

 WAPHA WA Primary Health Alliance	Clinical Commissioning Committee Perth South Perth North
WA Primary Health Alliance	Terms of Reference

The WA Primary Health Alliance (WAPHA) is the planning and commissioning body that has been contracted by the Commonwealth Government to operate the three Primary Health Networks (PHNs) in WA - Perth North, Perth South and Country WA. WAPHA is the single point of contact where primary health and social care comes together at the State and local level. WAPHA is dedicated to building a robust and responsive patient centred primary health and social care system that ensures the patient receives the right care, at the right time and in the right place.

GOVERNING BODY

The Clinical Commissioning Committee (CCC) is a subcommittee of the Primary Health Network (PHN) Council.

The Perth South and Perth North PHNs each have a CCC.

MEMBERSHIP

Committee members have a duty to act in the best interests of WAPHA as a whole and not for any particular group or organisation, even though they may contribute the view of a particular group to the debate.

The following positions form the core of both the Perth North and Perth South CCCs.

PERTH NORTH AND PERTH SOUTH CCC MEMBERSHIP
1 x GP Chair
1 x General Practitioner
1 x Area Health Service Clinician (as nominated by the Area Health Service)
1 x Person with an interest and experience in Aboriginal and Torres Strait Islander health
1 x Population health representative
1 x Nursing representative
1 x Community Pharmacist/Pharmacist
1 x Allied health clinician
1 x PHN GM ex officio

NOMINATION AND APPOINTMENT

Nominations for WAPHA Committees are called annually. A nomination process informs the selection of committee members. A person can self-nominate to join a WAPHA committee.

Committee members are appointed to WAPHA's Committees by the WAPHA Board's Nominations, Governance and Remuneration Committee (NGRC). The Chair of the CCC will be a GP and is selected by the NGRC. The Chair of the CCC will be a member of the PHN Council.

The Chair will nominate a member of the Committee to chair the meeting in their absence. The PHN General Manager will attend all CCC meetings.

It is the responsibility of any member appointed to the Committee to give prior notice if they are unable to fulfil any duties required of the Committee or to nominate a replacement to carry out duties in their absence.

PURPOSE

The CCC and RCCCs provide a direct link between clinicians and the PHN's Council and embeds clinical leadership at the heart of commissioning in the PHN. The CCCs are led by a General Practitioner.

The purpose of the CCC is to recommend the priorities and options for alignment, development and investment in primary health care for the relevant PHN region, and ensure these are in line with WAPHA, State and Commonwealth health reform priorities.

The Committee may convene working groups as necessary to consider particular issues in depth and report back to the Committee. These working groups may consult with external experts in the field, to inform their deliberations.

FREQUENCY

The CCC will meet a minimum of six meetings per calendar year. Additional meetings may be scheduled if required by the Committee. In the event of a significant risk or opportunity, the CCC will meet as soon as possible following notification of the risk or opportunity.

TENURE

Committee members are appointed for a 12 month period. At the end of the term, members are eligible for re-appointment. Appointments can be rolled over annually, with the approval of the NGRC.

OBLIGATIONS

All members of the CCC and persons assisting the committee will:

- Comply with these Terms of Reference; and
- Declare and manage conflicts of interest at the commencement of each meeting.

DECISIONS

Committee decisions are made by consensus, in which the Committee agrees to support decisions, in the best interests of the whole.

Where consensus cannot be reached, the Chair can call for a vote. Where a vote is called, one vote will be given to an organisation, regardless of the number of committee members representing that organisation.

The minutes of the meeting will record any issues and concerns of any individual.

AUTHORITY

The Committees are Committees of WAPHA and have no authority independent of the functions delegated to them. The functions of the Committees do not relieve WAPHA's Board from any of its responsibilities.

QUORUM

A quorum for a meeting is 60% of the appointed committee members including the Chair or delegated Chair.

If some members cannot be present at a vote or have a declared conflict of interest, a new quorum will need to be calculated, and then the 60% of appointed committee members is applied to determine the new quorum.

DELEGATIONS

Committees do not have financial delegations.

REPORTING

The CCC will report as appropriate on specific issues to the PHN Council and will provide an annual report to the PHN Council.

