BACKGROUND

The foundation of the SLA Charter is a commitment to act in good faith to reach consensus decisions on the basis of 'best for patient, best for system.' Each SLA member will sign the SLA Charter and agree to the principles contained within it.

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 (CCN)

- 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.

The Immunisation SLA will acknowledge and support the principles of the Treaty of Waitangi.

IMMUNISATION SERVICE LEVEL ALLAINCE

1. BACKGROUND

1.1. The Immunisation Service Level Alliance (ISLA) was established in 2010 with its initial role to develop an Immunisation Service Model (see appendix one) with a focus on fully immunised 2year olds (the health target at the time). Following the development of Service Model, the ISLA moved into the implementation stage, focusing on the implementation of the service model. This included the development of an Immunisation Outcomes Framework (see appendix two).

1.2. The ISLA has moved into a monitoring phase of the outcome's framework, which focused on normalising immunisation over a lifetime and reaching specific health and performance targets. The focus of Immunisation SLA has moved to all scheduled immunisation events and any necessary immunisation events to manage outbreaks.

2. PURPOSE

2.1. To be the guardians of the immunisation service across Canterbury ensuring that the service is supported to deliver reduced vaccine preventable disease & increased scheduled vaccination rates within an alliance framework. This includes oversee the service model, delivery and performance of all nationally funded vaccination events.

2.2. Based on best practice, a focus will be given to reaching variety of health, performance and Systems targets, set both nationally and locally for immunisation events. Including but not limited to:

2.2.1. Achieve 8 month immunisation health target;

2.2.2. Achieve 2 year old and 5 year old immunisation performance target;

2.2.3. Achieve seasonal flu target;

2.2.4. Improve Human Papilloma Virus (HPV) & 11 year old vaccination rates.

2.2.5. Improve vaccination coverage in Pregnant Women, Tdap and Influnza

2.3. The Immunisation SLA also has a focus on non-scheduled immunisation events as part of an outbreak and the vaccination of the Health Workforce. To achieve this the ISLA needs to provide:

2.3.1. Strategic planning, design, prioritisation and oversee implementation of immunisation service/s across the Canterbury health system;

2.3.2. Recommend how services will be funded using collective decision making and available resources from a range of sources.

2.4. Implementation of any new Immunisation events included in the national schedule or change to scheduling / eligibility of current events.

3. EXPECTED OUTCOMES OF THE SLA

3.1. The ISLA will monitor key changes within Immunisation, review and refresh the service model as required, and focus on vaccinating 95% of our population in line with targets set each year by the Ministry of Health.

4. MANDATE

4.1. ISLA will make recommendations to ALT when considering strategic direction for new models of service implementation or delivery. They will brief ALT on the process of this implementation and delivery.

4.2. Once an approval is made by ALT, decisions on governance and implementation of the above strategy will be made by ISLA.

4.3. Implementation of these recommendations and decisions will be made by the Immunisation Providers Group, or Planning and Funding

4.4. For all ISLA recommendations which involve budgets, advice will be sought from the Planning and Funding Leadership Team prior to the recommendation being submitted to ALT.

5. SCOPE

5.1. In Scope:

5.1.1. Overseeing all immunisation programmes in Canterbury funded by health funding

5.1.2. The Seasonal Influenza Programme both subsidised and non-subsidised

5.1.3. Vaccination of the Health Workforce

5.2. Out of Scope:

5.2.1. Overseeing non-funded immunisation programmes e.g. no subsided immunisation events

6. MEMBERSHIP

6.1. The membership of the ISLA 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, and management from relevant health organisations and others who bring important perspective e.g. consumer, Maori, Pacific, migrant and/or rural voices;

6.2. 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 ISLA to achieve success;

6.3. The ISLA will review membership annually to ensure it remains appropriate;

6.4. Membership will include a member of the ALT;

6.5. 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;

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

6.7. 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;
6.8. Each SLA will be supplied with project management and analytical support through the Programme Office.

7. SELECTION OF MEMBERS, CHAIRPERSON AND DEPUTY CHAIRPERSON

7.1. New or replacement members will be identified by the ISLA for their required skills/expertise. The appointment will require endorsement from the ALT on recommendation from the SLA;
7.2. The chair and deputy chair will, in most cases, be nominated by members of the ISLA. 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 will be appointed by ALT (i.e. an independent chair).

