

Terms of Reference

Dementia Care Statewide Clinical Network

Effective Date	Day Month Year
Document Prepared	Month Year
Review Date	Month Year

<p>Statewide Clinical Networks</p>	<p>Statewide Clinical Networks (SCNs) are central to advancing clinical excellence and collaboration across South Australia’s health system.</p> <p>The Dementia Care SCN, hosted by the Commission on Excellence and Innovation in Health (CEIH), brings together health professionals, consumers, and subject matter experts to provide clinical leadership, strategic direction, and drive innovation.</p> <p>SCNs build partnerships and engagement across institutional and professional boundaries, allowing for improved working relationships and open sharing of information to solve system level problems, create excellence in care delivery and improve health outcomes.</p>
<p>Dementia Care Statewide Clinical Network Objectives</p>	<p>Improving the experience of care for people with Dementia across SA by connecting clinicians, consumers, services, and partners to drive best practice, consistency, and system-wide solutions. We do this by being involved with, and promoting best practice, sharing expert knowledge and listening to the voices and experiences of consumers and carers.</p> <p>The objectives are:</p> <ul style="list-style-type: none"> • Being involved with, and promoting best practice, sharing expert knowledge and listening to the voices and experiences of consumers, carers and clinicians to shape and improve the quality of care for people with dementia. • Provide statewide leadership by promoting best practice, identifying system gaps, driving collaboration across sectors, and informing strategic priorities aligned with South Australia’s ageing frameworks. • Improve the safety, quality, coordination, and experience of dementia care across South Australia by connecting clinicians, consumers, services, and system partners. • Provide a statewide forum for collaboration, clinical leadership, and expert input, bringing together clinical and lived experience perspectives to co-design priorities and solutions.

	<ul style="list-style-type: none"> • Strengthening connections across dementia, aged care, mental health, hospital, and community sectors, acting as a central connector between Local Health Networks, SA Health divisions, aged care providers, and consumer groups to improve visibility and alignment. • Promote a consistent, person-centered approach to dementia care across metropolitan, regional, community, and residential settings. • Support evidence-based practice and data-informed decision-making through improved access to and use of available data and registry insights. • Link with existing data sources and research initiatives to inform planning and evaluation. • Promote evidence-informed decision-making across the system. • Support clearer delineation and integration of care pathways between: <ul style="list-style-type: none"> ○ Dementia care ○ Psychogeriatric / older persons mental health services • Collaborate to exchange experiences, challenges and ideas and identify innovative solutions to address key system priorities related to people with dementia. • Advise the HCEC Clinical Council on issues and priorities. • Address unwarranted clinical variation and improve service performance and consumer health outcomes across the continuum of care. • Define best practice models of care. • Collaborate with Priority Focus Area projects and initiatives as appropriate. • Act as a central point for information sharing and decision-making between the SCN, CEIH, Local Health Network (LHN) and broader system.
<p>Membership and Responsibilities</p>	<p>Membership</p> <ul style="list-style-type: none"> - Clinical Lead - Consumers/lived experience - Diverse representation sourced from: <ul style="list-style-type: none"> ○ metropolitan and regional LHNs ○ private and public ○ relevant health or sector disciplines ○ community and acute care sectors ○ Aboriginal and Torres Strait Islander health ○ culturally and linguistically diverse communities ○ academia - Members are appointed for their skills, knowledge, experience, and commitment to system-wide service delivery <p>Role and Responsibilities of Members</p> <ul style="list-style-type: none"> - Focus on performance, evidence-based practice, improved consumer outcomes and a sustainable, efficient health system. - Collaborate across the sector on improvement opportunities - Actively participate in planning, design, implementation, and evaluation of work undertaken by the SCN.

- Provide feedback and engage in consultation with colleagues and clinical leaders.
- Attend meetings and undertake tasks/actions between meetings to ensure completion in the agreed timeframes.
- Act in the best interests of the SCN and broader health system.

Role and Responsibilities of Clinical Lead

- Demonstrate leadership by building collaboration, sharing expertise, promoting improvement and innovation and ensuring effective communication across stakeholders.
- Chair SCN meetings. Responsibilities include:
 - o effective and timely conduct of meetings
 - o broad participation from all members including consumers
 - o summarising decisions and actions
 - o reviewing and approving meeting papers, communications and correspondence
 - o Indicate which meeting discussions or decisions are to remain confidential
 - o Nominating a Deputy Chair
- Supported by a CEIH Clinical Network Advisor and Network Support Officer.