COMMUNICATION

Where practicable, the agenda, together with reports and documents will be forwarded to members in sufficient time to enable consideration prior to meetings.

Accurate action items will be kept of each Committee meeting by the PHN. The minutes of a meeting shall be submitted to committee members for ratification at the next meeting. When confirmed, the action items shall be signed by the Chair.

Action items delegated to people not present at the meeting will be communicated directly to them within a maximum of one week from the date of the next meeting.

SUPPORT

The PHN provides secretariat support to the CCCs and RCCCs. Under the direction of the General Manager and/or Regional Coordination Managers, duties may include:

- Providing administrative support through taking meeting minutes, circulating agendas and liaising with committee members;
- Assisting in the induction of newly appointed committee members;
- Producing and maintaining plans, reports, submissions documents etc; and
- Ensuring effective information flow within the Committee and between other WAPHA Committees.

COMMITTEE RESPONSIBILITIES

General Responsibilities

- Provide advice to the PHN Council on emerging local and regional matters relating to primary health care;
- Provide feedback and advice around patient care pathways and service/system improvements;
- Identify key elements to improve efficiency, effectiveness and coordination of care;
- Identify opportunities for improvement to primary health care in the PHN region;
- Monitor the performance of the PHN based on data, and in comparison with other PHNs both within WA and across Australia;
- Provide advice on any related matters of significance;
- Contribute to WAPHA initiatives, for example, providing feedback into WAPHA's position papers, submissions, surveys, working groups etc;
- Use their capacity to influence, and identify opportunities to engage, peers, colleagues and clinical organisations;
- Develop relationships with other WAPHA PHN Committees to:
 - continually improve the effectiveness of the Committees;
 - build a collaborative governance model;
 - disseminate information; and
 - share good practice and innovation;
- Promote ideas that are low cost/no cost and have increased benefit to primary health care;
- Review, and where appropriate, report on issues arising from planning data and external audits; and
- Be a champion for primary health care reform.

Key Commissioning Responsibilities

- Ensure that all commissioning recommendations are consistent with WAPHA's strategic framework, State and Commonwealth health reform priorities;
- Contribute to, and review the collection of data for the Needs Assessment;
- Be informed through the provision of data and information, about the health and service needs of the PHN Region;
- Interrogate data, keep drilling and seek further analysis if required;
- Confirm and test issues, emerging themes, trends, best practice models of care and services (including gaps) within the PHN region;
- Identify priorities, based on an in-depth understanding of the health and service needs within the PHN region. This will be through a formal robust and transparent prioritisation process;
- Identify and design innovative options/solutions to address health care and service needs. This can include new frameworks, models of care, or programs designed within the context of global

best practice and evidence based clinical approaches and technology to achieve better patient outcomes and health care efficiencies;

- Seek consensus with the PHN's CEC to come to an agreed joint position on the commissioning priorities and options/solutions for the PHN region;
- Be involved in Health Innovation Hubs as required, to design integrated models of care that meet WAPHA's core objectives; and
- Work collaboratively with other WAPHA PHN Committees to develop cross-regional innovative options/solutions to maximise opportunities for best practice and collaboration.

Key Outcomes

- Validate critical issues and service gaps;
- Ensure that all commissioning recommendations are consistent with WAPHA's strategic framework, State and Commonwealth health reform priorities;
- Submit to the PHN Council, the recommended joint CCC and CEC commissioning priorities and options of both the CCC and CEC, for approval; and
- Escalate any contentious issues to the PHN Council.

REPRESENTING THE COMMITTEE

Committee members should be aware that, as members of a WAPHA Committee, they are required to act in a way that promotes and upholds the reputation of the WAPHA when representing the Committee at any events or functions.

REVIEW

These Terms of Reference will be reviewed every 12 months and at the end of the contract in 2018.

Each review period will assess the Committee's membership, purpose and overall performance.

 WAPHA WA Primary Health Alliance	Country WA Clinical Commissioning Committee and Regional Clinical Commissioning Committees
WA Primary Health Alliance	Terms of Reference

GOVERNING BODY

The Country WA Clinical Commissioning Committee (CCC) and Regional Clinical Commissioning Committees (RCCCs) are subcommittees of the Country WA Primary Health Network (PHN) Council.

