

Southside Partnership Council
Connecting Healthcare in Communities – CHIC
Terms of Reference

The *Connecting Healthcare in Communities (CHIC) Initiative* represents a joint approach to establishing partnerships in the primary health care sector to improve the health of Queenslanders and increase the capacity of the health system over the next five years. The *Southside Partnership Council* will establish, or where appropriate, build on existing local collaborations in the primary health care sector, to improve the integration of service planning, the shared delivery of primary health care and community health services and to assist the development of innovative models of service delivery.

The Southside Partnership Council will be established within the geographical boundaries of the Queensland Health Metro South Health Service District, that is, situated in the south-east corner of Queensland from the Brisbane River in the north to the Redland Shire in the east, and to the Beaudesert Shire, including Logan city, down to the border of New South Wales in the south-west (excluding the Gold Coast). The Southside Partnership Council will include Metro South Health Service District and the Mater Health Services, Brisbane.

The Southside Partnership Council will have overall responsibility for the implementation and support of funded CHIC and CD partnership groups which fall within its boundaries. This group will consist of key stakeholder's representative of the district's primary health care service providers and will include secretariat and implementation support provided by the Southside Partnership Council Co-ordinator.

Relationships

Partners will include Queensland Health primary health care and community health staff, Divisions of General Practice, General Practitioners, Aboriginal and Torres Strait Islander health services and non-government health service providers. Where appropriate, partners may also include individual health professionals in private practice, Department of Communities, and other relevant government agencies. The range and level of involvement of partners will be voluntary and determined by consensus of the group.

Strategic Priority Areas

The joint service delivery priorities will address the following Government health priorities:

- chronic and complex care;
- integrated health promotion and illness prevention;
- early childhood health (incl. ante and post natal care) ;
- community mental health;
- drug and alcohol services;

With a focus on Queensland Health's Chronic Disease Program priority diseases:

- Cardiovascular
- Type 2 Diabetes
- Renal Disease
- Chronic respiratory disease (COPD, Asthma)

- Depression (as a co- morbidity of the above chronic diseases)

Roles and Responsibilities

The roles and responsibilities of the multi-organisational Southside Partnership Council are to provide district level support and advice including:

- Work collaboratively to build primary health care service provision across the sector;
- Work collaboratively to support integrated health promotion and the protection of good health and well being at the population and community level
- assist in more effectively identifying and prioritising the health needs of the local people, and respond to the pressures on the health system in the Metro South Health Service District;
- Commit to governance arrangements where all members of the Partnership Council are equal partners in making decisions on the planning and delivery of primary health care services;
- Develop an agreed implementation plan in accordance with the CHIC Guidelines
- As an engaged service provider and key partner, identify and prioritise proposals from Communities of Interest
- Foster, facilitate and promote innovative approaches to primary health care service planning and delivery; including service models that prevent hospital admission.
- Identify opportunities for information sharing and the development and uptake of common tools to ensure efficient service delivery.
- Demonstrate an ongoing effort to develop partnership maturity, sophistication, interaction ultimately resulting in shared service delivery
- Participate in the ongoing evaluation process

- Avail themselves of capacity building support and collaborative expertise as provided by the CHIC Implementation Team.

- Financial delegations:
CHIC and CD monies sit with Statewide CHIC Implementation team / MS HSD respectively. There will be a service level agreement (SLA) between Queensland Health and the auspicing organisation. The auspicing agency reports through the SPC. Transfer of funds will be as per the schedule of payments in the SLA direct from Queensland Health to the auspice body that will have to provide periodical project and financial reports.

Partnership Council Chair

- Facilitate discussion between stakeholders
- Reflect and represent the views of the Partnership Council
- Chair meeting and ensure minutes are actioned by the responsible delegate / partner in a timely manner
- Provide support to the secretariat role
- Chair status to be reviewed by SPC annually/biennially (Attachment 1: Procedure for Review of Chair)

Partnership Members

- ensure consistent organizational representation by avoiding if possible use of proxies and having processes in place to facilitate membership hand over.

