



COLLABORATIVE
AOTEAROA

Charter

**Between Collaborative
Aotearoa & Primary and
Community Networks**

Collaborative Aotearoa offers tools, resources and expertise to support change and implementation for the Health Care Home model of Care, Digital Health, Collective Action with Communities and other related models.

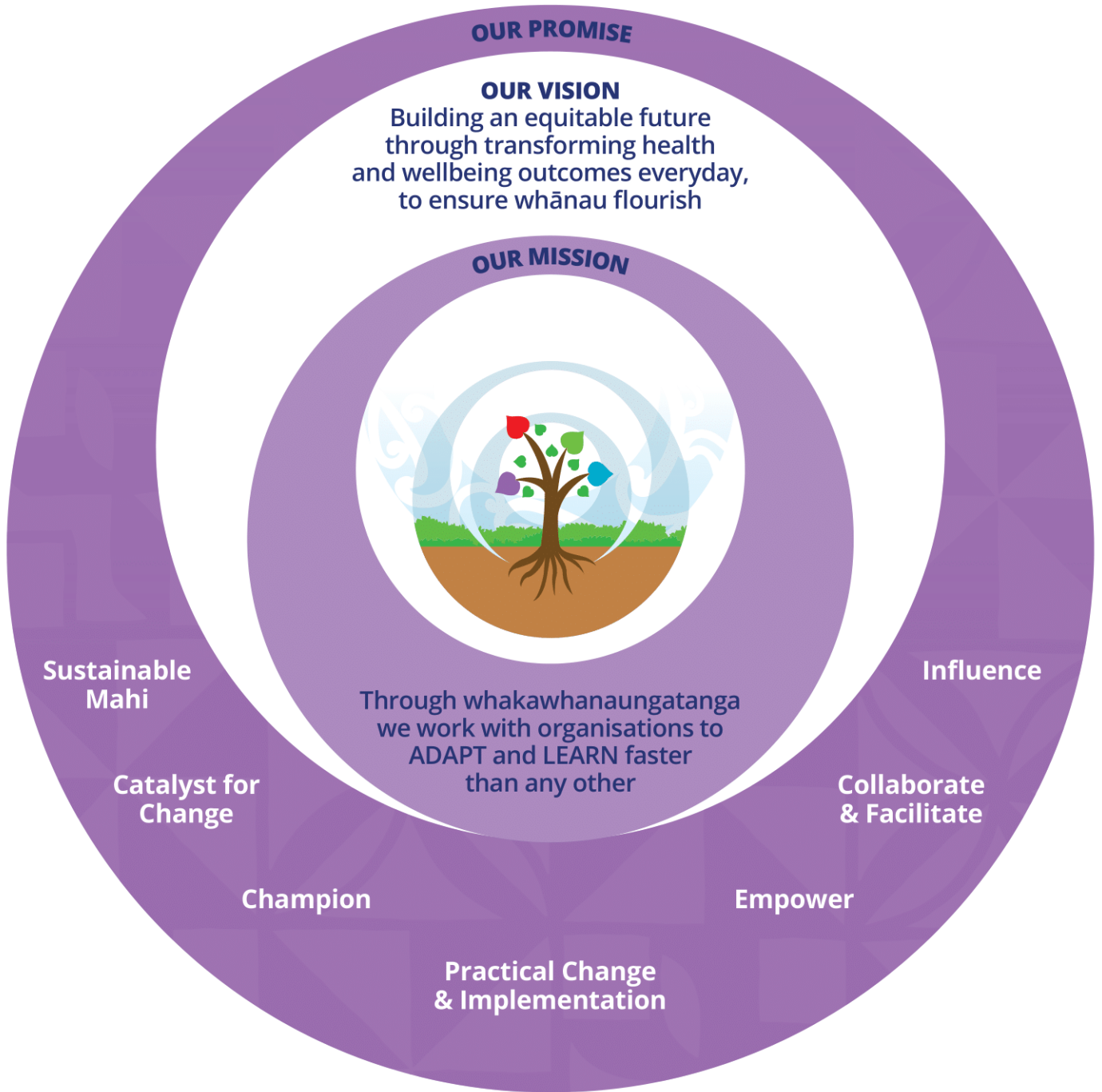
Working alongside our national organisations to maximise opportunities to achieve equity and enhance hauora for whānau.



