

Terms of Reference

Community Partnership Advisory Council

1. PURPOSE

The purpose of the Community Partnership Advisory Council (CPAC) is to ensure the community is contributing to the ongoing improvement of health care services within Northern NSW Local Health District.

2. RESPONSIBILITIES

- Provide leadership, advice and support to NNSWLHD on partnering with the community.
- Partner with NNSWLHD in service planning, delivery and monitoring.
- Monitor and support an LHD-wide approach to achieving compliance with the Partnering with Consumers elements of the National Safety and Quality Health Service standards.
- Monitor performance against key Safety and Quality indicators.
- Monitor and review trends in compliments and complaints across NNSWLHD.
- Provide oversight of NNSWLHD community engagement framework and strategy.
- Comment and provide community perspective on policy, plans, and patient information.
- Provide advice on seeking community input on health service issues.

CPAC is to provide advice or other assistance on issues as requested by the Board or Chief Executive.

3. GOVERNANCE

- CPAC is a management committee, reporting to the Chief Executive.
- CPAC updates are provided to the NNSWLHD Board via the Chief Executive.
- The Community Engagement Manager has delegated responsibility for the effective functioning of CPAC.

4. MEMBERSHIP

- The Community Partnership Advisory Council will comprise community and NNSWLHD representatives.
- Community representatives will include:
 - A community representative from each of the seven community advisory groups (Ballina, Byron, Clarence, Lismore and Casino, Maclean, Murwillumbah, Tweed)
 - A community member from the Multipurpose Service Network Community Consultation Forum
 - A community member from the Mental Health Forum
 - A community member from the Alcohol and Other Drugs Community Advisory Group
 - A community member of the Ngayundi Aboriginal Health Council
 - Up to three independent community members (ie. not members of an advisory group)
 - Healthy North Coast (Primary Health Network) representative
- NNSWLHD members will include:

- Chief Executive
- Board members, as nominated by the Board
- Director, Clinical Operations
- Associate Director, Planning
- Aboriginal Health representative
- Consumer Relations/Privacy Manager
- Community Engagement Manager
- Secretariat (Office of the Chief Executive)

CPAC may invite any person to attend meetings as required.

Figure 1: CPAC Membership



* Community representative # NNSWLHD staff representative ^ HNC staff representative

5. APPOINTMENTS

- Advisory group members will be nominated by their respective CAG.
- Independent members will be selected from responses to a recruitment process or nominations from NNSWLHD staff or other CPAC members.
- All prospective members will be required to complete an Expression of Interest.
- All members are required to complete a National Police Check, sign the NNSWLHD Code of Conduct and Confidentiality and Privacy Agreement, and disclose affiliations to community groups, health-related or political organisations and potential conflicts of interest.
- CPAC members may resign at any time in writing to the Community Engagement Manager.

6. CHAIRPERSON

The Chair and Deputy Chair of CPAC will be community representatives. The Chair will be appointed by the NNSWLHD Chief Executive. The Deputy Chair will be elected by CPAC members. The role of the Chairperson is to:

- Be a contact person between meetings
- Provide input and approve meeting agendas
- Provide input and approve advice and actions from meetings
- Liaise with NNSWLHD on matters that arise between meetings
- Assist in communications among members between meetings.

7. TERMS OF OFFICE

- The Chair and Deputy Chair will serve a term of three years with the opportunity to be re-appointed.
- Terms of office for independent CPAC members will be up to three years' duration with the opportunity to apply for two terms.
- Advisory group representatives will be appointed for three-year terms with the opportunity to be re-appointed for two terms.
- Committee turnover will be monitored to ensure rotation of members is managed efficiently.

8. MEETING FREQUENCY

- Every two months, with a minimum of five meetings each calendar year.
- A 12-month meeting schedule will be published and communicated to members on an annual basis.