8. MEMBERS

The composition of the ISLA is:

Name(s)	**Perspective/Expertise**
Aarti Patel	CCN Sponsor
Dr Ramon Pink (Chair)	Community and Public Health Background Maori Health Specialist
Pari Hunt	Primary Health Organisation Maori Leader
Jin McRobbie	Lead Maternity Carer
Dr Tony Walls	Secondary Care, Immunisation Academic
Dr Alison Wooding	General practice
Dr Sarah Marr (Deputy Chair)	General practice
Chris Wilkinson	Pharmacist
Donna MacLean	Practice Nursing
Cheryl Brewer	Immunisation Specialist
Carol McSweeney	COVID Vax Clinical Lead
Catherine Crichton	Planning and Funding
Vacant	Pacific perspective
Bridget Lester	Immunisation Systems Specialist / Facilitator

9. ACCOUNTABILITY

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

10. WORK PLANS

10.1. The ISLA 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" Implementation Plan, legislative and other requirements;
10.2. The ISLA will actively link with other CCN work programmes where there is common activity.

11. FREQUENCY OF MEETINGS

11.1. Meetings will be held 2 months;

11.2. Meeting dates will be arranged annually, taking into consideration ALT meetings; to ensure reporting is current and up to date.

12. REPORTING

12.1. The SLA will report to the ALT on an agreed schedule via the CCN Programme Office;
12.2. Where there is a risk, exception or variance to the SLA/WS work plan, or an issue that requires escalation, a paper should be prepared in a template provided by the CCN Programme Office;
12.3. Where there is a new innovation or service recommendation, a paper should be prepared in a template provided by the CCN Programme Office.

13. MINUTES AND AGENDAS

13.1. Agendas and minutes will be coordinated between the ISLA chair and facilitator;
13.2. Agendas will be circulated no less than 2 days prior to the meeting, as will any material relevant to the agenda;
13.3. Minutes will be circulated to all group members within 7 days of the meeting and minutes remain confidential whilst 'draft' and until agreed;
13.4. 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.

14. QUORUM

14.1. The quorum for meetings is half plus one ISLA member from the total number of members of the SLA.

15. CONFLICTS OF INTEREST

15.1. Prior to the start of any new programme of work, conflict of interest will be stated, recorded on an Interest Register;
15.2. Where a conflict of interests exists, the member will advise the chair and withdraw from all discussion and decision making;
15.3. The Interests Register will be a standing item on SLA agenda's and be available to the Programme Office on request.

16. REVIEW

16.1. These terms of reference will be reviewed annually and may be altered intermittently to meet the needs of its members and the health system.

RESPONSIBLITIES

17. RESPONSIBILITY OF THE SLA

17.1. Apply the delegated funding available to lead the required service/service change;
17.2. Establish new work groups to guide service design;
17.3. Design evaluation criteria to evaluate and monitor on-going effectiveness of service delivery. Any evaluation will comply with the evaluation's framework outlined by CCN and/or the ALT or funder.

ROLES

18. CHAIR

18.1. Lead the team to identify opportunities for service improvement and redesign;
18.2. Lead the development of the service vision and annual work plan;
18.3. Develop the team to respond to a service need; engaging with key stakeholders and interested parties best suited for the purpose of service innovation;

18.4. Work with the project manager/facilitator and/or analyst to produce work plans and other reports as required;
18.5. Provide leadership when implementing the group's outputs;
18.6. Work with the facilitator to facilitate meetings to achieve outcomes in an economical and efficient manner;
18.7. Be well prepared for meetings and ready to guide discussion towards action and/or decision;
18.8. Meet with the other CCN leaders to identify opportunities that link or overlap, share information and agree on approaches.

19. CLINICAL LEADER

19.1. Provide strong clinical leadership across all SLA work activity;
19.2. Serve as mentor and provide clinical guidance to workstream/SLA members (where relevant).

20. SLA MEMBERS

20.1. Bring perspective and/or expertise to the SLA table;
20.2. Understand and utilise best practice and alliance principles;
20.3. Analyse services and participate in service design;
20.4. Analyse proposals using current evidence bases;
20.5. Work as part of the team and share decision making;
20.6. Actively participate in service design and the annual planning process;
20.7. Be well prepared for each meeting.

