		TERMS OF REFERENCE
MANA AKE — STRONGER FOR TOMORROW	CCN	Mana Ake Service Level Collaborative

The following Terms of Reference define the purpose and structure of the Mana Ake Service Level Collaborative.

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 principles-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: Leadership Team, Programme Office, Workstreams (WS) or Focus Areas and Service Level Collaboratives (SLCs).

GUIDING PRINCIPLES OF CCN

- Taking a whole system approach to ensure health and social services are integrated and sustainable;

- Focussing on people, their family/whānau and community, keeping them at the centre of everything we do;

- Enabling clinically-led service development; whilst

- Living within our means.

This SLC 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.

MANA AKE SERVICE LEVEL COLLABORATIVE

1. BACKGROUND

1.1. The Ministers of Health and Greater Christchurch Regenerate asked Canterbury DHB and health system partners, through the Canterbury Clinical Network, to work with the Ministry of Health and alongside the Ministry of Education to develop a collaborative approach for the delivery of mental health and wellbeing support in schools. This initiative addresses the need for support identified by schools and is sensitive to the social environment in which their learners and their families/whanau are embedded. The approach is informed by an inter-sectoral workshop conducted on 2 February 2018.

1.2. The Mana Ake Service Level Collaborative (previously Mental Health Support in Schools SLA and Mana Ake SLA) exists to support the ongoing development and improvement of Mana Ake across Canterbury. The Mana Ake promotes collaboration across sectors and in clusters of schools to reduce barriers to access to services, to help develop more cohesive and coherent pathways of support and to help engage clusters of schools, kura and early childhood education (ECE) to work with support services, ensuring that resources are targeted to the children and family/whānau who need them.

1.3. SLA provides an oversight and monitoring role as the model is implemented across Canterbury. Evaluating the impact and demonstrating outcomes of Mana Ake is a key component of this monitoring function.

1.4. Budget 2022 committed to a further four years of investment into Mana Ake. Following a 12 month pause of the Mana Ake SLC, the group was reinvigorated in October 2022 to provide cross-sector leadership and support to the ongoing improvement and collective implementation of Mana Ake in Canterbury.

2. PURPOSE

The Mana Ake SLC is responsible for:

2.1. Providing strategic leadership and oversight to the implementation and improvement of Mana Ake across Canterbury.

2.2. Continually improving the operating and practice model to ensure collaboration across the organisations that interface with Mana Ake and improved mental health and wellbeing outcomes for tamariki across Greater Christchurch, Hurunui and Kaikoura.

2.3. Maintaining system-wide and cross sector relationships and alignment as the health system reforms and education sector changes are implemented.

2.4. As required, providing advice and support to the national implementation of Mana Ake.

3. EXPECTED OUTCOMES OF THE SLC

3.1. A service that implemented consistently and is flexible enough to respond to community need, and that has contributed to system change through greater collaboration across health, education and social sectors

4. MANDATE

4.1. The SLC supports the ongoing improvement of the Mana Ake operating model and practice framework for wellbeing and mental health support in schools, ensuring outcomes are achieved for children in Greater Christchurch, Hurunui and Kaikoura.

4.2. The SLC recommends revisions to the operating model and practice framework, and ongoing improvements to the CCN Leadership Team.

4.3. SLC members have the authority to meet with relevant stakeholders and service providers to gain information and ideas for improvements.

5. OUT OF SCOPE

- Employment of staff
- Contracting for services

6. MEMBERSHIP

6.1. The membership of the SLC will include professionals who participate in Mana Ake 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, Māori, Pacific, migrant and/or rural voices;

6.2. Each SLC 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 person/whanau, best for system.'

6.3. 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 SLC to achieve success;

6.4. The SLC will review membership annually to ensure it remains appropriate;

6.5. Membership will include a member of the Leadership Team;

6.6. 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;

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

6.8. 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;

6.9. Each SLC 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 SLC for their required skills/expertise. The appointment will require endorsement from the Leadership Team on recommendation from the SLC;

7.2. The chair and deputy chair will, in most cases, be nominated by members of the SLC. 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 the Leadership Team (i.e. an independent chair).