The Country WA CCC works at a State wide level and the RCCCs work at a regional level.

The Country WA CCC and the RCCCs have the same mandate as the metropolitan PHNs CCCs. However, the Country WA CCC will have ultimate oversight in ensuring the Country WA health and services needs are met and are in alignment with WAPHA, State and Commonwealth health reform priorities.

There are seven RCCCs reporting to the Country WA CCC, in each of the following regions:

- Goldfields
- Kimberley
- Pilbara
- Wheatbelt
- Great Southern
- Midwest
- South West

MEMBERSHIP

The following positions form the core of the Country WA CCC and each of the seven RCCCs.

Country WA CCC	Country WA Regional CCC
1 x GP Chair	1 x GP Chair
1 x GP	1 x GP
1 x WACHS nominated Country WA clinical representative	1 x WACHS nominated regional clinical representative
3 x representatives from Country WA clinical organisations	3 x representatives from regional clinical organisations
1 x representative with an interest and/or experience in Aboriginal and Torres Strait Islander health	1 x representative with an interest and/or experience in Aboriginal and Torres Strait Islander health
1 x Population health representative	1 x Population health representative
1 x Nursing representative	1 x Nursing representative
1 x Allied health clinician	1 x Allied health clinician
1 x Community Pharmacist/Pharmacist	1 x Community Pharmacist/Pharmacist
PHN GM – ex officio	PHN Regional Coordination Manager– ex officio

Committee members have a duty to act in the best interests of WAPHA as a whole and not for any particular group or organisation, even though they may contribute the view of a particular group to the debate.

NOMINATION AND APPOINTMENT

WAPHA calls for nominations for its Committees annually. A nomination process informs the selection of committee members. A person can self-nominate to join a WAPHA committee.

Committee members are appointed to WAPHA's committees by the WAPHA Board's Nominations, Governance and Remuneration Committee (NGRC). The Chair of the CCC and RCCCs will be GPs and are selected by the NGRC. The Chair of the CCC will be a member of the PHN Council.

The Chairs of the Committees will nominate a member of the Committee to Chair the meeting in their absence.

FREQUENCY

The CCC and RCCCs will meet a minimum of six meetings per calendar year. Additional meetings may be scheduled if required by the Committee. In the event of a significant risk or opportunity, the CCC/RCCCs will meet as soon as possible following notification of the risk or opportunity. It is the responsibility of any member appointed to the Committee to give prior notice if they are unable to fulfil any duties required of the Committee or to nominate a replacement to carry out duties in their absence.

TENURE

Committee members are appointed for a 12 month period. At the end of the term, members are eligible for re-appointment. Appointments can be rolled over annually, with the approval of the NGRC.

CLINICAL COMMISSIONING COMMITTEE PURPOSE and SCOPE

PURPOSE

WAPHA is the planning and commissioning body that has been contracted by the Commonwealth Government to operate the three Primary Health Networks (PHNs) in WA - Perth North, Perth South and Country WA.

The CCC and RCCCs are led by a General Practitioner. The CCC and RCCCs provide a direct link between clinicians and the PHN's Council and embeds clinical leadership at the heart of commissioning in the PHN.

The purpose of the CCC and RCCCs is to recommend the priorities and options for alignment, development and investment in primary health care for the relevant PHN region and ensure these are in line with WAPHA, State and Commonwealth health reform priorities.

The Committee may convene working groups as necessary to consider particular issues in depth and report back to the Committee. These working groups may consult with external experts in the field, to inform their deliberations.

The CCC and RCCCs have the following responsibilities.

