

**Nepean Blue Mountains Primary Health Network
Allied Health Advisory Committee
TERMS OF REFERENCE**

1. Accountability

- 1.1 The Allied Health Advisory Committee is an advisory body to the Board of Wentworth Healthcare Limited ("Board") which operates the Nepean Blue Mountains Primary Health Network (NBMPHN).

2. Role

- 2.1 The Allied Health Advisory Committee represents Allied Health Professionals (AHPs), from a range of disciplines, in the four Local Government Areas (LGAs). It advises the Board on recommended strategies to address region-wide issues facing AHPs, while also considering the unique needs and concerns of each local community. The Allied Health Advisory Committee will assist the organisation to engage with AHPs to deliver high quality, accessible and integrated primary healthcare.

3. Objectives

The Allied Health Advisory Committee will:

- 3.1 Represent AHPs within each LGA, ensuring all AHPs have an opportunity to share their concerns and ideas, regardless of their location in urban, outer urban, rural and remote communities
- 3.2 Be kept up to date on current issues, concerns and priorities of AHPs from each LGA (See *Responsibilities 4.1*)
- 3.3 Consider issues raised by AHPs that affect primary healthcare in relation to hospitals, aged care facilities, workforce, AHP education and training and other relevant health agencies
- 3.4 Elevate issues and broader allied health needs upstream to the PHN Clinical Council and/or Board, when appropriate, to ensure region-wide and local issues are addressed at a strategic level
- 3.5 Communicate important information and decision outcomes from the Board downstream to local AHPs (via NBMPHN support) to ensure AHPs are kept up to date and have confirmation their input is valued and actioned
- 3.6 Advocate on behalf of AHPs within the region, on issues that affect their patients' ability to access essential health services

4. Responsibilities

The AHP Advisory Committee will:

- 4.1 Ensure it is kept informed of the latest issues affecting AHPs across the four LGAs:
 - Liaise regularly with the local AHP member organisations or networks where they exist.
 - Collaborate with the NBMPHN to receive ongoing feedback from individual AHPs, including recommendations for improving programs and services
 - Consult with General Practice leaders and Clinical Advisors on programs (region wide or LGA based) and GP topic experts.
- 4.2 Have two-way communication between AHPs on the committee and other AHPs (prior to and post meetings) via NBMPHN support.
- 4.3 Provide advice and guidance to the organisation on AHP engagement and delivery of AHP support to meet local needs.
- 4.4 Review various local, state and federal, reports and policies, pertinent to primary health care
- 4.5 Assist in regional health planning, recommend system integration activities, and identify enablers for improved service coordination, particularly for chronic and complex conditions
- 4.6 Review the work and outcomes of the Clinical Council (via cross-over of membership – see *point 5.6*) and the two-way sharing of agendas and minutes/outcomes reports) to ensure the strategies of the AHP Advisory Committee and the Clinical Council are aligned and avoid a duplication of effort.
- 4.7 Review the work and outcomes of the Community Advisory Committee (via the two-way sharing of agendas and minutes) to ensure the AHP Advisory Committee's recommendations to the Board on decisions, investments and innovations are patient-centred, cost-effective, locally relevant, aligned to local care experiences expectations, and federal priorities, where feasible.
- 4.8 Provide advice and perspectives to the Board via formal reports, submissions and the provision of meeting minutes/summary reports, corresponding with the Boards' meeting cycles
- 4.9 Provide representation as required at:
 - one Board meeting per year, to discuss AHP perspectives on health in the region
 - the annual Board Strategic Planning Day
 - forum/s allowing the Clinical Council, AHP Advisory Committee and Community Advisory Committee to come together to discuss relevant issues (around specific topics or broader)

5. Membership/Composition

AHP members:

- 5.1 All members of the AHP Advisory Committee must be working as AHPs within the NBMPHN boundaries.
- 5.2 Members of the AHP Advisory Committee will be encouraged to be members of their local AHP Member Organisation, where it exists.
- 5.3 The AHP Advisory Committee comprises 13 positions. The group will contain up to 12 private AHP representatives, and one public AHP representative. The composition of the group is intended to reflect local allied health workforce distribution across the LGAs, as well as representing a broad range of disciplines.
- 5.4 Members will have the following knowledge and skills
 - A commitment to quality improvement and high quality primary healthcare
 - A deep knowledge and experience of provision of primary healthcare services within the region
 - Ability to contribute an informed clinical perspective representing the interests of other AHPs
 - Ability to participate constructively within a committee environment
 - A demonstrated ability to work collaboratively with a whole of system view
 - An understanding of the social determinants of health and population groups most at risk of poor health outcomes and challenges of accessing care
 - A willingness to consider consumer and community health experiences and expectations to inform decision making
 - A commitment to the vision and mission of Wentworth Healthcare
- 5.5 The Wentworth Healthcare CEO or delegate will be an ex officio member of the Committee
- 5.6 The AHP Advisory Committee will nominate one of its members –to be a representative on the PHN Clinical Council, to provide local and regional AHP perspectives on the provision of primary care and to help facilitate the two-way sharing of information between committees. Nominees must possess the skills required of Clinical Council members with final appointment by the Board.

