

Terms of Reference

Palliative Care Health Priority Group (HPG)

Adelaide PHN Overview

Background

Primary Health Networks (PHNs) have been established by the Federal Government with the key objectives of increasing the effectiveness and efficiency of medical services for patients, particularly those at risk of poor health outcomes and improving coordination of care to ensure patients receive the right care, in the right place, at the right time.

Vision (our aspirations for the future)

Connecting you to health.

Purpose (our reason for existence)

Facilitating a collaborative and responsive health care system for metropolitan Adelaide.

National PHN Priority Areas

1. Aboriginal Health
2. Mental Health
3. Population Health
4. Health Workforce
5. Digital Health
6. Aged Care

National PHN Headline Performance Indicators

- Potentially avoidable hospital admissions
- Childhood immunisation rates
- Cancer screening rates
- Mental Health treatment rates

Governance & Membership

It is pivotal that the Adelaide PHN actively engages with community stakeholders including community members, service providers, clinicians and primary health care workers. To enable this, the Adelaide PHN has developed a membership model which underpins the decision making process, consisting of the following;

- Board of Directors
- Membership Advisory Council (MAC)
- 3 Clinical Councils (CCs)
- 3 Community Advisory Committees (CACs)
- 7 Health Priority Groups (HPGs)

Adelaide PHN Overview

Engagement Values

Inclusive: Our community has a right to be informed of and involved in our work as it impacts on their lives and work within the region.

Meaningful: Our community have the right to expect contributions made to our organisation will have an appropriate level of influence on planning, decision-making and service provision.

Relevant: Our community engagement activities will be responsive to local needs and relevant to the vision, purpose and strategic objectives of the organisation.

Integrated: We will collaborate and coordinate activities with other stakeholder organisation's to avoid duplication and engagement fatigue. This will allow for an efficient, sustainable and coordinated response to key health and wellbeing issues.

Respectful: We acknowledge the lived experiences of our community. Our activities take a person-centred approach, recognising that the community are experts in their own lives and health care choices.

Accountable: Our community engagement will be appropriate, open and transparent.

Flexible: Our communities are diverse in their health care needs. We are committed to varied community engagement strategies that are inclusive of all people in our community.

Reflective: We are committed to the ongoing improvement of community engagement, with a focus on evaluation and continuous improvement

Principles

- Committed to improving the patient 'experience' of the health system
- Act with integrity and transparency
- Make timely decisions of the highest ethical standard
- Be responsive to individual, community and provider needs within local communities
- Meet challenges with innovative and responsive solutions
- Foster, enable and facilitate partnerships that enrich and improve health services, activities and systems
- Be flexible, adaptable and responsive to continuous quality improvement and evaluation outcomes
- Remain connected to local communities in their respective settings
- Be held accountable by those we serve as an enabler, facilitator or commissioner.

Palliative Care Health Priority Group (HPG)

Terms of Reference

Introduction

Health Priority Groups (HPGs) have been established by APHN to form part of its membership and to ensure a whole of community and stakeholder approach. HPGs represent the APHN's **population health priorities** and are designed to provide a platform for **input, feedback and contribution** from stakeholders and the community. They are open to representatives from:

- Health professions
- Service providers
- Community organisations
- Government and non-government agencies

The establishment of HPGs will build on from the existing model implemented by the Northern Adelaide Medicare Local, namely Membership Consortium Groups (MCGs).

Within the APHN there will be seven Health Priority Groups which include:

- Aboriginal Health
- Mental Health
- Disability
- Childhood and Youth
- Older Persons and Aged Care
- Consumers and Carers
- Palliative Care

Note: Should there be an agreed future health priority then there is capacity to expand on the number of HPGs.

Role & Purpose

Participants in the HPG will contribute to the objectives of the Adelaide PHN as follows:

1. Understanding the health care needs of our communities
 - Collaborate with the Adelaide PHN to identify local and regional health care needs, with an emphasis on people at risk of poor health outcomes;
 - Contribute local knowledge, information and plans to assist with identification of gaps
 - Assist with the identification of priorities for action to address health care needs, within the health priority area
 - Provide feedback on the needs assessment.
2. Service design and innovation
 - Contribute ideas, suggestions and feedback;
 - to promote traditional and innovative solutions
 - about approaches which remove duplication and maximise efficiencies and
 - about the design of locally relevant services, aligned to local care experiences and expectations.

3. Commissioned services

- Provide feedback about the progress of commissioned services, with a view to ongoing improvement in future commissioning cycles.

