

Western Sydney Primary Health Network (WSPHN) Clinical Council Terms

1. Primary Function

The WSPHN Clinical Council is to report to the Board and Management of WentWest on opportunities to improve medical and health care services through strategic, cost effective investment and innovation. Additionally, the Clinical Council will champion and inform the creation of locally relevant pathways that are aligned with national priorities and that improve the community's quality of life, reduce avoidable hospitalisations and improve the cost effectiveness and timeliness of patient care.

2. Context

WentWest Limited is a not for profit primary health care organisation that aims to improve the health of the community by:

- Improving service integration and coordination.
- Supporting clinicians and service providers to improve patient care.
- Identifying the health needs of local areas and developing locally focused programs and services.
- Conducting prevention and health promotion programs.

WSPHN covers a region that encompasses the following twelve (12) Local Government Areas:

- Auburn
- Holroyd
- Parramatta (Inner)
- Parramatta (North East)
- Parramatta (North West)
- Parramatta (South)
- Blacktown (North)
- Blacktown (South East)
- Blacktown (South West)
- Baulkham Hills (Central)
- Baulkham Hills (North)
- Baulkham Hills (South)

3. Role and objectives of the WSPHN Clinical Council

The role of the WSPHN Clinical Council is to:

- Contribute to the overall vision of WentWest and its objective to achieving better health outcomes for the people of western Sydney.
- Provide advice on how integration of care can be improved in western Sydney.
- Consider and recommend solutions to issues that arise as a result of partnerships and interfaces across the many different parts of the health and human services systems in western Sydney.
- Maintain a working knowledge of the WSPHN Population Needs Analysis and other key local and national strategic and policy documents and associated priorities to help inform development of recommendations to the WentWest Board.
- Establish and maintain a formal working partnership with the WSPHN Community Advisory Committee.
- Provide advice and assistance with the prioritisation of clinical pathway development via links with the Western Sydney HealthPathways Steering Group and input into the annual plan.
- Work with neighbouring PHN Clinical Councils to ensure pathways follow and support patient flows.
- Develop and maintain effective communications with and input from the following groups:
 - WSPHN GP Leaders and western Sydney GP associations
 - Allied Health Leaders
- Provide any required input and advice for the WentWest Board and Executive.
- Provide a formal quarterly report and recommendations to the Board via way of meeting minutes and other documentation as required.
- Provide Clinical Council representation on local, regional or national bodies as required.

3.1 Membership

All members of the WSPHN Clinical Council will be practising or working with the community within the WSPHN jurisdiction and will comprise of:

- WentWest Board GP Representative (1)
- GP Leaders (max 4)
- Allied Health Leaders (max 3)
- Senior Public Sector Specialist (1)
- Senior Private Sector Specialist (1)
- GP Practice Nurse (1)
- WSLHD Clinical Representative (1)
- Aboriginal Primary Care Expert (1)
- SCHN Representative (1)
- PEER Representative (1)
- Integrated Care Clinical Representative
- WentWest Chair
- WentWest CEO

Membership application will be through a formal Expression of Interest (EoI) process undertaken by WentWest Management with membership and appointments will be determined by the CEO and Board of the WSPHN. Appointments will be for a maximum of two (2) years and will be made on the basis that there is not greater than a 50% rotation of the Council over any 12 month period.

Selection will be based on the ability of an individual to contribute an informed clinical perspective and represent the interests of clinicians and consumers at a strategic level. Invitation for EoI will be open to a broad cross section of clinicians working within the WSPHN jurisdiction.

The first year of operation will be a transition year with all members able to submit an EoI for a further two (2) year term at the end of the 12 month transition period. Refer to schedule of Western Sydney PHN Clinical Council.

3.2 Authority

The WSPHN Clinical Council reports to the Chief Executive Officer (CEO) of the WSPHN and through the CEO is authorised to seek any information it requires through designated WSPHN support staff.

3.3 Chairperson

The WSPHN Clinical Council will be chaired by a GP as appointed by the WentWest Board or elected by the Council. The Chair will be practicing or working within the WSPHN jurisdiction. In the event of absence of the Chair person, another member of the Clinical Council will be appointed as Acting Chair person. The Acting Chair person is responsible for informing the Chair of the outcomes of the council meeting.

3.4 Duration of Membership

Members are appointed by the CEO for the term of one (1) calendar year. Members can be considered for re-appointment for up to two (2) consecutive terms. Membership may be terminated by the CEO for breach of the Terms of Reference or any unlawful instruction by the Chair of the Clinical Council.

