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9(2)(a)

RE Official information request CDHB 10460

I refer to your email dated 23 October 2020 and clarified on 29 October 2020 requesting the following information under the Official Information Act from Canterbury District Health Board (DHB). Specifically:

- **all Mana Ake KPIs.** For the avoidance of doubt, my request for KPIs refers to how Mana Ake defines success and all measures to determine that success or otherwise and responsibilities and timeframes for doing so. Please send through **all** KPIs as requested.

The Mana Ake initiative commenced in February 2018 and was tasked with rolling out 80 kaimahi (workers) to all primary and intermediate schools in the Canterbury District Health Board region by June 2019. This was achieved in April 2019.

In terms of KPIs, as a new initiative that was co-designed locally with input from stakeholders, the Mana Ake initiative worked with schools and stakeholders to understand what outcomes are important for their context. From this, a comprehensive outcome framework has been developed that reflects the Child and Youth Wellbeing Strategy. The framework continues to be refined over time and this work is overseen by the Mana Ake Service Level Alliance Evaluation Workstream.

A quarterly dashboard is provided to the Mana Ake Service Level Alliance and informs reporting to the Canterbury District Health Board and Ministry of Health. A copy of the dashboard for September 2020 is attached as **Appendix 1** for your information.

As well as this ongoing internal evaluation, the Mana Ake Service Level Alliance (SLA) commissioned an independent evaluation of the social return on investment through Impact Lab. This report is due to be made public in the near future. The Ministry of Health has also commissioned a comprehensive evaluation, due to be completed in March 2021.

- **There is a project owner at CDHB for Mana Ake (i.e. not inside any project management office structure). Please advise who this person is.**

Mana Ake is a collaborative initiative led by the Canterbury Clinical Network (CCN), which is the District Health Alliance for the Canterbury region. Canterbury District Health Board is one of the member

organisations of CCN which is governed by an Alliance Leadership Team, comprising 14 leaders from across the health system. The Independent Chair of the Alliance Leadership Team is Dr Don Elder. Canterbury District Health Board is represented on the Alliance Leadership Team by the Executive Director Planning, Funding and Decision Support.

Clare Shepherd is the Project Lead for Mana Ake, employed by Canterbury District Health Board.

- **Please advise what governance meetings are held - this refers to oversight meetings of the entities that compose Mana Ake - and when the next three are scheduled. Please also advise who chairs this meeting.**

The Mana Ake initiative is led by the Mana Ake (SLA), sitting under the CCN, comprising leaders and managers from Primary Health, Canterbury District Health Board, the Ministry of Health, the Ministry of Education, schools, representatives from the Mana Ake social service provider network and Oranga Tamariki as well as representatives bringing a Māori perspective. Meetings are held monthly. The next meeting is scheduled for 9 December. Next year's meetings have not yet been scheduled.

Vince Barry (Pegasus Health) and Ken Stewart (CCN Clinical Leader) co-chair the Mana Ake Service Level Alliance.

The Mana Ake SLA is overseen by the CCN Alliance Leadership Team. The Mana Ake SLA reports at least quarterly to the Alliance Leadership Team.

In addition, there is an Executive Leaders/Sponsors group supporting the collaboration, comprising leaders from CCN, Canterbury District Health Board, the Ministry of Health and the Ministry of Education. These meetings are held on an as needed basis only.

- **Upon reflection please send me all Terms of Reference associated with Mana Ake**

The only Terms of Reference for the Mana Ake initiative are those for the Mana Ake Service Level Alliance (formerly referred to as the Mental Health Support in Schools SLA) which were endorsed by the CCN Alliance Leadership Team in March 2018. The Terms of Reference are attached as **Appendix 2**.¹

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury District Health Board website after your receipt of this response.

Yours sincerely



Ralph La Salle
Acting Executive Director
Planning, Funding & Decision Support

¹ We note that the Terms of Reference were approved in 2018, some of the members listed have changed over time.



