

# Clinical Council Briefing Note

## Input and feedback requested

- Healthy North Coast are seeking input and feedback on the proposed 'Board advisory structure'. Feedback from the Clinical Council is important and will assist in improving the effectiveness of the Council as an advisory body to the Board. It is expected all changes to membership and structure will be completed by June 30, 2021. Specific input about the Clinical Council structure, purpose and membership is sought through the following questions:
  1. Does the proposed 'Board Advisory Structure' (**Figure 2.0**) address current identified issues with the current Clinical Council Structure?
  2. Do you foresee any risks or challenges to implementation of changes to the current Clinical Council Structure?
  3. Is the proposed new 'purpose and membership' for the Clinical Council in alignment with the Australian Government Department of Health program funding guidelines (**Attachment A**)?

## Background

- The Healthy North Coast Board is accountable for the performance of the organisation and for ensuring that appropriate clinical, financial, risk, planning, legal and business management systems are in place to support the organisation to meet its objectives.
- In order to effectively support the Board to meet its objectives, advisory committees have been implemented to provide advice on relevant issues. These include clinical and community advisory committees mandated by the Australian Government through the Primary Health Network (PHN) program.
- The Australian Government Department of Health program funding guidelines<sup>1</sup> articulates that the governance of PHNs should reflect sound corporate governance principles and operate efficiently and effectively to deliver against national outcomes and locally relevant primary health care needs, minimising administrative overheads.
- Clinical and consumer partnerships in health care are integral to the development, implementation and evaluation of health policies, programs and services<sup>2</sup>.
- Clinical and consumer engagement occurs at multiple levels within Healthy North Coast in accordance with our Stakeholder Engagement Framework and Stakeholder Engagement Remuneration Policy. National and international frameworks for public participation identify that effective engagement needs to be clearly defined, appropriate to the context, tiered and optimised so that the appropriate level of participation is invited at the most appropriate level of decision-making for a proposal<sup>3</sup>.
- Since the establishment of Primary Health Networks in 2015, there have been no significant changes to the Healthy North Coast clinical or community advisory committee structure. With this mind, we have undertaken a review of the existing committees to determine whether they are optimally structured to provide effective and efficient advice to support the Board to achieve its objectives.
- Healthy North Coast currently has two advisory structures whose role is to provide clinical and community perspectives to the Board. Both structures are aligned to LHD boundaries and, in Mid North Coast, clinical networks. See Figure 1.0 Current Advisory Committee Structure.

*Figure 1.0 Current Advisory Committee Structure*

<sup>1</sup> Australian Government Department of Health Program Funding Guidelines, [Primary Health Network Grant Programme Guidelines - V1.2 February 2016.pdf](#)

<sup>2</sup> Partnering with consumers standard, National Model Clinical Governance Framework: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-model-clinical-governance-framework>

<sup>3</sup> Stakeholder participation: IAP2 public participation spectrum <https://i2s.anu.edu.au/resources/stakeholder-participation-iap2-public-participation-spectrum/>



- The Board advisory structure is being reviewed in its entirety, whilst the focus of this paper is the Clinical Council component, a general high level overview of the proposed Advisory Committee Structure will be provided for context.

**Clinical Councils**

- Northern NSW: Tweed, Byron, Ballina, Lismore, Richmond Valley and Clarence Valley local government areas.
- Mid North Coast: Coffs Harbour, Bellingen and Nambucca local government areas.
- Hastings Macleay: Port Macquarie–Hastings and Kempsey local government areas.

**Consumer Advisory Committees**

- Northern NSW Consumer Advisory Group – This advisory group is no longer shared with NNSWLHD, as a consequence Healthy North Coast has defaulted to a member only basis. This could have implications for meeting Commonwealth requirements.
- Mid North Coast Consumer Advisory Group – MNCLHD advisory committee.

**Aboriginal Specific Committees & Community Voices (these committees do not report to the board)**

- MNC Aboriginal Accord.
- North NSW Aboriginal Committee.

**Current Status**

- A summary of the Clinical Council characteristics has been summarised in Table 1.0 below.

