

# Terms of Reference Community Advisory Committee

## Background

The Australian Government funds Primary Health Networks (PHNs) to increase the efficiency and effectiveness of health services for their community, particularly for those at risk of poor health outcomes. They improve the coordination of health services and seek to improve access and quality of care. There are 31 PHNs in Australia and six in Victoria.

Eastern Melbourne Primary Health Network (EMPHN) achieves this goal by improving access to existing services, commissioning services to improve health outcomes and by supporting services and others to innovate and further improve local health care. We aim to improve the health of our community by ensuring people receive the right care, in the right place, at the right time. Members must sign the EMPHN Code of Conduct and other relevant documentation on appointment to the Community Advisory Committee (CAC).

## Key functions

### Purpose

The purpose of the CAC is to provide an ongoing community perspective and advice to the EMPHN Board. This helps to ensure that decisions, investments, and innovations are patient centred, cost-effective, locally relevant, and aligned to local care experiences and expectations.

### Role

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The role of the EMPHN CAC is to:

- provide advice and input for EMPHN in relation to the integration of consumer, carer and community views into all levels of strategy, operations, planning and policy development
- provide strategic advice to the EMPHN Board of Directors on priority areas and issues from a consumer, carer and community perspective.

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## Responsibilities

The Council is responsible for:

The CAC is responsible for:

Helping EMPHN with the 'what':

- Providing advice to EMPHN on various healthcare and community issues at different stages of the EMPHN program lifecycle, including strategy, planning, design, commissioning, delivery and evaluation.
- Providing advice to various stakeholders within EMPHN, including the Board, Clinical Council (CC), and EMPHN staff.
- Providing a consumer and community perspective on matters referred to the CAC by the CC, the Board or other EMPHN Committees.
- Championing two-way communication between consumer, carer and community groups and EMPHN through members' networks.
- Championing for EMPHN in relevant forums across the region and disseminating endorsed information to colleagues and community members.

Helping EMPHN with the 'how':

- Advise on community engagement and participation methods to inform EMPHN ways of working to enable effective and meaningful engagement.
- Advising on communication strategies to assist engagement with the community.

Helping EMPHN with the 'why':

- Providing a community interpretation of data and other information to inform processes such as the EMPHN health needs assessment.
- Advise on community perspectives on various health and other social issues to assist EMPHN staff to appreciate and design for the complexities of the consumers' world.

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The Board’s commitment to the CAC will encompass consultation, involvement and collaboration.

	<b>CONSULT</b>	<b>INVOLVE</b>	<b>COLLABORATE</b>
<b>PUBLIC PARTICIPATION GOAL</b>	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.
<b>PROMISE TO THE PUBLIC</b>	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.

## Modus Operandi

### Composition

The CAC shall comprise between ten (10) and sixteen (16) members, including:

- **Community members**

A minimum of eight (8) and a maximum of twelve (12) community members are appointed by the EMPHN Board of Directors following a formal recruitment process and a formal recommendation from a CAC member, the Committee Chair and an Executive Sponsor.

Community membership as a whole should represent different facets of the EMPHN catchment. The Community experience briefing and CAC member experience matrix can be referenced to understand the current experience of the CAC, and how this relates to the catchment when recruiting new members. A minimum of one (1) member should identify as Aboriginal and Torres Strait Islander.

Community members contribute specialist knowledge and expertise by providing consumer, carer and community perspectives. Community members will need to have the capacity to reflect on and present community issues, rather than focusing on personal concerns or individual issues.

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- **EMPHN Clinical Council (CC)**

A maximum of one (1) EMPHN CC members as nominated by the CAC Board Chair. The role of the CC member is to provide a conduit for information sharing between the Council and the CAC. The EMPHN CC member may also be an EMPHN Board Director.

- **EMPHN Board Directors**

A minimum of one (1) and a maximum of three (3) EMPHN Board Directors as nominated by the EMPHN Board Chair. The minutes from each CAC meeting will be shared with the EMPHN Board as part of their meeting papers.

Board committee membership should be reviewed annually as part of Board's approval of all Board Committee membership each year.

The CEO and relevant Executive also attend formal meetings of the CAC and acts as a conduit between senior management, staff and the CAC. The Chief Executive provides information and clarification at meetings.

Others may also be invited to attend on a time-limited basis or to progress specific discussions or initiatives. Invitations to attend will be considered and approved by the Chair of the CAC with advice from the EMPHN CEO or executive.

The membership of the Committee will be reviewed regularly by the EMPHN Board to ensure it is reflective of the catchment priorities.

## **Operations**

The CAC meets formally every three months, with a minimum of three (3) meetings being held per annum.

A quorum is required for CAC meetings. A quorum is reached when a minimum of four (4) community members, one board member and one of the EMPHN CEO or executive are in attendance.

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## **Disclosure of interest**

EMPHN Disclosure of Interest policy applies to this Committee and any interests will be noted by the Chair at each meeting.

The Chair must cause the declaration to be recorded in the minutes of the meeting.

## **Agenda and minutes**

Meeting documentation, including the agenda, minutes of the previous meeting and other relevant documents, will be distributed to the committee members and attendees one week prior to the meeting.

An annual work plan and presentation program will be prepared outlining the key themes for each meeting and significant matters to be discussed.

The key actions emanating from all meetings will be minuted to reflect the work done by the CAC. The minutes will be circulated to members after a meeting, following approval by the CAC Chair and then confirmed by CAC members at the next CC meeting. The minutes will then be submitted to the Board for noting at the Board meeting next following a CC meeting (both confirmed and unconfirmed).

Secretariat functions will be provided by the EMPHN team.

## **Authority**

The EMPHN CAC is an advisory committee to the EMPHN Board. The Committee has no delegations.

## **Reporting**

The Committee shall provide an annual report of the committee to the EMPHN Board of Directors, including a review of the committee Terms of Reference.

## **Remuneration and expenses**

Remuneration for the ad hoc activities that occur is provided in accordance with EMPHN's remuneration and sitting fees policy.