

Nepean Blue Mountains Primary Health Network Integrating Care Clinical Council

TERMS OF REFERENCE

1. Introduction

- 1.1. Wentworth Healthcare Limited (WHL) Board's vision for *improved health and well-being of people in our community*, is underpinned by the mission and strategic objectives within the five year WHL Strategic Plan. The Strategic Plan's development and implementation is supported by WHL's key stakeholder groups including General Practitioners, Allied Health Professionals and Community and Health Consumers.
- 1.2. **Four Advisory Committees** have been appointed to ensure the key stakeholder groups are able to contribute effectively towards WHL Board strategic decision making. The four Advisory Committees assist with the process by providing advice and local perspectives. The four Advisory Committees, comprise representation from local General Practice, Allied Health and Community and Health Consumers. They include:
 - GP Clinical Council
 - Allied Health Clinical Council
 - Community Advisory Committee (Joint with NBM Local Health District)
 - **Integrating Care Clinical Council**

2. Role of Integrating Care Clinical Council

- 2.1. The role of the Integrating Care Clinical Council is an Advisory Committee of the WHL Board and members are appointed to assist the Board in fulfilling the objectives of WHL's strategic plan.

3. Duties

The **Integrating Care Clinical Council** will:

- 3.1. Advise Wentworth Healthcare on recommended strategies to improve the operation of the healthcare system for patients in the NBMPHN region, facilitating high quality, accessible and integrated primary healthcare provision
- 3.2. Work in close partnership with the NBMLHD and public and private hospitals to reduce duplication of effort and resources and reduce avoidable hospital presentations and admissions. Through these collaborations, the Integrating Care Clinical Council will advise on the development of clinical care pathways to enable patients to receive the right care in the right place at the right time.

Clinical pathway prioritisation should align with national or PHN-specific priorities, including ensuring population cohorts most at risk of poor health outcomes and those experiencing chronic and complex conditions are better and more efficiently managed within the primary health care system.

- 3.3. Be GP-led and ensure a multidisciplinary focus representative of key healthcare service providers in the region to enable greater integration of care.
- 3.4. Assist with the development and implementation of the WHL Strategic Plan.
- 3.5. Be regularly informed by the GP Clinical Council and Allied Health Clinical Council and other relevant local primary healthcare advisory committees on strategic issues, to maintain local relevance.
- 3.6. Collaborate with the Community Advisory Committee to ensure that decisions, investments and innovations are patient-centred, cost-effective, and locally relevant and are aligned to local care experiences and expectations.

4. Membership

- 4.1. The Integrating Care Clinical Council will comprise up to 17 representatives, who will, including the Chairperson, be appointed by the WHL Board.
- 4.2. The Integrating Care Clinical Council will comprise 17 representatives.
 1. General Practitioner skill position (Chair)
 2. General Practitioner skill position
 3. General Practitioner skill position
 4. General Practitioner skill position
 5. Allied Health Professional skill position
 6. Allied Health Professional skill position
 7. Practice Nurse skill position
 8. Community Pharmacist
 9. Consumer skill position
 10. Specialist clinician skill position (HDHS)
 11. Specialist clinician skill position
 12. Specialist clinician skill position
 13. Specialist clinician skill position
 14. Skills gap position (e.g. public/population health)
 15. Skills gap position (e.g. Aboriginal health or University/research)

Ex-officio members

 16. NBMPHN executive position
 17. NBMLHD executive position
- 4.3. Ex-officio means having the same status as all committee members, i.e. they form part of the quorum.
- 4.4. Board members of WHL may attend meetings from time to time as guests of the meeting, however they do not form part of the quorum.
- 4.5. The membership composition will be reviewed annually and may be altered by the Board, on recommendation of the Chair, during the term of the Integrating Care Clinical Council without a formal review.
- 4.6. Provide representation and contribution towards;
 - Annual Board Strategic Planning Day representation and contribution
 - One Board meeting per year for contribution as required

Appointments and Term

- 4.7 The term of all appointments for members will be for a maximum of nine years' service.
- 4.8 The Board will confirm membership of the Integrating Care Clinical Council biennially.
- 4.9 The Chair will be a GP nominated from the Integrating Care Clinical Council and appointed by the WHL Board. The term of the Chair will be reviewed biennially.
- 4.10 The Chair will be a corresponding member of the Allied Health Clinical Council, Community Advisory Committee and GP Clinical Council receiving copies of agendas and minutes. The Chair may attend these meetings as a guest.
- 4.11 The Chair will approve meeting dates and changes and make recommendations to the Board regarding membership and any changes to the terms of reference.
- 4.12 Each member will be given the opportunity biennially to indicate their commitment to being a member of Integrating Care Clinical Council for the following 24 months.
- 4.13 The Board reserves the right to review membership annually and make changes to ensure the Committee is representative of the region.
- 4.14 The Board may remove any member who fails to comply with Committee Member obligations.