*Table 1.0 Current Clinical Council Characteristics*

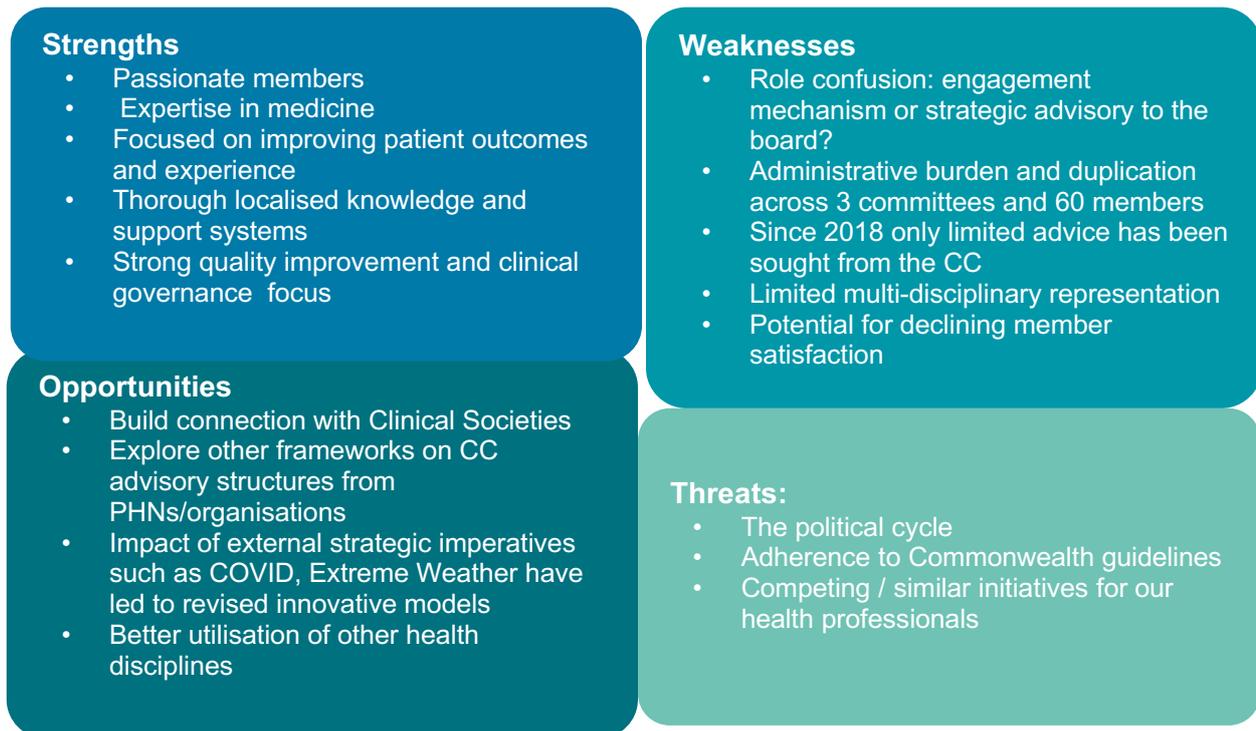
Characteristics	Clinical Councils
Names	<ul style="list-style-type: none"> <li>Northern NSW Clinical Council.</li> <li>Hastings Macleay Clinical Council.</li> <li>Mid North Coast Clinical Council.</li> </ul>
Role / Purpose	Provide advice on: <ul style="list-style-type: none"> <li>Improving patient outcomes and experience.</li> <li>Primary health care professional and business support needs.</li> <li>Development and monitoring of integrated care pathways.</li> <li>Quality Improvement.</li> <li>Service gaps, local and regional priorities and investment strategies.</li> <li>NCPHN direction, strategy and program design.</li> </ul>

Frequency	At least 6 times a year.
Membership	<ul style="list-style-type: none"> <li>• 60 members.</li> <li>• Qualified health professionals.</li> <li>• Practicing or residing within the respective Clinical Council boundary.</li> </ul>
Skills & Knowledge	<ul style="list-style-type: none"> <li>• Council members represent a broad range of clinical skills including general practice, allied health, specialists, nursing and education.</li> <li>• Council members do not participate in compulsory skills training related to Council membership.</li> </ul>
Diversity	Diversity is a principle. However current membership is almost 50% GPs with limited representation from allied health, private and health service management.
Frequency of advice sought	Since August 2018 advice has been sought twice.
Application process	Eligible clinicians will submit expressions of interest at any time to become members of Clinical Councils. Clinical Councils will consider expressions of interest at meetings and make recommendations to the Board.
Evaluation mechanisms	Each Clinical Council undertakes an annual performance evaluation.
Remuneration	<ul style="list-style-type: none"> <li>• Chairs will be paid for time spent supporting clinical council activities at a rate of \$115 per hour up to a maximum of \$5,000 per annum.</li> <li>• Members will be paid a meeting attendance fee of \$135 per meeting, including for formal Sub Groups established by the Clinical Councils.</li> <li>• Over the last 3 financial years, \$159,755.02 has been paid for Council attendance.</li> </ul>

