

Inner South East Partnership in Community & Health

Partnership Agreement

Revised May 2010



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Introduction

The Primary Care Partnership (PCP) program is a State Government funded program with two key aims:

- To improve the experience and outcomes for people who use primary health care services;
- To reduce the preventable use of hospital, medical and residential services through a greater emphasis on health promotion programs and by responding to the early signs of disease and/or people's need for support.

The Inner South East Partnership in Community and Health (ISEPICH) is one of 31 Primary Care Partnerships in Victoria. The Partnership is funded by the Department of Health (DH) and governed by an Executive Committee, drawn from local service providers that are members of the Partnership and community members. Established in 2000, ISEPICH now has over 50 member agencies within the catchment municipalities of Port Phillip, Stonnington and Glen Eira.

Vision

ISEPICH's vision is:

To improve the health and wellbeing of the inner south east community, through working in partnerships, with a commitment to equity and inclusion.

Aims and Principles

We aim to achieve this vision through:

- Building strong and effective partnerships through relationships that are built on trust and mutual respect;
- Addressing the social determinants of health, acknowledging that social factors, including inequality and exclusion, are contributors to ill health and poor wellbeing;
- Leading, influencing and advocating for best practice service planning and service provision;
- Integrated population health planning and health promotion;
- Building the capacity of the Partnership to respond to community needs;
- Improving the coordination and integration of services;
- Improving support, treatment and care for people with chronic conditions;
- Facilitating the active participation of consumers, carers and community members;
- Cultural sensitivity;
- Valuing of diversity in all its forms;
- Ongoing and open evaluation, monitoring and reporting on what we do; and
- Dissemination and use of evidence including evidence of effectiveness (what has worked and what has not, both in this community and in others).

Membership

Membership Eligibility

All primary care and community service agencies, which provide services in the ISEPICH catchment, are eligible to become members. Agencies may apply for membership by signing the Agreement and their application will be considered at the next Executive meeting.

Members must be willing to support ISEPICH's vision, aims and principles, as set out above.



Responsibilities of Members

Signatories to this Agreement make a commitment to:

- Working collaboratively to achieve the vision of the ISEPICH Partnership;
- Contributing to the development of ISEPICH's strategic directions and the ISEPICH Strategic Health and Wellbeing Plan (the Strategic Plan);
- Working collaboratively to implement the Strategic Plan;
- Providing information as required in order to evaluate the Strategic Plan and meet the reporting requirements of the Strategic Plan

Member agencies are expected to participate in ISEPICH initiatives and working groups that are relevant to their role. There is no expectation that member agencies must be involved in all ISEPICH activities. ISEPICH is committed to inclusion and recognises that small agencies, in particular, may have limited capacity to be involved in activities, while noting that small agencies can make, and have made, a significant contribution to the Partnership.

Where agencies are involved in ISEPICH activities, they need to make a clear commitment regarding their level of involvement and how much time they can dedicate to certain initiatives. This can occur in the process of developing project briefs or plans. Members must be willing to promote continuity of membership and regular attendance at all relevant meetings.

Life of the Agreement

This Agreement will be valid for the term of the State Government Primary Care Partnership Program.

The Agreement will be reviewed every two years, or at the discretion of the Executive. Proposed changes to the Agreement must be in writing and circulated to all signatories.

Members wishing to withdraw from the Partnership will give three months notice in writing to the Executive of their intention to leave. During the period of notice, the member will continue as an active member in the full spirit of this Agreement.

Consultation, Communication and Transparency

ISEPICH is committed to actively involving, consulting with and communicating to all stakeholders in the development and implementation of initiatives. The following mechanisms facilitate this:

- Dissemination of information for the ISEPICH Executive, Member Agencies, Community Representatives and Project Staff, about the policies and procedures for the management and operation of ISEPICH;
- Written communication from the Chair containing information on current issues and opportunities, that is distributed widely to individuals, including agency workers and community members;
- Written communication from Executive Officer on behalf of the Executive informing member agencies of key developments;
- Forums held annually that provide all member agencies an opportunity to share information and plan strategic directions;
- Reports on progress of working groups and projects made available to member agencies and the community. Key documents will be made available on the ISEPICH web site.
- Regular dialogue with Kingston Bayside and other Southern Metropolitan PCPs; and
- Communication of information of general interest to the community including via the media.



