

Terms of Reference

Acute Care Sector Advisory Group

Background

Patients in New Zealand who present acutely receive high quality care as demonstrated by international comparison with other OECD countries¹.

Demand for acute care is increasing due to a growing, ageing and more comorbid population many of whom have poor access to health maintaining resources due to socioeconomic factors. Publicly funded hospitals are constrained by staffing capacity (including staff safety and wellbeing), poorly maintained facilities and processes that do not support the safe, efficient and effective flow of patients through the system. There are also constraints associated with access to primary care in the community. This means that our people are at risk of not receiving equitable, timely, adequate or safe care.

The Ministry of Health's (the Ministry) DHB Performance Support and Infrastructure Directorate (DHB PSI) intends to commence development of a programme of work around acute/unplanned care (urgent and emergency).

Purpose

The primary purpose of the Acute Care Sector Advisory Group (ACSAG) is to provide expert advice to the Ministry of Health on evidence-based improvements (informed by available evidence that is applicable to the national, regional and locality contexts) in acute care and process flows across the healthcare system that will meet current and projected patient needs while continuing to provide high quality and safe care.

Functions

The ACSAG has the following identified scope of responsibilities to:

- provide expert advice to the Ministry on the drivers and pressures affecting acute care and patient flow
- identify how improvements can be made in acute care in:
 - access and models of care
 - data collection processes including real time data
 - access measures – the role of specific measures eg, ED length of stay
 - lifting overall district health board performance
- provide advice on delivering equity of health outcomes for Māori and Pacific peoples
- advise the Ministry on the key stakeholder relationships to improve acute flow
- work collaboratively with other networks as agreed to help achieve their objectives.

Treaty of Waitangi

The Advisory Group will recognise the Ministry of Health's Treaty of Waitangi obligations and consider how Pae Ora will be achieved for Maori. The Advisory Group will apply and adhere to the Ministry Te Tiriti Framework (appendix one).

Achieving equity

It is a priority for the Government to deliver equitable health outcomes for all New Zealanders so everyone can achieve the same outcomes and have the same access to services and

¹ <https://stats.oecd.org/Index.aspx?QueryId=51881>

support, regardless of who they are or where they live. The Ministry of Health is committed to addressing access to healthcare and how healthcare services are delivered to ensure equitable outcomes.

Term

This Terms of Reference (ToR) is effective from April 2021 until April 2022 when the ACSAG and this ToR will be reviewed.

Membership

COO	Lyn Horgan (MCDHB)	lyn.horgan@midcentraldhb.govt.nz
Primary Care	Vanessa Weenink	weeninkvanessa@gmail.com
Emergency Department CD	Peter Jones (ADHB and Ministry of Health)	Peter.G.Jones@health.govt.nz
Medical CD	Lucille Wilkinson (NDHB)	Lucille.Wilkinson@northlanddhd.org.nz
Surgical CD	Li Hsee (ADHB)	LiH@adhb.govt.nz
Public Health	Papaarangi Reid	p.reid@auckland.ac.nz
Public Health	Elana Curtis	e.curtis@auckland.ac.nz
College of Emergency Nursing	Sue Stebbeings	cennzchair@gmail.com
Associate DDG (Ministry of Health)	Jess Smaling	Jessica.Smaling@health.govt.nz
Manager System Flow (Ministry of Health)	Adam Simpson	Adam.Simpson@health.govt.nz
Clinical Director	André Cromhout	Andre.Cromhout@ccdhd.org.nz
Chief Medical Officer (Ministry of Health)	Andrew Connolly	Andrew.Connolly@health.govt.nz
NZ Orthopaedic Association	Peter Devane	peterdevane@yahoo.co.nz
St John Ambulance	Kris Gagliardi	kris.gagliardi@stjohn.org.nz
Wellington Free Ambulance	Vanessa Simpson	vanessa.simpson@wfa.org.nz
College of Urgent Care	Kelvin Ward	kelvin.ward@rnzcuc.org.nz
Manager - Data and Analytics (MoH)	Hayden Luscombe	Hayden.Luscombe@health.govt.nz
Programme Director – Acute Care (MoH)	Kate Clark	Kate.clark@health.govt.nz
Emergency Department CD	Scott Pearson (CDHB)	Scott.Pearson@cdhb.health.nz

Role and Responsibilities of ACSAG Members

The Group members are expected to:

- attend ASAG meetings and teleconference meetings. Substitutions will not be possible due to the need for consistency and ongoing knowledge of the work of the ACSAG. If unable to attend the meeting or teleconference, members must arrange to forward input on all agenda items prior to the meeting or teleconference
- provide information, research, evidence, methodologies and tools that contribute to the work of the Advisory Group
- contribute to, and at times lead the development of written advice on ACSAG key functions
- be diligent, prepared and actively participate in meetings
- provide frank opinion in the national interest, regardless of personal affiliations.

The Advisory Group as a whole will:

- ensure that the independent views of members are given due weight and consideration
- ensure fair and full participation of all members
- regularly review its own performance.

Role and Responsibilities of Chair of the ACSAG

The chair of the ACSAG will be Peter G Jones Auckland DHB and Ministry of Health ED clinical lead who will be responsible for:

- chairing the meetings and teleconference meetings
- obtaining views and opinions from ACSAG members
- managing the process of conflict resolution
- being the spokesperson for the ACSAG.

Confidentiality

All work circulated to and engaged with by the ACSAG, whether verbal or written, shall be treated as confidential for use by the ACSAG, unless deemed otherwise by the Ministry and expressly stated. No information, in any form, should be released without prior written approval by the Ministry. Information of a commercially sensitive nature is deemed confidential. By agreeing to these terms of reference, members are agreeing to these conditions of confidentiality.

