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.

MENTAL HEALTH CCN WORKSTREAM (WS)

1. BACKGROUND

The Mental Health Leadership Group (MHLG) was formed in 2009 as a key leadership and advisory group for Canterbury DHB. Its purpose was to provide oversight of the strategic direction of the Canterbury mental health system. The MHLG agreed to transition under the Canterbury Clinical Network framework in June 2012, supporting a more cohesive approach to transforming mental health service provision in Canterbury.

2. PURPOSE

The aim and purpose of this workstream is to develop a Canterbury service user-centred, whole of system approach to mental health and addiction services. The workstream will work towards enhancing the development of a more connected, co-ordinated and integrated mental health system by:

- Providing clinical leadership in mental health and propose transformational service improvement,
- Bringing together data and ideas on the needs of a defined population, balancing the demands on the system for patient care and wellbeing and the need for sustainable clinical services and business practices,
- Identifying areas requiring redesign and innovation (potentially for development by a service level alliance),
- Identifying areas requiring redesign and innovation (potentially for development by a SLA) and
- Linking with other workstreams / service level alliances and undertaking joint work as appropriate.

3. MANDATE AND SCOPE

3.1. In Scope

- The workstream group has the mandate to review current service activities for mental health with the intention of identifying and recommending areas needing increased efficiencies and/or improved service levels;

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

3.2. Out of Scope

- It is not within the scope of the workstream to contract with service providers or directly change existing contractual terms;

- 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;

- 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.

4. MEMBERSHIP

4.1. The membership of the workstream 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 perspective e.g. consumer, Maori, Pacific, migrant and/or rural voices;

4.2. 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 alliance to achieve success;

4.3. The workstream will review membership annually to ensure it remains appropriate;

4.4. Membership will ideally include a member of the CCN Alliance Leadership Team (ALT);

4.5. 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;

4.6. It is the expectation that a member will be able to attend two-thirds of scheduled meetings annually, unless discussed and agreed with chair;

4.7. 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;

4.8. Each workstream 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 workstream for their required skills/expertise. The appointment will require endorsement from the ALT on recommendation from the workstream;

5.2. In the case of Maori member appointments, this must follow the Mana Whenua Ke Waitaha process.

5.3. 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).

6. MEMBERS

The Mental Health Leadership Workstream comprises:

Perspective/Expertise	Members
Consumer Leaders	Julie Whitla
	Dawn Hastings
ALT Sponsor	Simon Church
Family Member	Helen McLeod
Maori Mental Health Leader	Karaitiana Tickell
NGO Leaders	Jackie Moore
Primary Health Leaders	Shelley McCabe
	Paul Wynands
	Paul Hercock
	Rebecca Nicholls
Planning and Funding	Sandy McLean
Pasifika Perspective	Vito Nonumalo
Addictions	Nigel Loughton
Health Promotion	Lucy D'Aeth
Executive Director of Nursing and (Chair)	Mary Gordon
Chief of Psychiatry Specialist Mental Health Services	Dr Peri Renison
Allied Health, Specialist Mental Health Services	Sandy Clemett
General Manager Specialist Mental Health Services	Toni Gutschlag
Child and Youth	TBC
Director of Nursing - Specialist Mental Health Service	Joan Taylor
Facilitator	Monique Gale

7. ACCOUNTABILITY

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

8. WORK PLANS

8.1. 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 District Annual Plan, the "Better Sooner More Convenient" Initiative, legislative and other requirements;

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

9. FREQUENCY OF MEETINGS

9.1. Meetings will be held monthly from February to November of each calendar year.

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

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

10.3. 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.

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

10.5. 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 SLA chair and facilitator;

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

11.3. Minutes will be circulated to all group members within five 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 workstream member from the total number of members of the workstream.

13. CONFLICTS OF INTEREST

13.1. 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;

13.2. Where a conflict of interests 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 SLA agenda's 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 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

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. WORKSTREAM MEMBERS

17.1. Bring perspective and/or expertise to the workstream 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 workstream 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. PROJECT MANAGER/FACILITATOR

18.1. Provide or arrange administrative support;

18.2. Support chairs and/or clinical leaders to develop work programmes that will transform services;

18.3. Document and maintain work plans and reports to support the group's accountability to the ALT;

18.4. Develop project plans and implement with in scope following direction from the group, CCN programme office and/or ALT as appropriate;

18.5. Work with the chair to drive the work plan by providing oversight and coordination, managing the resources and facilitating effective teamwork;

18.6. Keep key stakeholders well informed;

18.7. Proactively meet reporting and planning dates;

18.8. Activity work with other CCN groups to identify opportunities that link or overlap, share information and agree on approaches;

18.9. Identify report and manage risks associated with the workstream 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 workstream;

19.3. Facilitate access to analytical support for the purpose of evaluation, reporting and monitoring.

20. ALT MEMBER

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

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

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

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 Review: February 2019 – Endorsed

Date of last endorsement from ALT: Membership change 27/09/18