

Terms of Reference

Community Advisory Council (CAC)

Adelaide PHN Overview

Background

Primary Health Networks (PHNs) have been established by the Federal Government with the key objectives of increasing the effectiveness and efficiency of medical services for patients, particularly those at risk of poor health outcomes and improving coordination of care to ensure patients receive the right care, in the right place, at the right time.

Vision (our aspirations for the future)

Connecting you to health.

Purpose (our reason for existence)

Facilitating a collaborative and responsive health care system for metropolitan Adelaide.

National PHN Priority Areas

1. Aboriginal Health
2. Mental Health
3. Population Health
4. Health Workforce
5. Digital Health
6. Aged Care

National PHN Headline Performance Indicators

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

Governance & Membership

It is pivotal that the Adelaide PHN actively engages with community stakeholders including community members, service providers, clinicians and primary health care workers. To enable this, the 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 (CCs)
- 3 Community Advisory Councils (CACs)
- 7 Health Priority Groups (HPGs)

Adelaide PHN Overview

Engagement Values

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

Principles

- Committed to improving the patient 'experience' of the health system
- Act with integrity and transparency
- Make timely decisions of the highest ethical standard
- Be responsive to individual, community and provider needs within local communities
- Meet challenges with innovative and responsive solutions
- Foster, enable and facilitate partnerships that enrich and improve health services, activities and systems
- Be flexible, adaptable and responsive to continuous quality improvement and evaluation outcomes
- Remain connected to local communities in their respective settings
- Be held accountable by those we serve as an enabler, facilitator or commissioner.

Community Advisory Council (CAC)

Terms of Reference

Purpose

The CAC will ensure broad representation of the community in the APHN region, and provide a community perspective to the APHN Board to ensure decisions, investment and innovations are patient-centred, locally relevant and aligned to local care experiences and expectations.

Role

The CAC supports the APHN to develop local strategies to improve the operation of the health care system for patients and facilitate effective primary health care provision, aimed at reducing avoidable hospital presentations and admissions, and is;

- Strategically aligned with its corresponding State Government Department of Health Local Health Network (LHN).
- A high level Advisory Council that report to the APHN Board via the Membership Advisory Council.

The APHN's Responsibilities

- Ensure the recruitment process is transparent, fair and equitable.
- Provide timely access to relevant and emerging information to assist the CAC's ability to provide meaningful strategic advice.
- Supporting the overall engagement process.
- Enable the CACs to have an effective and meaningful way to report to the APHN Board.
- Promote the value of the CACs – including educating APHN staff about the role and benefits of using CAC and incorporating the group into strategic planning.
- Provide training to Community advisors where required to ensure they have the necessary skills to participate in a committee environment.

The CAC's Responsibilities

- Advise the APHN on the community's views that can be recognised and reflected in the work of the APHN.
- Advocate on behalf of their community, that is, identify and increase awareness of communities of interest, including the needs of disadvantaged, isolated and marginalised communities.
- Participate in monitoring and evaluation processes as required by the APHN.
- Assist in the identification of training needs to assist Community advisor's participation in the CAC.

Appointments

Initial appointments of the ten (10) members of the Council will be for one or two years, to ensure adequate continuity of membership, and to provide for continuing vitality of the CAC. There will be opportunities for re-appointment.

Representation

Community advisors are:

- Active in their local community; with a sound understanding of local primary health issues.
- Willing and able to reflect on community issues, rather than focusing on personal concerns or individual concerns.
- Not representative of health care providers, community services, professional consumer organisations or academic institutes.

Chairperson

The Chairperson will be elected by the members of the CAC and will hold the position for one year, with a review of the position in July 2016.

Quorum

For the CAC to achieve a quorum on recommendations, decisions or nominations to the APHN Board, a quorum of (5) members is required for a meeting to be held, assuming that there is an appropriate representation of members from all areas and according to the agenda for each meeting.

Minutes & Agendas

The CAC will ensure regular reporting of locally relevant consumer issues to the Board, including the timely preparation of meeting minutes and agendas.

Meetings

Each CAC will be required to meet quarterly (four times per year) with 6 meetings being scheduled in the first year to allow for effective establishment. Meeting will be for the duration of 2 hours dependent upon the agenda.

The APHN must provide executive support as required, including Executive Management attendance when requested as appropriate at each CAC meeting.

A nominated staff member from the APHN should be in attendance at each CAC meeting, providing the group with guidance and support as appropriate.

Attendance Requirements

- Each participant is required to attend at least 80% of scheduled meetings

Resignation or Dismissal

- CAC participants may resign by written notice to the CAC Chair or Secretariat at any time.
- The APHN Board may revoke a participant's membership in a CAC at any given time, for failure to comply with the Terms of Reference, including attendance requirements, behaving in a disrespectful or unprofessional manner or any lawful instruction by the Chair of the CAC.

Support for Community Advisors

Community Advisors have the right to reasonably expect the following level of support from the APHN:

- Sitting fees and reimbursements in line with the ***APHN Sitting Fee and Reimbursement Policy***.
- Access to appropriate car parking.
- Meeting times and locations that are suitable for members, including after-hours meetings.
- Adequate refreshments.
- Adequate orientation and training. The APHN will develop a formal orientation program for each new CAC member.

APHN Membership & Membership Advisory Council (MAC)

Each CAC will participate in membership of the APHN, with one membership vote per CAC at the APHN Annual General Meeting. Along with the 3 Clinical Councils and 7 Health Priority Groups, this will make up the 13 members of the APHN.

Each CAC will be required to elect a representative (chairperson or other) to represent the CAC on the APHN's Membership Advisory Council (MAC) that will meet and report regularly to the APHN Board. The MAC will ensure a regional focus and in which opportunities and solutions are received and considered within the APHN strategic objectives and priorities. Attendances at MAC meetings will also be remunerated as per the ***APHN Sitting fee and Reimbursement Policy***. It is expected that elected member will have the capacity to attend all MAC meetings, however a proxy may be nominated in those rare instances where the elected member is unable to attend.

Terms of Reference Review

The Terms of Reference for the CACs will be reviewed annually.

The Terms of Reference for the CACs were endorsed by the APHN Board on 9 May 2016.