

Capital and Coast DHB

Primary Health Organisation Advisory Group (PHOAG) Terms of Reference

1. Goal and Objectives

The goal of the Primary Health Organisation (PHO) Advisory Group is to create a forum that will enable PHOs and the networks associated with them to work with C&CDHB in the planning and development of services and programmes to improve health outcomes and reduce inequalities in C&CDHB.

The Advisory Group will assist by:

- providing advice to DHB management on matters relating to planning, co-ordination, leadership and advocacy in primary health care
- fostering collaboration across primary health care provider organisations and professional groups
- fostering collaboration between primary and secondary health care including further development of integrated care in Capital and Coast DHB.
- Providing input from providers and communities involved within the PHOs and through relationships with other key stakeholders.

2. Scope

The PHOAG is an advisory group on strategic and policy issues. In respect of its work on DHB related matters, the Group will have an advisory role to the DHB rather than any delegated authority.

The PHOAG is not intended or expected to involve itself in operational decisions of the DHB or the PHOs. In respect of its work on primary health sector collaboration, the Group would only have authority where this was specifically delegated by its PHO members.

3. Purpose

Contribute to development of policies and implementation plans to give effect to C&CDHB's District Strategic Plan, District Annual Plan, Te Plan, Pacific Health Action Plan and Primary Health Framework.

Contribute to implementation of other local and national strategies, including the NZ Health Strategy, Primary Health Care Strategy, He Korowai Oranga, Pacific Health and Disability Plan, NZ Disability Strategy, Achieving Health For All.

Provide a forum for C&CDHB and PHOs to obtain advice including but not limited to advice on specific health issues in order to optimise the sector's response to local needs and reduce inequalities.

Identify opportunities for synergies between the various projects and programmes that primary health care providers and the DHB are involved in (including intersectoral programmes)

Support change management and information sharing within primary health sector in order for PHOs to be innovative and effective in addressing health issues with their communities.

Identify and mitigate risks in funding and delivery of primary health care services.

Provide feedback on the impact of policy and strategy implementation.

Ensure effective communication and information provision to support:

- C&CDHB management to be aware of primary health care perspectives, including the role primary health care services can play in achieving health gain, and the issues facing providers

Primary health care providers to be aware of DHB perspectives, including priorities, processes and imperatives.

4. Guiding Principles

Operating within the policies and strategies of the DHB to ensure a shared strategic direction and shared priorities across the primary health care sector and the DHB

The commitments the DHB and PHOs have to the Treaty of Waitangi

A collaborative approach that uses consensus decision-making to promote group accountability and positive relationships

A transparent process open to scrutiny

To work in ways that are enabling and empowering of community groups working within the DHB locality.

Clinical governance lying with the providers.

Alignment of clinical and financial accountabilities.

Reducing health disparities by improving health outcomes for Maori, Pacific peoples and other communities with health disparities

Building a system of health care that offers a continuum of care organised around the needs of patients and supporting best practice.

Recognising the impact that other sectors have on health outcomes and incorporating population health perspectives

Openly acknowledging areas in which different parties have different perspectives and imperatives.

Collaboration between PHOs will be essential to deliver gains in quality, efficiency and health outcomes.

5. Structure

The Advisory Group will have the ability to establish working groups to meet specific objectives.

Linkages

Group / Committee	Linkage
Quality Improvement Group	PHOAG members on QIG
Information management	PHO/Primary care input into design and decisions.
Integrated Care Steering Group	PHOAG members on Integrated Care Steering Group
Advisory Groups e.g. Health of Older People, LAG	PHOAG support and/or provide nominations from sector for these groups- fostering wider primary care participation.

6. Membership

The members of PHOAG are nominated by the PHOs for their expertise and relevant competencies that will contribute to the group's purposes. Each PHO to have two members.

A PHO can deputise to an alternative person to attend when a usual member is unavailable.

Essential 'relevant competencies' for representation on PHOAG will include the ability to influence /feedback on and to:

the current and emerging PHOs

Maori providers

Pacific providers

Iwi and other stakeholders in communities, NGO and voluntary sector

the related primary care groups that will work closely with/be part of PHOs in the future

C&CDHB DHB provider arm

C&CDHB funder arm.

Other 'relevant competencies' include:

Clinical knowledge

Strategic, population health perspective

Business management

Communication.

The Chair will be the DHB CEO.

DHB members will include Senior Portfolio manager Primary Care, Primary Care Advisor/GP Liaison, Director of Nursing, GM Provider Arm.

6.1 Membership Responsibilities

Membership responsibilities include:

agreeing to work collectively to fulfil all the purposes of the Group, and work within its guiding principles as outlined above

communicating with, and gaining feedback from the PHO and sector regarding the issues and activities under consideration.

reporting back to the PHOs they represent

ensuring alignment of the activities of the group with national and local strategies and policies e.g. the New Zealand Health Strategy, the Primary Health Care Strategy and, in particular, the goal of reducing inequalities.

6.2 Core Membership

Organisation / Group	Requirements	Number of appointees
Primary care	Two people from each of the following organisations: <i>Current PHOs</i> Kapiti PHO Porirua Plus PHO Tumai mo te Iwi PHO Capital PHO South East and City PHO <i>Emerging PHOs</i> Pacific PHO	12
C&C DHB	Requires ability to provide management, planning and funding perspectives. Other staff as appropriate/agreed on particular issues.	5
TOTAL		17

7. Work programme

PHOAG will develop a prioritised work programme.

8. Meetings

The Group will meet bi-monthly.

Meetings will generally be hosted by C&CDHB.

Additional meetings held will be authorised by the Chair of the Group.

Meetings will be conducted only where a quorum is present within 30 minutes of the designated start time of the meeting. A quorum will include members from at least four PHOs and at least two C&CDHB staff.

Members of the Group have the ability to appoint alternates in the event that they are not able to be present at a meeting.

Decision making shall be by consensus at meetings where a quorum is present. Decision-making processes will ensure appropriate time to gain input/feedback from PHOs.

Minutes of the meetings will be approved by the Chair and circulated to members within 7 days of the meeting. Secretarial support for the PHOAG will be provided by the DHB.

Recommendations from the PHOAG will be forwarded to the relevant manager/committee by the Chair in liaison with DHB Planning & Funding representatives.

9. Payment

PHO and DHB members shall be funded by their respective organisations.

10. Confidentiality

Agenda papers and minutes will be confidential only if specifically noted as such by the DHB or author of the paper or as agreed by consensus at the PHOAG meeting, otherwise they should be treated as in the public domain. C&CDHB's media policy will apply to PHOAG members.