

Community advisory committee guidelines:

Victorian public health services



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Foreword

Victoria has a statutory requirement that each public health service board establish a community advisory committee. This requirement is an important component of the commitment of this government to improve consumer, carer and community participation in Victoria's public health services. This commitment is based on a number of considerations, including:

- a recognition that the community has a democratic right to be involved in decisions regarding health care
- an awareness of the importance given by the community to quality and safety in health care
- evidence that consumer, carer and community participation in health care leads to improved health outcomes.

It is expected that community advisory committees will assist public health services to facilitate community, carer and consumer participation at all levels of the health service. Equally, public health service boards, in establishing community advisory committees, have a responsibility to implement these guidelines.



The Hon Bronwyn Pike
Minister for Health

Acknowledgments

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‘The most important thing our health service has learnt in running an effective community advisory committee is listening to the members themselves and recognising that they are the experts when it comes to understanding the consumer perspective.’

(Melbourne Health community advisory committee, Victorian Consumers Participate in Health Conference, Melbourne, October 2005)

Introduction

The revised community advisory committee guidelines for Victorian public health services are provided to assist public health services to develop effective community advisory committees that can advise on consumer, carer and community participation at all levels of the public health service.

In 2000, in response to changes to the *Health Services Act 1988*, community advisory committees were established in Victorian metropolitan health services. The first set of guidelines for community advisory committees was developed with the assistance of the Health Issues Centre and Corrs Chambers Westgarth. The Health Issues Centre at the request of the Department of Human Services has now revised these guidelines. They incorporate more than four years of experience working with community advisory committees, and they acknowledge the requirement for five rural regional public health services to establish community advisory committees from 1 July 2004. They also represent the outcome of a review of the relevant literature and a comprehensive consultation process with community advisory committee members, public health service executives and board members.

Purpose and role

Purpose

Community advisory committees are established in Victoria to increase consumer, carer and community participation in public health services.

Role

The community advisory committee has two critical roles:

1. to provide **direction and leadership** in relation to the integration of consumer, carer and community views into all levels of health service operations, planning and policy development
2. to **advocate** to the board on behalf of the community, consumers and carers.

The community advisory committee is a high-level committee, which is appointed in an advisory capacity to the public health service board as a legislated advisory committee of the board. It has no executive authority.

The community advisory committee:

- enables participation across the whole health service, rather than representing the sole participation strategy of the public health service
- provides a central focus for all strategies and mechanisms for consumer, carer and community participation in the public health service
- provides strategic advice, from a consumer, carer and community perspective, in relation to health service policy and services to the community, including all major initiatives and changes
- advises the public health service on community issues and in relation to its communication with the communities it serves.

Implementation

The board and the community advisory committee have different but complementary roles. **The health service board has a responsibility to:**

- establish terms of reference for the community advisory committee
- ensure that the persons appointed to the community advisory committee are able to represent the views of the communities served by the public health service¹
- ensure that the community advisory committee is kept informed and briefed adequately on major strategic issues and developments
- seek timely, informed advice from the community advisory committee on such issues and developments
- initiate development of a community participation plan with the community advisory committee
- initiate a biennial review of the community advisory committee
- ensure resources are available to implement strategies identified in the community participation plan
- promote the value of consumer, carer and community participation in public health service activities (this can be done through the provision of training to staff and by incorporating participation activities into strategic and business planning and staff performance indicators)
- ensure that the board's strategic plan incorporates or links with the community participation plan.

The community advisory committee has a responsibility to:

- advise the board on consumer, carer and community views so they are recognised and reflected in service delivery, planning and policy development
- identify and advise the public health service board on priority areas and issues requiring consumer and community participation
- participate in the public health service's strategic planning process
- develop a strategic community participation plan for approval by the public health service board, and monitor the implementation and effectiveness of the approved plan

¹ Health Services Act 1988 s.65ZB(2) amended by No. 52/2004 s.35(b)

- advocate on behalf of the community, including promotion of greater attention and sensitivity to the needs of disadvantaged, isolated and marginalised consumers and communities
- facilitate two-way communication between consumer, carer and community groups and the public health service
- participate in the monitoring of key performance indicators for public health service quality
- participate in the development of the public health service's quality of care report
- assist in the identification of development and training needs in relation to consumer, carer and community participation in the health service, and make recommendations to the board on how to meet these needs.

Accountability and reporting

Key requirements

The community advisory committee is accountable to the public health service board.

The public health service board is accountable to the Minister for Health, who is the community's elected representative.

The Department of Human Services has a responsibility to oversee policy implementation at a systemwide level.

