

Nepean Blue Mountains PHN & Nepean Blue Mountains Local Health District

Community Advisory Committee TERMS OF REFERENCE

1. Introduction

- 1.1 The Community Advisory Committee (CAC) is an advisory body to the Board of Wentworth Healthcare Limited (“Board”) which operates the Nepean Blue Mountains Primary Health Network (NBMPHN), and the Board of Nepean Blue Mountains Local Health District (NBMLHD).

2. Wentworth Healthcare

- 2.1 Wentworth Healthcare Limited (Wentworth Healthcare) Board’s vision for *improved health and well-being of people in our community*, is underpinned by the mission and strategic objectives within the five year Wentworth Healthcare Strategic Plan. The Strategic Plan’s development and implementation is supported by Wentworth Healthcare’s key stakeholder groups including General Practitioners, Allied Health Professionals and Community and Health Consumers.

- 2.2 **Four Advisory Committees** have been appointed to ensure the key stakeholder groups are able to contribute effectively towards Wentworth Healthcare Board strategic decision making. The four Advisory Committees assist with the process by providing advice and local perspectives. The four Advisory Committees, comprise representation from local General Practice, Allied Health and Community and Health Consumers. They include:

- General Practitioner Clinical Council
- Allied Health Clinical Council
- **Community Advisory Committee** (Joint NBMLHD/NBMPHN)
- Integrating Care Clinical Council

3. Role of Community Advisory Committee

- 3.1 The role of CAC can be thought of as;

“The purpose/role of CAC is to support the NBMPHN and NBMLHD Boards from a consumer and community perspective to inform decisions, investments, and innovations that lead to achieving patient-centred, high-quality, cost-effective and responsive care for our local community. CAC will provide a conduit to ensure these actions are informed by local health consumer and carer experiences and expectations.”

4. Objectives of CAC

- 4.1 To act as a community advisory body to the NBMPHN and the NBMLHD Boards.
- 4.2 To help promote the strategic objectives and goals of the NBMPHN and NBMLHD.
- 4.3 To provide **oversight** – look at the **“current state”**
 - 4.3.1 This would include the committee receiving current state reports and updates on the ‘big picture’ of how each organisation is delivering health services. This will support community members to make more informed decisions and advice on the recommended health related plans, programs and services being delivered and developed, i.e. the annual needs assessment, activity work plans and proposals.
- 4.4 To provide **insight** – **“applying the lens of the community”**
 - 4.4.1 This would be inclusive of communities’ unique understanding, perspective and vision relating to the health material and information presented to the group – the ‘community lens’, i.e. participating in tender processes, providing the consumer perspective of how plans, activities and proposals affect the patient journey.
- 4.5 Provide **Foresight** – **“look at the future state”**
 - 4.5.1 This would be inclusive of community perspective of the longer term ‘future state’ vision in relation to each organisations’ plans, activities and proposals. Horizon scanning is included.
 - 4.5.2 Assist in identifying emerging trends, gaps, issues and assist in providing solutions.
- 4.6 To be a community and health consumer voice on health issues, needs and concerns including through connections to the four Local Government Area (LGA) Health Consumer Working Groups and other community networks.

5. Committee Member Duties

- 5.1 Members are to ensure they are kept informed of the latest issues affecting consumers across the Nepean Blue Mountains Region by:
 - 5.1.1 Liaising regularly with the local health consumers and carers networks where they exist – including the four Local Government Area (LGA) Health Consumer Working Groups
 - 5.1.2 Collaborating with the NBMPHN to receive ongoing feedback from consumers and carers including recommendations for improving programs and services.
 - 5.1.3 Collaborating with the NBMLHD to receive ongoing feedback from consumers and carers including recommendations for improving programs and services.
- 5.2 To communicate back from the NBMPHN and NBMLHD Boards to the four LGA Health Consumer Working Groups and other community networks.

- 5.3 Provide representation and input as required at the following NBMPHN activities:
 - 5.3.1 one Board meeting per year, discuss Consumer and Carer perspectives on health in the region.
 - 5.3.2 the Board Strategic Planning Day.
 - 5.3.3 forum/s (online and in person) allowing the Integrating Care Clinical Council, GP Clinical Council, Allied Health Clinical Council and Community Advisory Committee to come together to discuss relevant issues (around specific topics or broader).
 - 5.3.4 Member or representative on other NBMPHN or NBMLHD Committees.
 - 5.3.5 Other forums as opportunities are available.

6. Membership Composition

- 6.1 The CAC membership composition is skills based, i.e. members who represent a wide range of interests and networks, while recognising the region covered by the NBMPHN and NBMLHD.
- 6.2 All CAC members will have the necessary skills to participate in a strategic committee environment and, collectively, they will represent the interests of a broad cross-section of the NBMPHN and NBMLHD community.
 - 6.2.1 Health consumer training will be provided when necessary.
- 6.3 There will be up to 13 CAC members, of whom four shall be representatives from each of the LGA based Health Consumer Working Groups (where they exist), i.e. one member each from Blue Mountains, Hawkesbury, Lithgow and Penrith.
- 6.4 Board members may attend meetings from time to time as guests of the meeting, however they do not form part of the quorum or have voting responsibilities.
- 6.5 The membership composition may be altered by the Boards of NBMPHN and NBMLHD, on recommendation of the Chair, during the term of the Community Advisory Committee without a formal review.

