TERMS OF REFERENCE

Primary Care Taskforce Working Group

The following Terms of Reference define the purpose and structure of the Primary Care Taskforce

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, Support Team, Programme Office, Workstreams (WS) or Focus Areas, Service Level Collaboratives (SLCs) and Time-limited working groups (taskforces).

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 Taskforce 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.

PRIMARY CARE TASKFORCE

1. BACKGROUND

1.1. In December the CCN Leadership Team endorsed the development of a time-limited Waitaha | Canterbury Primary Care Taskforce to lead and facilitate collective planning for primary care workforce capacity, community-based planned care opportunities and opportunities to further improve system integration.

1.2. In February, following consideration of the priorities of the Primary Care Taskforce alongside those of the Urgent Care SLC and newly formed Pharmacy Project, the value of closely aligning this activity was noted and agreement reached to position this activity within a small working group of an enhanced Urgent Care SLC.

2. PURPOSE

The working group exists to provide leadership to initiatives or models of care that improve access to acute and unplanned care for our populations most at need by relieving primary care capacity pressures. An immediate priority over the next six months is to:

2.1. Identify and investigate short-medium term opportunities to enhance the local primary and community workforce that compliment local and national activity; and provide leadership to implementing opportunities identified. For example, collaborative recruitment opportunities across primary and urgent care, increasing GP training placements.

2.2. Explore and investigate short – medium term initiatives or alternative models of general practice that:

- Build on the existing work of the PHOs, Canterbury Community Pharmacy Group CPG and the Canterbury Primary Response Group (CPRG) workforce subgroup to improve access and gain operational efficiencies, and
- Are aligned with national Early Actions Programme[1] implementing comprehensive primary and community care teams and the introduction of new roles.

[1] Information on the Early Actions Programme is here https://www.tewhatuora.govt.nz/whats-happening/what-to-expect/for-the-health-workforce/how-we-work-together/primary-community-and-rural-early-actions-programme/here

2.3. Provide an advocacy channel to national groups or organisations on matters that enable progress in addressing primary care capacity pressures.

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

3. EXPECTED OUTCOMES OF THE TASKFORCE

3.1. The Group in the next six months expects to consider and make recommendations on the development of new or enhanced approaches that support primary care workforce capacity, identification of locally based opportunities to progress the direction outlined in the national Early Actions Programme, and enhanced integration and communication across the system.

4. MANDATE

4.1. At the initial stage, the Group has the mandate to explore and make recommendations to the enhanced Urgent Care SLC on enhanced models of care and/or initiatives for implementation.

5. MEMBERSHIP

5.1. The membership of the Taskforce 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, Māori, Pacific, migrant and/or rural voices;

5.2. Each Taskforce 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 patient, best for system.'

5.3. 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 Taskforce to achieve success;

5.4. The Taskforce will review membership annually to ensure it remains appropriate;

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

5.6. 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;

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

5.8. 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;

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

6.2. The chair and deputy chair will, in most cases, be nominated by members of the Taskforce. 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).

7. MEMBERS

The composition of the Primary Care Taskforce is:

Name(s)	Perspective/Expertise
Les Toop	LT sponsor
Jason Pryke, Vacancy	Urban / Rural General Practitioners
Katrina McDermott	Practice Nurse

Jo Comper	Community Pharmacy
Kim Burgess	Canterbury Primary Response Group (CPRG)
Renee Noble	Māori Perspective & Community Nursing
Matty Teata	Pacific – Perspective / Etu Pasifika
Celia Monk	Community Allied Health
Richard Hamilton	Urgent Care SLC Chairperson / Te Whatu Ora Service Improvement and Innovation
Rachel Thomas	Te Whatu Ora Commissioning
Lisa Brennan, Bill Eschenbach /Janetta Skiba, Sandi Malcolm	PHO Executive Leadership
TBC	Consumer
Ex Officio	
Vacancy	Facilitator
Victoria Leov	Integration Lead and UC SLC facilitator
Linda Wensley	CCN Programme Office

Additional members may be co-opted to support specific pieces of work.

