Health Quality & Safety Commission New Zealand
Kupu Taurangi Hauora o Aotearoa

Terms of Reference

Integrated Advisory Group (Primary and Community Care)

1. Context

In 2017 the Commission undertook a refresh of its structure with the creation of an Improvement Hub and an Intelligence Hub. These two hubs are required to work in a complementary way supported by the internal operational teams within the Learning and Improvement Group and the Health Quality Intelligence Group.

As well as internal alignment across the two hubs, there is a need to demonstrate how the Commission works in a more integrated way as we engage and partner externally across the health and disability sector to support quality improvement initiatives (informed by evidence), ongoing measurement, and to build capability.

The Commission has identified an opportunity in our primary / community care work to establish a combined integrated advisory group to support the activities of the Learning and Improvement Group and Health Quality Intelligence. This newly formed group will have a remit to consider intelligence (including variation), improvement, innovation and integration within its terms of reference.

This sees a number of functions, currently sitting within different groups, being absorbed within a new Integrated Advisory Group (Primary and Community Care). This change impacts the Variations Expert Advisory Group and the Primary Care Expert Advisory Group. The group will be supported by the internal operational teams within the Learning and Improvement Group and the Health Quality Intelligence Group.

2. Purpose

The purpose of the Integrated Advisory Group (Primary and Community Care) (IAG) is to:

a. provide **sectoral leadership** to support quality improvement activities and the development of measures (including Atlas topic selections) to inform the Commission's work, with a priority focus on improving health outcomes for Maori
b. provide **strategic insight** to ensure the Commission's approach is aligned with other primary and community care sector priorities informed by intelligence, innovation, improvement and integration
c. proactively support effective **relationships** between the primary / community care sector and the Commission
d. provide **expert advice** and make recommendations to the Commission that are informed by evidence and international, national and local knowledge, focused on strategies to improve primary / community healthcare services
e. **share information** that supports a national approach to primary / community care quality and safety improvements
f. foster an **integrated approach** to improving the quality and safety of health and disability services with other Commission programmes
g. **influence** the appropriate use of intelligence and data to identify priorities for action with a focus on equity.

h. explore opportunities to **build capability** across the sector to sustain quality improvement, and the use of data for analysis and improvement
i. identify actions that **give effect to the Commission's priorities**: increasing consumer and whānau experience, improving health equity, reducing harm and mortality, and reducing unwarranted variation.

3. Governance

The Directors of Learning and Improvement Group and the Health Quality Intelligence Group have the key accountability for the IAG. The IAG will provide advice and recommendations to the Commission, and the Executive Leadership team, through the Directors (or their respective team representatives), and work in partnership with other expert advisory groups or leadership groups, and the mortality review committees.

4. Membership

The IAG will comprise up to 18 members with significant representation from Māori. The Chair will be appointed by the Commission. The membership will comprise respected leaders and influencers across the sector who are actively engaged in the community or group/s they seek to represent. They will be well connected and respected by their peers and other sector leaders.

Membership will include, but not necessarily all of or limited to, representatives of:

i. Clinicians from primary / community / secondary care settings, across professional disciplines.
ii. The Ministry of Health, including representation for the primary care teams and aligned quality improvement work programme.
iii. University academics.
iv. Primary health organisations, district health boards and public health system funders.
v. Professional bodies such as Pharmac and the Royal New Zealand College of General Practitioners (RNZCGP)
vi. Two (minimum) consumer representatives who can demonstrate their links to consumer groups and can engage with other consumers and their networks as needed.
vii. At least one member with a Māori perspective.
viii. At least one member with a Pacific perspective.
ix. At least one member with a public health perspective.

5. Responsibilities

The IAG has an obligation to conduct its activities in an open and ethical manner. Members are expected to work in partnership with the Commission, and to:

a. work strategically contributing to a sustainable system of improvement

b. work co-operatively, respecting the views of others with a focus on improving health outcomes and overall system performance as well as improving the experience for health care for consumers, whānau and family
c. act, as a collective group, in the best interests of quality and safety initiatives locally, regionally and nationally
d. be a point of liaison with the relevant regional groups and bodies across the primary / community care sector
e. make every effort to attend all meetings and devote sufficient time to become familiar with the priorities of the group and the wider environment within which it operates
f. identify and declare any conflicts of interests and proactively manage any conflicts
g. refer requests for media comments to the Chair of the IAG or the Commission's Chief Executive.

6. Meetings and decision-making

Recommendations to the Commission will be made at the IAG meetings and ratified through the Chair. Decisions will be made by consensus.

a. The IAG will meet up to four times each year, face to face.
b. Additional meetings outside of this will be organised, if required (may be virtual).
c. A quorum will be a minimum of 9 members plus the Chair.
d. All members will contribute to substantive decisions or recommendations.

7. Secretariat

The IAG will have a secretariat provided by the Commission. The responsibilities of the secretariat will include:

a. preparing and distributing the agenda and associated papers at least five days prior to meetings
b. recording and circulating the minutes no later than a fortnight following the meeting date
c. managing the organisational arrangements for meetings, including flight bookings, the provision of rooms and audio-visual equipment
d. managing the membership appointment process.

8. Reporting and Communication

Key messages for public dissemination from the IAG will be communicated via the Commission's communication networks and mechanisms such as the website and e-digest newsletter. Other dissemination channels will also be developed relevant to the primary / community care sector.

9. Terms and Conditions of Appointment

Members will be invited to join the IAG or be identified through a nomination process.

Terms of appointment will be for a period of up to three years with the ability to re-appoint for a further term. As members come up for renewal each will be considered on their merits, and informed by the needs of the programme, knowledge continuity and expertise required on the IAG.

Any member may at any time resign by advising the Chair in writing.

If any member is absent, without the agreement of the Chair, for 3 or more consecutive meetings then that member may be deemed to have resigned from the IAG.

10. Fees

Members who are employed by a New Zealand Public Sector Organisation including public service departments, state-owned enterprises, or crown entities are not entitled to claim fees for meeting attendance. Attendance fees may be claimed by members not included in the above clause.

The level of attendance fees will be set in accordance with the State Services Commission guidelines ("Fees and allowances for statutory and other bodies") and the Cabinet Office circular CO (12) 6. In addition to the daily rate for meetings, there will be a half day's preparation fee. Actual and reasonable travel and accommodation expenses will be met by the Commission for meeting attendance, as appropriate.

11. Review

The terms of reference for the group will be reviewed and updated as required, but no later than two yearly.