AUCKLAND WAITEMATA RURAL ALLIANCE
TERMS OF REFERENCE

1. Background

On 12 September 2013, the Rural Advisory Group (RAG) recommended to Ministers that the national rural ranking score (RRS) mechanism, which has been used to distribute funding support to rural general practice, should be replaced by local rural service level alliancing arrangements.

Alliancing provides a more 'fit for purpose' arrangement that promotes and facilitates integration, regional service planning, alliance funding and planning, all of which supports service development and integrates this with funding and financial risk management in a shared risk framework . Alliances create a high trust, low bureaucracy environment with high quality and accountability. They provide a mechanism for clinical leadership in the development of health services.

The key goal of an Alliance is to promote clinical leadership in the health system, producing aligned clinical and financial accountability and supporting patient centred clinically led decision making in health services.

The Auckland Waitemata Rural Alliance is to have a focus of exploring and implementing the agreed options around retaining and improving services to the rural communities in the region.

2. Purpose

The Rural Alliance will provide advice and direct improvement in care and services across rural areas in Auckland DHB and Waitemata DHB. The Alliance will have a particular focus on patient centred care, service delivery, integration and sustainability issues. The Rural Alliance will advise the Auckland Waitemata Alliance on issues that impact on rural primary healthcare and rural community services. The Rural Alliance will provide a rural lens on all health services.

3. Auckland Waitemata Rural Alliance

3.1 Guiding Principles of the Rural Alliance

The guiding principles of the Rural Alliance are:

- All people, no matter where they live, should have a reasonable ability to live, work, and to contribute to and be part of New Zealand society.
- Rural people should have the same health outcomes as people living in urban areas.
- Rural people should have access to services that are equivalent to primary health services in urban centres.
- Primary care services in rural areas should be comprehensive, sustainable, provide continuity of care by the right person, at the right time, in the right place.
- Rural communities should be resourced at a level that enables providers to provide the services required.
- Rural people should have access to primary care services that will be accessible into the future.
- There should be equity of access to secondary care services between people living rurally and those living in urban centres.

3.2 Goals of the Rural Alliance

The Auckland Waitemata District Alliance has developed and agreed the following goals and it is proposed that these are adopted by the Auckland Waitemata Rural Alliance.

We wish to develop a more cohesive, accessible, efficient, effective, safe, and sustainable health system for our community by:

1. Creating the conditions for patient and whanau determined care thereby empowering individuals to make informed decisions about their healthcare e.g. greater flexibility in the way services are provided or in what providers do.
2. Increased integration of community, primary care, secondary care health services and social services through a whole of system approach for our future health system.
3. Building capability and capacity across the sector by increasing the scope of primary care.
4. Supporting, where appropriate, infrastructure development within primary care.
5. Reducing health inequalities through a reorientation of the sector so that individuals and communities are supported to improve their own lives.
6. Supporting clinical governance through engagement with clinicians and design of services and change processes that enable the achievement of desired outcomes.
7. Driving performance through quality improvement, transparent reporting and effective mechanisms for public accountability from the Alliance.

3.3 Scope of the Rural Alliance

In consideration of the meetings with the general practices the following is proposed as the scope of the Rural Alliance:

1. Provision of a rural lens on DHB service development. This means that the DHB will engage with the Rural Alliance Leadership Team on proposed service delivery change to obtain a rural perspective on:
    a. Potential positive and negative impacts on rural communities
    b. Possible mechanisms to mitigate any negative impacts
    c. Identify opportunities for improved service delivery to rural communities
2. Oversee a programme of work to provide advice to the DHBs on opportunities to improve health care services in rural communities. This includes opportunities to improve general practice capability and capacity to provide an expanded range of services to better meet the health needs of their local populations with an aim of reducing unnecessary travel for patients to DHB facilities.
3. Oversee and provide direction on rural health workforce development and planning activity.
4. Oversee and provide direction for an agreed work programme with a focus on health care for rural communities.
5. Provide input and advice on key strategic documents including the DHBs' Annual Plan.

3.4 Rural Alliance Work Programme

The Rural Alliance will develop an agreed work programme. The work programme will be endorsed by the Auckland Waitemata ALT and will align with to the objectives of the ALT and the Rural ALT. There will be an annual review of the work programme.