Chair:

- 5.7 The Chair of the AHP Advisory Committee will be an AHP elected by the NBMPHN Board.
- 5.8 The Chair will be a corresponding member of the Community Advisory Committee, receiving copies of agendas and minutes but not attending meetings.

6. Term of Appointment

- 6.1 The AHP Advisory Committee members, including the Chair, will be selected via an expression of interest process with final appointment by the Board.
- 6.2 Private practitioner membership will be staggered with appointments for terms of one, two and three years. Subsequently, all appointments will be for three years, with a maximum of nine years' service.
- 6.3 A public practitioner appointment will operate on a two year rotational term.
- 6.4 The Board reserves the right to review membership and make changes to ensure the Committee is representative of Allied Health across the region
- 6.5 Each new member is required to abide by the Terms of Reference and Code of Conduct set out by the AHP Advisory Committee. Membership may be terminated by the Board for breach of these or other agreed guidelines and requirements.

7. Committee Operations

- 7.1 A quorum for any meeting will be a 50 per cent majority of the AHP Advisory Committee plus one member, at the date of the meeting, ensuring there is at least one representative from each LGA.
- 7.2 The AHP Advisory Committee may invite other persons to its meetings as it deems necessary.
- 7.3 Meetings shall be at least four times per year.
- 7.4 Meetings shall be approximately 1.5 to 2 hours duration.
- 7.5 Special meetings may be convened as required.
- 7.6 Members are expected to attend and contribute to all meetings and to read and review meeting information. A minimum of 50% face to face meetings must be achieved for membership to be valid.
- 7.7 Support for meetings is provided by Wentworth Healthcare and includes:
 - Liaising with the Chair of the AHP Advisory Committee
 - Circulating meeting papers and background information prior to the meeting date
 - Circulating the draft meeting minutes/outcomes report within 10 working days of the meeting date
 - Arranging meeting venues and webinar/teleconference enablement
 - Facilitating communication with other AHPs, clinicians, stakeholders and between the other PHN committees
 - Providing relevant reports and other resources that assist the AHP Advisory Committee to fulfil its role
- 7.8 All members have equal rights to list items on the Agenda for any AHP Advisory Committee meeting. Agenda items for each meeting will be requested by the Chairperson two weeks prior to the scheduled meeting.
- 7.9 AHP Advisory Committee agendas will include the following items:
 - Reports from AHP representation in four LGAs
 - Key issues to report to the Board
 - Matters to be referred to the Clinical Council, Community Advisory Committee and GP Advisory Committee
- 7.10 The proceedings of all AHP Advisory Committee meetings are to be minuted and the minutes or outcomes report reviewed and finalised by the Committee Chair. All reports are to be circulated within a fortnight following the last meeting. Meeting agendas and associated reading material will be distributed at least three days prior to the meeting. Minutes/outcomes reports will be included in the papers of the next scheduled Board meeting.
- 7.11 Recommendations of the AHP Advisory Committee are to be referred to the Board. The Board will respond to recommendations and issues raised by the AHP Advisory Committee.

- 7.12 The PHN will facilitate liaison between the Clinical Council, Community Advisory Committee, GP Advisory Committee, other relevant committees of the PHN and the Board.

8. Privacy and Confidentiality

- 8.1 AHP Advisory Committee members are expected to maintain confidentiality and operate in accordance with the Wentworth Healthcare Confidentiality Agreement. It is the responsibility of the Chair and the member raising the issue to identify matters of a confidential nature. Members will be asked to sign the Wentworth Healthcare Confidentiality Agreement.

9. Conflict of Interest

- 9.1 Members have obligations for declaring any actual or potential Conflicts of Interest, including financial, professional and personal.

10. Endorsement and Review

- 10.1 The Terms of Reference will be reviewed annually.

11. Evaluation

- 11.1 The performance of the AHP Advisory Committee will be evaluated by the Board against these Terms of Reference after 12 months.

12. Related Documents

- AHP Advisory Committee Code of Conduct
- Wentworth Healthcare Confidentiality Agreement