9. AGENDA

- The agenda will be set by the NNSWLHD Community Engagement Manager and the Chief Executive with input from the CPAC Chair.
- CPAC members may contribute to the agenda by submitting items no later than 7 working days before the meeting.
- Members will receive the agenda papers, including the minutes of the previous meeting, at least five working days before the meeting.

10. QUORUM

The quorum for a meeting is more than 50 per cent of community members.

11. REPORTS PROVIDED TO THE COUNCIL

Reporting to CPAC will include:

(1) Information

- LHD executive updates
- Community information
- Strategic plans, clinical services plans, relevant policies

(2) Governance

- NNSWLHD quality and safety key performance indicators
- Reports related to patient experience feedback, including Bureau of Health Information patient experience reports, NNSWLHD compliments and complaints.
- Items which have been escalated from Community Advisory Groups.

(3) Partnering

- Topics which require input from community representatives.
- Reports related to the Partnering with Consumers elements from the National Safety and Quality Health Services Standards, including accreditation assessment recommendations or opportunities for improvement.
- Other reports related to patient experience and/or community participation.

See *Appendix 1: CPAC Reporting Schedule*.

12. MINUTES

- The minutes shall be a record of key discussion points, agreed outcomes and actions.
- An action list will be included in the minutes with responsibility indicated and target completion dates.
- The Chair shall review and approve the minutes prior to being circulated.
- Minutes will be distributed to all members within 10 working days of the meeting.
- A copy of the minutes is to be tabled with the NNSWLHD Executive Leadership Team.

13. VENUE

Face to face meetings will be held at the Ground Floor Meeting Room, Crawford House, Hunter St, Lismore. Meetings will also be held as virtual meetings, using Teams and teleconference, for members unable to attend in person.

14. MEMBERSHIP SUPPORT

- NNSWLHD will provide appropriate documentation, orientation, training and support for community representatives.
- The Chief Executive's Office provides secretariat and other support to CPAC.
- Consumer representatives on CPAC receive an honorarium payment in accordance with the [NSW Health Consumer, Carer and Community Member Remuneration guideline](#).
- The NNSWLHD Community Engagement Manager and Secretariat support CPAC by:
 - Organising meetings
 - Preparing the meeting agenda with CPAC Chair and the Chief Executive.
 - Forwarding advice and actions to staff for response or action.
 - Providing feedback on activities undertaken as a result of CPAC advice.

15. CONFIDENTIALITY

- Some issues presented to CPAC may be of a confidential and/or sensitive nature.
- Confidential information shall be clearly identified as confidential. Any LHD or community representative may advise during the meeting if information is confidential.
- NNSWLHD requires any community representative on committees to keep strictly confidential all confidential information and patient information and to comply with all privacy obligations.
- Upon appointment, members are required to sign the NNSWLHD Code of Conduct and NNSWLHD Confidentiality and Privacy Agreement.

16. DECLARATION OF INTEREST

CPAC members must declare conflicts of interest via the Code of Conduct. Members may also declare a conflict of interest at the start of the meeting. This includes any personal, organisational or financial interest that relates to items on the agenda. Any conflicts of interest will be noted.

17. EVALUATION

- CPAC will undertake an annual evaluation, including:
 - Meeting performance assessment
 - Outcomes and benefits delivered to NNSWLHD
- Review of the Terms of Reference and membership to be conducted annually.

Appendix 1: 2024 CPAC Reporting Schedule

Report	12 FEB	8 APRIL	3 JUNE	5 AUG	14 OCT	2 DEC
CPAC Terms of Reference	X					
CPAC/CAG Feedback Survey	X					
Quality and Safety KPIs		X	X		X	X
Patient Experience & Engagement Scores	X		X		X	
Patient Feedback	X	X		X	X	
Patient Reported Measures	X			X		
Maternity & Neonatal Services			X			X
Aboriginal Health update		X				
Items escalated from advisory groups	X	X	X	X	X	X

Last reviewed: February 2024