

PHO Alliance

He huinga ratonga hauora

Strategic Plan

1st July 2013 to 30th June 2016

Contents

1.	Background	3
2.	The National Health Policy Landscape	3
3.	National Representation and Leadership	4
4.	Community Partnership and Integration	5
5.	Expectations of a National Representative Organisation	5
6.	PHO Alliance Operating Model	6
7.	PHO Alliance Governance Structure	6
8.	Monitoring and Review	7

Appendices

1.	Strategic Action Plan	8
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1 BACKGROUND

- 1.1 The PHO Alliance was formally established as an Incorporated Society in September 2006 to provide national leadership on key issues affecting the Primary Health Care Strategy and Primary Health Organisations/Networks (PHOs/PHNs) in New Zealand.
- 1.2 The PHO Alliance guiding principle is that
“Improving health outcomes for all is best achieved through a combination of clinical leadership and community involvement”.
- 1.3 The current PHO Alliance Vision is:
“to be the hub for the development, exchange and promotion of policies and strategies which advance the objectives of the Primary Health Care Strategy through its member PHOs”.
- 1.4 In line with the PHO Alliance Constitution, the PHO Alliance objectives reflect the Charitable Objects which are to:
 - a. *Advocate on behalf of Members for the benefit of their enrolled population.*
 - b. *Promote community health through PHOs.*
 - c. *Foster effective partnerships between providers and communities.*
 - d. *Foster and nurture key strategic relationships at a local and national level.*
 - e. *Encourage collaboration, information and resource sharing within the sector.*
 - f. *Contribute to the development and implementation of health policy at a national level.*
 - g. *Promote organised general practice as a cornerstone of PHOs.*
 - h. *Carry out other activities consistent with the charitable objects of the society.*

2. THE NATIONAL HEALTH POLICY LANDSCAPE

- 2.1 The health landscape in which member PHOs are operating continues to be challenging, fast moving and ever-changing. In response to the cost effectiveness debate, the number of PHOs across the country has significantly reduced and continues to do so. PHOs are facing on-going challenges from their District Health Boards and from the Ministry of Health to rationalise and consolidate their functions. Smaller PHOs in particular are expected to come under increasing pressure to justify the value-for-money of their operations alongside greater scrutiny of their performance against the national health targets.
- 2.2 The release of the new PHO Services Agreement to take effect from July 2013 signalled a broader set of expectations and requirements upon PHOs designed to strengthen primary care and clinical integration across the health system. It spells out the objective that health services should be provided on a ‘best for patient’ and ‘best for system’ basis.
- 2.3 The Better Sooner More Convenient (BSMC) business cases/pilots developed flexible, patient-centred service models, through local relationships built on an alliance contracting model. Alliancing forms part of the new agreement. All DHBs and PHOs were expected to form an Alliance from 1 July 2013, this was either as part of an existing or multi-party alliance or, a new alliance initially just between the two parties.
- 2.4 The broader role of PHOs underpinned by the new agreement includes:

- The requirement to play a much stronger role in the planning and design of health services locally to meet the needs of the local population
 - The requirement to work as part of a 'whole system' across traditional organisational boundaries as part of, and where appropriate, leading, multi-disciplinary and integrated care partnerships
 - The expectation that PHO and local service leadership will include clinical leadership
 - The expectation that PHOs and primary care will play a much stronger role in managing system wide demand including emergency department attendances and avoidable hospital admissions
- 2.5 A new Integrated Performance and Incentive Framework will sit alongside the Agreement, helping to ensure that improved performance is incentivised. The PHO Alliance will ensure input to the development of the framework is provided on behalf of members.
- 2.6 As the framework is implemented and rolled-out, it will replace the PHO Performance Programme as the key vehicle through which PHO performance is judged. The PHO Alliance will update it's workplan to provide greater focused support for members as the framework is phased in during 2014.
- 2.7 The PHO Alliance objectives set out in paragraph 1.4 above are now, more than ever, vital to supporting member PHOs and their local community partners and stakeholders to deliver better health outcomes for their local population with a particular emphasis on Maori, Pacific and high need communities whose health outcomes are currently poorer and who are more vulnerable and at greater risk.

