

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 principle-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:

1. Leadership Team;
2. Programme Office;
3. Workstreams (WS) or Focus Areas;
4. Service Level Collaboratives (SLCs).

GUIDING PRINCIPLES OF CANTERBURY CLINICAL NETWORK

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

The Health of Older People Workstream 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.

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 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 the 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 (including residential care).

2. PURPOSE

- 2.1. Provide leadership for the Canterbury Clinical Network's Health of Older People work programme;
- 2.2. Develop recommendations for the LT and consider and/or action any requests from LT;
- 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 SLC).
- 2.7. Link with other workstreams / service level collaborations and undertake joint work as appropriate.
- 2.8. Be guided by the principles of the Te Tiriti o Waitangi and work biculturally with Mana Whenua to ensure health equity and improvement in health status for kaumātua.

3. EXPECTED OUTCOMES OF THE WORKSTREAM

- 3.1. To enable older adults to live well at home and in their community, including in residential care;
- 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 LT.
- 3.5. To receive and respond to requests from LT.

4. MANDATE AND SCOPE

In Scope:

- The workstream group has the mandate to review current service activities for the health of older people 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.

Out of Scope:

- It is not within the scope of the Health of Older People 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

5. MEMBERSHIP

- 5.1. The membership of the Health of Older People 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, Māori, Pacific, migrant and/or rural voices; each WS 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.
- 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 Leadership Team (LT);
- 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 consider their membership status for revocation, following discussion with the member or reasonable attempts to contact the member. 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 LT 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 Leadership Team (e.g. an independent chair).
- 6.3. A small Executive Committee will function as required between meetings. The role of the Executive Committee is to provide focused consideration of issues, inform development and maintain progress towards workplan objectives 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. Members are invited to the Executive Committee as needed, based on agenda and issues.

7. MEMBERS

The composition of the Health of Older People Workstream is:

HOPWS membership	Perspective/Expertise
Nick Haley	Co-Chair Allied Health - Community (1)
Annette Finlay	Co-Chair Providing a Māori perspective
Sandy Clemett	CCN Leadership Team Sponsor
Vacant Vacant	Community nursing/home based support provider (2)
Greta Bond	Age Concern - Canterbury
Alex de Roo	Community pharmacist (1)
Gillian Mendonca (urban) Julie Barlass (rural) Lesley Vehekite (Pasifika)	Consumer representatives (1 urban, 1 rural, 1 Pasifika)
Vacant (GP rural) Robin Bowman (urban)	General practitioners (including 1 urban, other)
Wendi Stewart/Paul Abernathy	ACC
Val Fletcher Colin Peebles Anne Roche Janice Lavelle	Older Persons Health & Rehabilitation, including a Psychiatrist (4-5)
Deb Gillon (CCN)	Nurse Practitioner, Older Adults (1)
Shirley Baxter Natalie Seymour	Aged Residential Care (2)
Caroline Skegg	Nursing Director, Older People – Population Health
Mardi Postill	Te Whatu Ora Waitaha Commissioning Team, OPH
Louise Brown (Te Whatu Ora Waitaha)	Facilitator

*Ex Officio –Melissa McFarlane, General Manager, Commissioning Team, Te Whatu Ora Waitaha

Sub working groups will be set up as required to provide recommendations through the Health of Older People Workstream. These groups may have additional clinicians, separate from the Health of Older People Workstream's membership.

8. ACCOUNTABILITY

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

9. WORK PLANS

- 9.1. The Health of Older People workstream will agree on their annual work plan and submit it to the LT for approval via the CCN Programme Office. The work plan will be influenced by the CCN Strategic Plan, and the national and local direction provided by Te Whatu Ora, Te Aka Whai Ora and the Ministry of Health;
- 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 17:30 – 19:30 on the second Thursday of that month;
- 10.2. Meeting dates will be arranged annually, taking into consideration LT meetings; to ensure reporting is current and up to date;
- 10.3. Between meetings small working groups may be used to develop engagement and planning; and
- 10.4. Between meetings an Executive Committee may make urgent decisions, to be confirmed by email and ratified at subsequent Health of Older People Workstream meetings. Meetings will be as required and be either face to face or teleconference.

11. REPORTING

- 11.1. The workstream will report to the LT on an agreed schedule via the CCN Programme Office;
- 11.2. Where there is a risk, exception or variance to the Workstreams work plan, or an issue that requires escalation, a paper should be submitted to the Leadership Team in a template provided by the CCN Programme Office;
- 11.3. Where there is an innovation or service recommendation,
- 11.4. a paper should be submitted to the Leadership Team in a template provided by the CCN Programme Office.
- 11.5. Where applicable, reporting will include progress against or contribution to National 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.

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 the Workstream agendas and be available to the

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 LT or Te Whatu Ora Waitaha as the funder.

ROLES & RESPONSIBILITIES

17. CHAIRPERSON/CLINICAL LEADER

- 17.1. Open and close meeting with karakia timatanga me te whakamutunga;
- 17.2. Lead the team to identify and recommend opportunities for service improvement and redesign;
- 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. Be well prepared for meetings and work with the project facilitator to guide discussion towards action and/or decision;
- 17.7. Meet with the other CCN leaders to identify opportunities that link or overlap, share information and agree on approaches.

18. LT MEMBER

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

19. WORKSTREAM MEMBERS

- 19.1. Bring perspective and/or expertise to the workstream table;
- 19.2. Understand and utilise best practice and collaborative 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. LT) and SLCs as appropriate;
- 19.6. Support the principles of Te Tiriti o 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 LT;
- 20.4. Develop project plans and implement with in scope following direction from the group, CCN programme office and/or LT 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) – a collaborative of health professionals, mana whenua, consumers, and cross sector partners working together to decide how, when and where health services are delivered.
- [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 (LT) – the CCN Leadership Team responsible for the governance of clinically-led service development.
- Support team (ST) – the small operational arm of the Leadership Team who supports the workstreams and service SLC 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 Ops Leaders Group, the Programme Leader, Programme Coordinator as well as a flexible resource pool of administration, project management and analysis for workstream and SLCs..
- Service level Collaborative (SLC) – 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 (WS) – 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 LT through initiative design.
- Service Level Provision Agreements – agreements between the Te Whatu Ora Waitaha 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:

Date of last endorsement from ALT: **21st March 2023**

Date of Review: February 2023