General Responsibilities

The Country WA CCC will:

- Provide advice to the Country WA PHN Council and the RCCCs to the Country WA CCC, on emerging local and regional matters relating to primary health care;
- Provide feedback and advice around patient care pathways and service/system improvements;
- Identify key elements to improve efficiency, effectiveness and coordination of care;
- Identify opportunities for improvement to primary health care in the PHN region;
- Monitor the performance of the PHN based on data, and in comparison with other PHNs both within WA and across Australia;
- Provide advice on any related matters of significance;
- Contribute to WAPHA initiatives, for example, providing feedback into WAPHA's position papers, submissions, surveys, working groups etc;

- Use their capacity to influence, and identify opportunities to engage, peers, colleagues and clinical organisations; and
- Develop relationships with other WAPHA PHN Committees to:
 - continually improve the effectiveness of the Committees;
 - build a collaborative governance model;
 - disseminate information; and
 - share good practice and innovation;
- Promote ideas that are low cost/no cost and have increased benefit to primary health care;
- Review, and where appropriate, report on issues arising from planning data and external audits; and
- Be a champion for primary health care reform.

Key Commissioning Responsibilities

The Country WA RCCC will:

- Ensure that all commissioning recommendations are consistent with WAPHA's strategic framework, State and Commonwealth health reform priorities;
- Contribute to, and review the collection of data for the Needs Assessment;
- Be informed through the provision of data and information, about the health care and service needs of the PHN Region;
- Interrogate data, keep drilling and seek further analysis if required;
- Confirm and test issues, emerging themes, trends, best practice models of care and services (including gaps) within the PHN region;
- Identify priorities, based on an in-depth understanding of the health care and service needs within the PHN region. This will be through a formal robust and transparent prioritisation process;
- Identify and design innovative options/solutions to address health care and service needs. This can include new frameworks, models of care, or programs designed within the context of global best practice and evidence based clinical approaches and technology to achieve better patient outcomes and health care efficiencies;
- Seek consensus with the PHN's CEC/Community Working Groups (CWGs) to come to an agreed joint position on the commissioning priorities and options/solutions for the PHN region;
- Be involved in Health Innovation Hubs as required, to design integrated models of care that meet WAPHA's core objectives; and
- Work collaboratively with other WAPHA PHN Committees to develop cross-regional innovative options/solutions to maximise opportunities for best practice and collaboration.

The Country WA CCC will undertake all of the above responsibilities with a focus on Country WA at a State level. In addition, the Country WA CCC will:

- Provide a whole of Country WA system overview when considering the commissioning recommendations from the RCCCs. This includes reviewing commissioning recommendations to:
 - ensure consistency with WAPHA's strategic framework, State and Commonwealth health reform priorities;
 - confirm the commissioning priorities and options submitted are an agreed joint position between the RCCCs and the CWGs;
 - identify synergies;
 - identify opportunities for co-commissioning;
 - ensure effectiveness of integration;
 - identify opportunities for collaboration to support improved delivery of services across regions; and
- Collate each RCCC's commissioning priorities and options into a Country WA plan for presentation to the PHN Council for approval.

Key Outcomes

The RCCC will:

- Validate critical issues and service gaps;
- Ensure that all commissioning recommendations are consistent with WAPHA's strategic framework, State and Commonwealth health reform priorities;

- Submit to the Country WA CCC, the recommended joint commissioning priorities and options of the RCCCs and Community Working Groups, for approval; and
- Escalate any contentious issues to the CCC.

The CCC will:

- Validate critical issues and service gaps;
- Ensure that all commissioning recommendations are consistent with WAPHA's strategic framework, State and Commonwealth health reform priorities;
- Collate joint regional commissioning priorities and options recommendations into one Country WA plan to present to the Country WA PHN Council for approval; and
- Escalate any contentious issues to the PHN Council.

DECISIONS

Committee decisions are made by consensus, in which the Committee agrees to support decisions, in the best interests of the whole.

Where consensus cannot be reached, the Chair can call for a vote. Where a vote is called, one vote will be given to an organisation, regardless of the number of committee members representing that organisation.

The minutes of the meeting will record any issues and concerns of any individual.

QUORUM

A quorum for a meeting is 60% of the appointed committee members including the Chair or delegated Chair.

If some members cannot be present at a vote, due to a conflict of interest, a new quorum will need to be calculated, and then the 60% of appointed committee members is applied to determine the new quorum.

AUTHORITY

The Committees are Committees of WAPHA and have no authority independent of the functions delegated to them. The functions of the Committees do not relieve WAPHA's Board from any of its responsibilities.