A Council member will cease to be a member if they:

- Resign from the council
- Breach confidentiality
- Their membership term has expired
- Breach of the law

3.5 Roles and responsibilities

The WSPHN will:

- Provide the secretary for meetings and minute taking.
- Schedule meetings at times that suit the majority of members.
- Report to members on activities overseen by the council (in or out of session as appropriate) including important progress on activities, milestones and any delays or risks.
- Consult with members on significant health reform, projects or other issues that impact on clinical outcomes and consumer health.

Group members will:

- Contribute resource, information and opportunities as appropriate.
- Where relevant, seek feedback or input from their networks.
- Where relevant, provide feedback regarding meeting outcomes and decisions to other interested stakeholder networks (where necessary).
- From time to time, contribute to out of session consultation.

3.6 Privacy and Confidentiality

Members are expected to maintain confidentiality and operate in accordance with the WSPHN Privacy Policy. It is the responsibility of the Chair and the members raising the issue to identify matters of a confidential nature.

3.7 Probity and Conflict of Interest

Members must declare perceived or actual conflict of interest to the Council in writing via the Chair.

3.8 Meeting Frequency and Venue

The WSPHN Clinical Council will be held quarterly, dates to be aligned with the WentWest Board calendar. This will be conducted via face to face meetings or via teleconference if necessary. The meetings will be held at the WentWest Office in Blacktown, or a venue that is mutually agreeable.

3.9 Meeting Duration

Each meeting will be scheduled for two hours and will take place outside of normal business hours. This will be extended if necessary.

3.10 Meeting Support and Invitees

Support for face-to-face and teleconference meetings will be provided by WSPHN. Meeting support includes:

- Collating and circulating meetings papers e.g. meeting agenda, meeting minutes, relevant papers and background information.
- Writing and circulating the draft meeting minutes within five working days of the meeting date.
- Maintaining and circulating a list of documents tabled during the meeting.
- Arranging meeting venues and or teleconference equipment.

Other staff may be invited to attend the meeting as deemed necessary by the Chair and based on the meeting agenda items. The WSPHN will advise members of additional attendees prior to the meeting where possible.

3.11 Meeting Agendas and Papers

All members have equal rights to list items on the Agenda for any meeting. Agenda items for each meeting will be called from Council members and the CEO three (3) weeks prior to the scheduled meeting.

The final agenda will be approved by the Chair person and prepared via the WSPHN secretarial support person and distributed to all council members five (5) working days prior to the scheduled meeting.

Any additions or changes to the agenda must be submitted to the Chair no less than two days prior to the next scheduled meeting.

3.12 Reporting to the WentWest Board

A communiqué summarising the meeting outcomes will be produced by the Chair and CEO after each meeting for dissemination to necessary stakeholders and publication by WSPHN.

The Chair will report to the WentWest Board on a bi annual basis.

Standard Agenda items to be included are:

- Matters arising from the previous meeting
- Referrals from the Board
- Referrals from the CEO
- Member reporting

Agenda Items and any associated meeting papers shall be submitted to WSPHN at least seven (7) working days prior to the meeting for collation. The flow and exchange of information and resources between members is ongoing and not limited to scheduled meetings. Matters of simple communication and general information sharing are to be dealt with out of session.

3.13 Decision Making

- Decisions are made by majority vote via an open voting process.
- One vote from each Council/Group member.
- Chair will have the casting vote.

3.14 Minutes

The meeting minutes comprising the main points and agreed actions will be produced by WSPHN. Confidential items will not be included in the minutes unless advised otherwise by the Chair. Full copies of the draft minutes, including any related attachments will be circulated to Council members within five (5) working days of the meeting date.

3.15 Endorsement and Review

The Terms of Reference will be reviewed every two years after adoption by the Board.

3.16 Evaluation

The performance of the Council will be evaluated by the WSPHN Board against these Terms of Reference after twelve (12) months.

3.17 Remuneration and Fees

A fee will be payable in accordance with Commonwealth and WentWest policies for work required in preparation for Council meetings and attendance. This will be payable on receipt of a correctly rendered invoice.

When attending meetings or workshops as a representative of the WSPHN Clinical Council, members will be eligible for reimbursement of appropriate travel costs in attending the meetings.



3.18 Quorum

Fifty percent (50%) of Council members are required for a quorum.

3.19 Proxies

Proxies are to be considered and approved by the Chair prior to a meeting. Proxies shall have voting rights at the meeting. Proxies are also permitted to provide relevant comments/feedback to the Council and report back to the member for whom they are representing.