3. NATIONAL REPRESENTATION & LEADERSHIP

- 3.1 PHO representation, support and leadership at a national level is provided by a variety of organisations in an environment which can, at times, appear confusing. Alongside the PHO Alliance, PHO representation at a national level is also provided by General Practice New Zealand (GPNZ), Health Care Aotearoa (HCA) and National Hauora Coalition (NHC). Alternatively, some PHOs continue using local independent representation or independent networks eg. Midlands Health Network (MHN).
- 3.2 Whilst there will continue to be an element of competition between the representative organisations, it is in the interests of the sector that wherever possible primary care is represented by a consistent national voice. The PHO Alliance will therefore continue to seek to work collaboratively with all PHOs and representative organisations. This will build on the examples of good practice already established through the PHO Service Agreement Amendment Protocol Group (PSAAP) and the PHO Performance Programme (PPP) Steering Group.
- 3.3 Whilst continuing to develop more collaborative working relationships with non-member PHOs, the PHO Alliance will seek to maximise all opportunities to increase its PHO member base. Maximising membership is recognised as key to the sustainability of the PHO Alliance and in support of this action new membership categories will be considered and developed to overcome any perceived barriers to new members. This will initially include a new 'Transitional Membership' which will give non-member PHOs a low-cost 'taster' membership option for a maximum twelve month period with the intention that they subsequently sign-up for full membership.

4. COMMUNITY PARTNERSHIP AND INTEGRATION

- 4.1 Between December 2012 and March 2013 the Driving Clinical Integration policy agenda led by the Ministry of Health on behalf of the Government highlighted that the future direction of care delivered within the community and the role and responsibilities of PHOs within that future direction is currently a high priority agenda item. There is a renewed clarity emerging of the role and position of PHOs in the future health landscape and a focus on the importance of integration between PHOs and the health system as a whole to develop the capacity of community based health care networks to effect transformational change and deliver integrated care. The new PHO Services Agreement gives a clear indication that PHOs of the future need significant capability to take on new roles, while being challenged to remain responsive to communities.
- 4.2 The PHO Alliance will therefore develop a greater focus on supporting the establishment of local partnerships and community relations which will be vital to securing the patient outcomes expected of integrated care. The PHO Alliance will do this through developing such relationships at a national level which will support dissemination to members locally, and through optimising opportunities to share examples of good practice and shared learning. This will build on the positive progress already being made through collaborations with Allied Health Aotearoa New Zealand, Grey Power and GPNZ.
- 4.3 In addition to strengthening its intersectorial relationships through the development of formal Memorandum of Understandings or Statements of Intent, the PHO Alliance Executive Committee will consider and develop non-voting quasi-membership arrangements for key national stakeholders with whom a closer relationship would provide mutual benefit and significantly advance the objectives of the PHO Alliance.

5. EXPECTATIONS OF A NATIONAL REPRESENTATIVE ORGANISATION

- 5.1 Based on discussions with PHO Alliance Members between December 2012 and March 2013, the PHO Alliance identified a number of principles and expectations relating to the role of the PHO Alliance and its relationship with member PHOs.
- 5.2 Members have clarified that PHOs are organisations which have the following principles at their core:
- They are patient focussed and patient engaged
 - They include clinical leadership and are clinically engaged
 - They are community engaged
 - They are professionally led and managed
- 5.3 Based on those same discussions, members highlighted that a national representative organisation should:
- have unity of purpose and vision around PHO futures
 - provide a single respected voice for PHOs
 - advocate on behalf of members and have influence in national policy direction
 - play a key role in shaping policy implementation
 - develop and maintain partnerships with government and central agencies

- develop and maintain key clinical and community partnerships
- provide a forum for the sharing of resources, knowledge and understanding between members
- understand the reality of public/private health service implementation
- provide added value and demonstrate value for members' subscriptions

6. PHO ALLIANCE OPERATING MODEL

6.1 The PHO Alliance operates what is believed to be a unique governance and operating model on behalf of members. This includes the following key principles:

- The PHO Alliance provides a specifically Primary Health Care focused national body to complement and provide some balance to the number of GP focused organisations in the sector;
- The PHO Alliance runs on a low-cost membership model which adds significant additional value through the collective 'in-kind' contributions made by Members; and,
- The PHO Alliance incorporates strong 'on-the-ground' community representation from PHO Board members with a broad skill-set and a degree of independence from provider organisations.
- The PHO Alliance strategy and operation is directly guided and determined by members decisions/requirements
- The PHO Alliance operating model is of minimal intrusion into members own day-to-day working responsibilities

7. PHO ALLIANCE GOVERNANCE STRUCTURE

7.1 The overall governance of the PHO Alliance will continue to be undertaken by an Executive Committee directly elected annually as a function of the Annual General Meeting by individual members in line with the constitution of the organisation. The Executive Committee will have 4 elected members and any number of additional co-opted members as required to provide the capacity and capability deemed necessary by the Executive Committee.

