



**Kimi Hauora Wairau**  
Marlborough Primary Health Organisation  
SEEKING WELLBEING IN MARLBOROUGH



**Nelson Marlborough  
District Health Board**

# **Marlborough PHO - Kimi Hauora Wairau / Nelson Marlborough District Health Board**

## **MEMORANDUM OF UNDERSTANDING**

# Contents

Introduction.....	1
Strategy Statement.....	1
Values .....	1
Principles.....	2
Communications, Planning and Enablement.....	2
<u>Communications</u> .....	2
<i>DHB - PHO Boards</i> .....	2
<i>DHB - PHO Staff</i> .....	3
<u>Planning</u> .....	3
<i>DHB - PHO Boards</i> .....	3
<i>DHB - PHO Staff</i> .....	4
Enablement.....	4
<i>DHB - PHO Boards</i> .....	4
<i>DHB - PHO Staff</i> .....	5
Opportunities .....	5
Review.....	5
Recognition .....	6
Disputes .....	6
Intent .....	6

## **Introduction**

The Boards of the Marlborough PHO – Kimi Hauora Wairau Primary Health Organisation (PHO) and the Nelson Marlborough District Health Board (DHB) wish to establish a new model of working relationships.

The purpose of the engagement framework, as contained in this Memorandum of Understanding, is to ensure that there is a collaborative partnership at governance and management levels, which will strengthen both organisations in their respective delivery of health care in the region.

Adopting this model of working relationships between the Boards will add value to the existing contractual relationship.

Both the DHB and the PHO have a responsibility to implement the visions for health as laid down in the following documents:

- The New Zealand Health Strategy
- He Korowai Oranga
- The New Zealand Disability Strategy
- The Primary Health Care Strategy.
- Improving Quality
- Healthy Eating Health Action.

The DHB and PHO will work together with local communities and enrolled populations to identify and remove health inequalities. Access will be provided to comprehensive, and well co-ordinated services, to promote, improve, maintain and restore people's health. Quality improvement will be ongoing based on good information and development of the primary care workforce will be a priority.

## **Strategy Statement**

Working together for the health, wellness and wellbeing of our communities.

## **Values**

In working through issues both the DHB and the PHO will:

- Aim for common understanding
- Develop a common definition
- Share common values
- Be open to learning
- Be prepared to expand their views
- Be prepared to expand the relationship.

## Principles

Both the DHB and the PHO will observe the following principles as foundations of the relationship:

- *Integrity* - Each party will act towards the other honestly and in good faith.
- *Communication* - Each party will listen to, talk with and engage with the other openly and promptly.
- *Information* - Each party will share information with the other whenever practicable. The parties will seek external advice and support where appropriate.
- *Enablement* - Each party will seek to enable the other to meet their objectives so as to achieve positive outcomes.
- *Co-operation* - Each party will work in a co-operative and constructive manner recognising the other party's point of view, and respecting constraints and differences.
- *Accountability* - Each party will recognise the accountabilities that the other has to its staff and stakeholders.
- *Respect* - Each party will recognise and value the other's skills and expertise.
- *Innovation* - Each party will encourage new approaches and creative solutions to achieve positive outcomes.
- *Quality Improvement* - Each party will work to continuously improve quality of services.
- *Minimal Bureaucracy* - The parties will seek to minimise unnecessary formality and bureaucracy in the relationship.
- *NZ Health Strategy* - Each party will adhere to, and work towards the principles and objectives set out in the NZ Health Strategy.

## Communications, Planning and Enablement

The areas of Communications, Planning and Enablement are seen as key to the relationship. These will apply in interactions between the parties at all levels, as follows:

### Communications

#### *DHB - PHO Boards*

1. Chairpersons will meet with DHB Chief Executive and PHO Manager no less frequently than 3 monthly. Meetings may be informal.
2. Boards will meet 6 monthly to progress relationships, discuss issues and trends and agree forthcoming activities.
3. Boards will share formal agendas and minutes from all open meetings.

4. Strategic or key documents of mutual interest, prepared by either, will be shared. Ideally in development stage. Keep each other informed and give opportunity for input, as much as possible, recognising commercial and other sensitivity – e.g. reviews, contracts etc.
5. Intelligence on aspects or issues of health and disability services will be shared, enhancing success in each of their responsibilities.