TOTAL NUMBER OF CASES

6,483 children supported
237 children supported more than once

ETHNICITY

European / Pākehā	Māori	Pasifika	Asian	Other (incl. MELAA)
71.5%	18.3%	4.7%	3.0%	2.5%

TOP 5 PRESENTATIONS IDENTIFIED

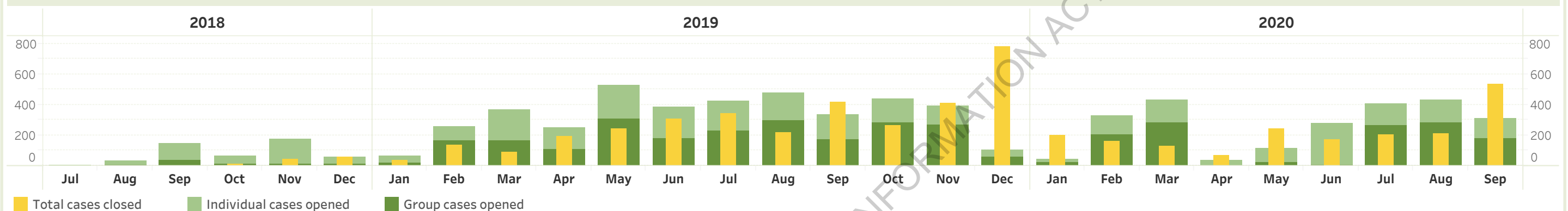
Managing Emotions	Social Relationships	Building Resilience	Family Relationships	Developmental
51.0%	37.9%	33.5%	15.2%	3.4%

RESPONDING TO EVENTS

Supported **25** children
in response to the Christchurch mosque attacks

Supported **70** children
directly affect by the COVID-19 lockdown

CASES OPENED/CLOSED BY MONTH



TAMARIKI

3,070 children supported individually
3,413 children supported in groups

What has changed for Maia?

A quote from a parent:

"From hating school my daughter now loves it. She has more self-confidence, a stronger sense of self, can stand up for herself and is generally happier. The work the kaimahi did has the potential to completely transform my daughter's life."

A quote from a SENCo (group intervention):

"Kaimahi have been able to support development of our tamariki...building our tamariki's confidence and self-esteem through enhanced cultural connectedness."

Tū Tauira Rating - ENGAGEMENT AND WELLBEING

Positive Change

85%

Child Outcome Rating Scale - CHILD (self-reported)

Improvement

70%

Child Outcome Rating Scale - PARENT/CAREGIVER

Improvement

86%

WHĀNAU/FAMILY

71 parent information sessions run
90+ parents/caregivers attended parenting programmes or groups
50 schools offering regular parent/caregiver drop-ins (virtual and in-person)

Since its launch 1 April 2020 **Mana Ake's website** (whānau-facing) has received:
70,504 page views and **7,285** unique visitors

A quote from a parent:

"We have a much calmer relationship with our school and the teachers.... We have a much better relationship with our child due to less stress around school and behaviour. Our family has gone from stressed and upset to happy and functioning well."

PARENT/CAREGIVER SATISFACTION SURVEY

Very satisfied

Satisfied

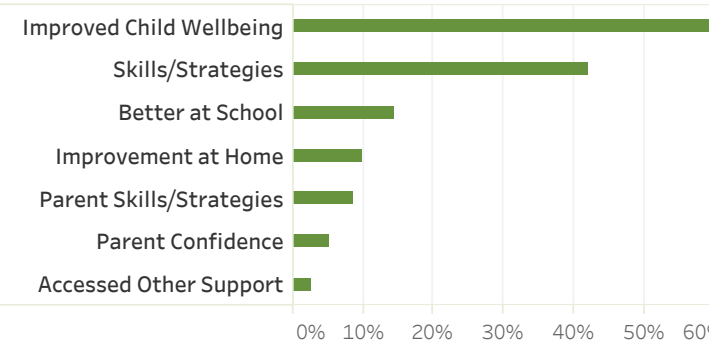
Not Satisfied

77%

22%

1%

What Has Changed?



SCHOOL

Schools supported to run whole-class programmes for **2,265** children and one-off sessions for **1,275** children.

163 schools have received input to their pastoral care meetings and systems

161 schools signed up for ERMS online

Leading Lights web-based tool providing wellbeing guidance to educators has **>100** live resources, **94,523** page views, and **7,030** users.

1,429 attendees at **10** professional development sessions

A quote from an Assistant Principal:

"A lot of our children had challenges regulating their emotions after the lockdown period - they were frustrated and angry and couldn't explain why. Kaimahi worked with us to upskill our Teachers and Teacher Aides. Now with these new tools we are able to support children to identify their emotions and de-escalate situations."

