



TERMS OF REFERENCE

Chronic Pain Service Level Collaborative

MODEL OF CARE FOR PEOPLE WITH CHRONIC PAIN

ABOUT CANTERBURY CLINICAL NETWORK

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.

GUIDING PRINCIPLES

- 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; while
- Living within our means.

The Chronic Pain Service Level Collaborative will partner with Māori to lead the transformation of health 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.

1. BACKGROUND

In November 2020 CCN was approached to explore the need to rethink the model of care for people with chronic pain and how to involve consumers through this process; with a focus on equity of access to specialist care and support for consumers at a primary care level. Discussions with clinicians across the system indicated a need to improve access to support for consumers and services. This would include by:

- Screening and intervening early to holistically manage pain in line with best practice.
- Improving timely equitable access to care and to a wider cohort of patients; and
- Building capability within primary care and creating a local network of multidisciplinary health workers with access to specialist advice and expertise when needed.

An opportunity to further develop our whole of system approach to supporting people living with pain was identified and successfully secured through the Ministry of Health Planned Care Service Improvement Projects in 2021. It proposed using CCN as a mechanism to partner with consumers and their whānau to co-design a local approach.

A time-limited-Service Level Collaborative is being formed, building on membership from the previous governance group, to provide leadership to this work to rethink the model of care for people with chronic pain. The project is due for completion 31 December 2022.

2. PURPOSE

Provide leadership to the development of a new approach to the management of chronic pain. This will include members contributing their perspectives to and approval of the following:

- The project plan, milestones and key deliverables; and monitor progress against the plan.
- Measures of process and impact/outcome identified
- The communication plan and monitor its implementation.

- Identified risks and strategies in place to manage these, as needed.
- Reporting required including the Ministry of Health progress and final reports.

3. APPROACH

This work will apply the principles and engagement process of the Kia Kotahi Partnership in Design framework, viewed [here](#).

4. SCOPE

4.1. In Scope: The Chronic Pain Service Level Collaborative has the mandate to develop a new approach to the management of chronic pain engaging with consumers and their whānau and clinicians in the co-design of a new approach.

4.2. Out of Scope: Any changes to existing services contracts.

5. MEMBERSHIPS

A time-limited group will provide leadership to this work with an expectation a subset of this group may form a project team to undertake the work required to progress the project.

Name(s)	Perspective/Expertise
Charlotte Matthews	Allied Health, Physiotherapy
Chelsea Skinner	ALT sponsors, Consumer
Dr Chris Rumball	Specialist Pain Medicine, Community
Dr Martin Lee/Claire Pennington	Older Persons Health and Rehabilitation Leadership
Gareth Frew	Facilitator / Coordination support
Jackie Lunday-Johnstone	Te Whatu Ora Waitaha Executive Lead
Dr Jenny Lawrenson	Primary care, GP
Dr Julia Singhal	Secondary Care Clinician (Anaesthetics)
Karaitiana Tickell	Chair, Non-Government Organisation (NGO) & community leadership
Ken Stewart	Clinical Advisor
Mr Kiki Maoate	ALT sponsor, Secondary Care Clinician
Rangi McGlinchy	Mana whenua Māori perspective
TBC	Consumer
Dr Tracey Pons	Allied Health, Other (Specialist Physio)
Juliette Horne	Tertiary Pain Service Burwood Hospital
Deeanna Piermarini	ACC

6. ACCOUNTABILITY

6.1. The Chronic Pain group is accountable to the CCN Leadership Team and will provide regular updates.

7. FREQUENCY OF MEETINGS

7.1. Meetings will be held as needed to progress work. Remote access will be available to support attendance.

ROLES

8. CHAIR

- 8.1. Lead the team to identify opportunities for service improvement and re-design;
- 8.2. Lead the development of the service vision and work plan;
- 8.3. Develop the team to respond to a service need; engaging with key stakeholders and interested parties best suited for the purpose of service innovation;
- 8.4. Work with the project manager/facilitator and/or analyst to produce work plans and other reports as required;
- 8.5. Provide leadership when implementing the group's outputs;
- 8.6. Work with the facilitator to facilitate meetings to achieve outcomes in an economical and efficient manner;
- 8.7. Be well prepared for meetings and ready to guide discussion towards action and/or decision;
- 8.8. Meet with the other CCN leaders to identify opportunities that link or overlap, share information and agree on approaches.

