

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;
- Focusing on people their families/whānau and communities, keeping them at the centre of everything we do;
- Enabling clinically led and community informed service development considering and including the social determinants of hauora; whilst
- Living within our means.

The Child & Youth Health Workstream (CYWS) will partner with Māori in leading the transformation of health services for Canterbury's Pēpē, Tamariki and Rangatahi in a manner that embeds the principles of Te Tiriti o Waitangi. We will prioritise achievement of equitable health outcomes across our population/focus area through accessible, culturally appropriate services and our way of working.

CHILD AND YOUTH WORKSTREAM (CYWS)

1. BACKGROUND

- The CYWS held its first meeting in May 2012.
- In 2020 co-chairs were appointed to the Workstream to demonstrate a partnership model and draw on the diverse expertise and networks provided by the two Chairs.
- This precipitated the Chairs meeting with members to review the purpose of the CYWS and consider strengthening how it functions. A summary report captured the views of the members shared through the korero, provided a recommendation on how to proceed and proposed a revised structure to support the mahi of the CYWS. This report can be viewed [here](#).
- The report informed a rewrite of the Terms of Reference documenting the agreed purpose of the CYWS, and the functions of any groups established within the CYWS.

2. PURPOSE

The CYWS is committed to partnering with Māori and other population groups that experience inequitable health outcomes to improve the health and wellbeing of Canterbury's Pēpē, Tamariki and Rangatahi.

The CYWS will use the alliance framework and principles as a mechanism to support the transformation of services to achieve equitable access and achievement of equitable health outcomes.

Three work groups (First 1000 days, Tamariki and Rangatahi) provide leadership to the mahi of the CYWS. In addition, the CYWS will hold forums to encourage connectivity, networking, alignment and sharing of information across the sector.

3. FUNCTIONS

3.1 Work Groups (First 1000 days, Tamariki and Rangatahi)

Three work groups will focus on activities to achieve the purpose of the CYWS. Their functions include to:

- Work in collaboration with families/whānau, the community, and other agencies to provide leadership to the development of health and social services that achieve equity of health outcomes.
- Provide a setting that reflects the CYWS values to enable the sharing of ideas and information on the health needs of pēpē, tamariki and/or rangatahi.
- Identify emerging issues and areas of need that will benefit from networking / transformational change/redesign of how services are provided.
- Assess and analyse areas of need to ensure the work group focusses resources on progressing complex changes that offer the greatest value in improvements in health outcomes, integration of services and /or increased efficiencies.
- Agree indicators of health outcomes for pēpē, tamariki or rangatahi and the impact of the CYWS activity
- Ensure robust evaluation of any service changes.
- Balance the needs of improving services for our pēpē, tamariki or rangatahi with the demands on the health system and the need to ensure sustainable delivery of health services and promotion of wellbeing.
- Ensure the mahi of the CYWS is aligned with the Ministry of Health expectations and local strategic priorities.
- Link with other alliance groups and the South Island Alliance, including to undertake joint work on areas of shared need that will benefit for the expertise and leadership from both groups. Each work group will identify the most relevant links; for example, Immunisation SLA, Oral Health Service Development Group, Mental Health.

3.2 CYWS Support Team

Attendees in common across the three work groups, including the Chairs, will ensure strong alignment and coordination of the three groups' activity is maintained. In addition, the CYWS Support Team, comprising of the Chairs and Facilitators from each work group, will meet regularly to:

- Ensure alignment in priorities
- Identify issues in common and how to progress any response needed
- Implement any collective activity – e.g. Forums
- Look for efficiencies in supporting the CYWS activity

3.3 CYWS Forums

The forums bring together providers and people who work across the Child and Youth health and wellbeing sector to network and strengthen relationship across health, social services and community. The specific functions of the CYWS forum include to:

- Share relevant information from their areas of work
- Identify and consider areas of emerging need or changes impacting pēpē, tamariki and/or rangatahi
- Identify operational changes to strengthen and/or streamline the pēpē, tamariki and/or rangatahi

provision of integrated services

- Provide information on the latest research, projects or training and development opportunities.

