



# ABORIGINAL COMMUNITY ADVISORY COUNCIL

# TERMS OF REFERENCE

## ADELAIDE PHN - INTRODUCTION

Adelaide Primary Health Network (PHN) is a membership based organisation, focused on improving health outcomes and your experience of primary health care within the Adelaide metropolitan region.

Established and funded by the Federal Government in July 2015, Adelaide Primary Health Network is one of 31 Primary Health Networks operating across Australia (2 in South Australia). Adelaide PHN is an independent, skills based, board led, not for profit organisation. Our job is to ensure that the health system better meets people's needs and our purpose is to support primary health care providers to work collaboratively in an integrated, coordinated and connected way.

Adelaide PHN acknowledges the Kaurna peoples who are the traditional custodians of the Adelaide Region. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their cultures and to Elders past and present.

## Adelaide PHN Priority Areas

- Aboriginal and Torres Strait Islander health
- Aged care
- Alcohol and other drugs
- Children and Youth
- Culturally and Linguistically Diverse communities
- Digital health
- Disability
- Health workforce
- Mental health
- Palliative care
- Population health

These priorities are informed by the Commonwealth Department of Health's key priorities and performance indicators for all PHNs, as well as the findings of our annual needs assessment process.

## National PHN Headline Performance Indicators

- Potentially avoidable hospital admissions
- Childhood immunisation rates
- Cancer screening rates
- Mental Health treatment rates



## ADELAIDE PHN PRINCIPLES

**Inclusive:** Our community has a right to be informed of and involved in our work as it impacts on their lives and work within the region.

**Meaningful:** Our community have the right to expect contributions made to our organisation will have an appropriate level of influence on planning, decision-making and service provision.

**Relevant:** Our community engagement activities will be responsive to local needs and relevant to the vision, purpose and strategic objectives of the organisation.

**Integrated:** We will collaborate and coordinate activities with other stakeholder organisation's to avoid duplication and engagement fatigue. This will allow for an efficient, sustainable and coordinated response to key health and wellbeing issues.

**Respectful:** We acknowledge the lived experiences of our community. Our activities take a person-centred approach, recognising that the community are experts in their own lives and health care choices.

**Accountable:** Our community engagement will be appropriate, open and transparent.

**Flexible:** Our communities are diverse in their health care needs. We are committed to varied community engagement strategies that are inclusive of all people in our community.

**Reflective:** We are committed to the ongoing improvement of community engagement, with a focus on evaluation and continuous improvement

## GOVERNANCE & MEMBERSHIP

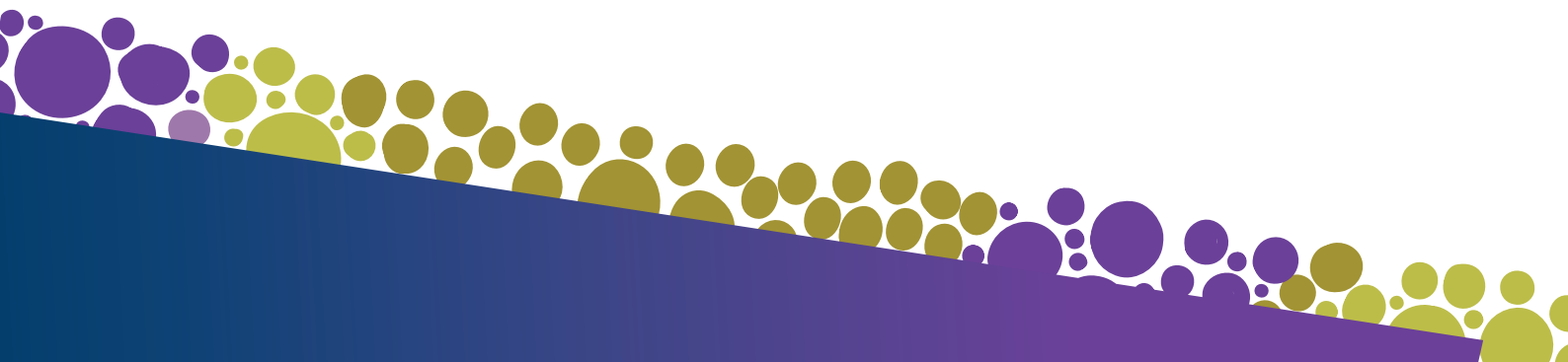
It is pivotal that Adelaide PHN actively engages with community stakeholders including community members, service providers, clinicians and primary health care workers. To enable this, Adelaide PHN has developed a membership model which underpins the decision-making process, consisting of the following;