8. ACCOUNTABILITY

8.1. The Taskforce is accountable to the enhanced Urgent Care SLC who will establish direction; provide guidance; receive and approve recommendations.

9. FREQUENCY OF MEETINGS

9.1. This working group is in place for six months with meetings held fortnightly or as otherwise agreed.

10. REPORTING

10.1. Where there is a risk, exception or variance to the Taskforce 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;
10.2. 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;
10.3. Where applicable, reporting will include progress against or contribution to Ministry of Health Performance and Health Targets.

11. MINUTES AND AGENDAS

11.1. Agendas and minutes will be coordinated between the Taskforce chair and facilitator;
11.2. Agendas will be circulated no less than 5 days prior to the meeting, as will any material relevant to the agenda;
11.3. Minutes will be circulated to all group members within 5 days of the meeting and minutes remain confidential whilst 'draft' and until agreed.

12. QUORUM

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

13. CONFLICT OF INTERESTS

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

RESPONSIBILITIES

14. RESPONSIBILITY OF THE TASKFORCE

14.1. Apply the delegated funding available to lead the required service/service change;
14.2. Establish new work groups to guide service design;
14.3. 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 Leadership Team or funder.

ROLES

15. CHAIR

15.1. Lead the team to identify opportunities for service improvement and redesign;
15.2. Lead the development of the service vision and annual work plan;
15.3. Develop the team to respond to a service need; engaging with key stakeholders and interested parties best suited for the purpose of service innovation;
15.4. Work with the project manager/facilitator and/or analyst to produce work plans and other reports as required;
15.5. Provide leadership when implementing the group's outputs;
15.6. Work with the facilitator to facilitate meetings to achieve outcomes in an economical and efficient manner;
15.7. Be well prepared for meetings and ready to guide discussion towards action and/or decision;
15.8. Meet with the other CCN leaders to identify opportunities that link or overlap, share information and agree on approaches.

16. LEADERSHIP TEAM MEMBER

16.1. Act as a communication interface between the Leadership Team and the Taskforce;
16.2. Participate in the development and writing of papers that are submitted to Leadership Team;
16.3. Act as Sponsor of papers to the Leadership Team so papers are best represented at the Leadership Team table.

17. TASKFORCE MEMBERS

17.1. Bring perspective and/or expertise to the Taskforce table;
17.2. Understand and utilise best practice and collaborative principles;
17.3. Analyse services and participate in service design;
17.4. Analyse proposals using current evidence bases;
17.5. Work as part of the team and share decision making;
17.6. Actively participate in service design and the annual planning process;
17.7. Be well prepared for each meeting.

18. PROJECT MANAGER/FACILITATOR

18.1. Support chairs and/or clinical leaders to develop work programmes that will transform services;
18.2. Provide or arrange administrative support;
18.3. Document and maintain work plans and reports to support the group's accountability to the Leadership Team;
18.4. Develop project plans and implement within scope following direction from the group, CCN programme office and/or the Leadership Team as appropriate;
18.5. Work with the chair to drive the work plan by providing oversight and coordination, managing the resources and facilitating effective teamwork;
18.6. Keep key stakeholders well informed;
18.7. Proactively meet reporting and planning dates;
18.8. Activity work with other CCN groups to identify opportunities that link or overlap, share information and agree on approaches;
18.9. Identify report and manage risks associated with the Taskforce work activity.

19. TE WHATU ORA COMMISSIONING REPRESENTATIVE

19.1. Provide knowledge of the Canterbury health system;
19.2. Support the group to navigate the legislative and funding pathways relevant to the Taskforce;

19.3. 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 Programme Leader, 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 SLC: 18 / April / 2023

Date of endorsement from LT: 17 / April / 2023

Due Date of New Review: Day / month / year