- The most recent Clinical Council Self Evaluation, had a low volume of respondents. The findings clearly identified consistent themes among members, most highlighting the positive networking and relationships developed from participating in the Councils. There were concerns over the lack of clarity and purpose for the Council's. The majority of respondents seek a more refined approach with diverse and appropriate health professional representation to advise on clinical strategy and direction of Healthy North Coast. Some respondents advised that as clinical societies emerge as an engagement and networking platform, the Councils need to refocus on the provision of clinical advice to the board.
- On review of the Clinical Council's Terms of Reference (ToR), the role of the Council is defined as providing input and advice to the Board on:
  - Improving patient outcomes and experience.
  - Primary health care professional and business support needs.
  - Development and monitoring of integrated care pathways.
  - Quality Improvement.
  - Service gaps, local and regional priorities and investment strategies.
  - Healthy North Coast direction, strategy and program design.
- This broad definition of the Council's role has contributed to a lack of clarity for both Council members and Healthy North Coast about their role and responsibilities. This is evidenced through the Clinical Council Self Evaluation and that the Board has sought advice from the Council only twice since 2018. A lack of role clarity can contribute to a risk of declining member satisfaction. The current Councils have approximately 60 members over three locations resulting in a significant administrative burden and duplication.

- Healthy North Coast has a number of structured platforms for clinician engagement, including through clinical societies, communities of practice, and clinical input to commissioning activities, evaluation and program design.
- Therefore, the opportunity exists to refine the current role of the Clinical Council to provide strategic, purposeful and targeted advice to the Healthy North Coast Board to support the Board to best meet its objectives.

Figure 1.0 An analysis of the current Clinical Council structure summarised into a SWOT :



### Clinical Councils – PHN National Overview

- The Clinical Council structures across PHNs nationally differ in regards to the number of councils, members, skill composition and meeting frequency. In comparison to other PHNs, Healthy North Coast has one of the largest number of councils and subsequently members. Notable findings have been summarised below:
  - 70% of PHNs have either one or two clinical council(s).
  - Healthy North Coast is one of 5 outlier PHNs that have 3 clinical councils.
  - There is little to no correlation between the number of clinical councils a PHN has with the number of LHDs/LHNs within the corresponding PHN catchment, for example CESP HN has two LHDs yet only one Clinical Council, however NSW Murrumbidgee has one LHD and 4 Clinical Council.
  - The majority of Clinical Council meet quarterly, the next most prevalent frequency is bi-monthly.
  - Some Clinical Council have sub-committee structures with region specific groups feeding into the council.
  - Healthy North Coast and Central QLD, Wide Bay and Sunshine Coast have the highest number of members (totalling 60).
  - The average number of members within clinical councils is between 15 – 25.
  - On review of PHN Clinical Council Terms of References, the purpose was generally twofold: clinical engagement and to provide guidance/leadership to the board on clinical issues. Advice is

commonly sought on three themes: supporting the delivery of best practice healthcare, population health planning and commissioning.

- Member composition is varied and contains multidisciplinary professions of at least GPs, Nurses, Physiotherapists and pharmacists.
- The PHNs have 3-4 Clinical Councils do not have Clinical Societies.
- More recently, there is a trend to include diverse and skills based health professionals as part of Clinical Council membership<sup>4</sup>. An example of this is Central and Eastern Sydney PHN. Current members cover a broad range of skills, experience and health services consisting of:
  - 7 GPs
  - Aboriginal & Torres Strait Islander Health
  - Allied health: Pharmacist, Physiotherapist, Occupational Therapist, Chiropractor, Exercise Physiologist
  - health and technology advisor
  - Hospital/LHD service managers/directors x 3 from RPA, St Vincents and Sydney Children’s Hospital Network
  - Practice Nurse
  - Practice Manager
  - Universities: University of Sydney, UNSW, University of Notre Dame
  - Aged care sector representation
  - Paediatrics & population health
  - Disability services representative

**Literature**

A summary of key recommendation when developing clinical board advisory structures:

To have an effective Clinical Council, active and meaningful participation is required, this could include a ‘shared ownership’ of improving the health system <sup>5</sup> .
Clinical Councils work best when they take an active role in the planning of future clinical services, the improvement of current services, service standards, and matters the Council perceives to be of clinical relevance. To enable effective clinician engagement of the Council, establishing a forum that is culturally and professionally safe to raise issues or ideas is essential. Enabling the fearless and respectful progression of issues relevant to improvement and maintenance of clinical care is necessary <sup>6</sup> (QLD Health).
Clinical advisory mechanisms (or medical advisory board) with a diverse composition established through a skills matrix creates a strong group dynamic <sup>7</sup> .
In the National Model Clinical Governance Framework, is mentions that effective clinical governance is supported and enabled through diverse skill representation on advisory platforms <sup>8</sup> .

In summary, from the literature and learnings from other PHNs, key themes include the importance of establishing active, meaningful engagement with a clear purpose, diverse multi-disciplinary skill set

<sup>4</sup> Leading Change in Primary Health Care: [https://ahha.asn.au/sites/default/files/docs/policy-issue/leading\\_change\\_in\\_primary\\_care.pdf](https://ahha.asn.au/sites/default/files/docs/policy-issue/leading_change_in_primary_care.pdf)

<sup>5</sup> Leading change in primary health care [https://ahha.asn.au/sites/default/files/docs/policy-issue/leading\\_change\\_in\\_primary\\_care.pdf](https://ahha.asn.au/sites/default/files/docs/policy-issue/leading_change_in_primary_care.pdf)

<sup>6</sup> Clinical Engagement Strategy QID Health [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0027/628416/clin-coun-engage.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0027/628416/clin-coun-engage.pdf)

<sup>7</sup> The Tincture Collective [How to Build an Effective Medical Advisory Board in Seven Steps | by The Tincture Collective | Tincture](#)

<sup>8</sup> National Model Clinical Governance Framework <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-model-clinical-governance-framework>

composition, streamlined council structure with one or two councils at most, with an average of 15 – 25 members.

## Identified Gap

### Aboriginal Health Council

Poorer access to health services has contributed to inequality in health outcomes, with the burden of disease among Aboriginal and Torres Strait Islander people 2.3 times that of non-Indigenous Australians<sup>9</sup>. Key barriers identified in the Health Performance Framework 2020 include cost and lack of accessible or culturally appropriate health services as impediments to access; the impact of social and cultural determinants of health was also substantiated<sup>10</sup>.

There are numerous initiatives and strategies aimed at improving access to health services for the Aboriginal community, however two evidence based enablers that will improve access in regional, rural and remote NSW includes Aboriginal-led health service planning, design and commissioning; and embedding cultural safety as a quality standards within health services. The current lack of an official advisory structure to the board has been identified as a gap to improving access and facilitating Aboriginal led health service planning, design and commissioning.

As part of the organisation's Aboriginal Health strategy, the development of an Aboriginal Health Council as an advisory committee to the Board is essential to strengthen support at both an operational and strategic level. The proposed committee will ensure cultural safety, promote utilisation of Indigenous knowledges and provide cultural governance. Evidence supports inclusion of Aboriginal perspectives at a governance level to develop strategies to best meet the needs of Aboriginal people and communities.

## Recommendation

### Clinical Council

Healthy North Coast proposes to consolidate and refresh the three Clinical Council's into one diverse, skills based committee:

- The fundamental function of the Clinical Council will be a strategic clinical advisory role.
- Clinical Societies will be utilised by providing representation on the Clinical Council to inform local issues and context. This will include one representative from each society, therefore 8 in total.
- Adoption of a skills matrix to increase the diverse and multidisciplinary skill set and capping membership numbers.
- A total of 15 – 20 members, due to change in function and purpose, the remuneration will be amended to reflect the increase in complexity of contribution.
- Positions reserved for Board and LHD representation.