Obligations of this Agreement

Limits of this Agreement

ISEPICH is an alliance of member organisations and is a Consortium for the purpose of the Service Agreement with the Department of Health. ISEPICH is not a legal entity in its own right. Each member organisation is a separate legal entity with its own accountability requirements, policies, practices, standards and culture. This Partnership Agreement applies only to the responsibilities to each other and to the ISEPICH Partnership as a whole that member organisations undertake as members of the ISEPICH Partnership. Each Party to the Agreement shall not be held to be jointly and/or severally liable for the acts or omissions of other Parties.

In signing this Partnership Agreement, member organisations undertake in good faith to act in such a way as to enable ISEPICH to meet the requirements of:

- a. its Service Agreement with the Department of Health, and
- b. service agreements ISEPICH may have with any other Funding body.

Listed as signatories to the Service Agreement with the Department of Health are nominees of partner agencies, as agreed, represented on the ISEPICH Executive, including the Funds Holder for the Partnership.

The Department of Health provides funding to ISEPICH for Services in the areas of: Partnership Development, Service Coordination, Integrated Health Promotion and Integrated Chronic Disease Management (the Services). To support the Service Agreement, the Department provides policies and service standards as to how the Services are to be provided and reported on. The Services are expressed in practice in the ISEPICH Strategic Plan (or its equivalent as agreed from time to time) and related operational plans. Member organisations meet their obligations under this Partnership Agreement through acting in good faith to develop, implement and evaluate the Strategic Plan, to the extent set out under Responsibilities of Members, above.

The PCP Insurance Program provides insurance cover, through the Victorian Managed Insurance Agency (VMIA), to all PCP members in accordance with Department of Health funded activities identified under the Department of Health Service Agreement with the PCP.

General Obligations of Members

Members of ISEPICH will *act in the public interest* and not in a manner designed to gain unfair advantage for themselves, their agencies or other individuals such as relatives, close friends or business acquaintances. This particularly applies if members are involved in areas such as the letting of contracts or purchasing of goods and services. Members must disclose in writing any pecuniary or other interests they hold which could lead to potential or actual *conflict of interest* between private activities and official duties.

Members are required to respect the *confidentiality of information* provided on an in-confidence basis.

Should the situation arise, members will not seek or accept favours or *gifts* for services performed in connection with performing ISEPICH duties. Included in this category are gifts in kind, such as free travel or accommodation arrangements. They may accept token gifts or trivial benefits, such as boxes of chocolates or flowers from grateful service recipients or the wider community.

Use of *intellectual property* acquired as a consequence of involvement in ISEPICH will be determined in accordance with Department of Health guidelines and, if relevant, with other funding body guidelines.

ISEPICH may support *funding submissions* by single agencies and collaborative partnerships where:

- The project is consistent with ISEPICH objectives and philosophy;



- The proposed service/project complements existing services; and
- The agency/s concerned has the capacity to effectively manage the initiative.

ISEPICH reserves the right to support more than one proposal for the same funding.

Agencies undertaking or acting as fundholders for *ISEPICH projects* are required to:

- Provide progress and financial reports to the Executive. The frequency of these reports will be negotiated on an individual basis;
- Ensure compliance with the conditions of the service agreement or other requirements between ISEPICH and the funding body; and
- Ensure that an appropriate evaluation process occurs. A written report is to be provided to the Executive at the conclusion of the project.

Dispute Resolution

ISEPICH members are encouraged and supported to express and discuss issues openly. Members are encouraged to recognise and value diversity and seek to anticipate and resolve differences. Where agreement cannot be reached, the matter should be referred to the relevant working group Convenor or the Executive, with a view to resolving matters as quickly as possible.

Member agency representatives are encouraged to discuss any concerns with an Executive member. If necessary the Chairperson will make contact with the agencies concerned, with a view to quickly resolving the issue. If the grievance is in relation to the performance of the Chairperson, or the chairperson's agency, a quorum of the Executive will be convened to determine an appropriate course of action.

The Executive Committee

The Executive is drawn from member agencies. It has a leadership role and is responsible for the overall governance of ISEPICH including the implementation of ISEPICH initiatives.

Executive members will take responsibility for specific in portfolio areas, determined on an annual basis as part of the strategic planning process.

Responsibilities of the Executive include:

- Governance and membership of ISEPICH;
- Overseeing the development and implementation of the strategic plan;
- Budget approval and ongoing monitoring of finances;
- Determining ISEPICH staff requirements and involvement in recruitment processes;
- Ensuring effective decision making processes;
- Developing and implementing ISEPICH policies and procedures;
- Convening stakeholder forums and overseeing working groups;
- Facilitating communication across the primary care and related service provider networks and between sectors;
- Establishing mechanisms to ensure carer and community participation;
- Representing ISEPICH to the Department of Health (DH);
- Negotiating and managing the Service Agreement between ISEPICH and DH, and monitoring the outcomes; and
- Matters of public relations.