TEACHER SATISFACTION SURVEY

Very satisfied

Satisfied

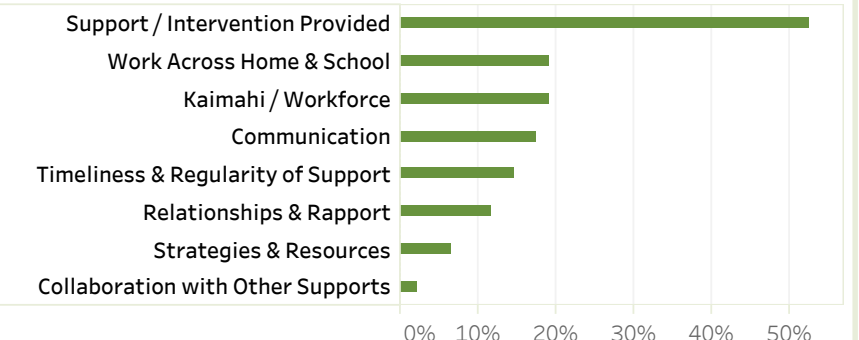
Not satisfied

64%

33%

3%

Most Valuable Elements of Mana Ake



BACKGROUND

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

The Canterbury Clinical Network 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)
5. Service Development Groups (SDGs).

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 SLA will acknowledge and support the principles of the Treaty of Waitangi and the provisions of Te Tiriti o Waitangi. We will strive for equitable health outcomes across our population/focus area through accessible, culturally appropriate services.

MENTAL HEALTH SUPPORT IN SCHOOLS SLA

1. BACKGROUND

- 1.1. The Ministers of Health and Greater Christchurch Regenerate have asked Canterbury DHB and health system partners, through the Canterbury Clinical Network, to work with the Ministry of Health to develop a programme for the delivery of 'mental health support in schools'. This programme will address the need for support identified by schools and will be 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. To meet the Government's commitment to roll additional supports out to schools in the current financial year, the Service Level Alliance needs to agree an operating model and resulting practice framework by mid-April. This will allow practitioners to access training in the new model so that delivery can commence to allow them to be available to support schools in May.
- 1.3. The group will then take a monitoring role as the model is implemented, at first in two Kāhui Ako, and then more widely across Greater Christchurch (including the Waimakariri and Selwyn districts), Hurunui and Kaikoura.

2. PURPOSE

- 2.1. The Mental Health Support in Schools SLA will be a time-limited service level alliance responsible for:
 - Providing strategic planning, design, prioritisation and oversight to the implementation of mental health support for schools service/s across Canterbury;
 - confirming the scope of the additional support (identifying best fit within existing resources and expected outcomes);

- developing an operating model that promotes coordination and collaboration across the organisations that interface with the additional resources;
- developing a practice framework to ensure consistency in the delivery of additional support;
- monitoring the implementation process to review and revise the model, as it rolls out.

3. MANDATE

- 3.1. The SLA will focus on developing an operating model and practice framework for mental health support in schools that ensure outcomes are achieved for children in Greater Christchurch, Hurunui and Kaikoura.
- 3.2. The SLA will recommend the operating model and practice framework for ALT endorsement.
- 3.3. Members have the authority to meet with relevant stakeholders and service providers to gain information and ideas for improvements.

4. EXPECTED OUTCOMES OF THE SLA

- 4.1. A service that has been implemented consistently, that is flexible enough to respond to community need.

5. MEMBERSHIP

- 5.1. The membership of the SLA will include those who work in key related services, and leaders/iiwi from relevant health, education and social organisations and others who bring the required perspective e.g. consumer, Maori, Pacific, migrant and/or rural voices;
- 5.2. 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 SLA to achieve success;
- 5.3. Membership will include a member of the CCN Alliance Leadership Team;
- 5.4. 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;
- 5.5. It is the expectation that a member will be able to attend two-thirds of scheduled meetings, unless discussed and agreed with chair;
- 5.6. 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;
- 5.7. Each SLA will be supplied with project management and analytical support through the Programme Office.

6. SELECTION OF MEMBERS, CHAIRPERSON AND DEPUTY CHAIRPERSON

- 6.1. New or replacement members will be identified by the SLA for their required skills/expertise. The appointment will require endorsement from the ALT on recommendation from the SLA;
- 6.2. The Independent Chair of the SLA will be appointed by ALT (i.e. an independent chair).

