TERMS OF REFERENCE

Integrated Diabetes 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).

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.

INTEGRATED DIABETES SERVICE DEVELOPMENT GROUP (IDSDG)

1. BACKGROUND

1.1. The early diagnosis of conditions such as diabetes and the management of these conditions in primary care settings can be improved through partnership and collaboration with primary and community providers. The IDSDG was established in 2011 to enable secondary services to support primary and community care to free up capacity in secondary services to focus on specialised interventions and complex cases.

1.2. The key aim was to make services available in the community so that people with diabetes are quickly identified and have management plans in place in order to optimize their current health status and to avoid unnecessary hospital admissions and adverse longer term health outcomes.

2. PURPOSE

2.1. To provide oversight of the Integrated Diabetes Service in Canterbury;

2.2. To provide clinical leadership, monitor performance and propose transformational service improvement for the diabetes services in Canterbury;

2.3. To consider and contribute to regional, national and international diabetes and long term conditions management activity and research;

2.4. To act as a responsive central point of contact for ideas and information on the needs of people with diabetes in Canterbury, balancing the demands on the system for patient care and wellbeing, and the need for sustainable clinical services and business practices;

2.5. To link with community-based providers and other groups such as, the Integrated Respiratory Service Development Group (IRSDG), service level alliances and workstreams, and undertake joint work as appropriate.

3. MANDATE AND SCOPE

In Scope

3.1. The IDSDG has the mandate to review current service activities for Diabetes Services in Canterbury 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 have the authority to meet with relevant stakeholders and service providers to gain information and ideas for improvements.

Out of Scope

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

3.4. The IDSDG 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. MEMBERSHIP

4.1. The IDSDG will review membership annually 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 should 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 chair;

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 chair will consider their membership status for revocation, following discussion with the member or reasonable attempts to contact the member;

4.6. The IDSDG will be supplied with project management and analytical support through the Programme Office.

5. SELECTION OF MEMBERS, CHAIRPERSON AND DEPUTY CHAIRPERSON

5.1. New or replacement members will be identified by the IDSDG for their required skills/expertise. The appointment will require endorsement from the ALT on recommendation from the IDSDG;

5.2. The chair and deputy chair will, in most cases, be nominated by members of the IDSDG. 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).

6. MEMBERS

The composition of the IDSDG:

Perspective/Expertise	Name(s)
CCN Alliance Leadership Team (ALT) sponsor	Laila Cooper
CDHB Planning & Funding / Facilitator	Rachel Thomas
Chair	John Luhr
Charge Nurse Manager Diabetes & Endocrinology Unit	
Clinical Director Endocrinology and Diabetes	Catherine Conway
Community Pharmacy	Ajay Patel
Diabetes Consumer Group (Chair)	Lynne Taylor
Diabetes Service Manager	Christine Baxter
Diabetologist - Diabetes Centre	Juliet Berkeley
Maori Health	Debbie Rawiri
Nurse Maude Specialist Services	Lisa Cowap
Pacific Health	Oliva Tusa (Subject to ALT Approval)
Practice Nurse	Michelle Mackenzie

Perspective/Expertise	Name(s)
Rural Health	Janetta Skiba
Urban General Practitioner; GP Liaison, Diabetes	Vacant
Diabetes Dietitian	
In attendance: CCN Programme Office: Linda Wensley	

7. ACCOUNTABILITY

7.1. The IDSDG is accountable to the ALT who will establish direction, provide guidance, receive and approve recommendations.

8. WORK PLANS

8.1. The IDSDG will agree on their annual work plan and submit it to the ALT for approval via the CCN Programme Office. The work plan will influence the Integrated Diabetes Service Operational Group (IDSOG) activity, contribute to the CCN Strategic Plan, Ministry of Health Targets, the CDHB Annual Plan, legislative and other requirements;

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

9. FREQUENCY OF MEETINGS

9.1. Meetings will be held quarterly for 1.5 hours;

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

10. REPORTING

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

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

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

11. MINUTES AND AGENDAS

11.1. Agendas and minutes will be coordinated between the IDSDG chair and the Manager;

11.2. Agendas will be circulated no less than 5 working days prior to the meeting, as will 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;

11.4. 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.

12. QUORUM

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

13. CONFLICT OF INTERESTS

13.1. Prior to the start of any new programme of work, conflict of interests will be stated and recorded on an Interests Register;

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

13.3. The Interests Register will be a standing item on IDSDG 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 intermittently 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 IDSDG 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 or CDHB as the funder.

ROLES & RESPONSIBILITIES

16. CHAIRPERSON/CLINICAL LEADER

16.1. Lead the team to identify and recommend opportunities for service improvement and redesign;
16.2. Develop the team to respond to a service need, engaging with key stakeholders and interested parties best suited for the purpose of service innovation;
16.3. Work with the project manager/facilitator and/or analyst to produce work plans and other reports as required;
16.4. Provide leadership when implementing the group's outputs;
16.5. Be well prepared for meetings and work with the project facilitator 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.

17. IDSDG MEMBERS

17.1. Bring perspective and/or expertise to the IDSDG 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 IDSDG group, wider clinical network (i.e. ALT) and 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. FACILITATOR

18.1. Support chair and/or clinical leaders to develop work programmes that will transform services;
18.2. Develop project plans and implement within scope following direction from the group, CCN Programme Office and/or ALT as appropriate;
18.3. Document and maintain work plans and reports to support the group's accountability to the ALT and DHB;
18.4. Work with the chair to drive the work plan by providing oversight and coordination, managing the resources and facilitating effective teamwork;
18.5. Keep key stakeholders well informed;
18.6. Proactively meet reporting and planning dates;
18.7. Actively work with other CCN groups to identify opportunities that link or overlap, share information and agree on approaches;
18.8. Identify, report and manage risks associated with the IDSDG work activity.

19. PLANNING & FUNDING REPRESENTATIVE

19.1. Provide knowledge of the Canterbury Health System;
19.2. Support the group to navigate the legislative and funding pathways relevant to the IDSDG;
19.3. Facilitate access to analytical support for the purpose of evaluation, reporting and monitoring.

TERMINOLOGY

- 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.
- 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.
- Integrated Diabetes Service Operations Group (IDSOG) – the working group that supports the IDSDG and brings a multi-disciplinary, operational perspective to diabetes service planning.
- 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 IDSDG 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.
- 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.
- 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.

ENDORSEMENT

Date of agreement and finalisation by IDSDG members: 17 / 06 / 2020

Date of endorsement from ALT: 30th May 2022

Date of review: ~~June 2021~~ ~~May 2022~~ May 2023