Recruitment

- 4.15 Where the vacancy is attributed to a professional or membership organisation (the body) as outlined in the Terms of Reference, that body be approached to nominate a replacement, with the Board to approve the appointment.
- 4.16 Where the vacancy is a member of another Wentworth Healthcare Clinical Council or Committee, the Chair of that Clinical Council be invited to submit a replacement, with the Board to approve the appointment.
- 4.17 Where the vacancy is unable to be filled, subject to above, the vacancy may be filled by invitation or by expression of interest.
- 4.18 Such filling of the vacancy shall be delegated to the CEO (or delegate) and the Chair of the Integrating Care Clinical Council, with the Board to approve the appointment.
- 4.19 In all cases, the recruitment requirements of Wentworth Healthcare as outlined in *Section 5 Member Obligations* will be the minimum selection criteria.
- 4.20 For vacancies requiring Expressions of Interest, this process will normally be advertised.

5. Committee Member Obligations

- 5.1 All clinical members of the Integrating Care Clinical Council must be working as Health Professionals within the NBMPHN boundaries.
- 5.2 All clinical members of the Integrating Care Clinical Council must maintain professional accreditation (where relevant) for the term of their appointment.
- 5.3 Confidentiality – Members are to maintain the integrity and security of committee proceedings and committee documents at all times. This is to ensure information discussed at meetings or included in committee documents, are only used or disclosed with consent of the Chair, for the purpose of Integrating Care Clinical Council functions.
- 5.4 Code of Conduct – Abide by the Wentworth Healthcare Code of Conduct whilst performing duties as a part of the Integrating Care Clinical Council.
- 5.5 Conflict of Interest – Members are to declare a conflict of interest whenever they feel that their participation or contribution could be viewed as influenced by another role they undertake either within or outside WHL. Where members or attendees are deemed to have a real or perceived conflict of interest at a meeting, they must absent themselves from the Clinical Council deliberations on the issue.
- 5.6 All Members must successfully complete a National Police Check upon application and thereafter on a regular basis as provided for in WHL National Police Check Policy.
- 5.7 Each member is required to abide by the Terms of Reference of the Integrating Care Clinical Council.

6. Committee Operations

- 6.1. A quorum of the Integrating Care Clinical Council is 50% of the membership plus one member at the date of the meeting.
- 6.2. The Integrating Care Clinical Council will meet no less than three times annually or as directed by the Board.
- 6.3 Meetings shall be approximately 1.5 to 2 hours duration.
- 6.4 The secretary will be the WHL Stakeholder Governance and Relationships Manager.
- 6.5 The proceedings of all committee meetings are to be minuted and these together with a summary report will be included in the papers of the following WHL Board meeting;
- 6.6 The Agenda will be circulated one week (7 calendar days) before the meeting.
- 6.7 Recommendations of the committee are to be referred to the WHL Board for approval.
- 6.8 The Integrating Care Clinical Council may invite other persons to its meetings as necessary.
- 6.9 Meetings, or attendance at meetings, may be held using video conferencing facilities.
- 6.10 Special meetings may be convened as required.

- 6.11 Members are expected to attend and contribute to all meetings and to read and review meeting information.
- 6.12 Members may be requested to contribute to online forums and discussions between meetings.
- 6.13 All reports tabled at meetings are to be made available within a fortnight following the meeting.
- 6.14 The Chair will approve minutes as draft for distribution.
- 6.15 Minutes are to be distributed within four weeks following the meeting.
- 6.16 WHL will facilitate liaison between the four Advisory Groups to the WHL Board i.e. Integrating Care Clinical Council, Community Advisory Committee, GP Clinical Council, Allied Health Clinical Council, other relevant committees and the Board.
- 6.17 Members will be remunerated in accordance with relevant Wentworth Healthcare Policies.

APPROVED 13 February 2021