8. MEMBERS

The composition of the Mana Ake SLC is:

Name(s)	Perspective/Expertise
Maureen Allen, Stuart Cameron	Cluster Principal Lead –knowledge of schools working together, priorities for school clusters. Provides direct connection to the Canterbury Primary Principals Association.
Jason Miles	Rural school – A perspective of schools and whanau where access to support and lack of infrastructure needs to be accounted for
Ann Brokenshire	Intermediate school – provides specific context of year 7 and 9 learners.
Tracy Rohan	Ministry of Education – Key sector relationship with schools, Mana Ake sponsor agency, MOE leadership.
Renee Noble	Māori	Mana Whenua – Te Ao Māori perspective, Primary Care / Community Nursing.
Andrea Wilson-Tukaki	NGO provider – Mana Ake NGO provider that brings a perspective from the Mana Ake Provider Network and brings knowledge of wider community
Karaitiana Tickell	Māori NGO provider – provision of implementation knowledge from a Māori perspective and Mana Ake provider network. CCN Leadership Team member.
Vacant	Whānau / Board of Trustees Whānau Member – Whānau experience of navigating support for mental health and wellbeing / learning support needs for young people.
Ropeta Mene-Tulia	Pacific People – Pacific leadership and world view.
Bronwyn Dunnachie	Mental health workforce development
Donna Ellen	Primary Health Care – primary health care leadership and connection.
Vacant	Child, Adolescent and Family – specialist mental health services perspective.
Sandy McLean	Te Whatua Ora Waitaha Commissioning - Commissioner of Mana Ake and other mental health and wellbeing services. Canterbury health system leadership.
Paula Grooby	Oranga Tamariki – key child sector partner.

9. ACCOUNTABILITY

9.1. The SLC is accountable to the Leadership Team who will establish direction; provide guidance; receive and approve recommendations.

10. WORK PLANS

10.1. The SLC will agree on their annual work plan and submit it to the Leadership Team for approval via the CCN Programme Office. The work plan will be influenced by the CCN Strategic Plan, national and local direction provided by Te Whatu Ora, Te Aka Whai Ora and the Ministry of Health and legislative and other requirements;

10.2. The SLC will actively link with other CCN work programmes where there is common activity.

11. FREQUENCY OF MEETINGS

11.1. Meetings will be held bi-monthly.

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

12. REPORTING

12.1. The SLC will report to the Leadership Team on an agreed schedule via the CCN Programme Office;

12.2. Where there is a risk, exception or variance to the SLC work plan, or an issue that requires escalation, a paper should be submitted to Leadership Team in a template provided by the CCN Programme Office;

12.3. Where there is an innovation or service recommendation, a paper should be submitted to the Leadership Team in a template provided by the CCN Programme Office;

13. MINUTES AND AGENDAS

13.1. Agendas and minutes will be coordinated between the SLC chair and facilitator;

13.2. Agendas will be circulated no less than five days prior to the meeting, as will any material relevant to the agenda;

13.3. Minutes will be circulated to all group members within five days of the meeting and minutes remain confidential whilst 'draft' and until agreed.

14. QUORUM

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

15. CONFLICT OF INTERESTS

15.1. Prior to the start of any new SLC or programme of work, conflict of interests will be stated and recorded on an Interests 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 SLC 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.

17. EVALUATION

17.1. Prior to the commencement of any new programme of work, the SLC will design evaluation criteria to evaluate and monitor on-going effectiveness of SLC activities. Any evaluation will comply with the evaluations framework outlined by CCN and/or the Leadership Team or Te Whatu Ora - Waitaha as the 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. LEADERSHIP TEAM MEMBER

19.1. Act as a communication interface between the Leadership Team and the SLC;

19.2. Participate in the development and writing of papers that are submitted to Leadership Team;

19.3. Act as Sponsor of papers to the Leadership Team so papers are best represented at the Leadership Team table.

20. SLC MEMBERS

20.1. Bring perspective and/or expertise to the SLC table;

20.2. Champion decisions made by the SLC;

20.3. Actively engage with networks of influence on Mana Ake to gain insight, feedback and share key messages;

20.4. Understand and utilise best practice and collaborative principles;

20.5. Analyse services and participate in service design;

20.6. Analyse proposals using current evidence bases;

20.7. Work as part of the team and share decision making;

20.8. Actively participate in service design and the annual planning process;

20.9. 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 Leadership Team;

21.4. Develop project plans and implement within scope following direction from the group, CCN programme office and/or the Leadership Team 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 SLC work activity.

22. TE WHATU ORA COMMISSIONING 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 SLC;

22.3. Facilitate access to analytical support for the purpose of evaluation, reporting and monitoring.

TERMINOLOGY

- 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 – the CCN Leadership Team responsible for the governance of service development.

- CCN (Canterbury Clinical Network) – a collaborative of health professionals, mana whenua, consumers, and cross sector partners working together to decide how, when and where health services are delivered.

- 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 – 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 Leadership Team through initiative design.

- Support Team – 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 Executive Director, Programme Coordinator as well as a flexible resource pool of administration, project management and analysis for workstream and SLC groups.

- Service Level Provision Agreements – agreements between Te Whatu Ora – Waitaha and a service provider that are signed in conjunction with the District SLC 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 SLA: 23/11/2022

Date of endorsement from CCN Leadership Team: 12/12/2022

Due Date of New Review: November and December 2023