OBLIGATIONS OF COMMITTEE MEMBERS AND PERSONS ASSISTING THE COMMITTEE

All members of the CCC and RCCCs will:

- Comply with these Terms of Reference; and
- Declare and manage conflicts of interest at the commencement of each meeting.

REPORTING

The CCC will report as appropriate on specific issues to the PHN Council.

The RCCCs will report as appropriate on specific issues to the Country WA CCC.

COMMUNICATION

Where practicable, the agenda, together with reports and documents that relate to Committee will be forwarded to members in sufficient time to enable consideration prior to meetings.

Accurate action items will be kept of each Committee meeting by the PHN. The minutes of a meeting shall be submitted to committee members for ratification at the next meeting. When confirmed, the action items shall be signed by the Chair.

Action items delegated to people not present at the meeting will be communicated directly to them within a maximum of one week from the date of the next meeting.

SUPPORT

The PHN provides secretariat support to the CCCs and RCCCs. WAPHA has made a budget available to fund the secretariat. Under the direction of the General Manager and/or Regional Coordination Managers, duties may include:

- Providing administrative support through taking meeting minutes, circulating agendas and liaising with committee members;

- Assisting in the induction of newly appointed committee members;
- Producing and maintaining plans, reports, submissions documents etc; and
- Ensuring effective information flow within the Committee and between other WAPHA Committees.

REVIEW

These Terms of Reference will be reviewed every 12 months and at the end of the contract in 2018. Each review period will assess the Committee's membership, purpose and overall performance.

 WAPHA WA Primary Health Alliance	Community Working Groups Country WA
WA Primary Health Alliance	Terms of Reference

GOVERNING BODY

The Country WA Community Working Group (CWG) is a sub-committee of the Primary Health Network (PHN) Council.

MEMBERSHIP

The membership of a CWG consists of the following representatives:

CWG Membership
District Health Advisory Committees
Aboriginal Planning Health Forums
Representatives with an interest and/or experience in Aboriginal and Torres Strait Islander health
Representatives from the community (e.g. child care, local Government, CWA, Rotary etc.)
Consumer advocate representatives
Carer advocate representatives
PHN Regional Coordination Manager (ex officio)

Committee members have a duty to act in the best interests of WAPHA as a whole and not for any particular group or organisation, even though they may contribute the view of a particular group to the debate.

NOMINATION AND APPOINTMENT

WAPHA calls for nominations for its Committees annually. A nomination process informs the selection of committee members. A person can self-nominate to join a WAPHA Committee.

Committee members are appointed to WAPHA's Committees by the WAPHA Board's Nominations, Governance and Remuneration Committee (NGRC).

The Regional Coordination Manager, convenes and Chairs the CWG meetings.

FREQUENCY

The CWG will meet as required. In the event of a significant risk or opportunity.

TENURE

CWG members are appointed for a 12 month period. At the end of the term, members are eligible for re-appointment. Appointments can be rolled over annually, with the approval of the NGRC.

COMMITTEE PURPOSE and SCOPE

PURPOSE

Country WA's community engagement is regionally based, with each regional area having a Community Working Group (CWG). The Community Working Groups (CWGs) ensure there is a community and consumer voice informing WAPHA's decision making and activities. It is also important to ensure health outcomes that matter to the community are identified.

The CWGs involve community, carer and consumer representatives and work collaboratively with existing groups and networks including the District Health Advisory Councils and the Aboriginal Health Regional Planning Forums. The CWGs have the same mandate as the CECs.

The CWG will work with both the RCCC and the Country WA PHN Council's Community Engagement Sub-Committee

The CWGs have the following responsibilities.

