Canterbury Clinical Network
Transforming Health Care. Whanau Ora ki Waitaha.

TERMS OF REFERENCE
Co-ordinated Access on Release 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. Work groups 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 Workgroup will acknowledge and support the principles of the Treaty of Waitangi.

CO-ORDINATED ACCESS ON RELEASE GROUP

1. BACKGROUND

In June 2015 representatives from Department of Corrections (DOC) met with the Canterbury DHB to consider how the two organisations could work together to improve linking people who have 'offended' and are on release into primary health services. This was followed by 2 further meetings between the regional clinical director of health from DOC, and Planning and Funding to consider how this could be done. It was decided to invite stakeholders to a brainstorming session to get a better understanding of the issues and options for improvement.

In December 2015 stakeholders from DOC, MSD and CDHB as well as community providers from health and social services were invited to the brainstorming session. There was agreement that this is a complex issue and required interagency collaboration to work together; and that there needed to be a whole of systems approach if progress was to be made. It was felt that the scope of the project needed to include families of people who have 'offended'.

Information gained at the brainstorming session regarding problems and solutions was organised into an outcomes framework. It showed that many of the barriers to access were related to the systems within and across organisations. A core group from DOC, Planning and Funding and Primary Care clinical leaders met following the brainstorming meeting to review the meetings outcomes and identify next steps. It was recognized that an alliance approach would be required to progress this work and make a positive difference for people who have 'offended' and people with offending histories who live in the community. The proposal to form a Workgroup was forwarded to the Alliance Leadership Team to consider establishing a time limited workgroup within the Canterbury Clinical Network. This would be a cross-sector workgroup involving health, DOC, MSD (including WINZ). This approach is also supported by the DOC's regional clinical director of health.

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The Alliance Support Team approved the establishment of a time limited working group to be formed as a cross sector alliance with members from across the key stakeholders.

In September 2019 key members met to discuss the future focus and direction of the group. Members of the wider group including Corrections, ACC, Police and He Waka Tapu have expressed strong support for a forum where collaborative action for people on release can continue to be shared and progressed. People on release are predominately Māori and face inequity in health outcomes.

It was agreed that the Co-ordinated Access on Release group will meet twice yearly and will change the focus to a network group with the purpose outlined below.

2. PURPOSE

- Pursue opportunities to address equitable access for people on release
- Provide a forum for system wide connections/networking between members
- Identify and progress opportunities for cross sector collaboration
- Evaluate projects and share service data
- Share learnings from projects/initiatives
- Provide updates on heath service developments that improve access for people in custodial or community based sentences

3. MANDATE AND SCOPE

3.1. In Scope

- The workgroup has the mandate to review current service activities for people who have 'offended' and their family/whanau with the intention of identifying and recommending areas needing increased efficiencies and/or improved service levels within and across health, social and corrections current services.
- Members have the authority to meet with relevant stakeholders and service providers to gain information and ideas for improvements.
- The workgroup has the mandate to make recommendations to the Alliance Leadership Team following approval of those recommendations from within the health, social and corrections approval processes.

3.2. Out of Scope

- It is not within the scope of the workgroup to commit resources or to engage with service providers in negotiations that would directly change existing contractual terms.
- The workgroup 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 membership of the workgroup will include identified leaders from the relevant services from across health, social and corrections including those who work in key related services, management from the relevant organisations and others who bring important perspective e.g. consumer, family/whanau Maori and Pacific;

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 workgroup will review membership at the 6 month point to ensure it is appropriate for the recommended future direction;

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4.4. 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;

4.5. It is the expectation that a member will be able to attend all scheduled meetings, unless absences are declared and agreed with chair;

4.6. 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;

4.7. The workgroup 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 workgroup for their required skills/expertise. The appointment will require endorsement from the ALT on recommendation from the workgroup;

5.2. The chair and deputy chair will, in most cases, be nominated by members of the workgroup. 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 Co-ordinated Access on Release Group is:

Name(s)	Perspective/Expertise
Paul Wynands	Waitaha Primary Health – Mental Health
Melissa McCreanor	Pegasus Health - Community
Jeremy Baker	General Practitioner
Jill Thomson	Regional Clinical Director Southern
Carolyn Murgatroyd	Corrections Communications Advisor
TBC	Corrections Manager
Laila Cooper	Christchurch PHO
Jane Cartwright	Chairperson
Michael McIlhone	Pegasus Health - Director of Nursing
Kathy O'Neill/Hayley Cooper	CDHB – Planning and Funding
Marie Ward	Ministry of Social Development
Peter Hegarty	Police
Nigel Loughton	Odyssey House
TBC	District Manager – Probation
Harata Franks	Māori Perspective
Toni Tinirau	He Waka Tapu
Hiedee Harris	Project Facilitator

7. ACCOUNTABILITY

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

8. WORK PLANS

8.1. The workgroup will agree on their work plan and submit it to the ALT for approval via the CCN Programme Office.

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

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9. FREQUENCY OF MEETINGS

9.1. Meetings will be held twice a year with subgroups meeting in between scheduled meeting as identified as required by the Workgroup

9.2. Meeting dates will be arranged in advance.

10. REPORTING

10.1. The PCCP 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 workgroup'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 a new innovation or service recommendation, a paper should be submitted to ALT in a template provided by the CCN Programme Office following approval by the workgroup organisations e.g. WINZ, Corrections.
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 workgroup chair and facilitator;
11.2. Agendas will be circulated no less than 4 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 working days of the meeting and minutes remain confidential whilst 'draft' and until agreed.
11.4. Key messages will be forwarded to the CCN Programme Office for inclusion on the Website and can be forwarded to other organisations within the workgroup as appropriate to their role.

12. QUORUM

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

13. CONFLICT OF INTERESTS

13.1. Prior to the start of any new workgroup or programme of work, conflict of interests will be stated and recorded on an Interests 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 workgroup 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 workgroup will design evaluation criteria to evaluate and monitor on-going effectiveness of workgroup activities. Any evaluation will comply with the evaluations framework outlined by CCN and/or the ALT.

ROLES & RESPONSIBILITIES

16. CHAIRPERSON/CLINICAL LEADER

16.1. Lead the team to identify and recommend opportunities for service improvement and redesign;

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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. WORKGROUP MEMBERS

17.1. Bring perspective and/or expertise to the workgroup 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 work group wider network 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 work group 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 workgroup;
19.3. Facilitate access to analytical support for the purpose of evaluation, reporting and monitoring.

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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.

- Ops Leaders Group – the small operational arm of the ALT who supports the work groups and SLAs 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 work group 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.
- Workgroup – 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

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

Date of agreement and finalisation by workgroup members: 06 / 07 /2016

Date of endorsement from ALT: 17 / 10 /2016

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