- Board of Directors
- Membership Advisory Council (MAC)
- 3 Clinical Councils (CC)
- 4 Community Advisory Councils (CAC) including 1 Aboriginal and Torres Strait Islander (and hereafter Aboriginal) CAC
- 1 Health Priority Network (HPN)

### Clinical Councils (CC)

Clinical Councils (CC) are aligned to the Northern, Central and Southern Adelaide Local Health Network (LHN) boundaries and work collaboratively with Local Health Networks and SA Health organisations. The Clinical Councils are GP-led and include locally based clinicians who reflect the key health service providers of the area.

Clinical Councils advise the Adelaide PHN Board on opportunities for improving medical and health care services to keep people well in the community and reduce avoidable hospital presentations and admissions. Clinical Councils identify opportunities for collaboration, partnership and advocacy to collectively meet local health needs.





### Community Advisory Councils (CAC)

Community Advisory Councils (CAC) enable broad representation of the community in the Adelaide PHN region, and provide a community perspective to Adelaide PHN Board. This ensures that decisions, investment and solutions are person centred, cost effective, and locally relevant to the community's experience and expectations.

Community Advisory Councils support Adelaide PHN to develop local strategies to improve the health care system for community members and facilitate effective primary health care provision, keeping people well in the community and preventing avoidable hospitalisation.

### Health Priority Network (HPN)

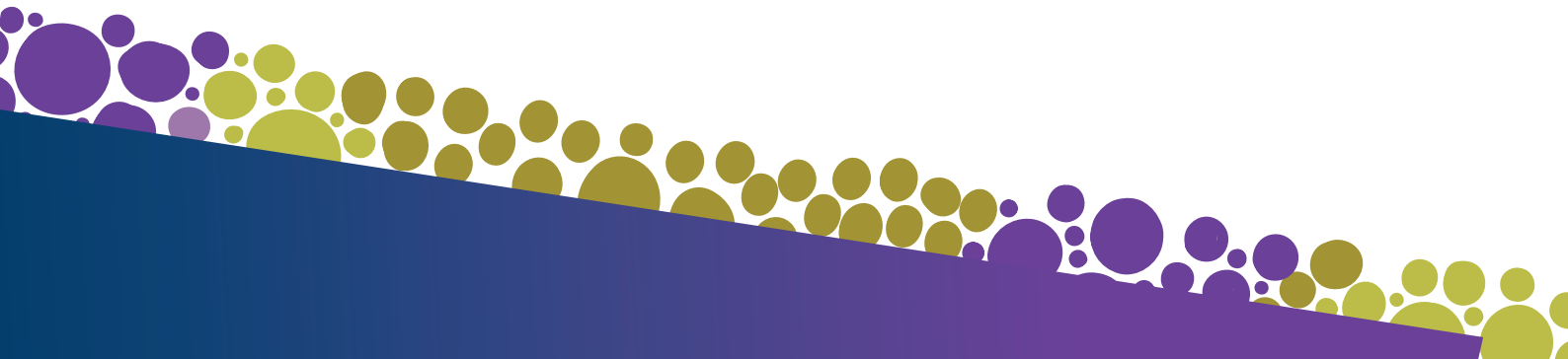
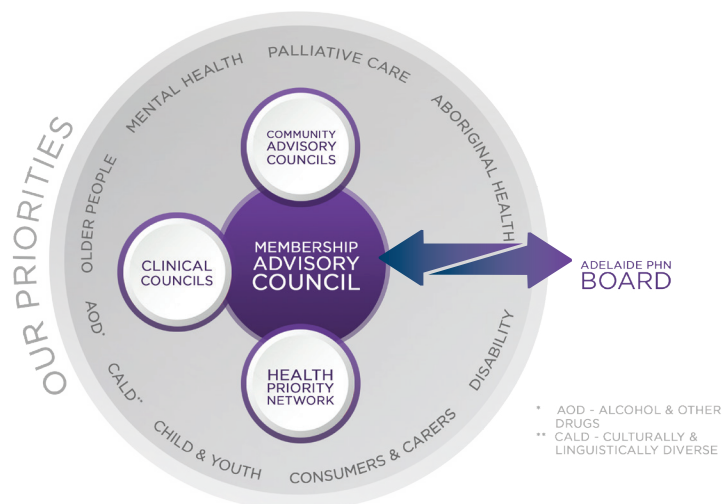
The Health Priority Network ensures a whole of community and stakeholder approach and enables input, and feedback to Adelaide PHN. It is open to health professionals, service providers, community organisations and government and non-government agencies, along with consumers.