Hapaitia te aratika
Pumau ai te rangatiratanga
mo ngā uri whakatipu

Foster the pathway of
knowledge to strength
Independence and growth
for future generations

Supporting our networks



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1. Parties

Collaborative Aotearoa (the Collaborative) seeks to support primary and community organisations ensuring equity is front and centre.

Sharing open-source tools, resources and expertise to support change and implementation for the Health Care Home model of care, Digital Technologies, Collective Action with Communities (supporting Localities) and other related models.

Member organisations from the Primary and Community sector participate in shared learnings and collaboration. Benefiting from the tools, resources and expertise offered by the Collaborative. Showcasing sector mahi and demonstrating leadership through Collective Action.

2. Purpose

2.1 The principle object of the Collaborative is to support the establishment and ongoing development of whānau centred models to support primary and community care, with a core focus on the Health Care Home model of care, Digital Technologies and supporting Localities across Aotearoa.

A key focus is to support primary and community organisations to offer high quality, equitable care and services for the benefit of whānau and communities.

2.2 To achieve its principle object, the Collaborative will support, promote, maintain and oversee the agreed models by:

- a. Advocating for the awareness and benefits of the Health Care Home, Collective Action and other models to support primary and community care.
- b. Collecting information on the planning, development, and implementation of models of care that support primary and community
- c. Setting core requirements for the Health Care Home model which PHO member organisations must achieve and maintain to retain membership and related benefits.
- d. Disseminating information regarding quality improvement, and best practice models of care within the Health Care Home and other related models
- e. Providing training opportunities to ensure effective implementation of Lean thinking and change management to support whānau centred models
- f. Issuing certification (with potential to cross credit with Cornerstone) to PHO member organisations that complete the training and comply with the standards of best practice for the Health Care Home model
- g. Outlining a journey map for Collective Action with Communities to support localities.
- h. Promoting Digital Health across general practices for the benefit of whānau and communities
- i. Encouraging quality improvement and shared learnings
- j. Promoting high standards of ethical and professional service and practice
- k. Cultural competency development and equity focused initiatives

3. Meetings and Decision Making

3.1 Collaborative Aotearoa Council

The CEOs and senior leaders of the respective member organisations will form the membership for Collaborative Aotearoa Council along with senior representatives of the supporting organisations. The Collaborative Aotearoa Council will provide strategic guidance for the Collaborative. More specifically Collaborative Aotearoa Council will:

- a. Represent member interests
- b. Appoint the Collaborative Aotearoa Governance Group
- c. Approve strategic priorities and the annual plan and budget
- d. Meet twice a year (preferably face to face): to approve the annual plan and to review progress on the programme of work, strategic communications and advocacy, and share information between the members

3.2 The quorum for the meetings will be 50% attendance.

3.3 Decision making will be based on consensus where feasible; otherwise it will require a majority of 75% of all members.

3.4 The appointment process for the Collaborative Aotearoa Governance Group will be via a formal three year vote, noting that:

- a. Each member organisation will hold one vote per membership
- b. Supporting organisations will not hold a vote but may advise in terms of potential skill gaps
- c. Voting forms will be completed/ scanned and sent to the Programme Team for collation
- d. Announcement of the Governance group will be within 10 days following close off for voting
- e. Note that the Chair of the Governance group will act as the Chair of the Council
- f. Note that the formal timeline upon agreement by the Governance Group can be extended in the circumstances of a pandemic to support continuity and reduce burden on the sector.