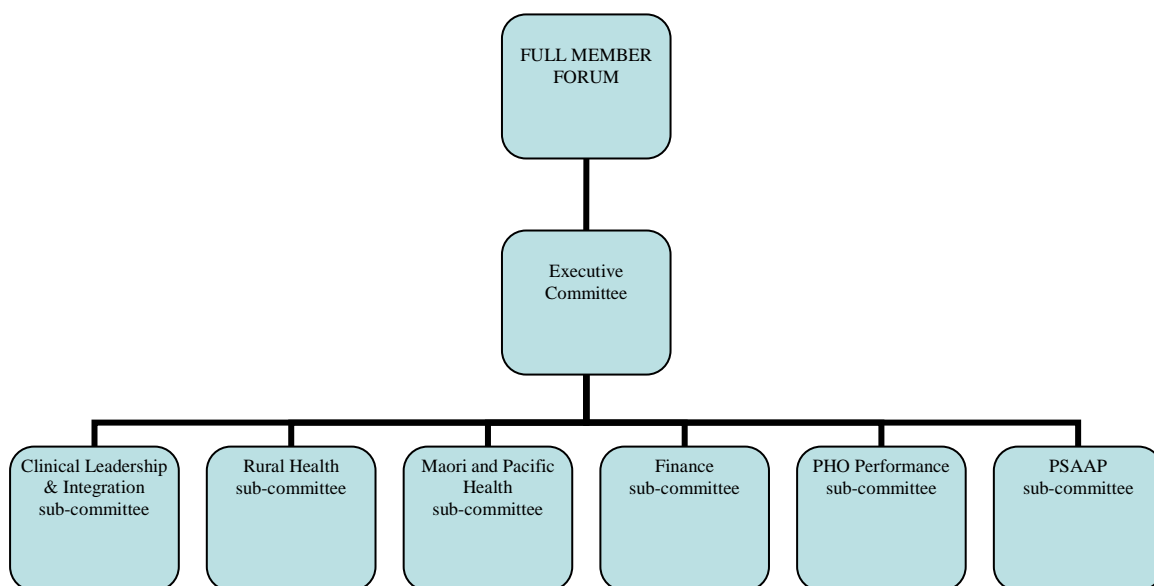
7.2 An Executive Director will continue to be responsible for the day-to-day running of the PHO Alliance through direct accountability to the PHO Alliance Chair. In keeping with the operating principles of the organisation, this post will be part-time and will predominantly support, rather than lead, the sub-committee work-plan and programme set out below.

7.3 To fulfil and effectively discharge the charitable objects of the PHO Alliance whilst recognising the unique operating model, the Executive Committee will oversee the following sub-committees through which the significant value-add for members and national influencing will be secured:

- 1) Clinical Leadership and Integration sub-committee
- 2) Rural Health sub-committee
- 3) Maori and Pacific Health sub-committee
- 4) Finance sub-committee
- 5) PHO Performance sub-committee
- 6) PHO Services Agreement Amendment Protocol Group (PSAAP)

7.4 Each sub-committee will be chaired by a member of the Executive Committee who will be designated as the PHO Alliance lead for the remit of each sub-committee. The role of each sub-committee chair will therefore include, on behalf of all members:

- To be recognised as the PHO Alliance ‘champion’ for the relevant subject area
- To develop and oversee the work-plan of the sub-committee and present it to the Executive Committee for endorsement
- To support the appropriate development of members including the sharing of best practice and promulgation of learning
- Where agreed with the PHO Alliance chair, acting as spokesperson with external agencies such as the Ministry of Health and the media
- To represent the PHO Alliance, and members, on external working groups, panels and national forums as appropriate



7.5 The membership of each sub-committee will be determined by each sub-committee chair and may include external [non-member] partners and stakeholders as well as PHO Alliance members as necessary to fulfil its work-plan on behalf of members. The sub-committees may meet as frequently as necessary and using a range of electronic or face-to-face forums. It is anticipated that members will undertake actions between meetings, with the support of the Executive Director, to ensure that each sub-committee continues to add-value to all members.

8. MONITORING AND REVIEW

8.1 This three year strategic plan will be supported by an annual action plan overseen by the Executive Committee and proactively monitored at each Executive Committee meeting.

8.2 The Strategic Plan will be reviewed annually by the Executive Committee who will be responsible for providing a progress report and update to members at the Annual General Meeting.