4. MANDATE AND SCOPE

- 4.1. In Scope: The Child and Youth Health Workstream has the mandate to review service activities with the intention of identifying and making recommendations to ALT and the funder on areas on the design, development, and provision of services that offer increased efficiencies and/or improved service levels.
- 4.2. Out of Scope: The CYWS does not have the authority to:
 - Contract with service providers or change existing contractual terms.
 - Manage a programme of service delivery or develop and deliver on the programme budget.

5. MEMBERSHIP

- 5.1. Members are selected not as representatives of specific organisations or communities of interest, but because collectively they provide the range of competencies and perspectives required for the CYWS to achieve success.
- 5.2. The CYWS is composed of members selected for knowledge of and expertise in the health, education, social sectors and/or justice, who can work for the best outcome for children and young people and for the health system.
- 5.3. Selection of members will actively seek to achieve a diversity of perspectives across each work group including by ethnicity, gender, rurality and age.
- 5.4. Members will be cognisant of the challenges to improving the mental and physical health of children and young people in Canterbury through their life course. They will be mindful of public health, preventive and community approaches through primary care to secondary and tertiary care, and disability support.
- 5.5. Membership will include a member of the Alliance Leadership Team. For the CYWS the Co-Chair is fulfilling the role of AT Sponsor.
- 5.6. Remuneration for meeting attendance will be as defined in the CCN Remuneration Policy.
- 5.7. Attendance lists will be collected and forwarded to the Programme Office for payment;
- 5.8. It is the expectation that a member will be able to attend two-thirds of scheduled meetings annually, unless discussed and agreed with chair;
- 5.9. When a member is absent for more than two consecutive group meetings without prior apology, or if the member is not able to contribute, the chair will consider their membership status for revocation, following discussion with the member or reasonable attempts to contact the member. Any proposed change in membership being tabled with the ALT for their consideration;
- 5.10. A member may nominate an alternate person if they are unable to attend a meeting. The member is responsible for providing all necessary information to the alternate.

6. SELECTION OF MEMBERS, CHAIRPERSON AND DEPUTY CHAIRPERSON

- 6.1. New or replacement members will be identified through a process supported by the CCN programme office. The appointment will require endorsement from the ALT on recommendation from the CYWS;
- 6.2. The role of chair will be appointed by ALT (i.e., an independent chair).

7. MEMBERS/PERSPECTIVES OF WORK GROUPS

Membership of the three work groups includes key perspectives that are representative of the Canterbury child & youth system. These perspectives include but are not limited to; Māori, Pasifika, Rural, CALD, Rainbow, Consumer, Health, Education, Child Protection. See group membership detail below:

- First 1000 Days work group

- Ngaire Button & Dave Jeffrey (Co-Chairs)

- Anna Hunter (Facilitator)

- Dianne Oakley

- Clare Doocey

- Alison Willis

- Bex Tidball

- Carmen Collie

- Debbie Wilson

- Helen Fraser

- Kate Nicoll

- Kelly Dorgan

- Lisa Kahu

- Maria Van Der Plas

- Dr Nicola Austin

- Norma Campbell

- Samantha Burke

- Vibhuti Patel

- Tumanako Stone-Howard

- Jenni Marceau

- Tamariki work group

- Ngaire Button & Dave Jeffrey (Co-Chairs)

- Bridget Lester (Facilitator)

- Gail McLauchlan/Tim Weir

- Melissa McCreanor

- Lesley Campbell

- Vicky Brewer

- Dr Kim Burgess

- Nicky Scott

- Dr Janet Geddes

- Tracy Boon

- Dave Jeffrey

- Alison Bourn

- Maria Van Der Plas

- Renee Noble

- Janetta Skiba

- Susan Booth

- Sneha Amogh

- Bronwen Meredith

- Adrienne Simpson

- Celia Colcord

- Nicola Scott

- Rangatahi work group

- Ngaire Button & Dave Jeffrey (Co-Chairs)

Hayley Cooper (Facilitator)
Dom Wilson
Chloe Biddick
Nicola Scott
Dr Sue Bagshaw
Renee Noble
Sarah Macfarlane
Pam Eden
Toby Hilton
Amanda Murray
Jo Dowell
Maraea Peawini
Donna Ellen
Moyra Docherty
Irihāpeti Mahuika
Karen Carpenter
Dr Niranjala (Nilu) Hewapathirana
Julia Field
Ngawahine Thompson

8. ACCOUNTABILITY

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

9. WORKPLAN

- 9.1. The workstream will agree on their workplan and submit it to the ALT for approval via the CCN Programme Office. The workplan will be influenced by CCN Strategic Focus, Canterbury DHB priorities, System Level Measures, Ministry of Health priorities and requirements;
- 9.2. The workstream will actively link with other CCN work programmes where there is common activity.