3.5

Collaborative Aotearoa Governance Group

The Governance Group will be a subgroup of the Council – appointed via a three year vote by the Council. The Governance group members will be appointed to the following roles:

- a. Chair
- b. Deputy Chair
- c. Clinical Lead (two roles, including Māori Clinical Lead)
- d. Lived Experience Advisor (two roles)
- e. Hauora Equity Lead
- f. Data and Storytelling Lead
- g. Co-Design and Co-Create Champion
- h. Connecting Hapori for Hauora Lead
- i. Social and Community Lead

Equity and diversity will be part of the appointment process and the roles are defined in section 14 below.

Note that the roles will be reviewed as part of the future nominations process.

3.6

The Governance Group will meet bi monthly (or as required), usually by video / teleconference to support operational decisions presented by the Programme team. The following specific focus and delegations are proposed:

- a. Approve project budgets (at a detailed level) within overall annual budget approved by the Collaborative Aotearoa Council
- b. Approve spend over \$20,000 (minimum of two Governance Group members)
- c. Provide guidance on specific areas, for example:
 - Te Tiriti o Waitangi and Equity
 - whānau voice / patient stories
 - clinical overview in support of the models of care
- d. Approve contracts entered into on behalf of the Collaborative (with approval from host organisation)
- e. Co-opt additional skills onto the Governance Group, if required
- f. Recommend admission of new members
- g. Meet once per year kanohi ki te kanohi (face to face)

3.7

The quorum for the meetings will be 50% attendance.

3.8

Decision making will be based on consensus where feasible; otherwise it will require a majority of 75% of the Governance Group members.

4. Relationship Principles

4.1 The following values will guide us in all our dealings with each other under the Agreement:

- a. **Equity** – we will ensure this is well understood and explicit in all our interactions
- b. **Lived Experience Leadership** – will be strong and visible
- c. **Cultural Safety** – we will ensure cultural safety at every level, including a strengths based approach
- d. **Integrity** – we will act honestly towards each other and in good faith
- e. **Conflicts of Interest** – we will withdraw from decision making and if appropriate, discussions where a conflict of interest is present, unless special expertise is held by the member in which case the conflict will be noted
- f. **Good Communication** – we will listen, talk and engage with each other openly and promptly including clear and timely written communication
- g. **Enablement** – we will seek to enable each other to meet our respective objectives and commitments to achieve positive outcomes for whānau and communities
- h. **Trust and Co-operation** – we will work in a co-operative and constructive manner recognising each other's viewpoints and respecting each other's differences
- i. **Accountability** – we will each recognise the accountabilities that each of us have to our respective and mutual clients and stakeholders
- j. **Innovation** – we will encourage new approaches and share creative solutions to achieve positive outcomes for whānau and communities
- k. **Quality Improvement** – we will work co-operatively with each other to achieve quality health and disability services with positive outcomes for whānau and communities

5.

Work Programme / Resources

All projects and programmes are to be underpinned by our core values.

Poipoia

Having empathy and nurturing the provision of quality care for whānau

Manaakitanga

Acknowledging the mana of each party in order to create an environment of respect for different perspectives and behaviours

Whakaponu

Acknowledges the need for trust in doing the right things to ensure high quality systems and quality care

Tino Rangatiratanga

Respecting the self-governance of each party and their control over their own destiny

Ōritetanga

All whānau experience the same excellent health and wellbeing outcomes regardless of situation and challenges

Pūkengatanga

There is an expected level of expertise by those delivering care and an obligation to do the best for patients and whānau

Kaitiakitanga

Acknowledges a duty of care as a custodian that has the best interests of the patient /whānau and staff at the heart

- 5.1 The parties acknowledge that each party brings a complementary range of skills and experiences. This Charter will assist the parties to achieve the purpose undertaking the ongoing work relating to whānau centred models of care.
- 5.2 The parties are encouraged to contribute resources to Collaborative Aotearoa. Programme and Project support will be arranged to support the identified workstreams. This process will be undertaken as a transparent, collaborative endeavour, with the aim to achieve the best possible outcome for all parties.
- 5.3 We will dedicate specific resource to project manage work streams. Lead resources identified from across the Collaborative will work with the Programme team to provide a monthly status report on progress.
- 5.4 The work programme will be agreed and reviewed regularly by the Governance Group.