General Responsibilities

- Provide advice on the user experience of health care and an insight into how health services can be delivered in the community;
- Represent the views of local communities and inform the PHN about community needs and aspirations;
- Contribute to improving health literacy in the community;
- Receive information on the health of their community, prevalence of disease(s), service activity and supply, as well as patient experience and outcomes data;
- Identify key elements to improving efficiency, effectiveness and coordination of care from a community perspective;
- Monitor the performance of the PHN based on data, and in comparison with other PHNs both within WA and across Australia;
- Identify opportunities for collaboration to support improved delivery of services within local communities;
- Oversee community engagement and identify strategies to engage with hard-to-reach communities;
- Use their capacity to influence peers, colleagues and community organisations;
- Develop relationships with other WAPHA PHN Committees to:
 - continually improve the effectiveness of the Committees;
 - build a collaborative governance model;
 - disseminate information; and
 - share good practice and innovation;
- Work with other Country WA CWGs to identify the health needs of communities and maximise opportunities for best practice and collaboration; and
- Be a champion for primary health care reform.

Key Commissioning Responsibilities

- Ensure that all commissioning recommendations are consistent with WAPHA's strategic framework, State and Commonwealth health reform priorities;
- Be involved in the consultation process of the Needs Assessment by providing pertinent community and consumer information and perspectives about factors which affect their health and quality of life;
- Contribute to the identification of the health and well-being needs of local communities;
- Be informed, through the provision of data and information, about the health care and service needs of their community;
- Interrogate the data, keep drilling and seek further analysis if required;
- Identify priorities based on the community's health care and service needs within the PHN region. Ensure priorities are patient centred, cost effective, locally relevant and aligned to community experiences and expectations. This will be through a formal, robust and transparent prioritisation process;
- Identify and design innovative options/solutions to address health care and service needs. This can include new frameworks, models of care, or programs to achieve better patient outcomes and meet the needs of the community;
- Seek consensus with the RCCC to come to an agreed position on the commissioning priorities and options for the PHN region;
- Be involved in Health Innovation Hubs as required, to design integrated models of care that meet WAPHA's core objectives;
- Comment on community/consumer level KPIs for priority areas; and
- Work collaboratively with other WAPHA PHN Committees to develop cross-regional innovative options/solutions to maximise opportunities for best practice and collaboration.

Key Outcomes

- Ensure that all commissioning recommendations are consistent with WAPHA's strategic framework, State and Commonwealth health reform priorities;
- Validate critical issues and service gaps;
- Submit to the RCCC and the Country WA PHN Council's Community Engagement Sub Committee, the CWG's recommended commissioning priorities and options, for consideration and approval; and
- Escalate any contentious issues to the RCCC or the PHN Council's Community Engagement Sub - Committee.

DECISIONS

CWGs decisions are made by consensus, in which the CWG agrees to support decisions, in the best interests of the whole.

Where consensus cannot be reached, the Chair can call for a vote. Where a vote is called, one vote will be given to an organisation, regardless of the number of committee members representing that organisation.

QUORUM

A quorum for a meeting is 60% of the appointed committee members including the Chair or delegated Chair.

If some members cannot be present at a vote or have a declared conflict of interest, a new quorum will need to be calculated, and then the 60% of appointed committee members is applied to determine the new quorum.

AUTHORITY

The CWG are Committees of WAPHA and have no authority independent of the functions delegated to them. The functions of the CWGs do not relieve WAPHA's Board from any of its responsibilities.

DELEGATIONS

CWGs do not have financial delegations.

OBLIGATIONS OF COMMITTEE MEMBERS AND PERSONS ASSISTING THE COMMITTEE

All members of the CWG will:

- Comply with these Terms of Reference; and
- Declare and manage conflicts of interest at the commencement of each meeting.

REPORTING

The CWG will report as appropriate on specific issues to the RCCC and/or the Country WA PHN Council's Community Engagement Sub-Committee.

COMMUNICATION

Notice of the next meeting and the distribution of the agenda and action sheet must be circulated to the Committee, at least one week prior to the scheduled meeting date.

The minutes of a meeting shall be submitted to CWG members for ratification at the next meeting. When confirmed, the action items shall be signed by the Chair.

Accurate action items will be kept of each meeting by the PHN. Action items delegated to people not present at the meeting will be communicated directly to them within a maximum of one week from the date of the next Committee meeting.

