

Clinical Councils (CC) Terms of Reference

Preamble – About the Adelaide PHN

Adelaide Primary Health Network (PHN) is a membership-based organisation, focused on improving health outcomes and your experience of primary health care within the Adelaide metropolitan region.

Established and funded by the Federal Government in July 2015, Adelaide PHN is one of 31 Primary Health Networks operating across Australia (2 in South Australia). Adelaide PHN is an independent, skills based, board led, not for profit organisation. Our job is to ensure that the health system better meets people's needs and our purpose is to support primary health care providers to work collaboratively in an integrated, coordinated and connected way.

Adelaide PHN acknowledges the Kurna peoples who are the traditional custodians of the Adelaide Region. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their cultures and to Elders past and present.

Adelaide PHN Priority Areas

- Aboriginal and Torres Strait Islander health
- Aged care
- Alcohol and other drugs
- Children and youth
- Culturally and Linguistically Diverse communities
- Digital health
- Disability
- Health workforce
- Mental health
- Palliative care
- Population health

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.

National PHN Headline Performance Indicators

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

Adelaide PHN Principles

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 organisations 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.

Governance & Membership

It is pivotal that Adelaide PHN actively engages with community stakeholders including community members, service providers, clinicians and primary health care workers. To enable this, 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 (CC)
- 4 Community Advisory Councils (CAC) including 1 Aboriginal and Torres Strait Islander (and hereafter Aboriginal) CAC
- 1 Health Priority Network (HPN)

Clinical Councils (CC)

Clinical Councils (CC) are aligned to the Northern, Central and Southern Adelaide Local Health Network (LHN) 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.

Clinical Councils advise the 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.

Community Advisory Councils (CAC)

Community Advisory Councils (CAC) enable broad representation of the community in the Adelaide PHN region, and provide a community perspective to Adelaide PHN Board. This ensures that decisions, investment and solutions are person-centred, cost effective, and locally relevant to the community's experience and expectations.

Community Advisory Councils support Adelaide PHN to develop local strategies to improve the health care system for community members and facilitate effective primary health care provision, keeping people well in the community and preventing avoidable hospitalisation.

Health Priority Network (HPN)

The Health Priority Network ensures a whole of community and stakeholder approach and enables input, and feedback to Adelaide PHN. It is open to health professionals, service providers, community organisations and government and non-government agencies, along with consumers.

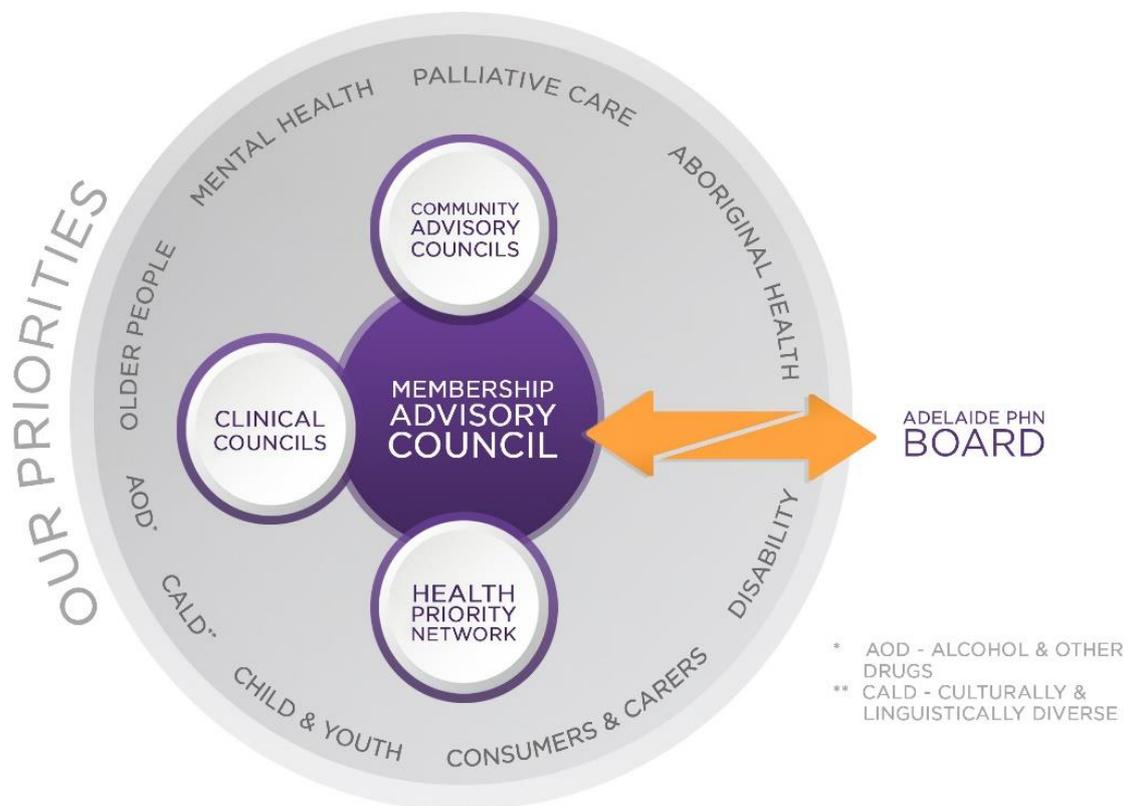
The Health Priority Network reports to and advises Adelaide PHN Board on opportunities for improving community and health care services to keep people well in the community and reduce avoidable hospital presentations and admissions. Members share their experience and local knowledge of factors that can contribute to the successful design, commissioning and delivery of primary care services. The Health Priority Network identifies opportunities for collaboration, partnership and advocacy to collectively meet local health needs.

Membership Advisory Council (MAC)

The MAC bring together representatives from the 8 membership groups of Adelaide PHN.

- Provides advice to the Adelaide PHN Board and acts as a conduit for membership groups
- Provides leadership to the groups and develops overall priorities for all the groups to work on in an integrated way
- Is guided by Adelaide PHN national and local objectives

The membership model below demonstrates the relationships between the membership groups, the MAC and the Adelaide PHN board.



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 the Adelaide PHN Board, via the MAC 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 the Adelaide PHN membership model, the Clinical Councils are a vehicle for communication of the outcomes and impact of commissioning decisions and other activities of the 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 the 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 the 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 the 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.

Membership Advisory Council (MAC) Representative

The Chairperson will represent the CC on the Membership Advisory Council (MAC). It is expected that the Chairperson will have the capacity to attend all MAC meetings.

Attendances at MAC meetings will be remunerated as per *APHN Sitting Fee and Reimbursement Policy*. Each MAC representative is required to attend at least three out of four of scheduled MAC meetings. Proxies are allowed, members are responsible for briefing proxies and ensuring information is received.

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.

The 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 and Reimbursement 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/MAC representative will be supported by the Adelaide PHN to coordinate their group's collective vote.

Conflict of Interest

Members of the CCs are expected to avoid any action, position or interest that conflicts with the interests of the 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

The 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 annually.

Last reviewed: September 2019

Reference Documents

- Stakeholder Engagement Framework
- Reconciliation Action Plan
- Sitting fee and reimbursement policy