Charitable Objects	Initiatives	Lead	Target Date	Measures/Outcomes	Current Examples
<i>Advocate on behalf of Members for the benefit of their enrolled population</i>	Maximise media exposure and public engagement opportunities on behalf of PHO Alliance	<ul style="list-style-type: none"> Chair Executive Director 	On-going	<ul style="list-style-type: none"> Number of media comments/appearances Number of public engagement opportunities 	<ul style="list-style-type: none"> PHO Alliance quotes in NZ Doctor NZ Doctor interview with PHO Alliance Chair PHO Alliance session at October 2013 Health Conference in Auckland
	Optimise face-to-face and direct communications with Ministry of Health, National Health Board and DHBSS	<ul style="list-style-type: none"> Chair Executive Director 	On-going	<ul style="list-style-type: none"> Number of meetings with MoH / NHB / DHBSS Number of appropriate other communications with MoH / NHB / DHBSS 	<ul style="list-style-type: none"> 1:1 Meeting between PHO Alliance Chair and Deputy Director General MoH Invite Chai Chuah to General Meeting
	Provide professional and robust written responses on behalf of members to relevant national consultations	<ul style="list-style-type: none"> Relevant sub-committee Chairs Executive Director Executive Committee 	On-going	<ul style="list-style-type: none"> Number of appropriate consultation responses submitted 	<ul style="list-style-type: none"> Integrated Performance and Incentive Framework VLCA review
	Secure representation on appropriate national working groups / steering groups	<ul style="list-style-type: none"> Relevant sub-committee Chairs Executive Director Executive Committee All members 	On-going	<ul style="list-style-type: none"> Number of national working-group meetings attended 	<ul style="list-style-type: none"> PSAAP VLCA Working Group Integrated Performance & Incentive Framework workshops PPP Steering Group Rural ranking review group
<i>Promote community health through PHOs</i>	Maximise national opportunities to promote community health focus and priority for high needs communities through media comments and relevant communications with MoH and other Government Departments	<ul style="list-style-type: none"> Chair Relevant sub-committee Chairs Executive Director Executive Committee All members 	On-going	<ul style="list-style-type: none"> Number of media comments/appearances Number of public engagement opportunities Number of relevant communications with MoH / Government Departments Number of relevant working-groups attended 	<ul style="list-style-type: none"> NZ Doctor feature re financial uplift and targeting towards high needs VLCA review group Rural ranking review group
	Maximise engagement with appropriate 'community' partners and stakeholders and secure national Memoranda of Understanding where relevant/beneficial	<ul style="list-style-type: none"> Chair Relevant sub-committee Chairs Executive Director Executive Committee 	On-going	<ul style="list-style-type: none"> Number of appropriate partners / stakeholders engaged with Number of relevant Memoranda of Understanding agreed 	<ul style="list-style-type: none"> Grey Power Allied Health Aotearoa New Zealand GPNZ NZMA

Charitable Objects	Initiatives	Lead	Target Date	Measures/Outcomes	Current Examples
<i>Foster effective partnerships between providers and communities</i>	Maximise appropriate contacts and relationships with providers/representatives including: <ul style="list-style-type: none"> DHBs GPNZ, RNZCGP, NZMA National Hauora Coalition Health Care Aotearoa 	<ul style="list-style-type: none"> Chair Relevant sub-committee Chairs Executive Director Executive Committee 	On-going	<ul style="list-style-type: none"> Number of meetings/engagements with appropriate provider or provider representative organisations 	<ul style="list-style-type: none"> PSAAP relationships Joint working with GPNZ
<i>Foster and nurture key strategic relationships at a local and national level</i>	Maximise appropriate contacts and relationships with strategic partners including: <ul style="list-style-type: none"> Ministers Opposition leaders Government Departments (inc MoH) Other key national organisations 	<ul style="list-style-type: none"> Chair Relevant sub-committee Chairs Executive Director Executive Committee 	On-going	<ul style="list-style-type: none"> Number of meetings/engagements with appropriate partners / stakeholders 	<ul style="list-style-type: none"> Meetings with Deputy Director General of Health MoH attendance at General Meetings Grey Power and AHANZ attendance at General Meetings Continued PSAAP collaboration with GPNZ, HCA, NHC etc
<i>Encourage collaboration, information and resource sharing within the sector</i>	Optimise face-to-face engagement and sharing of best-practice between members	<ul style="list-style-type: none"> Relevant sub-committee Chairs Executive Director Executive Committee 	On-going	<ul style="list-style-type: none"> Number of members meetings held Number of relevant agenda items / presentations re sharing best practice 	<ul style="list-style-type: none"> Quarterly General Meetings
	Maximise web-site / IT development to facilitate sharing of information and resource between members	<ul style="list-style-type: none"> Executive Director 	On-going	<ul style="list-style-type: none"> Up-to-date website Level of utilisation of electronic exchange of information 	<ul style="list-style-type: none"> Members information sharing section of web-site
	Secure learning from external experts	<ul style="list-style-type: none"> Relevant sub-committee Chairs Executive Director Executive Committee 	On-going	<ul style="list-style-type: none"> Number of external 'experts' secured for member meetings Number of additional training / workshop courses secured for members 	<ul style="list-style-type: none"> Advocacy and Media Training
	Optimise opportunities to collaborate with other sector representatives	<ul style="list-style-type: none"> Chair Relevant sub-committee Chairs Executive Director Executive Committee All members 	On-going	<ul style="list-style-type: none"> Number of joint working arrangements with other sector representatives 	<ul style="list-style-type: none"> Joint General Meetings with GPNZ Joint CEO workshops with GPNZ

