

# Aboriginal Community Advisory Council (ACAC)

## Terms of Reference

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### Who we are

Established and funded by the Federal Government, Adelaide Primary Health Network (PHN) is a not-for-profit organisation.

It is one of 31 PHNs operating across Australia, and one of two in South Australia.

Working closely with the wider Adelaide community and benefitting from the experience and knowledge of primary health care providers, it's the job of Adelaide PHN to ensure the health system better meets people's needs.

Specifically, Adelaide PHN is tasked to:

- Increase the efficiency and effectiveness of health services for people, particularly those at risk of poor health outcomes; and
- Improve coordination of care to ensure people receive the right care in the right place at the right time

### How we work

Adelaide PHN does not deliver health services but works by commissioning and integrating innovative health services and activities to respond to the needs of our community.

### We work to our priorities

Adelaide PHN's work is framed around the following national priorities:

- Aboriginal and Torres Strait Islander health
- Aged care
- Mental health
- Alcohol and other drugs
- Digital health
- Health workforce
- Population health

The following local priority populations are also considered and reflected across our work: Children and youth, Palliative care, Disability, Culturally and Linguistically Diverse communities.

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.

### Governance & Membership

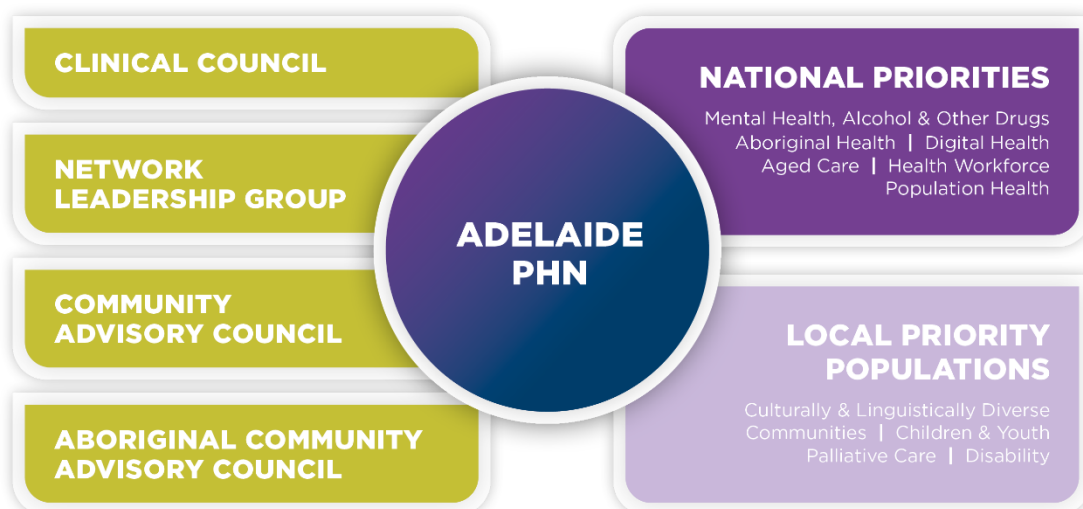
Collaboration and partnership are at the heart of Adelaide PHN.

We are a membership-based organisation and benefit from the experience and knowledge of our membership groups.

Adelaide PHN membership contributes to the understanding of our region through consultation and our annual needs assessment process. We work alongside both those experiencing and delivering primary health care across our region. Through our commissioning and integration activities we partner with government, private and non-government organisations. These partnerships support us to address barriers, foster connectivity and support access to timely and responsive health services and systems.

To ensure ongoing engagement and integration, Adelaide PHN has reviewed our membership model (Figure 1), which now consists of:

- Board of Directors
- Regional Clinical Council
- Regional Community Advisory Councils (CAC)
- Aboriginal and Torres Strait Islander (and hereafter Aboriginal) CAC
- Network Leadership Group (NLG)



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### Role and Purpose

The Aboriginal CAC provides advice to 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 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

## **Proxies**

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

## **Adelaide PHN Responsibilities**

- Provide administrative support
- Provide information such as relevant local health data
- Ensure that feedback on commissioned services and how they can be improved is communicated appropriately
- Identify opportunities to contribute to co-design of commissioned services
- Provide information about services and other activities of Adelaide PHN for dissemination to the community
- Work with the Council to identify and support the development of agreed 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.

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

The Aboriginal CAC will consist of between 8 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 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 (north, west and south metropolitan Adelaide). Recruitment will encourage participation from community members with lived experience of the health system. ACAC members will be appointed for 2 years with the opportunity to re-apply. Members will receive notification when their term is approaching its end and will be advised of the process for re-application. 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 4 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) under extenuating circumstances.

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 with written notice to the ACAC Chairperson at any time. Adelaide PHN Board may revoke membership of the ACAC 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 ACAC Chairperson.

### **Remuneration**

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

### **Decision Making**

For the ACAC 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 ACAC has 1 collective vote. When requested to vote, the Chair 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 communication of agendas, minutes & action lists will be the responsibility of Adelaide PHN. These documents will be made available within 2 weeks after each meeting to all ACAC members via *Confluence* and/or hard copy as requested.

### **Terms of Reference Review**

The Terms of Reference for the ACAC will be reviewed biannually.

Last reviewed: May 2020

### **Reference Documents**

- Stakeholder Engagement & Partnership Plan
- Reconciliation Action Plan
- Sitting Fee Policy