Conflict of interest

The Ministry recognises that the ACSAG members have interests in the matters being considered. In general, these interests only become a 'conflict of interest' where there is the potential for personal (or organisation) gain. Personal or organisation gain could be actual or perceived. Members must declare that they have a financial, professional, organisation or personal interest (direct or indirect) that might create conflict.

When members believe they have a conflict of interest on a subject that will prevent them from reaching an impartial decision or undertaking an activity consistent with the ACSAG's functions, they must declare that conflict of interest to the Chair who will ensure that conflicts of interest are managed appropriately.

Meeting Protocol

Meetings will be chaired by Peter G Jones.

Advisory Group meetings will occur on a monthly basis.

A meeting quorum for the ACSAG will be 9 members - half of the members plus one, not including the Chair who must be present.

Secretariat support will be provided by the System Flow team in the Ministry of Health.

This includes:

- scheduling meetings
- preparing agendas and supporting papers and distributing in advance of meetings
- preparing meeting minutes.

Proposed Meeting Dates

Meetings and teleconference dates will be confirmed at the first meeting. It is anticipated the membership will participate in some group meetings by video and teleconference and work completed outside of scheduled meetings is similarly progressed via email or teleconference as required.

Te Tiriti o Waitangi and the health and disability system

He Mana tō Te Tiriti o Waitangi Expressing Te Tiriti in mana terms

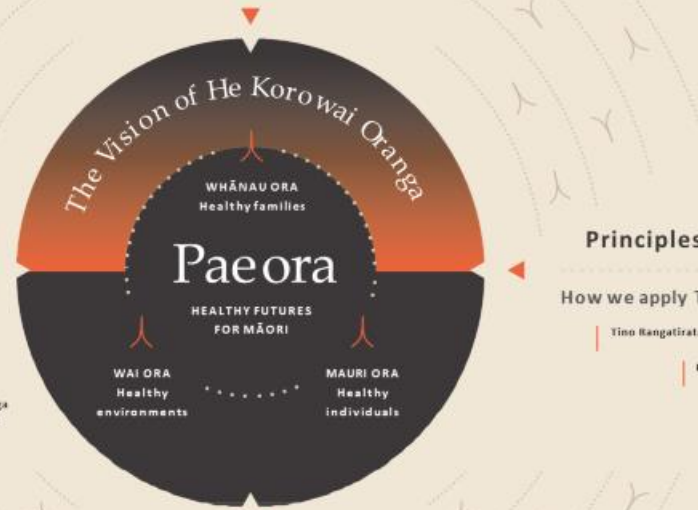
Mana Whakahaere Good Government Article I	Mana Motuhake Unique and indigenous Article II	Mana Tangata Fairness and Justice Article III	Mana Māori Cultural identity and integrity Declaration
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Ngā Kupu o Te Tiriti o Waitangi

Preamble /Kupu Whakataki
Peace and good order

The Articles

Article I Ko te Tūatahi Kāwanatanga	Article II Ko te Tuarua Tino Rangatiratanga	Article III Ko te Tuatoru Ōritetanga	Declaration Whakapuakitanga Hitenga Māori
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Principles of Te Tiriti o Waitangi

How we apply Te Tiriti in the modern world

Tino Rangatiratanga	Equity	Active protection
Partnership	Options	

The Health and Disability Sector How we express our kaitiakitanga

Stewardship Article I	Iwi/Māori health development Article II	Equity focus Article III	Protect Mātauranga Māori Declaration
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Our Te Tiriti o Waitangi Framework

Te Tiriti o Waitangi

The text of Te Tiriti, including the preamble and the three articles, along with the Ritenga Māori declaration, are the enduring foundation of our approach. Based on these foundations, we will strive to achieve the following four goals, each expressed in terms of mana:

Mana whakahaere

Effective and appropriate stewardship or kaitiakitanga over the health and disability system. This goes beyond the management of assets or resources.

Mana motuhake

Enabling the right for Māori to be Māori (Māori self-determination), to exercise their authority over their lives, and to live on Māori terms and according to Māori philosophies, values and practices including tikanga Māori.

Mana tangata

Achieving equity in health and disability outcomes for Māori across the life course and contributing to Māori wellness.

Mana Māori

Enabling Ritenga Māori (Māori customary rituals) which are framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices) and encapsulated within mātauranga Māori (Māori knowledge).

The Treaty obligations are a foundation for achieving Māori health aspirations and equity for Māori and therefore delivering on He Korowai Oranga.

Principles of Te Tiriti o Waitangi

The principles of Te Tiriti o Waitangi, as articulated by the Courts and the Waitangi Tribunal, provide the framework for how we will meet our obligations under Te Tiriti in our day-to-day work. The 2019 *Hāhiora* report recommends the following principles for the primary health care system. These principles are applicable to wider health and disability system. The principles that apply to our work are:

Tino rangatiratanga

The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.

Equity

The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.

Active protection

The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.

Options

The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.

Partnership

The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

Equity lives within our Treaty framework

Equity is defined as 'In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.'

Equity is both inherent to Article 3 and an important Treaty principle.

He Korowai Oranga

Meeting our obligations under Te Tiriti is necessary if we are to realise the overall aim of Pae Ora (Healthy Futures for Māori) under He Korowai Oranga (the Māori Health Strategy).

Along with the high-level outcomes for the Māori Health Action Plan:

- **Mi, hapū, whānau and Māori communities can exercise their authority to improve their health and wellbeing.**
- **The health and disability system is fair and sustainable and delivers more equitable outcomes for Māori.**
- **The health and disability system addresses racism and discrimination in all its forms.**
- **The inclusion and protection of mātauranga Māori throughout the health and disability system.**