7. Membership Requirements

- 7.1 All Members must successfully complete a National Police Check upon application and thereafter on a regular basis as required.
- 7.2 Community Advisory Committee members are required to maintain confidentiality and operate in accordance with the joint NBMPHN and NBMLHD Health Consumer Code of Conduct.
- 7.3 Each member is required to abide by the Terms of Reference of the Community Advisory Committee.
- 7.4 Members have an obligation to declaring any actual or potential Conflicts of Interest, including financial, professional and personal.

8. Chair Responsibilities

- 8.1 The Chair of the Community Advisory Committee will be elected from among the committee members, and shall be approved by the Boards of NBMPHN and NBMLHD.
- 8.2 The Chair will be a corresponding member of the following Wentworth Healthcare Advisory Committees, receiving copies of agendas and minutes. The Chair may attend these meetings as a guest;
 - 8.2.1 Integrating Care Clinical Council
 - 8.2.2 GP Clinical Council
 - 8.2.3 Allied Health Clinical Council.
- 8.3 Approving minutes as draft for distribution.
- 8.4 Appointment of vacancies as per Section 9 Recruitment process.
- 8.5 Approving meeting date changes.
- 8.6 Recommending changes to the Terms of Reference to the Board with regard to membership composition as per Section 6.
- 8.7 Other matters, within the Terms of Reference for the Council, which require response outside of the normal meeting cycle.

9. Term of Appointment

- 9.1 All appointments will be for a maximum of nine years' service.
- 9.2 Each member will be given the opportunity biennially to indicate their commitment to being a member of the Community Advisory Committee for the following 24 months.
- 9.3 The Boards of NBMPHN and NBMLHD will confirm membership of the Community Advisory Committee biennially.
- 9.4 The Boards of NBMPHN and NBMLHD reserve the right to review membership annually and make changes to ensure the Committee is representative across the region.
- 9.5 The Boards of NBMPHN and NBMLHD may remove any member who fails to comply with Section 6 Membership Requirements.
- 9.6 Consumers and community members may be reimbursed by NBMPHN to cover incurred or anticipated out-of-pocket expenses for meeting attendance and reasonable activities incidental to that meeting as outlined in the relevant NBMPHN Policy.

10. Recruitment Process

- 10.1 Where the vacancy is attributed to the LGA based working group, as outlined in the Terms of Reference, that group be approached to nominate a replacement, with the Board(s) to approve the appointment.
- 10.2 Where the vacancy is unable to be filled, or is not subject to 10.1 above, the vacancy may be filled by invitation or by expression of interest.
- 10.3 Such filling of the vacancy shall be delegated to the CEO's (or delegate) of NBMPHN and

NBMLHD and the Chair, with the Board(s) to approve the appointment.

- 10.4 In all cases, the recruitment requirements as outlined in Section 7 Membership requirements will be the minimum selection criteria.

11. Committee Operations

- 11.1 A quorum for any meeting will be a 50 per cent majority of the CAC plus one member, at the date of the meeting.
- 11.2 The CAC may invite other persons to its meetings as necessary.
- 11.3 Meetings shall be at least four times per year.
- 11.4 Meetings shall be approximately 1.5 to 2 hours duration.
- 11.5 Meetings, or attendance at meeting, may be held using video conferencing facilities.
- 11.6 Special meetings may be convened as required.
- 11.7 Members are expected to attend and contribute to all meetings and to read and review meeting information.
- 11.8 Members may be requested to contribute to online forums and discussions between meetings.
- 11.9 Support for meetings is provided by NBMPHN and NBMLHD and includes:
- 11.9.1 Liaising with the Chair of the CAC.
 - 11.9.2 Circulating meeting papers and background information prior to the meeting date.
 - 11.9.3 Circulating the draft meeting minutes/outcomes report within 10 working days of the meeting date.
 - 11.9.4 Arranging meeting venues and webinar/teleconference enablement.
 - 11.9.5 Facilitating communication between the other NBMPHN and NBMLHD committees.
 - 11.9.6 Providing relevant reports and other resources that assist the Community Advisory Committee to fulfil its role.
- 11.10 All members may request an item to be added to the agenda for any Community Advisory Committee meeting. These requests will be considered by the Chair and shall be requested no later than ten working days prior to the meeting.
- 11.11 Meeting agendas and associated reading material will be distributed at least three days prior to the meeting.
- 11.12 The proceedings of all Community Advisory Committee meetings are to be minuted and the minutes reviewed and finalised by the Committee Chair.
- 11.13 Reports tabled at meetings are to be made available within a fortnight following the meeting.
- 11.14 Minutes are to be distributed within four weeks of the meeting.
- 11.15 Minutes/outcomes reports will be included in the papers of the following NBMPHN Board meeting.

- 11.16 Recommendations of the Community Advisory Committee are to be referred to the Board. The Board will respond to recommendations and issues raised by the Community Advisory Committee.
- 11.17 The NBMPHN will facilitate liaison between the Integrating Care Clinical Council, Community Advisory Committee, GP Clinical Council, Allied Health Clinical Council and other relevant committees of the PHN and the Board.

12. Review and Evaluation

- 12.1 The Terms of Reference will be reviewed biennially.
- 12.2 The performance of the Community Advisory Committee will be evaluated by the Board(s) against these Terms of Reference on a regular basis.
- 12.3 The Board(s) will review the purpose and membership of the Community Advisory Committee as part of each Strategic Planning Cycle, and reserves the right to review these matters annually.

APPROVED 13 February 2021