SUPPORT

The PHN provides Secretariat support to the CWG. WAPHA has made a budget available to fund the Secretariat. Under the direction of the Regional Coordination Manager and/or the General Manager, duties may include:

- Providing administrative support through taking meeting minutes, circulating agendas and liaising with committee members;
- Assisting in the induction of newly appointed CWG members;
- Producing and maintaining plans, reports, submissions documents etc; and
- Ensuring effective information flow within the CWG and between other WAPHA Committees.

REPRESENTING THE COMMITTEE

CWG members should be aware that, as members of a WAPHA Committee, they are required to act in a way that promotes and upholds the reputation of the WAPHA when representing the Committee at any events or functions.

REVIEW

These Terms of Reference will be reviewed every 12 months and at the end of the contract in 2018.

Each review period will assess the Committee's membership, purpose and overall performance.

 WAPHA WA Primary Health Alliance	Community Engagement Committee Perth South Perth North
WA Primary Health Alliance	Terms of Reference

GOVERNING BODY

The Community Engagement Committee (CEC) is a sub-committee of the Primary Health Network (PHN) Council.

Perth North PHN and Perth South PHN each have a Community Engagement Committee (CEC).

MEMBERSHIP

The membership of each CEC is as follows.

CEC Membership
2 x Representatives with an interest and/or experience in Aboriginal and Torres Strait Islander health
5 x Representatives from the community (e.g. child care, local Government, CWA, Rotary etc.)
1 x Consumer advocate representative
1 x Carer advocate representative
PHN Regional Coordinator – Community Engagement

Committee members have a duty to act in the best interests of WAPHA as a whole and not for any particular group or organisation, even though they may contribute the view of a particular group to the debate.

NOMINATION AND APPOINTMENT

WAPHA calls for nominations for its Committees annually. A nomination process informs the selection of committee members. A person can self-nominate to join a WAPHA committee.

Committee members are appointed to WAPHA's committees by the WAPHA Board's Nominations, Governance and Remuneration Committee (NGRC). The Chair of the CEC will be selected by the NGRC. The Chair of the CEC will be a member of the PHN Council.

The Chair will nominate a member of the Committee to chair the meeting in their absence. The PHN General Manager will attend all CCC meetings.

FREQUENCY

The CEC will meet quarterly for a time period deemed appropriate by the Chair of the CEC with a minimum of four meetings per calendar year. In the event of a significant risk or opportunity, the CEC will meet as soon as possible following notification of the risk or opportunity. It is the responsibility of any member appointed to the Committee to give prior notice if they are unable to fulfil any duties required of the Committee or to nominate a replacement to carry out duties in their absence.

TENURE

Committee members are appointed for a 12 month period. At the end of the term, members are eligible for re-appointment. Appointments can be rolled over annually, with the approval of the NGRC.

COMMITTEE PURPOSE and SCOPE

PURPOSE

WAPHA is the planning and commissioning body that has been contracted by the Commonwealth Government to operate the three Primary Health Networks (PHNs) in WA - Perth North, Perth South and Country WA.

The CECs ensure there is a community and consumer voice informing WAPHA's decision making and activities. It is also important to ensure health outcomes that matter to the community are identified.

The Committee may convene working groups as necessary to consider particular issues in depth and report back to the Committee. These working groups may consult with external experts in the field, to inform their deliberations.

The CECs have the following responsibilities.

General Responsibilities

- Provide advice on the user experience of health care and an insight into how health services can be delivered in the community;
- Represent the views of local communities and inform the PHN about community needs and aspirations;
- Contribute to improving health literacy in the community;
- Receive information on the health of their community, prevalence of disease(s), service activity and supply, as well as patient experience and outcomes data;
- Identify key elements to improving efficiency, effectiveness and coordination of care from a community perspective;
- Monitor the performance of the PHN based on data, and in comparison with other PHNs both within WA and across Australia;
- Identify opportunities for collaboration to support improved delivery of services within local communities;
- Oversee community engagement and identify strategies to engage with hard-to-reach communities;
- Use their capacity to influence peers, colleagues and community organisations;
- Develop relationships with other WAPHA PHN Committees to:
 - continually improve the effectiveness of the Committees;
 - build a collaborative governance model;
 - disseminate information; and
 - share good practice and innovation;
- Work with other WAPHA's PHNs CECs to identify the health needs of communities and maximise opportunities for best practice and collaboration; and
- Be a champion for primary health care reform.