Charitable Objects	Initiatives	Lead	Target Date	Measures/Outcomes	Current Examples
<i>Contribute to the development and implementation of health policy at a national level</i>	Maximise PHO Alliance representation on relevant national working groups and policy fora	<ul style="list-style-type: none"> Chair Relevant sub-committee Chairs Executive Director Executive Committee All members 	On-going	<ul style="list-style-type: none"> Number of national working-group meetings attended 	<ul style="list-style-type: none"> PSAAP PPP VLCA Rural Ranking Review Group Integrated Performance and Incentive Framework workshop
<i>Promote organised general practice as a cornerstone of PHOs</i>	Promote clinical leadership and engagement wherever possible	<ul style="list-style-type: none"> Chair Relevant sub-committee Chairs Executive Director Executive Committee All members 	On-going	<ul style="list-style-type: none"> GP representation upon Executive Committee Effective establishment of Clinical Leadership and Integration sub-committee Number of media comments/appearances Number of public engagement opportunities 	<ul style="list-style-type: none"> 2 GP members of Executive Committee Establishment of Clinical Leadership sub-committee
	Maximise opportunities to proactively engage with relevant general practice providers and representative organisations	<ul style="list-style-type: none"> Chair Relevant sub-committee Chairs Executive Director Executive Committee 	On-going	<ul style="list-style-type: none"> Number of joint working arrangements with General Practice organisations including RNCZGP, NZMA, GPNZ Number of engagements and maintenance of relationships with other key general practice providers / support organisations including Southlink, Radius, Peak etc 	<ul style="list-style-type: none"> Joint working with GPNZ Engagement and support of PSAAP clinical leadership and integration agenda
<i>Carry out other activities consistent with the charitable objects of the society</i>	Establish effective sub-committees covering appropriate specialist subjects including: <ul style="list-style-type: none"> Clinical leadership and integration Rural health Maori & Pacific health Finance PHO Performance 	<ul style="list-style-type: none"> Relevant sub-committee Chairs Executive Director 	Dec 2013	<ul style="list-style-type: none"> Number of sub-committees working effectively Number of sub-committee work-plans signed-off by Executive Committee Feedback and minutes presented to Executive Committee 	<ul style="list-style-type: none"> Establishment of sub-committees Representation on Rural Ranking Review Group
	Maximise opportunity for PHO Alliance 'projects' including representation upon appropriate external projects/programmes	<ul style="list-style-type: none"> Chair Relevant sub-committee Chairs 	On-going	<ul style="list-style-type: none"> Number of additional 'projects' engaged in 	<ul style="list-style-type: none"> Joint working with Allied Health Aotearoa New Zealand (including joint workshops/training)

Charitable Objects	Initiatives	Lead	Target Date	Measures/Outcomes	Current Examples
	Maximise Governance and operational efficiency of organisation	<ul style="list-style-type: none"> • Executive Director • Executive Committee • All members 	On-going	<ul style="list-style-type: none"> • Timely and accurate production of agenda's, papers and minutes of General Meetings • Timely and accurate production of agenda's, papers and minutes of Executive Committee and sub-committee meetings • Robust financial management and production of timely and accurate financial performance reports • Timely and accurate production of annual report and annual accounts 	<ul style="list-style-type: none"> • Quarterly General Meetings • Regular financial performance reports • AGM • Annual returns and requirements fulfilled • GST requirements fulfilled • Timely and accurate payment of creditors