

Membership Advisory Council (MAC) Terms of Reference

Preamble – About the Adelaide PHN

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 PHN 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 Kurna 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 organisations 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.

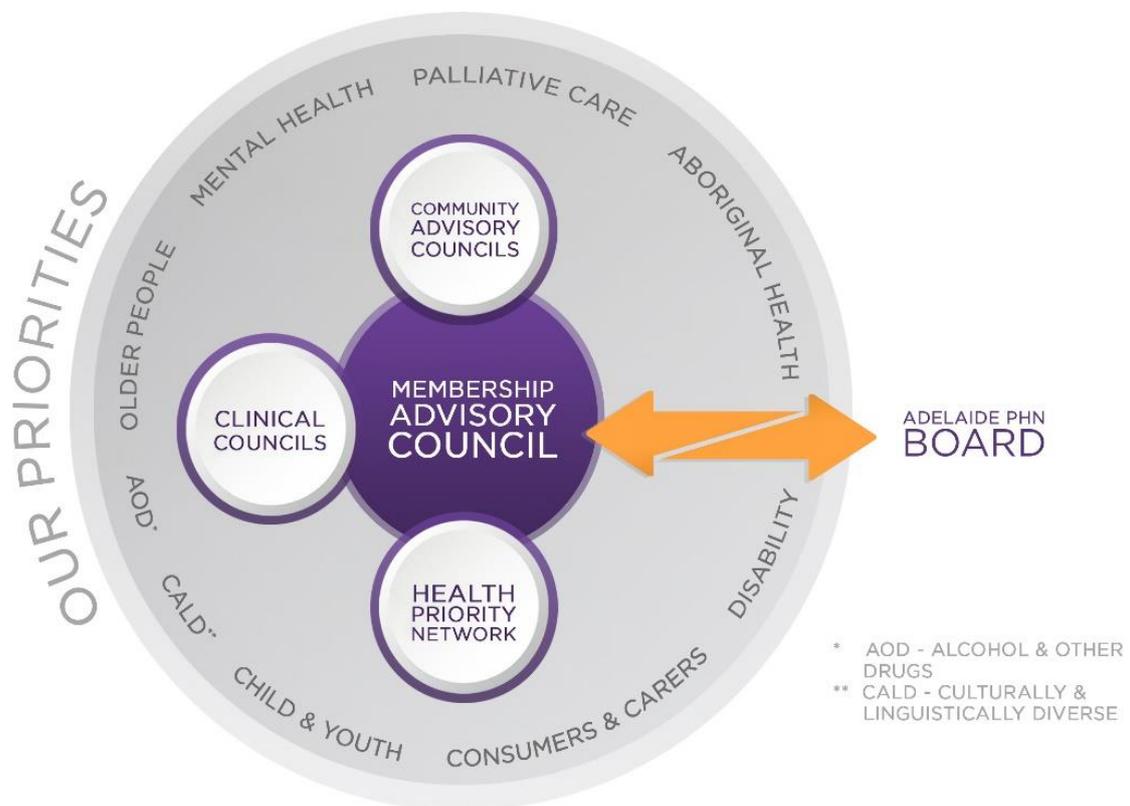
The Health Priority Network identifies opportunities for collaboration, partnership and advocacy to collectively meet local health needs.

Membership Advisory Council (MAC)

The MAC bring together representatives from the 8 membership groups of 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

The membership model below demonstrates the relationships between the membership groups, the MAC and the Adelaide PHN board.



Terms of Reference – Membership Advisory Council (MAC)

Role and Purpose

The MAC ensures community members, clinicians, allied health professionals and other service providers, as representatives of the membership groups and councils, have input into the strategic directions of the Adelaide PHN. The MAC identifies strategic themes arising from all membership groups and directs Council and Group actions to support health care integration. It provides advice to the Adelaide PHN Board and acts as a conduit between the Board and the membership groups. The MAC is guided by the Adelaide PHN national and local objectives

Membership

The Membership Advisory Council is comprised of thirteen (13) representatives, one each from the Membership groups including the CACs (3), CCs (3) and HPGs (7). The Board will provide a delegate to the MAC.

Chairperson

The Chairperson (Chair) will be elected by the members of the MAC and will hold the position from the first meeting of the financial year for two years. The Chair's role is to develop the meeting agenda in collaboration with APHN staff, chair meetings and facilitate consensus decision-making processes.

Attendance

Meetings are scheduled to align with key Adelaide PHN processes: the development of the Needs Assessment and the Activity Work Plan. There are potentially four meetings annually, with a flexible format; for instance, workshops, combined group sessions or presentations. Members are expected to attend all meetings. In the event that a MAC representative is unable to attend, a proxy is allowed. Members are responsible for briefing their proxy and ensuring relevant information is provided. New members and their proxy will be oriented to the MAC prior to the first meeting they attend.

MAC representatives are responsible for attending the APHN AGM to represent their council/group vote, as outlined in the MAC Representative Role document.

Where possible, access to teleconferencing or other media such as Face Time or Skype can be provided.

The online platform *Confluence* is also provided to facilitate pre-reading, discussion and consultation outside of meetings.

Resignation or Dismissal of a Member

Members may resign by written notice to the Chair at any time. They must also act in accordance with the ***Adelaide PHN Code of Conduct Policy***.

The Adelaide PHN Board may revoke membership of any MAC member at any time for failure to comply with the ***Code of Conduct Policy*** or with the Terms of Reference, including attendance requirements. They can also be dismissed on advice of the Chair to the Board, which will then determine their continued membership of their group or council.

Member Remuneration

MAC members can expect the following level of support from the Adelaide PHN:

- Sitting fees and reimbursements in line with the ***Adelaide PHN Sitting Fee and Reimbursement Policy***
- Access to appropriate car parking
- Meeting times and locations that are suitable for members, including after-hours meetings.

Decision making

Members must participate in consensus decision-making processes. If a consensus is not reached the Chair will negotiate with members until a consensus is reached.

MAC members are to represent the views of their group or council, and also, represent the best interests of the Adelaide PHN as a whole.

MAC members are to report back to their respective group or council on items or actions directed or suggested by the MAC.

MAC role in the Member Elected Director process

The 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.

Where Member Elected Board Director processes require consensus decisions or endorsements from membership groups, MAC Representatives may be called upon to support their group with this process. This may be in collaboration with the Chair, if the Chair is a different person from the MAC Representative.

When votes and endorsements are required, these must be reached by consensus within each group. Voting by each membership group is strongly encouraged but is not compulsory. The MAC does not get a group vote in this process.

Conflict of Interest

Where a MAC member has a conflict of interest in a matter for discussion in a meeting, that member should not take part in the discussion and decision on the issue unless the Chair is satisfied that the interest is not material to the matter. The interest must be declared to the Chair immediately and recognised and recorded in the minutes. This conflict must also be conveyed and recorded in the Adelaide PHN Declaration of Interest register via the CEO.

Meeting Support

The Adelaide PHN will provide administrative support, including the timely preparation of meeting minutes and agendas. Meeting summaries will be made public on the Adelaide PHN website once the minutes have been ratified.

Adelaide PHN Executive Management and staff will attend each meeting.

Terms of Reference Review

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

Last reviewed: Sept 2018

Reference Documents

- Stakeholder Engagement Framework
- Reconciliation Action Plan
- Sitting fee and reimbursement policy