7. MEMBERS

The composition of the Mental Health Support in Schools SLA is:

Member (Name)	Perspective/Expertise
Sir John Hansen*	Independent Chairperson
Ken Stewart*	Deputy Chairperson, CCN Clinical Leadership
Simon Batchford*	Ministry of Education
Dr John Crawshaw* /Aroha Metcalf*	Ministry of Health
Sandy McLean*	Canterbury DHB Planning & Funding
Andrea Wilson - Tukaki	Consumer/Whānau; NGO School based Mental Health
Karaitiana Tickell	NGO – Mental Health Provider
Susan Schneideman	Ministry of Education Learning Support
Stuart Cameron	Kāhui Ako Lead
Anne Brokenshire and Denise Torrey	Canterbury Primary School Leadership
Inspector Tony Hill	Agency providing social services

<i>To be confirmed</i>	Māori
Amanaki Misa	Pacific
Dr Peri Renison, Pam Schofield and Dr Bronwyn Dunnachie	Specialist Mental Health
Vince Barry	Primary Mental Health
Donna Ellen	General Practice

Note: The Sponsors Group (partners across the CCN Alliance Leadership Team, Canterbury DHB (lead organisation), Ministry of Health and Ministry of Education will receive regular communications on SLA activity and decisions. The members highlighted with an * are either sponsors or sponsor delegates.

8. ACCOUNTABILITY

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

9. SERVICE DELIVERY MODEL

- 9.1. The SLA will agree the service delivery model and submit it to the ALT for approval via the CCN Programme Office.
9.2. The SLA will actively link with other CCN work programmes where there is common activity.

10. FREQUENCY OF MEETINGS

- 10.1. Meetings will be held fortnightly until May 2018.

11. REPORTING

- 11.1. The SLA will report to the ALT on an agreed schedule via the CCN Programme Office;
11.2. Where there is a risk or an issue that requires escalation, a paper should be submitted to ALT in a template provided by the CCN Programme Office;
11.3. 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;
11.4. Where applicable, reporting will include progress against or contribution to Ministry of Health Performance and Health Targets.

12. MINUTES AND AGENDAS

- 12.1. Agendas and minutes will be coordinated between the SLA chair and facilitator;
12.2. Agendas will be circulated no less than three working days prior to the meeting, as will any material relevant to the agenda;
12.3. Minutes will be circulated to all group members within three 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 for inclusion on the CCN website. Any confidential or sensitive material should be excluded.

13. QUORUM

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

14. CONFLICT OF INTERESTS

- 14.1. Prior to the start of any new SLA or programme of work, conflict of interests will be stated and recorded on an Interests Register.
14.2. Where a conflict of interests exists, 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 SLA agenda's 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 SLA will design evaluation criteria to evaluate and monitor on-going effectiveness of SLA activities. Any evaluation will comply with the evaluations framework outlined by CCN and/or the ALT or CDHB as the funder.

ROLES

17. CHAIR

- 17.1. Lead the team to identify opportunities for service improvement and redesign;
- 17.2. Lead the development of the service vision, operating model and practice framework;
- 17.3. Develop the team to respond to a service need; engaging with key stakeholders and interested parties best suited for the purpose of service innovation;
- 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. Work with the facilitator to facilitate meetings to achieve outcomes in an economical and efficient manner;
- 17.7. Be well prepared for meetings and ready to guide discussion towards action and/or decision;
- 17.8. 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 SLA;
- 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. SLA MEMBERS

- 19.1. Bring perspective and/or expertise to the SLA table;
- 19.2. Understand and utilise best practice and finance principles;
- 19.3. Analyse services and participate in service design;
- 19.4. Analyse proposals using current evidence bases;
- 19.5. Work as part of the team and share decision making;
- 19.6. Actively participate in service design and the annual planning process;
- 19.7. Be well prepared for each meeting.

20. PROJECT MANAGER/FACILITATOR

- 20.1. Support chairs and/or clinical leaders to develop work programmes that will transform services;
- 20.2. Provide or arrange administrative support;
- 20.3. Document and maintain work plans and reports to support the group's accountability to the ALT;
- 20.4. Develop project plans and implement within 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 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;
- 20.9. Identify report and manage risks associated with the SLA work activity.

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 SLA;
- 21.3. Facilitate access to analytical support for the purpose of evaluation, reporting and monitoring.

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, CDMB planning and funding management, and PHO and IPA representatives.
- 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.
- Alliance Support Team (AST) – the small operational arm of the ALT who supports the workstreams and service 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 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 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 OF MINUTES

Date of agreement and finalisation by SLA members: 15/03/2018

Date of endorsement from ALT: / /2018