

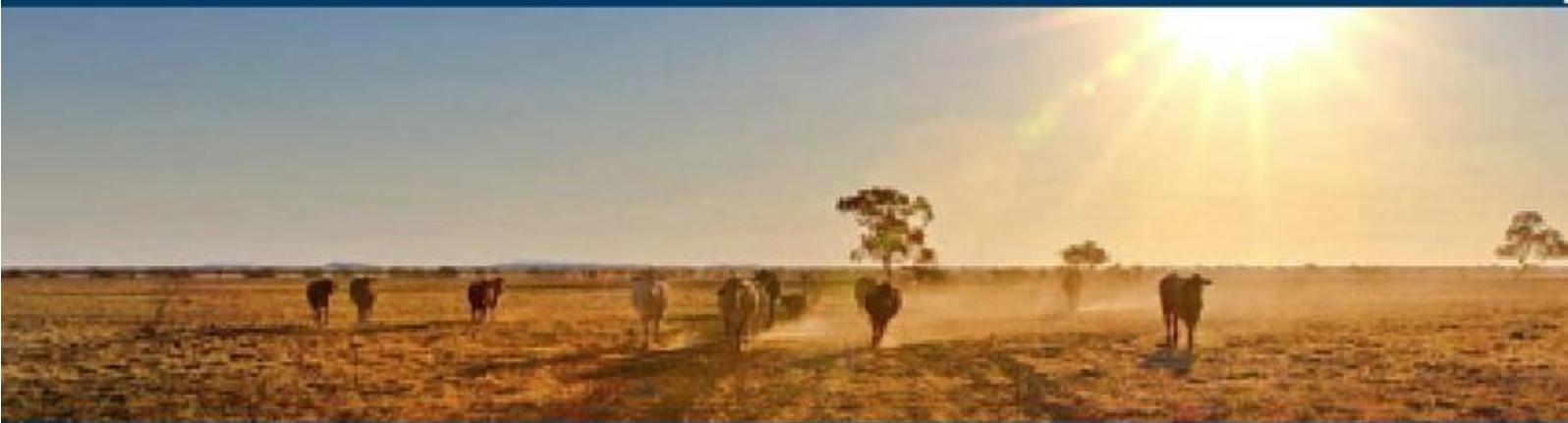
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CENTRAL QUEENSLAND,
WIDE BAY, SUNSHINE COAST

An Australian Government Initiative

COMMUNITY ADVISORY COUNCIL

INFORMATION PACK



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Who we are

Central Queensland, Wide Bay, Sunshine Coast PHN (the PHN) is an independent, not-for-profit organisation funded by the Australian Government to commission services to meet the health needs and priorities of our region.

There are 31 Primary Health Networks nationally, each responsible for coordinating primary and preventive healthcare – that is, the healthcare that takes place outside of a hospital, such as GPs, allied health, chronic disease management, aged care, mental health and Aboriginal and/or Torres Strait Islander health. Primary health care is recognised as the most effective way to keep communities and individuals healthy and well.

Central Queensland, Wide Bay, Sunshine Coast PHN has responsibility for a diverse geographic region of 161,108 square kilometres. We service a population of 823,985 covering twelve local government areas varying from coastal locations such as Noosa, Fraser Coast and Sunshine Coast to large rural and mining communities managed by Gympie, North Burnett, Banana and Central Highlands Regional Councils.

Our documentation of the region's primary health needs is continuous and ongoing, but we have already identified three key areas which need attention:

- Service improvement – specifically to improve access to primary health care in areas of greatest need and better coordination, integration and collaboration across primary health service providers
- Supporting the more vulnerable groups in our region – specifically improving access and services for early life, youth, aged care and Aboriginal and Torres Strait Islander populations; and
- Assisting those with specific health conditions – primarily mental health and wellbeing and chronic disease prevention and management

Complementing these three areas of improvement, we are also working on the priority areas that have been identified by the Federal Government, including end of life and palliative care.