The Rural Alliance will have authority to develop and implement the agreed work programme. Any resource implications will be presented to the funder.

Oversee and provide direction in an advisory capacity for the review of Waiheke Island Health Services, including endorsement of advice to the Auckland Waitemata Alliance and or to the Board of Auckland District Health Board

Six monthly progress reports will be provided to the Auckland Waitemata ALT.

3.5 Rural Alliance Membership

The following is the proposed Rural Alliance Leadership Team membership:

1. One representative from Wellsford Primary Care team (Coast to Coast Healthcare)
2. One representative from Warkworth Primary Care team (Kawau Bay Health, Kowhai Surgery)
3. One representative from West Rodney Primary Care team (Country Medical Centre, Huapai Medical, Kaipara Medical, Kumeu Village Medical, Silver Fern Medical Centre, Waimauku Medical)
4. One representative from Waiheke Island Primary Care team (Piritahi Health Centre, Waiheke Health Trust)
5. One representative from Great Barrier Primary Care team (Aotea Health)
6. One representative each from Auckland PHO, ProCare, and Waitemata PHO
7. One DHB Funder, Primary Care
8. One DHB Clinical Director Primary Care
9. One DHB Primary Care Nursing Director
10. One DHB Provider Arm Clinical Director

Except for ex-officio members, members are appointed for a two year term and shall be available for reappointment.

Members can resign by giving at least one month's notice in writing.

Members of the Rural Alliance will be required to complete a conflicts of interest form.

Members will respect the confidentiality where noted and not comment on Alliance business to the media.

All media comment shall occur through the Chair or Deputy Chair (in his/her unavailability) and the DHB.

A register of interests shall be maintained and members shall declare potential conflicts at the start of each meeting and the Rural Alliance will determine how any potential conflict should be handled, including whether that member should remain present and have speaking rights or not for the item concerned.

If any member is absent, without the agreement of the Chair for three or more consecutive meetings then, that member shall be deemed to have resigned from the Rural Alliance

4. Rural Alliance Processes & Administration

4.1 Rural Alliance Authority

The Rural Alliance will oversee an agreed programme of work and will provide advice to the Auckland Waitemata District Alliance on this work programme. The Rural Alliance will be able to provide advice on rural resource allocation as well as the design and implementation of the various work programmes.

It is recognised that the Auckland Waitemata Rural Alliance is an Alliance in its own right. However, the Auckland Waitemata District Alliance and the Metro Auckland Clinical Governance Forum wish to maintain an interest in the activities and initiatives of the Rural Alliance due to the importance of the work plan. The Rural Alliance will seek investment decisions and strategic direction from the Auckland Waitemata District Alliance as appropriate to their interest and our work plan. The Rural Alliance will also seek, on an as needs basis, endorsement or advice from the Auckland Waitemata District Alliance on matters that may impact on primary care beyond rural localities.

The Rural Alliance will have full authority to implement the work programme once it has been endorsed by the Auckland Waitemata District Alliance.

The Rural Alliance recognises that there may already be Agreements in place to support the delivery of the Rural Alliance.

4.1.1 Rural Alliance Decision Making

All decisions will be by way of 100% agreement of the Rural Alliance members.

4.2 Chair

The Chair will be elected on a two yearly basis, on 1 July, from amongst the committee membership.

The Deputy Chair shall also be elected on a two yearly basis from amongst committee membership.

4.3 Secretariat

Secretariat support will be provided by the Auckland & Waitemata DHBs' Planning, Funding & Outcomes team.

4.4 Meetings

The Rural Alliance will meet bi-monthly for up to two and a half hours. Extra meetings will be called as and when required.

Delegates are permitted with the permission of the Chair.

Minutes of the meeting will be circulated within 5 working days of the meeting after approval by the Chair.

Papers are considered in the public domain unless expressly stated otherwise.

Conversations that occur during Rural Alliance meetings are to be considered confidential.

4.5 Quorum

The quorum shall be at least three members from primary care/general practice with at least two of these being different PHO representatives; AND at least one representative from each DHB (regardless of office).

4.6 Terms of Reference Review

These terms of reference will be reviewed every three years by the Rural Alliance.

Date last reviewed: November 2015