The Health Priority Network reports to and advises Adelaide PHN Board on opportunities for improving community and health care services to keep people well in the community and reduce avoidable hospital presentations and admissions. Members share their experience and local knowledge of factors that can contribute to the successful design, commissioning and delivery of primary care services. The Health Priority Network identifies opportunities for collaboration, partnership and advocacy to collectively meet local health needs.

### Membership Advisory Council (MAC)

The MAC bring together representatives from the 8 membership groups of the Adelaide PHN.

- Provides advice to the Adelaide PHN Board and acts as a conduit for membership groups
- Provides leadership to the groups and develops overall priorities for all the groups to work on in an integrated way
- Is guided by Adelaide PHN national and local objectives





## **ABORIGINAL COMMUNITY ADVISORY COUNCIL (CAC) ROLE AND PURPOSE**

The Aboriginal CAC provides advice to the Adelaide PHN Board. The Aboriginal CAC supports Adelaide PHN to understand locally relevant Aboriginal community perspectives in relation to their unique health needs including access to primary health services and service gaps.

The Aboriginal CAC supports Adelaide PHN to develop local strategies to improve the operation of the health care system for community members and facilitate effective primary health care provision, keeping people well in the community and preventing avoidable hospitalization.

Aboriginal CAC Members are:

- Active in their local community; with a sound understanding of local primary health issues.
- Willing and able to reflect on community issues, as well as contributing from their own lived experience
- Not representing health care providers, community services, consumer organisations or academic institutes.

### **Member Responsibilities**

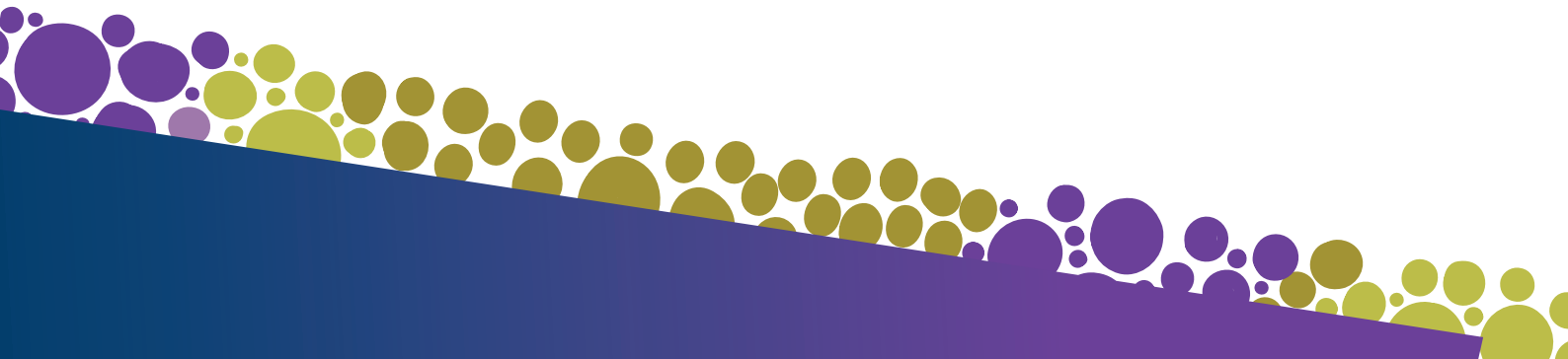
- Represent community perspectives through local networks to contribute to development of person centred approaches to primary health care delivery
- Provide advice on the community experience of health care and an insight into how services can be delivered in the community
- Provide advice to support interpretation of local health data, about the health and service needs of the community
- Articulate local Aboriginal health and service needs through the needs assessment process.
- Participate in co-design opportunities to support design and development of and evaluation of commissioned programs and services
- Support the work of the Adelaide PHN by keeping up to date and sharing information with networks and providing feedback about PHN programs and services.
- Work collaboratively with other Adelaide PHN membership groups and community and consumer groups
- Advise on community engagement opportunities and strategies
- Contribute to developing health promotion and health care integration