6. Communications

- 6.1 Each organisation will nominate a key contact who will be responsible for keeping relevant parties in their organisation current with project progress and activities. The key contacts will be responsible for managing any project-related issues that may arise between the organisations, specifically roles and responsibilities.
- 6.2 The Collaborative website is available for all PHO websites to link to and resources are available to support the roll out of the Health Care Home (HCH) Model of Care, Digital Technologies, Localities and other models of care.
- 6.3 HCH Leads, Locality Leads and Change Agents will keep Governance Group members in their own organisations up to date on key issues that are not covered by the Programme team as part of the regular update reports.

7. Charter Not Binding

- 7.1 Nothing in this Charter is intended to limit or affect the independence of the parties. This Charter is intended to be facilitative.

8. Confidential Information

- 8.1 All parties to this Charter will keep commercial information received confidential.
- 8.2 Each party recognises that through the collaborative nature they wish to work together, that the parties will have access to information that may be considered confidential.
- 8.3 For the purpose of this Charter “Confidential Information” includes all information relating to commercial contracts and Collaborative financials.
- 8.4 For the purposes of this Charter the following information is not Confidential Information:
a. Information that is already in the public domain at the date of its receipt
b. Information that is required by law or the Agreement to be released
- 8.5 Each party acknowledges that Confidential Information may contain valuable proprietary information and that unauthorised disclosure could cause unnecessary commercial loss.

9. Resources and Benefits






9.1 The Collaborate operates within an agreed budget supported by all parties.

9.2 All parties are encouraged to provide resources to support the agreed actions

9.3 Annual membership fee includes the following benefits shown below.

Benefits of Collaborative Aotearoa Network Membership	Financial Member	Supported Member
Seat at the Collaborative Aotearoa Council and voting rights to appoint Governance Group members		Invited to attend
Organisation's signatory and logo applied to the Collaborative Aotearoa website		Invited to attend
Support and learning for Health Care Home model of care, Digital Health, Collective Action with Communities to enable localities and other related models of care		
Support general practice teams to implement and embed Telehealth (health care delivered using digital technology where participants may be separated by time and/or distance) including clinical triage, portal and virtual/ video consultations		
Support in the introduction of Building Blocks of HCH – that is focused on ease of implementation including telehealth care		
Support in the introduction of Building Blocks of Collective Action with Communities – that is focused on preparation for change, shifting mindsets and leading change		

Collaborative Benefits	Financial Member	Supported Member
<p>HCH Wānanga Series (aka Bootcamp) / Open Days – an in-depth view of the Health Care Home Model of Care as well a focus on implementation of core HCH components and features – including the introductory approach to HCH.</p>		<p>Invited to attend and participate</p>
<p>Localities Learning – a series of learning wānanga individually tailored for the locality to implement and embed key conditions for successful Collective Action initiatives. This includes facilitated access to new and innovative subject matter experts/providers to accelerate change.</p>		
<p>Health Care Home Mentorship and Localities Mentorship – an individual from the current Collaborative network will be matched with the participating organisation and provide support for their first year. We have an experienced team of members available to assist with requests for support during this onboarding period</p>		
<p>Access to Health Care Home Resources – getting started on the Health Care Home journey is made easier through access to tools and templates via an online open-source website.</p> <p>Access to Localities Resource and online learning – getting started on a locality journey that is complementary to advice/guidance from the national office</p> <p>Access to Telehealthresources and online learning – these continue to be refreshed and updated to fast track the uptake in this approach</p>		
<p>Access to Health Care Home Leads / Peer Groups – strengthened connections across the Collaborative network with bimonthly meetings to connect, share learnings and monthly peer learning sessions. Leads are inspired, gain new perspectives and grow confidence in supporting change. As the Collaborative grows, we expect to shift to regional Lead/peer groups supported by the Collaborative and experienced mentors' group.</p>		