Key Commissioning Responsibilities

- Ensure that all commissioning recommendations are consistent with WAPHA's strategic framework, State and Commonwealth health reform priorities;
- Be involved in the consultation process of the Needs Assessment by providing pertinent community and consumer information and perspectives about factors which affect their health and quality of life;
- Contribute to the identification of the health and well-being needs of local communities;
- Be informed, through the provision of data and information, about the health and service needs of their community;
- Interrogate the data, keep drilling and seek further analysis if required;
- Identify priorities based on the community's health care and service needs within the PHN region. Ensure priorities are patient centred, cost effective, locally relevant and aligned to community experiences and expectations. This will be through a formal, robust and transparent prioritisation process;
- Identify and design innovative options/solutions to address health care and service needs. This can include new frameworks, models of care, or programs to achieve better patient outcomes and meet the needs of the community;
- Seek consensus with the PHN's CEC to come to an agreed position on the commissioning priorities and options for the PHN region;
- Be involved in Health Innovation Hubs as required, to design integrated models of care that meet WAPHA's core objectives;

- Comment on community/consumer level KPIs for priority areas; and
- Work collaboratively with other WAPHA PHN Committees to develop cross-regional innovative options/solutions to maximise opportunities for best practice and collaboration.

Key Outcomes

- Ensure that all commissioning recommendations are consistent with WAPHA's strategic framework, State and Commonwealth health reform priorities;
- Validate critical issues and service gaps;
- Submit to the PHN Council, the recommended joint commissioning priorities and options for approval; and
- Escalate any contentious issues to the PHN Council.

DECISIONS

Committee decisions are made by consensus, in which the Committee agrees to support decisions, in the best interests of the whole.

Where consensus cannot be reached, the Chair can call for a vote. Where a vote is called, one vote will be given to an organisation, regardless of the number of committee members representing that organisation.

The minutes of the meeting will record any issues and concerns of any individual.

QUORUM

A quorum for a meeting is 60% of the appointed committee members including the Chair or delegated Chair.

If some members cannot be present at a vote or have a declared conflict of interest, a new quorum will need to be calculated, and then the 60% of appointed committee members is applied to determine the new quorum.

AUTHORITY

The Committees are Committees of WAPHA and have no authority independent of the functions delegated to them. The functions of the Committees do not relieve WAPHA's Board from any of its responsibilities.

DELEGATIONS

Committees do not have financial delegations.

OBLIGATIONS OF COMMITTEE MEMBERS AND PERSONS ASSISTING THE COMMITTEE

All members of the CEC will:

- Comply with these Terms of Reference; and
- Declare and manage conflicts of interest at the commencement of each meeting.

REPORTING

The CCC will report as appropriate on specific issues to the PHN Council and will provide an annual report to the PHN Council.

COMMUNICATION

Notice of the next meeting and the distribution of the agenda and action sheet must be circulated to the Committee, at least one week prior to the scheduled meeting date.

The minutes of a meeting shall be submitted to committee members for ratification at the next meeting. When confirmed, the action items shall be signed by the Chair.

Accurate action items will be kept of each meeting by the PHN. Action items delegated to people not present at the meeting will be communicated directly to them within a maximum of one week from the date of the next Committee meeting.

SUPPORT

The PHN provides Secretariat support to the Committee. WAPHA has made a budget available to fund the Secretariat. Under the direction of the Chair and/or General Manager, duties may include:

- Providing administrative support through taking meeting minutes, circulating agendas and liaising with committee members;
- Assisting in the induction of newly appointed committee members;
- Producing and maintaining plans, reports, submissions documents etc; and
- Ensuring effective information flow within the Committee and between other WAPHA Committees.

REPRESENTING THE COMMITTEE

Committee members should be aware that, as members of a WAPHA Committee, they are required to act in a way that promotes and upholds the reputation of the WAPHA when representing the Committee at any events or functions.

REVIEW

These Terms of Reference will be reviewed every 12 months and at the end of the contract in 2018.

Each review period will assess the Committee's membership, purpose and overall performance.