

Clinical Councils (CC)

Terms of Reference

Who we are

Established and funded by the Federal Government, Adelaide Primary Health Network (PHN) is a not-for-profit organisation.

It is one of 31 PHNs operating across Australia, and one of two in South Australia.

Working closely with the wider Adelaide community and benefitting from the experience and knowledge of primary health care providers, it's the job of Adelaide PHN to ensure the health system better meets people's needs.

Specifically, Adelaide PHN is tasked to:

- Increase the efficiency and effectiveness of health services for people, particularly those at risk of poor health outcomes; and
- Improve coordination of care to ensure people receive the right care in the right place at the right time

How we work

Adelaide PHN does not deliver health services but works by commissioning and integrating innovative health services and activities to respond to the needs of our community.

We work to our priorities

Adelaide PHN's work is framed around the following national priorities:

- Aboriginal and Torres Strait Islander health
- Aged care
- Mental health
- Alcohol and other drugs
- Digital health
- Health workforce
- Population health

The following local priority populations are also considered and reflected across our work: Children and youth, Palliative care, Disability, Culturally and Linguistically Diverse communities.

These priorities are informed by the Commonwealth Department of Health's key priorities and performance indicators for all PHNs, as well as the findings of our annual needs assessment process.

Governance & Membership

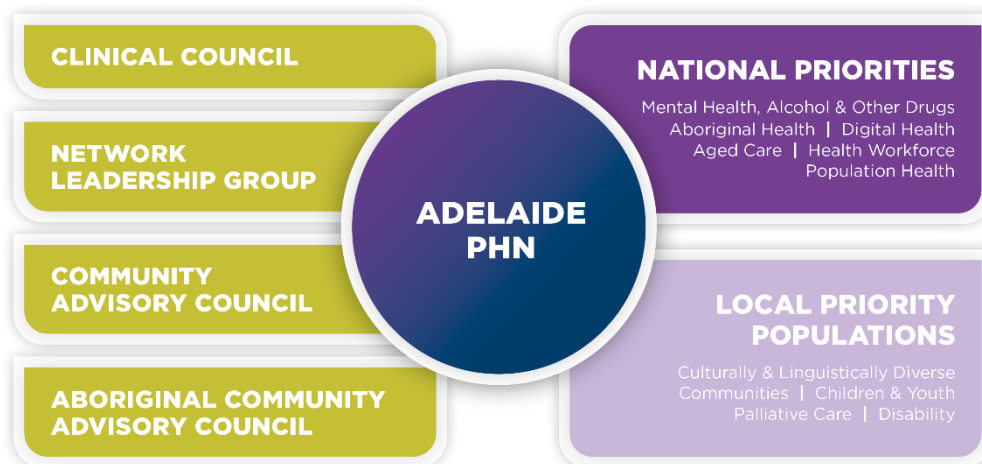
Collaboration and partnership are at the heart of Adelaide PHN.

We are a membership-based organisation and benefit from the experience and knowledge of our membership groups.

Adelaide PHN membership contributes to the understanding of our region through consultation and our annual needs assessment process. We work alongside both those experiencing and delivering primary health care across our region. Through our commissioning and integration activities we partner with government, private and non-government organisations. These partnerships support us to address barriers, foster connectivity and support access to timely and responsive health services and systems.

To ensure ongoing engagement and integration, Adelaide PHN has reviewed our membership model (Figure 1), which now consists of:

- Board of Directors
- Regional Clinical Council
- Regional Community Advisory Councils (CAC)
- Aboriginal and Torres Strait Islander (and hereafter Aboriginal) CAC
- Network Leadership Group (NLG)



Terms of Reference

Clinical Council (CC)

Role and Purpose

Three Clinical Councils (CCs) are aligned to the Northern, Central and Southern Adelaide Local Health Network (LHNs) boundaries and work collaboratively with Local Health Networks and SA Health organisations. The Clinical Councils are GP led and include locally based clinicians who reflect the key health service providers of the area.

CCs advise Adelaide PHN Board on opportunities for improving medical and health care services to keep people well in the community and reduce avoidable hospital presentations and admissions. Clinical Councils identify opportunities for collaboration, partnership and advocacy to collectively meet local health needs

In addition, as part of Adelaide PHN membership model, the Clinical Councils are a vehicle for communication of the outcomes and impact of commissioning decisions and other activities of Adelaide PHN including opportunities to participate in and contribute to the ongoing development of the primary care sector.

Member Responsibilities

- Represent primary health care providers and Local Health Networks (LHNs) to identify the need for improvements in local clinical care pathways and service systems, including between hospital and primary health care
- Provide input into the co-design of commissioned services, locally relevant care pathways and service systems
- Support the work of Adelaide PHN by keeping up to date and sharing information with networks and providing feedback about PHN programs and services
- Work collaboratively with a range of organisations and other Adelaide PHN membership groups
- Work together across Adelaide PHN region to ensure that pathways follow patient flows.

Proxies

There is no provision for proxies should members be unable to attend meetings.