Collaborative Benefits	Financial Member	Supported Member
<p>Access to Locality Leads Groups/Community of Practice – strengthened connections across the Collaborative network with monthly meetings to connect and share learnings and learning sessions as needed. Leads are inspired, gain new perspectives and grow confidence in supporting transformational change. As the Collaborative grows, we expect to shift to regional Lead groups supported by the Collaborative and experienced mentors’ group.</p>		
<p>Annual Collaborative Aotearoa Conference/Symposium - to share learnings and showcase practice initiatives that benefit whānau and communities.</p>	 Discounted	
<p>Enterprise benefits including short term licensing of key platforms to support learning and development engagement hub.</p>		

10. Membership fees / Term

- 10.1 Annual fees for membership will be notified in communications directly from Collaborative Aotearoa.
- 10.2 This term of the Charter is ongoing into the future; however, any party may withdraw at any time by giving written notice to the Collaborative Aotearoa Governance Group Chair and Chief Executive Collaborative Aotearoa. will be processed annually during the month of July.
- 10.3 This Charter may be varied by written agreement of the parties.

11. Effective Date

- 11.1 This Charter comes into force on the date it is signed by all parties.

12. Signatures

By signing below the parties confirm their agreement to the arrangements described in this CHARTER.

Organisation _____

Signature _____

Name _____

Designation _____

Date _____

13. Schedule 1: PHO Members & Supporting Organisations

Please refer to our website for details of Council members and National Supporting Organisations.

www.collab.org.nz

14. Schedule 2: Governance Group Role Summaries

a. Co Chairs

The Co Chairs will facilitate the Governance Group to provide strategic input and guidance for the work of Collaborative Aotearoa. The Chairperson (with support of the Chief Executive) is responsible for making sure that each meeting is planned effectively, conducted according to the Charter and that matters are dealt with in an orderly, efficient manner. The Chairperson must make the most of all his/her members, building and leading the team.

b. Clinical Leads and Māori Clinical Lead

To ensure strong clinical leadership is present in supporting the roll out of the models of care across primary and community organisations. Drawing from front line experience to bring to life the challenges and opportunities for the Health Care Model, Digital Technologies, Localities and other models of care.

c. Hauora Equity Lead

This role is dedicated to addressing inequities for all priority populations and advancing Māori health gains, ensuring that equity is front and centre in all our models of care. This role will advocate for system improvements to clinical care, practice organisation, health information and consumer participation, towards achieving equity.

d. Data and Storytelling Lead

This role will provide technical and domain advice and guidance in the area of data analytics – which encompasses techniques to process and model data, designing data products, and data management, with the goal of discovering useful information, informing conclusion and supporting decision-making. This will specifically support benchmarking and continuous improvement through the data platform service as well as gathering evidence of the benefits for identified models of care.

e. Co-design and Co-Create Champion

This role will champion the ongoing co-design and co-create approach – this is a method for partnering with patients, consumers and service users right from the beginning of service planning to ensure a closer alignment of service delivery with what will work best for service users. The role will advise on systems for ongoing feedback from people/whānau and workforce.

f. Connecting Hapori for Hauora Lead

Supporting the connections between health and other aspects of people's lives, ensuring that the variety of models of care recognise the environments in which we live and work, and the significant impacts on the health and wellbeing of individuals and whānau.

g. Lived Experience Advisors

The major function of a Lived Experience representative is to bring the 'consumer' perspective to all decision-making within our Collaborative – the consumer will do this by:

- presenting and advocating the consumer's point of view
- developing alternative solutions or compromises which enable consumer needs to be met
- contributing to the overall role and direction of Collaborative Aotearoa

h. Social and Community Lead

Social and Community Lead will be co-opted based on Governance Groups advice and guidance, taking into account skills and sector knowledge.