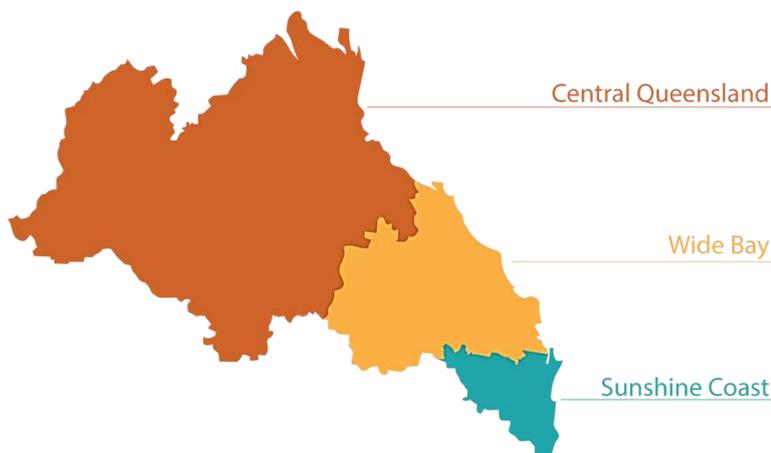
Terms of Reference

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 (the 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. The 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.



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 wellbeing services, mental health and alcohol and other drugs 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. The 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).

The PHN has three Community Advisory Councils which represent the areas 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) in 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, duplication, gaps 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 after each meeting.

In addition to these reports to the Board, 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 the PHN Community Advisory Council report will commence once CACs are established and functioning locally in the three areas.

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 areas. 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 collaborative 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 areas.

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;
- Sharing critical community information to the PHN as to "hotspots", areas and issues of concern to community members and service providers;
- 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.

Members of the CACs will be appointed by the PHN CEO and relevant PHN Representatives 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 and Torres Strait Islander Community representatives
- Local Council or State Government 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 Representatives
- 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 two 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 the Planning, Evaluation and Research Unit (PERU).

Applications are to be reviewed in the first instance by PHN representatives to review existing skillsets, represented geographical areas and membership gaps. The CAC membership will be consulted as to ensure a collaborative and informed approach to member recruitment.

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 meetings 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, wherever possible. Materials will include agenda, supporting pre-reading papers, notes and information as required. The Minutes will be available five working days after a meeting, wherever possible.

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
Are the Community Advisory Councils satisfied with the effectiveness of the meetings?	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.
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.

Useful links

Strategic Plan, Annual Report and Health Needs Assessment Summary

Available at: <https://www.ourphn.org.au/our-reports/>

Current Community Advisory Council Members

Available at: <https://www.ourphn.org.au/council-members/>

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ROCKHAMPTON
PO Box 312
Rockhampton
QLD 4700

BUNDABERG
PO Box 975
Bundaberg
QLD 4670

HERVEY BAY
PO Box 964
Hervey Bay
QLD 4655

GYMPIE
Shop 2
107 Mary St
Gympie QLD 4570

SUNSHINE COAST
CORPORATE OFFICE
PO Box 3067
Maroochydore QLD 4558

Membership Expression of Interest

Aims and Objectives

The PHN has three Community Advisory Councils that are aligned with the Hospital and Health Service boundaries, and represent the areas of Central Queensland, Wide Bay and Sunshine Coast.

The role of the Wide Bay Community Advisory Council (CAC) is to provide the Board of Central Queensland, Wide Bay, Sunshine Coast (CQWBSC) PHN with locally relevant perspectives on community health issues in each area.

The CACs deliver local viewpoints to the Board to empower decisions that are cost-effective and connected 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.

CQWBSC PHN invites submissions from individuals who are interested in becoming members of the Wide Bay CAC.

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, identity or languages.

The CAC will be comprised of community members with the necessary skills (or ability to acquire skills) to participate in a council environment and who are willing and able to represent CQWBSC PHN. The basis of membership includes participants from a cross-section of the community, across geographical area and representing a variety of lived or cultural experience/s.

Expressions of interest for membership of a specific CAC will be viewed more favourably if you are a resident in that community. Applicants must be a resident of the CQWBSC region. Successful applicants will be eligible for remuneration for their contribution.

For more information please refer to the Community Advisory Council Terms of Reference (ToR).

To submit a membership expression of interest:

1. Complete the attached *Expression of Interest for Membership* form
2. Email the *Expression of Interest for Membership* form to dward@ourphn.org.au

Meeting Schedule 2018

Tuesday, 20 February - Hervey Bay Boat Club, Urangan

Tuesday, 24 April – PHN Bundaberg // Tuesday, 12 June – PHN Bundaberg

Tuesday, 14 August – PHN Bundaberg // Tuesday, 9 October – PHN Bundaberg

Thank you for taking the time to register your interest.

