

 WAPHA WA Primary Health Alliance	Community Engagement 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 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 CEC.

MEMBERSHIP

Committee members have a duty to act in the best interests of WA Primary Health Alliance (WAPHA) as a whole and represent any particular group or organisation, even though they may contribute the view of a group or organisations to the debate.

The following positions form the core membership of each CEC.

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

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.

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 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.

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.

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 CEC 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.

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 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; and
- 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 CCC 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 CCC and CEC commissioning priorities and options 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.