Adelaide PHN Responsibilities

- Provide administrative support
- Provide information such as relevant local health data
- Ensure that feedback on commissioned services and how they can be improved is communicated appropriately
- Identify opportunities to contribute to co-design of commissioned services
- Provide information about services and other activities of Adelaide PHN for dissemination to the community

- Work with the Council to identify and support the development of agreed strategies to achieve the role and purpose
- Support the effective operation of the Council

Membership

The Clinical Council is GP-led and includes representation from a broad range of primary health care stakeholders. Members are selected based on their clinical experience and the unique perspectives on primary health care that they can bring to Council discussions. Ideally, members will have experience within one or more Adelaide PHN's priority areas and have experience working with disadvantaged communities within the region.

Consisting of 10-12 members, the composition of the Council shall include where possible:

- 2-3 General Practitioners

The remainder of the Council will reflect key health service providers of the area, including the following professional groups:

- Medical Specialist
- Nurse (primary and/or acute care)
- Pharmacist
- Allied Health
- Paramedic
- Health Management - practice manager, hospital administrator, private hospital administrator

In addition, one-two positions will be available for Local Health Network representatives.

Chairperson

The Chairperson will be elected annually by the members of the CC, with election for the position being held in the first meeting of the financial year. Members will decide on the new Chairperson by voting in a secret ballot administered by Adelaide PHN. In the event of equal votes, the group will make a consensus decision or the Chairperson role will be shared amongst the Chairperson nominees.

The role of the Chairperson should be held by a GP member. In the first instance GP nominations will be called for. Should there not be a GP willing to nominate for this position, nominations will be accepted from other members of the CC.

Upon nomination of the Chairperson, a deputy Chairperson will be elected by members of the CC.

CC Member Recruitment and Appointment

The standard membership tenure will be for two years to allow opportunities for broader community involvement. The intention is that half of the positions will be opened up for new members annually. New members will commence in the first meeting of the financial year. Members may reapply.

LHN and other SA Health service (e.g. SA Ambulance Service) members are nominated by the LHN CEO or relevant Executive and will be reviewed every two years.

Apart from nominated members, all other members are recruited and selected through a broad application process based on their commitment to health reform and primary health care integration, clinical background and skill mix relevant to the role of the Council. Selection processes are administered by Adelaide PHN and recommendations are submitted to the Board for approval.

Membership will be reviewed annually to ensure the CCs are represented with a broad cross-section of members. Further identified expertise can be co-opted as required, for a defined period to be specified at the time of co-opting as approved by Adelaide PHN board.

Meetings and Attendance

There are four regularly scheduled meetings annually. Members are expected to attend all meetings. Should a member miss more than one of the four regular meetings within the financial year without adequate reason, their membership will be reviewed for extenuating circumstances by the Chair and Adelaide PHN and may be cancelled.

A member may participate in a meeting by electronic means (teleconference or Skype).

A quorum of half the number of current members of a group, plus one, is required for regular scheduled meetings to proceed, if there is an appropriate representation of members.

The online platform *Confluence* is provided to facilitate discussion and consultation outside of meetings.

Resignation or Dismissal of a Member

Members may resign by written notice to the Clinical Council Chair at any time.

Adelaide PHN Board may revoke membership of the CC for any member at any given time, for failure to comply with the Terms of Reference, behaving in a disrespectful or unprofessional manner or any lawful instruction by the Chair of the Clinical Council.

Remuneration

Members of the CCs will be remunerated for their attendance in line with the *APHN Sitting Fee Policy*

Decision Making

For the CC to make recommendations or decisions, consensus of the group must be reached. All members will be given sufficient opportunity to object to or support proposed actions, and given fair opportunity to provide feedback. Once members agree on a decision, it is carried.

When a group vote is required, each CC has one collective vote. When requested to vote, the Chair representative will be supported by Adelaide PHN to coordinate their group's collective vote.

Member Elected Director

Adelaide PHN has up to 3 Member Elected positions on the Board, elected for a 3-year term, via a staggered, rotational election system. As terms expire, membership nominations and voting occurs, with final endorsement of a new Member Elected Director at the Annual General Meeting (AGM) held in October of that year.

Key points to this process include:

- There is a maximum of 1 nomination for the Board from each membership group, and the decision to nominate a member (or not) must be reached by consensus decision within the group
- A maximum of 5 nominations of a possible 13 will be selected by the Nominations Subcommittee (utilising the skills matrix) of the Board for voting in a membership election
- There is 1 vote per membership group in the election, except for the Network Leadership Group which has 2 votes. This vote must be reached by consensus decision within each group.

For a member to be eligible to nominate for the Board and participate in voting for a Member Elected Director, they must have attended 3 of the regular 4 quarterly membership meetings in the last financial year relating to the AGM.

Conflict of Interest

Members of the CCs are expected to avoid any action, position or interest that conflicts with the interests of Adelaide PHN. Members with a direct or indirect interest in a contract or other matter being dealt with by the CC must register the nature of that interest 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 CC will maintain a register of conflict of interest or material personal interest.

Meeting Support

Where appropriate, Adelaide PHN Executive Management and staff attendance will be provided at CC meetings.

Minutes and Agendas

Adelaide PHN will provide administrative support, including the timely preparation of meeting minutes and agendas.

Terms of Reference Review

The Terms of Reference for the CCs will be reviewed bi- annually.

Last reviewed: May 2020

Reference Documents

- Stakeholder Engagement & Partnership Framework
- Reconciliation Action Plan
- Sitting Fee Policy