- remain present when attending meetings, and limit interruptions by switching mobile phones off (except where the Chair has been advised that a member needs to be available for important calls).
- ensure relevant sector information is brought to meetings and take relevant information back to the sector
- communicate respectfully and acknowledge all contributions and opinions being of equal relevance including those that disagree
- contribute to consensus decision making
- support processes for shared feedback to projects applicants.
- Acknowledge and provide feedback where relevant to all email, mail and phone communication from SPC co-ordinator between meetings.
- Allocate time to prepare for meetings (e.g. to review and assess funding submissions)
- Be available for communication between meetings to discuss submissions and share workload (e.g. teleconferences).

Membership

The Southside Partnership Council members are senior managers with decision making authority drawn from, and representing, the following sectors:

- Health Services Executive (x2)
 - Director, Specialized Services, Metro South Health Service District, Queensland Health
 - Director Allied Health Services, Mater Health Services
- Divisions of General Practice (x2)
 - CEO, South East Alliance of General Practice, Brisbane
 - CEO, Southeast Primary Healthcare Network
- Health Council (x1)
 - Logan/Beaudesert Health Community Council
- Brisbane Southside Population Health Unit (x1)
 - Multicultural NGO Sector
 - Mental Health NGO Sector
 - Domiciliary Nursing Agencies
 - Aboriginal and Torres Strait Islander NGO Sector
- Relevant other (maximum x2):
 - Logan Beaudesert Health Coalition

In addition:

- Secretariat support is provided by the Southside Partnership Council Co-ordinator.
- The Partnership Council is able to co opt expert advice from time to time, as required.
- Membership of the Partnership Council may evolve depending on the focus/strategy/ programs.

Governance

- A nominated representative of the Southside Partnership Council to meet with the CEO Metro South Health Service District and the Manager of the Statewide CHIC implementation team on the progress of implementation and any other emerging issues.
- The Chair ensures individual members are supported to table and resolve any queries or concerns regarding the execution of SPC roles and responsibilities, in a constructive manner. Individual members unable to resolve their concerns may be required by consensus to vacate their membership.
- The SPC will invite lead agencies for all submission to contact the Chair or other nominated spokesperson for clarification and to provide feedback.
- All queries or complaints will be tabled at meetings. The SPC will endeavour to resolve any queries or concerns around funding submissions in a constructive manner.

Frequency of meetings

Meetings will be held first or second Monday of each month for approximately 2 hrs. Alternatives to face-to-face meetings for dissemination of information and reaching agreement on issues may be used between meetings where required.

Agenda and Minutes

- An agenda will be distributed along with relevant documentation 7 days prior to each meeting.
- Minutes will be distributed via email and will include recommendations and action items within 10 working days of each meeting.

Quorum

Attendance must equate to 50% of the currently appointed sectors for a meeting to be considered valid. (*Revised 7th February 2011*)

Voting rights

One vote per Council member with the exception the Southside Partnership Council Co-ordinator. Decisions are by majority, the chair does not have a casting vote. Assessment of funding submissions is outlined in Attachment 2 'Assessment of Funding Submissions Policy and Procedure'

Apologies

Contact SPC Co-ordinator on 33902466 or email spccoordinator@seagp.org.au

Conflict of Interest

All members are compelled to disclose any real or potential conflict of interest that may arise in the course of undertaking the roles and responsibilities of the Southside Partnership Council. (Attachment 3 'Conflict of Interest - Agreement to Disclosure'). The Council will address any real or potential conflict of interest according to the 'Conflict of Interest Policy' (Attachment 4)

Secretariat

Project support and secretariat role will be provided by a Southside Partnership Council Co-ordinator. The Co-ordinator will provide the Southside Partnership Council with access to relevant data and existing health service planning and briefings to assist in their choice of intervention within the government health priority areas.

Date of Creation

September 2007, Revised June 09

Review

- Terms of Reference: 12 monthly
- Membership: 12 monthly