

Murrumbidgee Primary Health Network

Community Advisory Committee

This version: 3.0 March 2023

1. Aims and Objectives

The Community Advisory Committee will provide the community perspective to the firsthealth Board to ensure that decisions, investments, and innovations are patient centred, cost-effective, locally relevant, and aligned to local care experiences and expectations.

The Community Advisory Committee will promote reforms of critical significance or issues, which require consistent and coordinated actions/responses. In doing so, MPHNN will draw on the advice and recommendations of the long-established well-functioning Local Health Advisory Committee's (LHACs) as well as community members who can contribute their experience and knowledge to the direction of the PHN.

LHACs provide a platform for community members to work with health managers to identify local service needs, identify ways to improve access to services, and to assist in planning and development. Each LHAC provides a central connection between the local community and the local tertiary/primary health system.

The Community Advisory Committee membership will include the four (4) Local Health Advisory Committee (LHAC) Chairs. The four Chairs participating on the Community Advisory Committee will be expected to represent the four sectors below:

Riverina Sector: incorporating the communities of Boorowa, Harden, Temora, Young, Cootamundra, Junee, Coolamon, West Wyalong, Gundagai, Tumut, Batlow, and Tumbarumba.

Wagga Wagga Sector

Border Sector: incorporating the communities of; Barham, Deniliquin, Finley, Jerilderie, Berrigan, Tocumwal, Corowa, Culcairn, Henty, Holbrook, Lockhart, Urana, Tooleybuc and Moulamein.

Western Sector: incorporating the communities of; Griffith, Narrandera, Leeton, Hay, Hillston and Lake Cargelligo

1.1 The role of the Committee

- Identify and advise on issues relevant to patients and communities, including input into the development of health service priorities and strategic direction, the reduction of inequities, improved patient experience and guidance regarding gaps, duplication, and access issues;
- Represent the views of LHACs in their specific sub-region;
- Provide a patient, carer or community member perspective regarding all current and new major initiatives and activities of the MPHNN;
- Contribute to the development and implementation of community engagement strategy;
- Review and advise on relevant publications and communications relating to health service delivery and the availability and/or dissemination of health related information;
- Recommend and advise on relevant patient driven activities and initiatives (e.g. self-management strategies);
- Advise on and participate in needs analysis activities;
- Facilitate regular communication and networking with the community and relevant consumer groups,

stakeholders and services and report relevant outcomes;

- Participate in the monitoring of relevant MPHN key performance indicators;
 - Identify and contribute to the development of training activities for consumers, carers and/or community members to enhance participation in healthcare delivery, planning and evaluation;
 - Link with special interest groups, as required for specific issues and problem solving;
- Act as local champions for the introduction of new initiatives and resources

The Committee is not to accept, consider, or respond to patient complaints about specific services, clinicians, or experiences. All complaints will be actioned in accordance with the MPHN Complaints Management Policy.

1.2 Responsibilities of the Committee:

- In addressing the needs of the diverse communities within MPHN, the Committee will consider issues, including but not limited to, Indigenous disadvantage, gender equality, and access to services for patients with disability, with mental health issues, or in remote or regional communities;
- Work in tandem with the MPHN Clinical Councils, with a particular focus on patient consultation and engagement;
- Provide advice across the continuum of patient care and patient lifespan;
- Maintain a strong and consistent focus on access and equity;
- Maintain a strong and consistent focus on integrated care between services and sectors;
- Engage other consumers or stakeholders and foster opportunities to effectively contribute to local health system improvements and patient engagement/participation;
- Ensure an open dialogue between the Committee and the firsthealth Board;
- Act to ensure the best and most effective use of resources.

2. Membership

LHAC Chairs 4 (One (1) from each of the four (4) aforementioned Sectors)

Members representing, but not limited to the following communities:

- Aboriginal and Torres Strait Islander
- Culturally and Linguistically Diverse
- Carers
- People with mental health lived experience

Three (3) additional non-voting members include a MPHN Board Member, the MPHN CEO and a senior executive.

2.1 Nomination of a Chair

The firsthealth Board, through an expression of interest process at the first meeting of each calendar year, will appoint the Chair and a Vice Chair.

The tenure of the Chairperson will be one year with eligibility for re-appointment. .

2.2 Appointment of Members

LHAC members: The MPHN Board will invite LHAC Chairs to submit an expression of interest for the Community Advisory Committee member representing one of the four (4) Sectors. MPHN Board will appoint the member from this expression of interest process.

All other members will be appointed by MPH N Board through an expression of interest process to be undertaken on an annual basis or as required.

Members of the Committee will be appointed for a period of up to two years. The specific period of appointment may vary for each member to allow a gradual renewal of the membership over time.

2.3 Remuneration

Members will receive remuneration in accordance with MPH Ns Stakeholder Engagement & Remuneration Policy. This includes remuneration for their attendance at Community Advisory Committee meetings or are invited to participate in another MPH N committee or process to provide professional advice or expertise.

2.4 Quorum

A quorum will consist of 50% plus one of the voting membership.

3. Voting

Members should normally aim to arrive at decisions by a consensus. Where consensus cannot be reached, a simple majority of the present voting members is required.

Abstentions are not considered when determining the majority. The Chair will have a casting vote.

4. Meeting Schedule

The Committee will meet quarterly. The Chair and/or the PHN Board (via the Chair) has the right to convene extraordinary meetings when considered necessary, to remain flexible to service priorities and requirements.

5. Communication Mechanisms

Agendas will be distributed five calendar days prior to each meeting. A record of the proceedings of all meetings will be documented and distributed within two weeks of each meeting.

The Chair is responsible for ensuring that the minutes of meetings, produced by the Secretariat, accurately record the decisions taken. Once agreed by the Chair, the minutes will be provided to the MPH N Board.

6. Expected Member Conduct

- Observe the highest standards of impartiality, integrity and objectivity in relation to the advice they provide;
- Be accountable for their activities and for the standard of advice they provide to the Board;
- Disclose information that may represent a conflict of interest;
- Members of the Committee must declare their relevant personal and non- personal interests at the time of their appointment. Members are asked to inform the Secretariat before each meeting of any change in their relevant interests. The minutes of each meeting will record declarations of interest, and whether members took part in discussion and decision-making;
- Members who obtain information in the course of their engagement on the Community Advisory Committee must not improperly use the information to gain an advantage for themselves, someone else or another organisation, or cause detriment to the Murrumbidgee Primary Health Network.
- Members are expected to make reasonable attempts to attend Community Advisory Committee meetings

and other commitments associated with their Community Advisory Committee role. Members who have not attended two consecutive meetings of the Community Advisory Committee may receive a written request from the MPH N to confirm their intention to remain on the Council. The Member may be requested to vacate their position if unable to meet the requirements of the Committee.

End

Version control

The following table shows the changes made to this document:

Date	Version	Comments/Modifications
28/09/2021	2	Expansion of membership to enable broader community representation; Change from MPH N to firsthealth letterhead; minor formatting and numbering changes. Endorsed by MPH N Board 26 October 2021
14 March 2023	3	Expanded details around member remuneration, rephrasing for clarity nomination of Chair and Vice Chair, additional details regarding expected member conduct, minor changes for clarity and expression. Approved by Board 28 March 2023.