### **Proxies**

There is no provision for proxies should members be unable to attend meetings

### **Adelaide PHN Responsibilities**

- Provide administrative support
- Work with the Council to identify and implement strategies to achieve the role and purpose
- Support the effective operation of the Council





## **Chairperson**

Nominations for the role of Chairperson will be called for in the first meeting and election will be by secret ballot. The position will be held for 2 years, reviewed bi-annually.

## **Membership Advisory Council (MAC) Representative**

Nominations for the role of Chairperson will be called for in the first meeting and election will be by secret ballot. The MAC Representative and will hold the position for 2 years, reviewed bi-annually.

Attendances at MAC meetings will be remunerated as per the Adelaide PHN Sitting Fee and Reimbursement Policy.

Each MAC representative is required to attend at least 3 out of 4 of scheduled MAC meetings. Proxies from the Aboriginal CAC are allowed, members are responsible for briefing proxies and ensuring information is received.

## **Aboriginal CAC Member Recruitment and Appointment**

The Aboriginal CAC will consist of between 8 and 12 community representatives. Three positions will be allocated to people between the age of 18 and 30 years, to encourage participation of younger people. Up to 9 positions will be recruited from Aboriginal people residing within the Adelaide PHN region.

Recruitment and appointment of Aboriginal CAC members can occur throughout the year, based on need. Members will be recruited for their skills, knowledge and experience, and to ensure gender and regional representation. Recruitment will encourage participation from community members with lived experience of the health system. CAC members will be appointed for 2 years with the opportunity to re-apply. The Aboriginal CAC membership profile will be reviewed annually.

## **Meetings and Attendance**

There are 4 regularly scheduled meetings annually. Members are expected to attend all meetings. Should a member miss more than one of the four regular meetings within the financial year, their membership will be reviewed for extenuating circumstances by the Chair and Adelaide PHN, and may be cancelled.

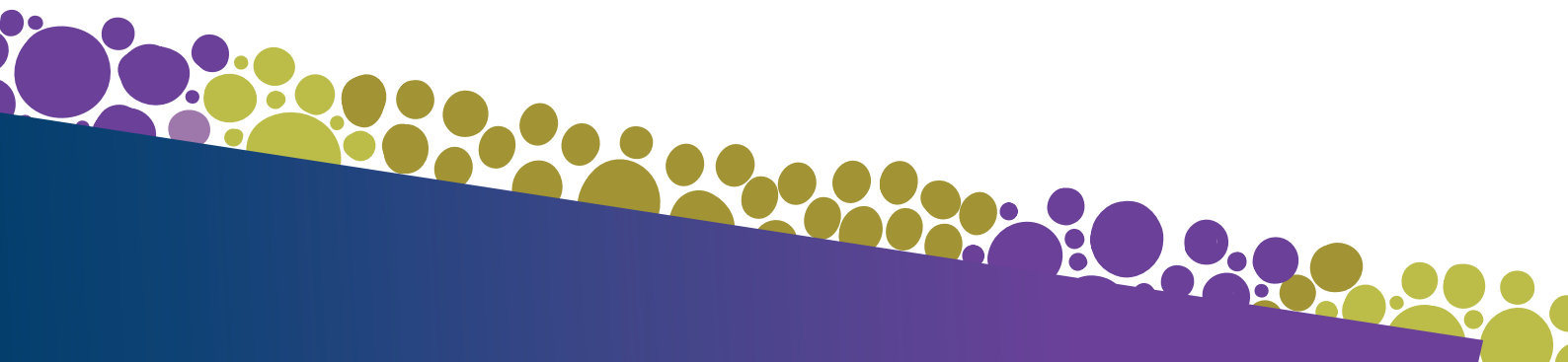
Aboriginal CAC members are expected to:

- Maintain productive working relationships with other members of the Aboriginal CAC, other membership groups and staff of Adelaide PHN
- Adequately prepare for, regularly attend and actively participate in meetings
- Complete or contribute towards any agreed actions of activities arising from meetings
- Behave in a respectful and courteous manner

A member may participate in a meeting by electronic means (teleconference or skype).

A quorum of half the number of current members of a group, plus one, is required for regular scheduled meetings to proceed, if there is an appropriate representation of members.

The online platform Confluence is provided to facilitate discussion and consultation outside of meetings.





### **Resignation or Dismissal of a Member**

Members may resign by written notice to the CAC Chairperson at any time. The Adelaide PHN Board may revoke membership of the CAC for any member at any given time, for failure to comply with the Terms of Reference, behaving in a disrespectful or unprofessional manner or any lawful instruction by the CAC Chairperson.

### **Remuneration**

Sitting fees and reimbursements in line with the Adelaide PHN Sitting Fee and Reimbursement Policy will be supported for community representatives and carers attending the meeting in an unpaid capacity.

### **Decision Making**

For the CAC to make recommendations or decisions, consensus of the group must be reached. Design of decision making processes will enable sufficient opportunity for all members of the group to object or support proposed actions. Given a fair opportunity to provide feedback, and in the absence of any objections, decisions will be carried. When a group vote is required, each CAC has 1 collective vote. When requested to vote, the Chair/MAC representative will be supported by Adelaide PHN to coordinate their group's collective vote.

### **Member Elected Director**

Adelaide PHN has up to 3 Member Elected positions on the Board, elected for a 3-year term, via a staggered, rotational election system. As terms expire, membership nominations and voting occurs, with final endorsement of a new Member Elected Director at the Annual General Meeting (AGM) held in October of that year.

Key points to this process include:

- There is a maximum of 1 nomination for the Board from each membership group, and the decision to nominate a member (or not) must be reached by consensus decision within the group
- A maximum of 5 nominations of a possible 13 will be selected by the Nominations Subcommittee (utilising the skills matrix) of the Board for voting in a membership election.
- There is 1 vote per membership group in the election. This vote must be reached by consensus decision within each group

For a member to be eligible to nominate for the Board and participate in voting for a Member Elected Director, they must have attended 3 of the regular 4 quarterly membership meetings in the last financial year relating to the AGM.

### **Declaration of Interest**

Aboriginal CAC members must declare to the Chair, any interest, potential or apparent conflict of interest in matters that might be considered by the group.





### **Minutes and Agendas**

The management of minutes and agendas will be the responsibility of Adelaide PHN. Meeting summaries will be made public on Adelaide PHN website once the minutes have been ratified. Meeting minutes and actions will be emailed to all attendees, and made available on Confluence.

### **Terms of Reference Review**

The Terms of Reference for the CAC will be reviewed annually. May 2018

## **REFERENCE DOCUMENTS**

- Stakeholder Engagement Framework
- Aboriginal and Torres Strait Islander Community Engagement
- Reconciliation Action Plan
- Sitting fee and reimbursement policy