10. FREQUENCY OF MEETINGS

- 10.1. Each work group will meet four times per annum or as required.
- 10.2. The CYWS Support Team will meet 11 times per annum or as required.
- 10.3. The Forum will meet 3 times per annum or as required.
- 10.4. Meeting dates will be arranged annually, taking into consideration ALT meetings; to ensure reporting is current and up to date.

11. REPORTING

- 11.1. The CYWS will report to the ALT on an agreed schedule via the CCN Programme Office;
- 11.2. Where there is a risk, exception or variance to the CYWS work plan, or an issue that requires escalation, this will be raised to the ALT in a format agreed with the CCN Programme Office;
- 11.3. Where there is an innovation or service recommendation, a paper will be prepared in a template provided by the CCN Programme Office.
- 11.4. Where applicable, reporting will include progress against or contribution to Ministry of Health Performance Measures.

12. MINUTES AND AGENDAS

- 12.1. Agendas and minutes will be coordinated between the CYWS chairs and facilitators;
- 12.2. Agendas will be circulated no less than 5 days prior to the meeting, as will any material relevant to the agenda;
- 12.3. Minutes will be circulated to all group members within 7 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.

13. QUORUM

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

14. CONFLICT OF INTERESTS

14.1. Prior to the start of any new work group or programme of work, register of interests will be stated and recorded on an Interest Register;

14.2. Where a conflict of interests exists or is identified, 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 each work group's agenda 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 evaluation framework outlined by CCN and/or the ALT or Canterbury DHB 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. Actively embeds the principles of Te Tiriti o Waitangi;

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. ALT MEMBER

18.1. Act as a communication interface between ALT and the WS;

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 work stream 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 and partnership with stakeholders and collaborative groups to ensure system-wide innovation and design principles;
- 19.5. Provide advice to the work group, wider clinical network (i.e. ALT) and WS as appropriate;
- 19.6. Actively embed 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. FACILITATOR / LEAD

- 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 workplans 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 and partners well informed;
- 20.7. Proactively meet reporting and planning dates;
- 20.8. Activity work with other CCN groups to identify opportunities that link or overlap, share information and agree on approaches;

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) Charter** – outlines the purpose, principles, commitments and mandate of WS leadership teams; provides a basis for individuals on the leadership teams to commit to the approach.
- **Alliance Leadership Team (ALT)** – the CCN 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.
- **Service Level Alliance Group (SLA)** – 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 lead the transformation of a sector or service. Not a contracting entity, they guide the decision making of the ALT through initiative design.
- **Alliance Support Team (AST)** – the small operational arm of the ALT who supports the workstreams and service WSs 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 AST, the Programme Director, Programme Manager; Communications Advisor and Administrator/Project Coordinator as well as a flexible resource pool of administration, project management and analysis for workstream and WS groups.
- **Service Level Provision Agreements** – agreements between the DHB and a service provider that are signed in conjunction with the WS and specify expected outcomes, reporting and funding for the services to be provided.

GLOSSARY

- **Pēpē:** Baby
- **Tamariki:** child
- **Rangatahi:** youth
- **Mana Taurite:** Equity
- **Kaitiakitanga:** Guardianship, Stewardship.
- **Whanaungatanga** - Relationship, kinship, sense of family connection. A relationship through shared experiences and working together which provides people with a sense of belonging.
- **Manaakitanga:** hospitality, kindness, generosity, support - the process of showing respect, generosity and care for others.

ENDORSEMENT

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

Date of endorsement by workstream: 27/09 /2021

Date of endorsement from ALT: 27/09 /2021

Due Date of Next Review: 27/09/2022