21. PROJECT MANAGER/FACILITATOR

21.1. Support chairs and/or clinical leaders to develop work programmes that will transform services;
21.2. Provide or arrange administrative support;
21.3. Document and maintain work plans and reports to support the group's accountability to the ALT;
21.4. Develop project plans and implement within scope following direction from the group, CCN programme office and/or ALT as appropriate;
21.5. Work with the chair to drive the work plan by providing oversight and coordination, managing the resources and facilitating effective teamwork;
21.6. Keep key stakeholders well informed;
21.7. Proactively meet reporting and planning dates;
21.8. Activity work with other CCN groups to identify opportunities that link or overlap, share information and agree on approaches;
21.9. Identify report and manage risks associated with the SLA work activity.

22. PLANNING & FUNDING REPRESENTATIVE

22.1. Provide knowledge of the Canterbury Health System;
22.2. Support the group to navigate the legislative and funding pathways relevant to the SLA;
22.3. Facilitate access to analytical support for the purpose of evaluation, reporting and monitoring.

23. ALT MEMBER

23.1 Act as a communication interface between ALT and the SLA;
23.2 Participate in the development and writing of papers that are submitted to ALT;
23.3 Act as Sponsor of papers to ALT so papers are best represented at the ALT table

TERMINOLOGY

- SLA Charter – outlines the purpose, principles, commitments and mandate of SLA 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.
- BSMC – Better, Sooner, More Convenient Health Care, Ministry of Health's 2010-2013 initiative.
- Service level 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 – 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.
- Ops Leaders Group – the small operational arm of the ALT 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. 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 SLA groups.
- 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.

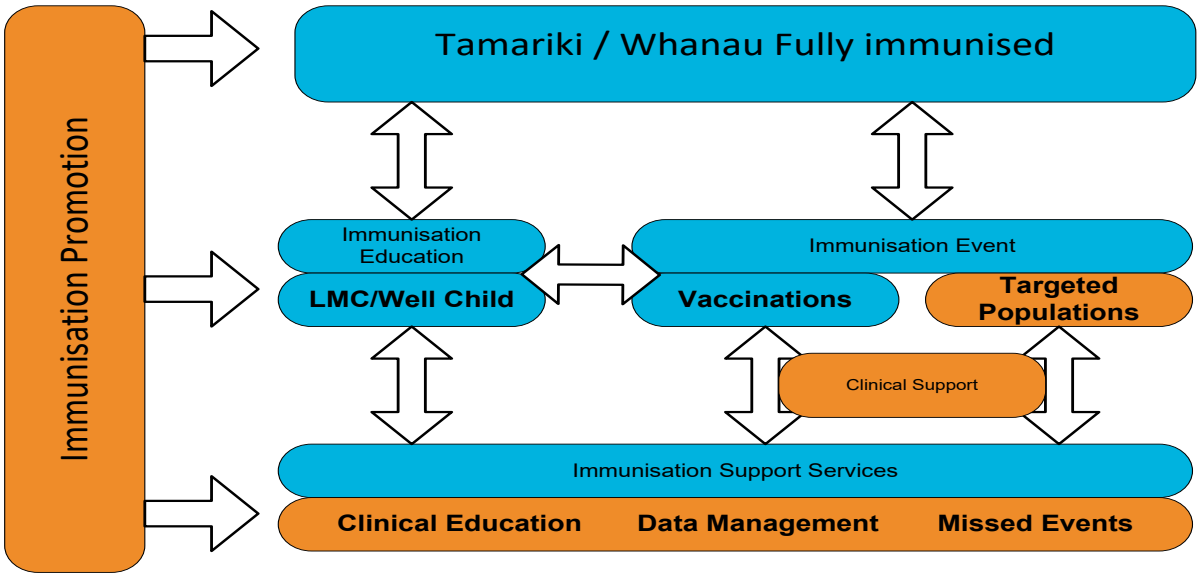
ENDORSEMENT

Date of agreement and finalisation by SLA members: 5 / 4 / 2022

Date of endorsement from ALT: **2nd May 2022**

Date of Review: **May 2023**

Appendix One: Immunisation Service Model (please note we are current refreshing this model)



Appendix Two: Immunisation Outcomes Framework