9. CCN LT MEMBER

- 9.1. Act as a communication interface between CCN LT and the Steering Group;
- 9.2. Participate in the development and writing of papers that are submitted to ALT;
- 9.3. Act as Sponsor of papers to ALT so papers are best represented at the ALT table

10. CLINICAL LEADER

- 10.1. Provide strong clinical leadership across all activity;
- 10.2. Serve as mentor and provide clinical guidance to members (where relevant)

11. MEMBERS

- 11.1. Bring perspective and/or expertise to the table;
- 11.2. Understand and utilise best practice and alliance principles;
- 11.3. Analyse services and participate in service design;
- 11.4. Analyse proposals using current evidence bases;
- 11.5. Work as part of the team and share decision making;
- 11.6. Actively participate in service design and the work planning process;
- 11.7. Be well prepared for each meeting.

12. PROJECT MANAGER/FACILITATOR

- 12.1. Support chairs and/or clinical leaders to develop work programmes that will transform services;
- 12.2. Provide or arrange administrative support;
- 12.3. Document and maintain work plans and reports to support the group's accountability to the ALT;
- 12.4. Develop project plans and implement within scope following direction from the group, CCN programme office and/or ALT as appropriate;
- 12.5. Work with the chair to drive the work plan by providing oversight and coordination, managing the resources, and facilitating effective teamwork;
- 12.6. Keep key stakeholders well informed;
- 12.7. Proactively meet reporting and planning dates;

- 12.8. Activity work with other CCN groups to identify opportunities that link or overlap, share information and agree on approaches;
- 12.9. Identify report and manage risks associated with the activity.

TERMINOLOGY

- **Charter** – outlines our commitments and the key principles and “rules of engagement” we will follow as members of the Canterbury Clinical Network Alliance Leadership Team, and/or Service Alliance Leadership Teams, for the Canterbury Clinical Network District Alliance.
- **CCN Leadership Team (LT)** – the CCN alliance leadership team responsible for the governance of clinically-led service development. Members bring a range of competencies and perspectives and commit to acting in good faith to reach consensus on a ‘best for patient, best for system’ basis.
- **Canterbury Clinical Network (CCN)** –New Zealand’s largest district alliance with twelve partner organisations from across Canterbury’s Health System. The purpose of the alliance is to lead the integration and transformation of the Canterbury health system, through clinically led service development and improvement.
- **Service Level Collaborative** – a group of clinical and non-clinical professionals drawn together to focus on redesigning services and systems including prioritising resources (people, equipment and money) and monitoring and reporting on the performance and impact of the redesign. The scope of these groups is usually clearly defined and will include people involved in delivering services.
- **Workstream** – a group of clinical and non-clinical professionals drawn together to focus on meeting the health needs and improving outcomes of specific populations or groups, such as rural or mental health. The purpose varies based on their population and may oversee project work carried out by other alliance groups (service level alliances, service development groups or working groups).
- **CCN Support Team (ST)** – the small operational arm of the ALT who provide advice and guidance on the prioritisation, redesign and allocation of funding for health services and delivery models recommended by CCN groups. Membership of this group includes signatories of the District Alliance Agreement who have accountability for funding health and wellbeing services for the Canterbury population (i.e. Te Whatu Ora Waitaha Planning and Funding, Pegasus Health, Waitaha Primary Health, Christchurch PHO), secondary services and members of the CCN Programme Office.
- **CCN Programme Office (PO)** – The CCN Programme Team coordinates the activity of the Canterbury Clinical Network, providing day-to-day operational support to alliance groups and supporting alliance partnerships. Led by the Executive Director, the small team of employees includes programme coordination, project facilitation/management, resource management, administration, reporting and communications. Service Level Provision Agreements – agreements between the DHB and a service provider that are signed in conjunction with the District SLA and specify expected outcomes, reporting and funding for the services to be provided.

ENDORSEMENT OF MINUTES

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

Date of endorsement by Steering Group: 11 / 08 / 2022

Date of endorsement from CCN LT: 02 /05 /2022 27/ 09/ 2022