Responsibilities of CEIH support team (Network Adviser and Support Officer)

- Facilitate connections and collaborations across the health system.
- Facilitate access to system level data and analytics as required.
- Monitor progress of objectives and support communications across the broad health system.
- Support SCN response to urgent concerns, such as Ministerial and CEO briefings.
- Coordinate and guide the SCN through approval processes within CEIH or DHW.
- Provide secretariat support (agendas, minutes, action logs, file management).

Working Groups

- The SCN may convene subcommittees or working groups for specific, time-limited objectives.
- Chairs of subcommittees are responsible for reporting on progress at SCN meetings.
- Secretarial support for subcommittees is to be discussed with the Network Advisor.

<p>Governance and Reporting</p>	<ul style="list-style-type: none"> - The SCN is accountable via the Clinical Lead to the Executive Director, Clinical and Consumer Partnerships (CEIH). - The Clinical Lead is a member of the HCEC Clinical Council and participates in LHN governance committees. - Annual workplan and quarterly status reports are recommended. - The Clinical Lead and members (if SA Health employees) have LHN support to participate in the SCN and maintain active participation in respective LHN governance committees. - SCNs are sponsored by an LHN CEO or senior clinical leader. - Status reports are provided to the HCEC Clinical Council by the Clinical Lead as required. - Appointments are for two years, with annual review and opportunity to extend.
<p>Communication and Collaboration</p>	<p>SCNs communicate and collaborate via:</p> <ul style="list-style-type: none"> - Group email correspondence - MS Team Channel - SCN meetings and individual member discussions - Webpage, LinkedIn - Other methods as determined
<p>Meetings</p>	<p>Frequency</p> <ul style="list-style-type: none"> - To be determined by the SCN and at the Clinical Lead’s discretion. Propose monthly but with a minimum of four meetings per year. <p>Proxies</p> <ul style="list-style-type: none"> - Proxies are appropriately briefed. The Network Advisor and Clinical Lead will be notified in advance of the scheduled meeting. <p>Decision Making</p> <ul style="list-style-type: none"> - Consensus is preferred with a majority vote if needed. - Tied votes are considered at the next meeting and/or escalated to the CEIH Executive Director, Clinical and Consumer Partnerships. <p>Quorum</p> <ul style="list-style-type: none"> - 50% of members plus one. - Meetings may proceed if a quorum is not present. In-principal decisions are confirmed out-of-session if quorum is not met. <p>Attendance/Apologies</p> <ul style="list-style-type: none"> - Attendance is expected at 75% of meetings and events per year. - Repeated absences may require a member to step down at the discretion of the Clinical Lead.
<p>Conduct, Confidentiality and Conflict of Interest</p>	<ul style="list-style-type: none"> - Members act ethically, maintain confidentiality and declare any conflict of interest prior to joining the SCN and as needed. - If there is a declaration of conflict of interest, members will refrain either from voting/ participating in discussions. - Conflict of Interest forms are completed annually or as needed. - Decisions made by the SCN are binding. Members will comply with the decisions and not participate in dissent outside SCN meetings. - When speaking on behalf of the SCN (e.g. at conferences, workshops etc.) approval must be obtained from the Clinical Lead and in some cases CEIH Executive prior to speaking.

	<ul style="list-style-type: none">- The Chair reserves the right to review the membership of any member who acts contrary to expectations.- Where discussions are deemed confidential, members will not disclose such information to any person outside of the SCN without the approval of the Clinical Lead.
Remuneration	<ul style="list-style-type: none">- Sitting fees for consumers and private practitioners are paid per SA Health guidelines.
Review of Terms of Reference	<ul style="list-style-type: none">- Terms of Reference are reviewed annually or as otherwise determined by the Chair.- Changes require endorsement by the Executive Director, Consumer and Clinical Partnerships.

DRAFT

1. Endorsement

Chair / Clinical Lead [Clinical Lead Name]

Signature

Date

CEIH Executive Director, Consumer and Clinical Partnerships [ED Name]

Signature

Date

Revisions

No.	Date	Nature of change(s)
1	00/00/2025	[Change Description]

The Commission on Excellence and Innovation in Health

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