeting dates will be arranged annually, taking into consideration ALT meetings; to ensure reporting is current and up to date.

12. REPORTING

- 12.1. The SDG will report to both ALTs on an agreed schedule via the CCN Programme Office and the West Coast Alliance.
- 12.2. Where there is a risk, exception or variance to the SDG work plan, or an issue that requires escalation, a paper should be submitted to one or both ALTs (as relevant) in a template provided by the Programme Offices.
- 12.3. Where there is a new innovation or service recommendation, a paper should be submitted to both ALTs in a template provided by the Programme Offices.
- 12.4. Where applicable, reporting will include progress against or contribution to Ministry of Health Performance and equity accountability and monitoring mechanisms for Māori, Pacific and vulnerable communities.

13. MINUTES AND AGENDAS

- 13.1. Agendas and minutes will be coordinated between the SDG chair 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 7 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 Programme Office for inclusion on the relevant websites. Any confidential or sensitive material should be excluded.

14. QUORUM

- 14.1. The quorum for meetings is half plus one SDG member from the total number of members of the SDG.

15. CONFLICT OF INTERESTS

- 15.1. Prior to the start of any new SDG or programme of work, conflict of interests will be stated and recorded on an Interests Register.
- 15.2. Where a conflict of interests exists, the member will advise the chair and withdraw from all discussion and decision making.
- 15.3. The Interests Register will be a standing item on SDG agenda's and be available via the CCN Programme Office on request.

16. REVIEW

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

17. EVALUATION

- 17.1. Prior to the commencement of any new programme of work, the SDG will design evaluation criteria to evaluate and monitor on-going effectiveness of SDG activities against equity outcomes. Any evaluation will comply with the evaluations frameworks pertinent to the relevant Alliance/s or DHB/s.

RESPONSIBILITIES

18. RESPONSIBILITY OF THE SDG

- 18.1. Apply the delegated funding available to lead the required service/service change.
- 18.2. Establish new work groups to guide service design.
- 18.3. Design evaluation criteria to evaluate and monitor on-going effectiveness of service delivery. Any evaluation will comply with the evaluations frameworks pertinent to the relevant Alliance/s or DHB/s.

ROLES

19. CHAIR

- 19.1. Lead the team to identify opportunities for service improvement and redesign.
- 19.2. Lead the development of the service vision and annual work plan.
- 19.3. Develop the team to respond to a service need; engaging with key stakeholders and interested parties best suited for the purpose of service innovation.
- 19.4. Work with the project manager/facilitator and/or analyst to produce work plans and other reports as required;
- 19.5. Provide leadership when implementing the group's outputs.
- 19.6. Work with the facilitator to facilitate meetings to achieve outcomes in an economical and efficient manner;

- 19.7. Be well prepared for meetings and ready to guide discussion towards action and/or decision.
- 19.8. Meet with the other Alliance leaders to identify opportunities that link or overlap, share information and agree on approaches.

20. ALT MEMBER/SPONSORS

- 20.1. Act as a communication interface between relevant ALT and the SDG.
- 20.2. Participate in the development and writing of papers that are submitted to the relevant ALT.
- 20.3. Act as Sponsor of papers to the relevant ALT so papers are best represented.

21. CLINICAL LEADER

- 21.1. Provide strong clinical leadership across all SDG work activity.
- 21.2. Serve as mentor and provide clinical guidance to workstream/SDG members (where relevant).

22. SDG MEMBERS

- 22.1. Bring a perspective and/or expertise to the SDG table.
- 22.2. Understand and utilise best practice and alliance principles.
- 22.3. Analyse services and participate in service design.
- 22.4. Analyse proposals using current evidence bases.
- 22.5. Work as part of the team and share decision making.
- 22.6. Actively participate in service design and the annual planning process.
- 22.7. Be well prepared for each meeting.

23. ORAL HEALTH EQUITY SUBGROUP

- 23.1. Make recommendations to the SDG to maximise opportunities to achieve equitable outcomes for Māori, Pacific and vulnerable populations.

24. PROJECT MANAGER/FACILITATOR

- 24.1. Support chairs and/or clinical leaders to develop work programmes that will transform services;
- 24.2. Provide or arrange administrative support.
- 24.3. Document and maintain work plans and reports to support the group's accountability to both ALTs.
- 24.4. Develop project plans and implement within scope following direction from the group, programme office/s and/or ALT/s as appropriate.
- 24.5. Work with the chair to drive the work plan by providing oversight and coordination, managing the resources and facilitating effective teamwork.
- 24.6. Keep key stakeholders well informed.
- 24.7. Proactively meet reporting and planning dates.
- 24.8. Activity work with other Alliance groups to identify opportunities that link or overlap, share information and agree on approaches.
- 24.9. Identify report and manage risks associated with the SDG work activity.

25. PLANNING & FUNDING REPRESENTATIVE

- 25.1. Provide knowledge of the Canterbury and West Coast Health Systems.
- 25.2. Support the group to navigate the legislative and funding pathways relevant to the SDG.
- 25.3. Facilitate access to analytical support for the purpose of evaluation, reporting and monitoring.

TERMINOLOGY

- Charter – outlines the purpose, principles, commitments and mandate of leadership teams; provides a basis for individuals on the leadership teams to commit to the approach.
- Alliance Leadership Team (ALT) – the alliance leadership team responsible for the governance of clinically-led service development.
- 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.
- West Coast Alliance – an alliance of health care leaders, including rural general practitioners and practice nurses, community nurses, pharmacists, allied health professionals, hospital specialists, Manawhenua ki Te Tai Poutini, WCDHB planning and funding management, and PHO representatives.
- 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.
- Service Development Group – Similar to a SLA, a group of stakeholders or a community drawn together to develop a service 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.
- Ops Leaders Group – the small operational arm of the ALT who supports the workstreams and service SDG groups with prioritisation of design and delivery of health services. They support the ALT and assist with delivery of its goals. Part of the Programme Office.
- 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 SDG groups.
- Service Level Provision Agreements – agreements between the DHB and a service provider that are signed in conjunction with the District SDG and specify expected outcomes, reporting and funding for the services to be provided.

ENDORSEMENT OF MINUTES

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

Date of agreement and finalisation by SDG members: 14/6/2022

Date of endorsement from ALT: **27/6/2022**

Next review due: **June 2023**