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CENTRAL QUEENSLAND,
WIDE BAY, SUNSHINE COAST

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Community Advisory Council Terms of Reference



The role of the Community Advisory Councils (CACs) is to provide the Board of the Sunshine Coast Health Network Ltd (SCHN) trading as Central Queensland, Wide Bay, Sunshine Coast, PHN with locally relevant perspectives on community health issues.

The Community Advisory Councils will deliver local viewpoints to the Board to inform decisions that are cost-effective and aligned to real regional health care experiences and expectations. The CACs will include committed, informed members who are able to engage with health and wellness issues towards facilitating effective, sustainable and equitable outcomes for their local community.

Background

PHNs have been established by the Australian Government, Department of Health with the key objectives of increasing the efficiency and effectiveness of health services for all, particularly those at risk of poor health outcomes. PHN covers the Central Queensland, Wide Bay and Sunshine Coast region. It is one of the 31 PHNs throughout the country supporting the regions of Australia.





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One of the key requirements of each PHN is the establishment of Community Advisory Councils to support community engagement and assist the PHNs with health planning, processes, strategies and outcomes. For further information visit www.ourphn.org.au and www.health.gov.au/internet/main.publishing.nsf/content/primary_health_networks.

The PHNs support a primary health model and aim to improve coordination of care to ensure all people receive the right care in the right place at the right time including access to the knowledge and skills required to promote individual, family, community health and prevent illness, disease, disability and the need for acute care.

Primary health care is recognised as one of the most effective ways to keep individuals and communities healthy, well and active. The PHN coordinates evidence based primary and preventative health care and programmes for local regional populations across their lifespan and life phases.

Primary Health refers to health services and support that takes place outside of the hospital, including GPs, allied health, chronic disease management, aged care, physical, social and emotional health services, mental health services and sexual and reproductive health services. The PHN is inclusive of health services, care, support and information for people from urban, regional and remote populations, people with a disability, people with impaired capacity, people who identify as Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse and/or those who identify as gender and sexually diverse. Our PHN uses a Primary Health Care approach employing a social justice framework and supports the principles of accessible health care, appropriate technology, health promotion, cultural sensitivity, intersectoral collaboration and community participation (McMurray, 2015).

PHN will have three Community Advisory Councils which represent the sub regions that are aligned with the Hospital and Health Service boundaries to support community engagement and health for all:

- **Central Queensland Community Advisory Council**
- **Wide Bay Community Advisory Council**
- **Sunshine Coast Community Advisory Council.**

Function

The three Community Advisory Councils (CACs), Central Queensland, Wide Bay and Sunshine Coast, will:

- Provide information and reports to the PHN Board on opportunities to improve health services in their region;
- Identify efficiencies and inefficiencies within their local health region;
- Acknowledge and balance equitably the needs of the different populations within their community;
- Develop local ideas and strategies to improve the access to health information, services and care;
- Facilitate effective feedback regarding local health care provision to assist with the planning and implementation of services to reduce avoidable hospital presentations and admissions and requirement of acute care services;
- Advise and validate the PHN Needs Assessment for the Central Queensland region;
- Appreciate the significance of genuine and equitable communication with the community and provide authentic advice to the PHN to reinforce practice that cultivates community engagement and support the development of effective, practical and timely reporting mechanisms within the local community;
- Advise on models of care, quality improvement, research, education and other related matters as the PHN Board may seek advice on;



- Work collaboratively with the PHN's three Clinical Councils and existing hospital community health committees in the region. The role of the Clinical Councils (CC) is to report to the PHN Board on locally relevant clinical issues; and
- Advise on local issues regarding community needs and opportunities including all related community health matters as requested by the PHN Board.

The PHN will look to the CACs for advice towards formulating solutions and recommendations into Board decision making processes. The advice and recommendations from the Councils will be provided to the Board of PHN quarterly.

In addition to the quarterly reports the three CACs will endeavour to annually identify common, as well as distinct whole of region health issues and provide advice and recommendations to the PHN Board. This annual whole of PHN Community Advisory Council report will commence once CACs are established and functioning locally in the three sub regions.

Authority

The Community Advisory Councils' role is to provide information to the board. The CACs have no authority to bind the company.

Membership

Membership of the Community Advisory Councils (CACs) is made up of community members who reside in the local sub regions. The term 'Community' refers to groups of people or organisations with a common local or regional interest in health. Communities may connect through a community of place such as a neighbourhood, region, suburb; a community of interest such as patients, industry sector, profession or environment group; or a community that forms around a specific issue such as improvements to public health care or through groups sharing cultural backgrounds, faith or languages.

The CAC will be comprised of community members with, or ability to acquire, the necessary skills to participate in a council environment and who are willing and able to support the PHN mandate. The basis of the membership includes participants from a cross-section of the community and across geographical area.