Nominees of agencies represented on the Executive, as agreed from time to time, will be listed as signatories to the Consortium Service Agreement with the Department of Health. These members will include the current Funds Holder (see Funds Holder section below).

Executive Membership

The Executive will comprise one nominated representative from the following agencies:

Permanent members:

- City of Stonnington;
- City of Port Phillip;
- City of Glen Eira;
- Royal District Nursing Service Limited;
- Alfred Health;
- Inner South Community Health Service;
- Bentleigh Bayside Community Health and
- Southcity GP Services

Elected Members:

- Three community members, including one from the Health Promotion Working Group, one from the Service Coordination and Integrated Disease Management Group and one from the Community Advisory Group;
- Two small or specialist agencies;
- One ethnic services sector representative; and
- One general member agency.

Election and Period of Appointment

An election process will be held every two years. Nominations for the elected positions will be invited from all agencies which are members of that particular category of membership. Nominees are required to lodge a written statement within one month outlining their skills and experience and their reasons for nominating.

If more than one nomination is received for an Executive position, all member agencies will be invited to cast a vote (one per member agency). The Executive will appoint a permanent member of the Executive to act as the returning officer. A simple majority vote from a secret ballot will determine the successful nominee/s.

Responsibilities of Executive Members

It is the responsibility of each agency to select its own representative to sit on the Executive. Representatives are deemed to be empowered by their organisations to contribute to the collective decision making processes of ISEPICH.

Agency representatives:

- Require knowledge and expertise in primary care at a strategic and senior management level;
- Must be able to attend meetings regularly and participate in working groups or sub-committees, and



- Are expected to encourage the implementation of decisions made by ISEPICH within their own organisations.

Meetings

- Meetings of the Executive will be held a minimum of five times per year;
- Executive member agencies are required to have a representative at all meetings of the Executive;
- A quorum shall consist of seven members of the Executive.

ISEPICH is committed to open and transparent decision making processes and these are guided by a decision making protocol. Executive decision-making will be by consensus as far as possible. Where a decision cannot be reached the item will be placed on the agenda of the following meeting and a vote will be taken. The chairperson will not have an additional deciding vote.

Meeting Processes:

- The agenda will be developed and circulated a minimum of five days prior to the meeting with all relevant documentation attached;
- Minutes will include clear decisions and action items;
- Minutes of Executive meetings will be available to the general membership following confirmation by the Executive Committee; and
- Members have the right to abstain due to conflict of interest, which is to be documented.

A *policy* manual is maintained which documents policies made by the Executive and contains references to key documents produced by ISEPICH.

The ISEPICH Executive will undertake a regular *strategic planning* review consulting with member agencies, working groups and community representatives.

The Executive will undertake an annual *evaluation* of ISEPICH's performance, including the functioning of the Executive.

Orientation of New Executive Members

An orientation program is provided to familiarise new members of the Executive with ISEPICH's purpose, strategic directions and operating procedures. Individual needs differ, however the orientation will include:

- A briefing by the Executive Officer;
- Copies of key documents including a list of members and the current Partnership Plan;
- A 'buddy system' where an experienced Executive member supports new Executive members; and
- An opportunity for new members to meet with existing committee members to gain a thorough briefing on the role and current priorities.

Role of the Chairperson and Deputy Chairperson

The Executive elects a Chairperson to take overall responsibility for providing leadership within the Executive. The Chairperson will have experience and expertise in chairing meetings, an ability to manage diverse opinions and expectations, and a capacity to work collaboratively to successfully achieve ISEPICH's strategic objectives. The term of appointment of the Chairperson will be for two years and reviewed annually.

The Chairperson's responsibilities include:

- Chairing Executive meetings and coordinating the preparation of the agenda;
- Acting as spokesperson for ISEPICH;
- Coordinating initiatives, promoting ISEPICH and following through with decisions of the Executive; and
- Facilitating effective communication within the Executive, working groups and across service system networks.

The Executive elects a Deputy Chairperson to support the Chairperson in performing their responsibilities. The Chairperson and Deputy will negotiate respective roles and areas of responsibility to ensure that overall governance and leadership functions are performed effectively. The term of appointment of the Deputy Chairperson will be for two years and reviewed annually.

Working Groups

The ISEPICH Executive establishes working groups as needed. All working groups have Terms of Reference, which are 'signed off' by the Executive. Working groups comprise representatives from relevant service providers, and other stakeholders, including community members. Each working group will have a nominated Convenor who provides leadership and is responsible for ensuring effective communication with the Executive.