Membership/Eligibility Requirements

The Palliative Care Health Priority Group is open to:

- Any Palliative Care health organisation with at least 50% of their service delivery footprint in the APHN region. (Multiple representatives are welcome, however any one organisation or affiliate has only one voice in any consensus discussion or decision of the HPG).
- Any peak body or stakeholder organisation/group who advocates for or represents the health priority issues in the APHN region. (Multiple representatives are welcome, however any one organisation or affiliate has only one voice in any consensus discussion or decision of the HPG).
- Any individual person residing in the APHN region with an interest in the health priority who is able to reasonably participate in the HPG.
- Any individual relevant health professional who provides at least 50% or more of their services to the health priority within the APHN region.

The Adelaide PHN has the right to monitor membership of the group to ensure that there is broad distribution of opinion and not influenced by any one particular group/organisation.

Chairperson

The group shall nominate/appoint a Chairperson to chair the meetings. The Chair will be appointed for 12 months. The Chair will be the official contact person for the HPG and will liaise with the APHN staff with regards to agendas for meetings and other resources as required.

A nominated staff member from the APHN will be in attendance at each meeting, to provide secretariat (including minute taking, organising meetings and distribution of papers, organising and facilitating workshops and collaborative activities) and act as the conduit between the APHN and the HPG as required. The CEO and members of her Executive team are able to attend meetings as requested by the HPG.

Meeting Frequency

It is recommended that the HPG meet at least quarterly (four times per year) with up to six meetings scheduled for the 2015/16 financial year to allow for establishment. Additional meetings can be facilitated on request from the HPG Chair with a clear rationale and outcome. Members will also have access to teleconferencing, videoconferencing, and other technology as they become available to the APHN. Web forums and other technology to facilitate discussion and consultation outside of meetings will also be available to members.

Representation on Membership Advisory Council

Each HPG will be required to elect a representative (Chairperson or other member) to represent the HPG on the APHN's Membership Advisory Committee (MAC). The MAC will provide advice to the APHN Board, ensuring an equitable approach to regional priorities determined by the HPGs, Community Advisory Committees and the Clinical Councils. Strategic directions of the APHN will be as a collaborative result of the input from the APHN membership and Advisory groups.

The MAC will meet quarterly with six meetings in the 2015/16 financial year to allow for establishment. MAC representatives from the HPGs will be remunerated according to the ***APHN Sitting Fee and Reimbursement policy***. A meeting schedule for MAC will be provided to the HPG. It is expected that the representative member will have the capacity to attend all MAC meetings, however a proxy may be nominated to attend representing the HPG. Should an HPG member nominate a proxy for more than two consecutive meetings of the HPG the HPG will be asked for another representative. Each of the seven HPGs is considered a member of the APHN, which includes three Clinical Councils and three Community Advisory Committees totalling 13 members. Each group has one 'collective' vote per group at the APHN Annual General Meeting and at other times when membership votes are required.

Decision Making

Each HPG will operate on a consensus basis where all members will arrive at a 'consensus' decision on one or more issues put forward for consideration by the APHN or raised separately by the HPG. Each HPG has '*one*' collective vote per group. When requested to vote by the APHN, members of each HPG will coordinate their group's collective vote to submit to the APHN.

Registered Membership of the HPG

Each member of the HPG will be registered as an active member. Members are required to attend all meetings of the HPG or nominate a proxy. Should a member of an HPG not attend or participate in the business of two consecutive meetings without proxy nomination and participation, they will be considered an inactive member of the HPG. Inactive members are not counted for voting purposes. New members will be oriented to the HPG prior to the first meeting they attend.

Support for Consumers & Carers

Sitting fees and reimbursements in line with the ***APHN Sitting Fee and Reimbursement Policy*** will be supported for consumers and carers attending the meeting in an unpaid capacity.

Conflict of Interest & Personal Interest

Members involved in the HPGs are expected to avoid any action, position or interest that conflicts with the interests of the APHN. Members with a direct or indirect interest in a contract or other matter being dealt with by the HPG must register the nature of that interest at the next meeting or as soon as possible after the conflict or potential conflict becomes apparent. Where a Member has an interest in a matter the Member will not receive copies of relevant information and will not be entitled to be present during any deliberations or vote on the matter unless an exception is granted by a motion of the group. The HPG will maintain a register of conflict of interest or material personal interest.

Terms of Reference Review

The Terms of Reference for the HPGs will be reviewed annually.

The Terms of Reference for this HPG were endorsed by the APHN Board on 9 May 2016.