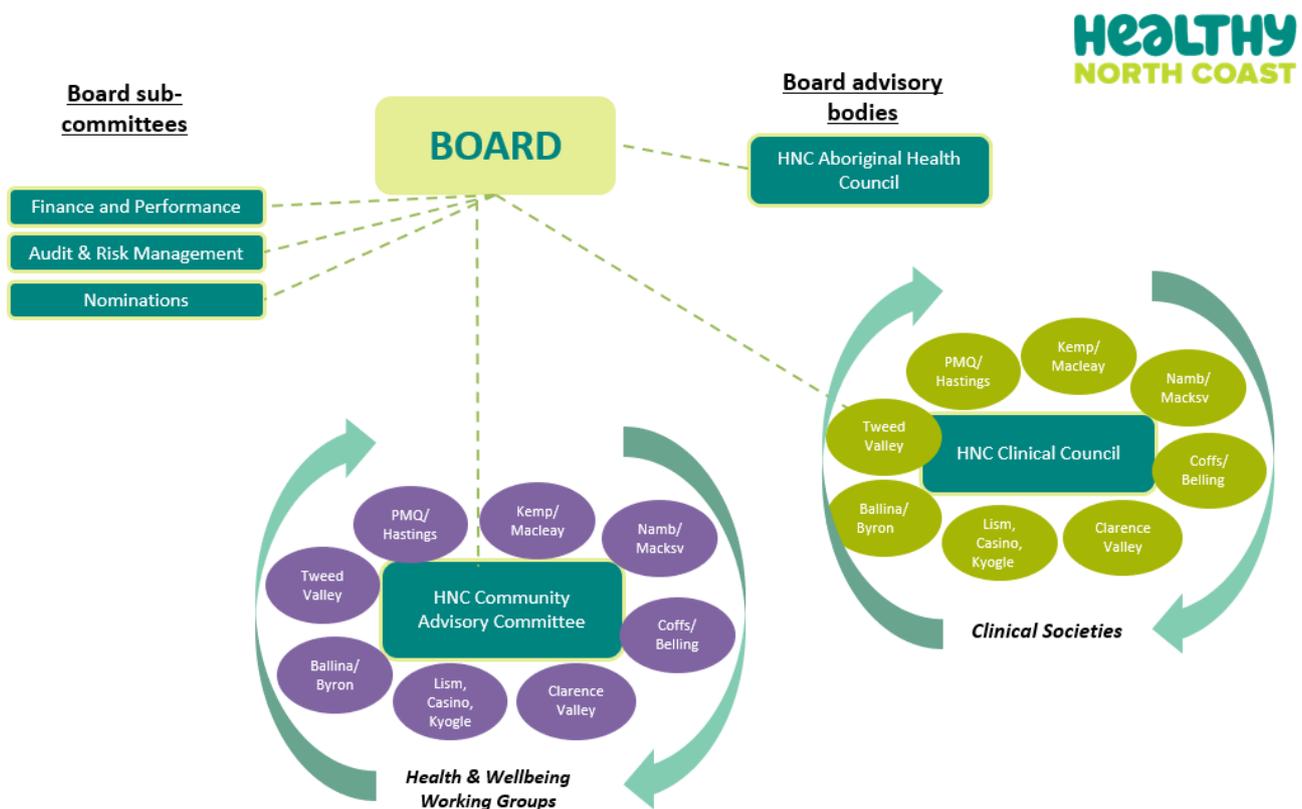
## Proposed Board Advisory Structure

<sup>9</sup> AIHW, (2020). Aboriginal and Torres Strait Islander Health Performance Framework 2020. Canberra: Australian Government. <https://www.indigenoushpf.gov.au/getattachment/744a8cf6-8eb3-4bb3-8d12-474a65bc1aa6/attachment.aspx>

<sup>10</sup> Health Performance Framework 2020, <https://www.aihw.gov.au/reports-data/australias-health-performance/australias-health-performance-framework>

The proposed Board advisory structure reflects a modified composition, based on learnings from other PHNs, analysis and literature. The inclusion of an Aboriginal Health Council is an innovative approach to improving access and facilitating Aboriginal led health service planning, design and commissioning through strategic advice to the Board. The revised structure more effectively and efficiently delivers upon The Australian Government Department of Health program funding guidelines through reducing duplication and minimising administrative overheads. Importantly this is an authentic approach to consumer and clinician engagement embedded in best practice principles, that will enable a clear purpose for each committee. The Healthy North Coast Clinical Council will be supported by in depth and localised knowledge from each of the eight Clinical Societies. The Healthy North Coast Community Advisory Committee will be supported by eight local Healthy & Wellbeing Working Groups.

Figure 2.0 Proposed Advisory Committee Structure



Date: 26/03/21	Prepared by: CEO	Endorsed for submission by: Chief Executive
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**Supporting documentation**

**Attachment A Primary Health Network Grant Programme Guidelines**