Responsibilities of working group Convenors include:

- Chairing meetings;
- Ensuring the group is guided by the vision and principles of the Partnership and works to achieve the tasks determined as priorities;
- Coordinating the development of the agenda;
- Establishing strong links between working groups and the Executive;
- Encouraging equal participation of all working group members;
- Representing the views of the working group to the Executive; and
- Ensuring minutes of each working group meeting are kept and distributed to working groups members and where requested to the Executive.

The Community Advisory Group

The Community Advisory Group is established by and reports to the ISEPICH Executive. The Group aims to provide an informed consumer, carer and community perspective on health, wellbeing and related issues raised by members of the Group, or matters referred to it by the Executive or Working Groups.

Membership will consist of up to 12 people who are residents of the ISEPICH catchment, broadly representing all three local government areas. It will aim to represent the diversity of the community. Members should:

- Be able to work as part of a group and able to attend daytime meetings at least once a month;
- Have an interest in health issues and community wellbeing; and
- Have an interest in improving the provision of health services and health promotion programs.

Agencies within the ISEPICH catchment can utilise the expertise of the CAG, and of individual CAG members. This could involve:

- Consultation/feedback;



- Feedback on publications (and web sites);
- Providing input into service planning and reviews;
- Input into Program and Project Evaluation; and
- Focus Groups.

One member of the Community Advisory Group represents the group on the ISEPICH Executive Committee. The Executive also has community representatives from the Health Promotion Working Group and the Service Coordination and Integrated Disease Management Group. The CAG is responsible for appointing a representative on the Executive and for appointing an alternate if the regular representative is unable to attend a particular meeting. The term of appointment for the Community Representatives on the Executive will be for a period of two years.

Executive Officer and Staff

The ISEPICH Executive Officer and other staff are employees of the fund holding organisation. The Executive delegates the implementation of human resources and other relevant policies and procedures for ISEPICH staff to the fund-holding organisation.

Under the direction of the Executive, the Executive Officer is responsible for facilitating the development and implementation of the strategic plan, the development and oversight of the budget and financial management and for the management of project staff.

The Executive Officer and staff perform a facilitation role with ISEPICH agencies, which varies according to the needs of member agencies and should be negotiated and clarified at the commencement of new initiatives.

The role of staff includes a broad range of tasks ranging from performing a secretarial role for working groups through to undertaking research and data collection, building capacity among member agencies and managing projects. Where required, staff will be involved in developing project proposals, discussion and briefing papers, submissions, reports and funding proposals.

Staff represent ISEPICH to the Department of Health and other agencies networks and forums as required.

Funds Holder

Election

The position of funds holder shall be for a two-year term and may be extended by the Executive subject to satisfactory performance. Should the funds holder wish to relinquish the role four months written notice is required. The funds holder must facilitate the transfer of relevant ISEPICH assets, funds and records to the new funds holder.

In the event that the Executive wishes to appoint a new funds holder applicants will be asked to express an interest in the position. The funds holder must be represented on the Executive. The new funds holder will be chosen by a simple vote by members of the Executive not wishing to hold this position. Selection of the funds holder will take into account the agency's capacity to perform this role, including the financial management infrastructure and support available.

Responsibilities of Funds Holder

The funds holder of ISEPICH has a number of responsibilities, including:

- Receive, bank and account for all monies allocated to ISEPICH from Department of Health (DH) and other sources in a Trust Account or other account as agreed by the Executive. Maintain a register of ISEPICH assets in accordance with DH policy;



- Liaise and negotiate with Department of Health regarding financial matters of ISEPICH in consultation with the Executive;
- Employ staff appointed to ISEPICH;
- Provide regular reports and financial statements to the Executive; and
- Compliance with Department of Health reporting requirements including annual audit.

The City of Port Phillip is the current funds holder for the Partnership.

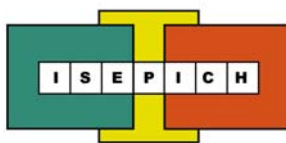
Further Information

Further information is available from the following sources:

Anne Jungwirth, ISEPICH Executive Officer
St Kilda Town Hall
Cnr Carlisle St and Brighton Road, St Kilda 3182
Ph: 9209 6455 Mobile: 0402 484 543
email: ajungwir@portphillip.vic.gov.au

The ISEPICH web site can be found at: www.isepich.org

Information about the PCP program is available at: www.health.vic.gov.au/pcps



ISEPICH Partnership Agreement Membership Signatory Page

Agency _____

Name _____

Position/Title _____

Signature _____

Witness _____

**Print Name
of Witness** _____

Dated _____