#### *DHB - PHO Staff*

1. DHB planning, funding and population health staff and PHO management/staff meet 3 weekly.
2. Both teams will be easily accessible to each other informally.
3. Will meet with each other's respective Boards / subcommittees where appropriate.

#### **Planning**

#### *DHB - PHO Boards*

1. Will agree the strategic goals to guide DHB planning to achieve primary health gains and reduce inequalities.
2. PHO Boards will ensure their strategic and annual plans are closely aligned to DHB plans.
3. PHO Board members will attend relevant DHB planning meetings to contribute to primary component of development of annual plan as it is developed.
4. DHB and PHO will work together to identify local primary health care service needs based on information from PHO, providers, programmes and other providers, acknowledging that many services are dictated by Government requirements.
5. The PHO will provide opportunity for primary care providers and consumers to contribute to mutually agreed strategies and work to ensure primary care commitment to strategy implementation.
6. DHB will involve PHO in ongoing review of relevant current contracted services.

### *DHB - PHO Staff*

1. Will work in partnership to determine primary health priorities of the district and ensure that service planning will meet primary health care identified needs.
2. DHB and PHO will jointly prepare, including necessary consultation, service objectives and strategy impacting on primary care.
3. PHO staff will contribute to identifying need for new services and the development of appropriate service specification where there isn't one in the national framework.
4. Will, together, discuss / determine appropriate providers for new primary services, recognising the DHB's statutory accountability in this regard.
5. Will, together, assess effectiveness of service delivery and impact of DHB / PHO strategies on health status and inequalities.
6. Will, together, determine methodology and framework for formal health needs assessment undertaken every 3 years and will co-operate in the interim, ongoing review of needs assessment.
7. PHO staff will:
  - a) contribute to the analysis of needs assessment to determine primary health priorities
  - b) be involved in major prioritisation decisions when outcomes impact on primary care
  - c) be able to contribute to DHB planning – submissions, consultations, formal contractual discussions, informal discussions as appropriate
  - d) provide support / education to primary care practices to ensure needed data information is gathered
  - e) agree on data needed from PHO provider practices to inform population health objectives, eg smoking statistics, nutrition, cardiovascular, diabetes.

### **Enablement**

#### *DHB - PHO Boards*

1. Agree to form collaborative strategic partnerships for all aspects of primary health. PHO to have explicit formal role in DHB's planning activities. PHO commitment and competent contribution to all stages of DHB's planning activities.
2. Will share implementation responsibilities when appropriate. In joint projects, when setting up, agree which organisation takes the lead role, and jointly establish the parties' expectations.

3. Agree to request staff to work together to develop a priority list for review of contracts relating to primary care.
4. Commit to participation and representation on working groups.
5. Will, where appropriate, jointly support having significant memorandum of agreement with other health providers to ensure collaborative and effective primary health care service delivery.
6. Seek to increase the range of service providers contracted through the PHO.
7. PHOs will be involved in planning the implementation and service delivery strategies relating to primary health care.

#### *DHB - PHO Staff*

1. Will maintain regular dialogue – meeting structure and informal contact, particularly between both staffs.
2. Will, together:
  - a) review appropriate primary health care service contracts due for update or renewal
  - b) determine service design and provider where appropriate
  - c) establish further primary health contracts where appropriate
  - d) critique and contribute, especially enhancing primary perspective, in all strategic and significant PHO and DHB plans.

## **Opportunities**

The parties have identified a number of opportunities to improve the understanding and operational aspects of the relationship. These will be maintained and updated as required by the Boards.

## **Review**

The Boards will reflect annually on how the Memorandum of Understanding is working.

A full evaluation of the effectiveness of the Memorandum of Understanding will be conducted at the end of each Board's term of office.

In any event, this Memorandum of Understanding will lapse, unless renewed, on the third anniversary of its signing.

## Recognition

Each party will recognise the rights of the other to:

- a) hold and express autonomous views and opinion and;
- b) advocate for and on behalf of other entities

without detriment to the relationship sought in this agreement. In doing so, the parties will endeavour to inform the other of their intention if there is the potential for differing positions by the parties.

## Disputes

The parties will endeavour to settle any disputes by agreement between themselves.

## Intent

This document is intended to portray the intent, not the letter of the relationship between the parties.

**Signed by:**



For and on behalf of  
Marlborough PHO - Kimi Hauora Wairau

21. March 2006



For and on behalf of  
Nelson Marlborough DHB

21. March 2006