

# **INTEGRATED CARE COLLABORATIVE ALLIANCE LEADERSHIP TEAM CHARTER**

This Charter document outlines our commitments and the key principles and “rules of engagement” we will follow as members of the Alliance Leadership Team, and/or Steering Groups, for the Integrated Care Collaborative Alliance.

We are members of a group of key clinical leaders, key managers from provider organisations across Capital & Coast District Health Board, who have been selected to successfully lead our Alliance to achieve its objectives. We have been selected not as representatives of specific organisations or communities of interest, but because collectively we provide the range of competencies required for our Alliance to achieve success.

While we serve at different levels within the Alliance framework, we share common objectives and commitments which are outlined in this Charter. The Charter should be read together with, and our actions and decisions must have regard to, the PHO Alliance Agreement (“the Agreement”).

## **Purposes**

Our purpose is to lead and guide our Alliance as it seeks to improve health outcomes for our populations, as outlined in the Agreement through a partnership approach. We aim to provide increasingly integrated and co-ordinated health services through clinically-led service development and its implementation within a “best for patient, best for system” framework. These are aligned with the New Zealand Triple Aim:

1. Improving the quality, safety and experience of care delivery.
2. Improvements in health of populations by the provision of equitable access to services, by the delivery of a personalized primary care service, delivered closer to home.
3. Provision of optimum service by maximizing use of resources, in order to gain ‘best value’ from the public health system, through improvements in communications, sharing of data and improved accessibility across the sector, followed by easier access to specialist advice.

## **Principles**

The foundation of our Agreement is a commitment to act in good faith to reach consensus decisions on the basis of “best for patient, best for system”. As a leadership team we will conduct ourselves and undertake our leadership role in a manner consistent with the Alliance principles, set out in the Agreement. These include:

- Te Tiriti o Waitangi and the concept of Whanau Ora will help guide the way in which all parties respond to Maori Health issues and all cultures represented within the Capital and Coast District;
- We will support clinical leadership, and in particular clinically-led service development;
- We will conduct ourselves with honesty and integrity, and develop a high degree of trust;

- We will promote an environment of high quality, performance and accountability, and low bureaucracy;
- We will strive to resolve disagreements co-operatively, and wherever possible achieve consensus decisions;
- We will adopt a patient-centred, whole-of-system approach and make decisions on a Best for System basis;
- We will seek to make the best use of finite resources in planning health services to achieve improved health outcomes for our populations;
- We will adopt and foster an open and transparent approach to sharing information; and
- We will actively monitor and report on our alliance achievements, including public reporting.
- We will embed principles of equity, with a particular focus on improving outcomes for Māori and Pacific populations.

We acknowledge there are some areas where the DHB may exercise a reserved power as outlined in the Agreement. We understand the DHB will exercise its reserved powers in good faith and will consult with the Alliance Leadership Team before exercising a reserved power (subject to any need for urgency).

## Commitments

We will work closely and collaboratively with our team members, in an innovative and open manner, to produce outstanding results. To achieve this we make the following commitments:

- **Shared responsibility:** We will actively address all tasks and duties of our role as members of our leadership team, and will comply with the operational provisions and guidance for our team, as set out in the Agreement.
- **Shared decision-making:** We agree that our decisions will be made by consensus. We will use our best endeavours to facilitate unanimous decisions, and will not prevent a consensus being reached for trivial or frivolous reasons.
- **Shared accountability:** We agree that we will have a robust airing of views, but that once our team has reached a decision we will all abide by that decision and support it publicly. (This includes keeping confidential the views of particular individuals expressed during the discussion, but does not prevent us sharing the issues that were balanced in reaching that decision.)
- **Good faith:** We agree to openly discuss all matters that affect our ability to make firm decisions, including any conflicts of interest and any limits on our mandate (where we carry these from participant organisations), so that all members of our team are fully aware of any restrictions, caveats or further authority that may be required.
- **Confidentiality:** To encourage the open and transparent sharing of information we agree to keep confidential matters shared on a confidential basis, to enable improved decision-making.
- **Active engagement:** We agree our members' continuous involvement in and attendance at our team meetings is critical, and will make every effort to attend and participate fully. We agree to enable active consumer participation in our processes.

If a member of our team does not act in accordance with our principles and commitments, our team will discuss the situation with the member involved. If no resolution can be found, that member may be removed in accordance with the process outlined in the Agreement.

## **Mandate and functions**

### ***Alliance Leadership Team***

For members of the Alliance Leadership Team, our role is set out in the Agreement. Broadly, our functions are to:

- Agree our Alliance Objectives and Key Results Areas within the scope of our Alliance Activities with a focus on equity, including the systems and KPIs for assessing achievement of these;
- Agree the work, activity and services that need to be provided to meet our Alliance Objectives;
- Make recommendations on the method and form of contracting to give effect to agreed priorities and service delivery mechanisms, on a best practice basis;
- Monitor the outcomes of Alliance Activities, and use that information to inform our stakeholders (particularly our populations) and to guide further decisions on prioritisation and service change;
- Develop a process for how our alliance will annually review its scope and objectives, to keep refreshing our strategy and approach to meet our Alliance Objectives;
- Determine, run and review an agreed process for refreshing our membership; and
- Discuss with the DHB any potential exercise of a reserved power.

In respect of any Steering Groups, our role is to:

- Establish Steering Groups and other working groups as necessary to oversee the development and delivery of services that fall within scope of our Alliance, including determining the scope and objectives and approving the membership of such service alliances, and disestablishing groups as required;
- Provide system-level oversight and monitoring of the work done by Steering Groups, and ensuring connectedness and a whole of system approach to Alliance Activities;
- Adjudicate should any disputes arise within a Steering Groups that are unable to be resolved at that level.

### ***ICC Steering Groups***

For members of the ICC Steering Groups, the scope of our activities and decision-making is as determined on establishment of our Service Alliance, by the Alliance Leadership Team. Within that scope our role is broadly to review all aspects of the delivery of those health services to patients and develop new approaches to improve their effectiveness and quality. This includes deciding how such improvements would best be implemented, taking into account our fixed resources.

**Release of liability**

As members of a leadership team for the Integrated Care Collaborative Alliance, we are committed to direct and lead the Alliance in accordance with this Charter and the provisions in the Agreement. It is not our intention that our actions as members of our leadership team will give rise to an action in law from alliance participants or other members of our leadership team.

**Commitment to serve**

On the basis of the above, I agree to serve as a member of a leadership team for the Integrate Care Collaborative Alliance.

**Signed:**

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_