



## Terms of Reference

### Lower Hume Diabetes Collaborative Group

#### Purpose

The Lower Hume (LH) Diabetes Collaborative Group is a sub-group of the Lower Hume PCP Service Development Collaborative and has been established to support improvements in processes and systems of care for the prevention and management of diabetes across Mitchell and Murrindindi shires. Specifically, the LH Diabetes Collaborative Group will implement two specific actions from the Lower Hume Diabetes Quality Improvement Plan during Jan to June 2021.

#### Objectives

The LH Diabetes Collaborative Group provides a platform for:

- Agencies and organisations to form collaborative partnerships and to support collective effort on improving diabetes prevention and management.
- Improving quality and consistency of local services through utilising benefits of NADC primary membership.
- Increasing understanding of availability and access to local services.
- Adopt care pathways and develop local agreements for diabetes processes of care.
- Partnering with local pharmacies to support diabetes self-management and quality improvements.
- Creating best practice resources to aid in a collaborative and unified approach to support diabetes self-management.

#### Role of Lower Hume Primary Care Partnership

- Has a leadership role in facilitating and supporting catchment planning to reduce duplication and fragmentation of effort to achieve consistency for a population health approach.

#### Membership

- Membership of the LH Diabetes Collaborative Group is open to any agency or organisation working within Murrindindi and Mitchell Local Government Areas that provides or coordinates services for people with diabetes.
- Agencies that are represented by one staff member are encouraged to advise other relevant staff of the content and decisions made at each meeting.
- It is expected that member agencies will participate in projects where there is a strategic fit with their core work.
- Members are required to feedback through the Service Development Collaborative on key areas of work and link back to other chronic illness care work.

#### Committee Protocols

##### Frequency of Meetings

- Meetings will be held quarterly (March and June).
- The collaborative group will be reviewed in June 2021.
- Meetings will be conducted via Microsoft teams or attendance at Seymour Health Education Room (see below for process).
- LHPCP staff will facilitate meetings, agendas and minutes.
- Meetings will go ahead if we have a quorum consisting of 50% of member agencies who regularly attend the meeting.

### Video Conferencing Process

- Lower Hume PCP will book Microsoft teams virtual meetings and include the details at the top of each Agenda.
- It is the responsibility of each member to ensure they have access to and know how to use Microsoft teams.
- Members will dial into Microsoft teams at least 10 minutes prior to the scheduled meeting time.
- The meetings will start and finish according to agenda timeframes.
- All members are required to RSVP their attendance to the minute taker no later than 1 week prior to the meeting.

### Decision Making

- The process for decision making will include the following:
- A quorum will consist of 50% of member agencies who regularly attend the meeting.
- Where consensus is not possible a two thirds majority vote is required to pass decisions.
- Adequate time for consultation on decisions will be provided to enable members to consult appropriately within their organisations and to ensure they are able to put forward the views of the organisation/networks they represent.
- Members are to clearly identify those matters requiring a higher level of decision-making authority than they are able to provide, and a process agreed for ensuring that the appropriate level of authority is engaged in the decision-making process, within a reasonable timeframe.
- There will be a process for formal documentation of agreements reached by the stakeholders on key planning and development decision points. (Key decision points within the planning process will be formally documented and agreed before progressing to the next area of decision making.)
- All participating agencies are to be involved in the development of service development planning, implementation and evaluation.

### Administration & Documentation

- Agendas will be distributed at least 2 weeks before meetings.
- Minutes will be distributed no more than 2 weeks after each meeting with appropriate action notes.

### Chairperson

- The Chairperson will be shared by organisations based on the roster below:

March 2021	Nexus Primary Health
June 2021	Yea & District Memorial Hospital

- If they are unable to attend the meeting, they will ensure another person from their or another agency will Chair in their place.

### Minute Taker

The minute taker will:

- be a staff member of the LHPCP or proxy as required
- distribute minutes
- ensure that the minutes outline an issue and feature actions required
- ensure that a complete set of all minutes is retained

- distribute the final agenda and any written reports at least 2 weeks before the meeting using the agreed agenda format for each meeting

**Apologies**

Apologies will be submitted to the Minute Taker 1 week before the meeting.

Members whether active or e-mail subscribers should put in an apology for all meetings.

**Term and review**

The Terms of Reference will be reviewed annually in June.

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