The members of the Community Advisory Council are accountable for:

- Fostering collaboration and building a consensus driven approach to achieving agreed objectives;
- Maintaining focus and agreed scope to achieve benefits and outcomes;
- Providing timely feedback and informed advice for the purpose of providing sound strategic guidance from a local community perspective;
- Ensuring that the advice and recommendations provided is representative of their peers;
- Attending scheduled meetings or arranging a well-informed proxy. A proxy may only be one other named appointment. They must be nominated and identified by the primary Council member and must be a representative of the organisation or group that the primary Council member acts for;
- Responding to out of session activities as agreed by the members to ensure timeframes are met; and
- Communicating any perceived or actual conflicts of interest throughout the entirety of their membership in the Council.



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Members of the CACs will be appointed by PHN CEO, relevant Senior Managers and Community Advisory Coordinator following an Expression of Interest (EOI) process.

The Community Advisory Councils may be comprised of the following voting members:

- Chair x1
- Deputy Chair x1
- Sitting members x approx. 10-15

Members of the CAC will be selected to represent the geographical, cultural, social, content specific, lifespan and health issues of their local region. They may include but are not limited to:

- Peak Body representatives
- Aboriginal & Torres Strait Islander Community representatives
- Local Council or State Government Members or representatives
- Specific health, disease, lifespan or care issue representatives
- Health or Community academics and advisors
- Consumer advocates
- Carer advocates

Non-voting members:

- PHN CEO
- PHN Senior Manager
- Sub Regional Clinical Council member
- Secretariat supplied by PHN
- PHN, Community Advisory Councils Coordinator.

Remuneration is available for sitting CAC members. Sitting fees will be paid equally to those who are eligible for a rate of \$130 (+GST if eligible) per hour for two hours per meeting. All sitting fees must be submitted prior to subsequent end of financial year in order to be paid. If members are in a paid position in their representation on the Council the sitting fee may not be applicable. Travel reimbursement is available in line with the ATO rate of .66c per kilometre.

Members of the CACs will be appointed for an initial one year period. Reappointment may be made for two further terms of two years each.

To maintain Council membership sitting members (or their well-informed proxy) must attend no less than 75% of Community Advisory Council meetings.

Membership Review

At the end of the two-year 'membership term' all existing CAC members are required to complete an existing membership variation form.

- If an existing member opts to continue their membership for the following membership term, the member is required to elect the role, for which they are applying for eg ordinary member, Chair and/or Deputy Chair.
- If an existing member resigns at the end of the membership term, they are required to submit their resignation in writing to the PHN, Community Advisory Councils Coordinator and sit an exit interview with PERU.



Applications are to be reviewed by existing Chair, Deputy and PHN representatives to review existing skillsets, represented geographical areas & membership gaps. Chairs and Deputy Chairs will be nominated by voting CAC members at the second meeting (November) of the new term.

Where gaps in membership are identified, a General EOI form will be sent out via email. All successful members are to provide an updated bio and photo.

Meetings

There will be approximately five meetings in the calendar year (no meeting in December or January). This will begin operation in October 2017 and meetings will be bi-monthly until October 2019, when a review of the Councils is performed. Following this review, it may be suitable for the Community Advisory Councils to meet quarterly.

A quorum will be regarded as a simple majority of appointed members.

Decisions will be determined by a simple majority of votes of those present at meetings. Voting via correspondence will be determined via a simple majority of those Council members who respond to the ballot within the appointed timeline.

Meetings will be held at an agreed venue and location may be rotated as necessary in recognition of geographic area. Face to face meetings are preferred. Teleconference facilities will be available.

Meeting materials will be provided and distributed five working days prior to the meeting. Materials will include agenda, supporting pre reading papers, notes and information as required. The Minutes will be available five working days after a meeting.

The Community Advisory Councils Coordinator will provide support to the Chairs, analytical resourcing and reports for the Board and other resources as required. The Community Advisory Councils will be supported by a PHN Secretariat for administration. Meeting activity and meeting minutes will be co-ordinated by PHN Secretariat.

Reporting and Evaluation

The three Community Advisory Councils will provide recommendations and feedback to the PHN Board quarterly. The PHN Board will receive one collated report which will be responded to within reasonable and agreed timelines. The Community Advisory Councils will be listed as a standing item on the PHN Board Meeting agenda.

Evaluation Strategy

Evaluation Question	KPI (achieved/not achieved)	Tool
	Six and twelve month evaluation form indicates that 100% are satisfied with the effectiveness of meetings.	Standardised evaluation tool to be agreed on by CACs.
	There are no unresolved complaints within six months from commencement.	PHN – Compliments and Complaints register.



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Is the Board of PHN satisfied with the effectiveness of the Community Advisory Councils?	Six and twelve month evaluation form indicates that 100% are satisfied with the effectiveness of meetings.	Standardised evaluation tool to be agreed on by CACs and PHN Board.
	There are no unresolved complaints within six months from commencement.	PHN– Compliments and Complaints register.