The public health service board is responsible for:

- consulting with the community advisory committee in relation to all major strategic changes to hospital policy or services to the community
- implementing effective community participation strategies
- reporting to the community on the activities of its advisory committee in its annual report²
- forwarding details of the community advisory committee's terms of reference and membership to the Department of Human Services within six months of the establishment of a public health service, and updating these annually when reporting on the community participation plan
- monitoring the health service's community participation plan and reporting annually on the plan to the Department of Human Services
- ensuring that executive staff members whose roles have a clear link to consumer participation have benchmarks for participation included in their performance assessments.

Implementation

The community advisory committee should meet at least bimonthly, with a minimum of six meetings per year.

In order to facilitate two-way communication, the public health service board, in consultation with the community advisory committee, should establish formal processes of reporting and communication between itself and the community advisory committee.

² [Health Services Act 1988 \(Vic\) s.65ZA\(3\)](#) specifies that the board's annual report of operations must incorporate a report about the activities of its advisory committees.

The public health service board should routinely receive the minutes of community advisory committee meetings.

The public health service board should consider regular reporting on the activities of the community advisory committee to the community through the public health service newsletter, website, public forums or other means.

The parameters within which community advisory committee members may communicate information about the public health service to the community should be agreed and documented. This agreement will need to take into account issues such as:

- the expectation that members of the community advisory committee will advise the public health service on strategies for communicating with the community
- the need to establish long-term working relationships between the community advisory committee and the public health service based on mutual trust and confidence
- the public interest in access to information
- the need to protect individual confidentiality and privacy.

Membership

Key elements

Members of community advisory committees contribute specialist knowledge and expertise by providing consumer, carer and community perspectives.

Members should be active in the community, with strong community networks and a sound understanding of local or regional issues.

Members will need to have the capacity to reflect on and present community issues, rather than focusing on personal concerns or individual issues.

Membership of the community advisory committee should emphasise consumers, carers and communities, not health care providers. Appointment to a community advisory committee must be in line with the Health Services Act (1988) Section 65ZB:

- (3) In appointing persons to a Community Advisory Committee, a board must give preference to a person-
- (a) who is not a registered provider within the meaning of the Health Services (Conciliation and Review) Act 1987 (see Appendix 3); and
 - (b) who is not currently or has not recently been employed or engaged in the provision of health services.

Implementation

Recruitment

Potential members of the community advisory committee should be provided with sufficient information to ensure they have a clear understanding of the membership role and responsibilities.

Where the community advisory committee has been established for some time, potential new members should be provided with the opportunity to observe current committee meetings.

Public health services should develop an information package incorporating information about the role, responsibility and support available to the community advisory committee and its members. This package should be available for distribution to individuals and organisations that have expressed interest in membership.

Public health services should ensure that prospective members of their community advisory committee are encouraged to observe the meetings of the community advisory committee that they wish to join.

Selection criteria

The community advisory committee should comprise at least eight to twelve (8-12) members who are appointed by the board.

Criteria for selection of community advisory committee members should be determined by the public health service board, but should include the following considerations:

- A community advisory committee member is appointed as an individual and not as a representative of any organisation.³
- However, members of the community advisory committee should be able to reflect the perspectives of the communities served by the public health service, and bring to the community advisory committee knowledge of the opinions and policies of relevant community groups.
- Members should preferably have some connection to established formal or informal community or consumer networks, although appointment of individual consumers with the capacity to develop such links should also be considered.
- Applicants for community advisory committee membership should be sought through a range of strategies, including:
 - seeking recommendations of individuals from peak bodies
 - directly approaching individuals who have appropriate experience as consumers, carers or community members
 - open advertisements.

Both the selection criteria and the selection process for appointment to the community advisory committee must be transparent. The process must ensure that individuals or groups are informed about the committee and the selection process, and that prospective members are encouraged to apply to the public health service.

³ Consumer/carer/community **representative** is a consumer, carer or community member who is nominated by and **accountable** to an organisation of consumers, carers or community members. The term 'representative' is linked to living in a democracy. Hence, representatives are there to represent the formal views of a particular group and report back to that group.

Public health services will need to define the constituency of the communities they serve and try to ensure that the diversity in their communities is reflected in the composition of the community advisory committee.⁴

At least 75 per cent of community members of community advisory committees should be community members who are not involved in the provision of health services.

At least one, but no more than two, members of the board who satisfy the selection criteria for appointment should be appointed to the community advisory committee.

Public health services providing services to rural and regional communities need to develop specific strategies for engaging with consumers, carers and community members from across their region, particularly from remote communities.

Metropolitan public health services that provide a significant level of service to rural communities should aim to appoint at least one rural member to their community advisory committee.

Terms of appointment

To ensure adequate continuity of membership, and to provide for continuing vitality of community advisory committees, initial appointments should be for two or three years, with the opportunity for reappointment.

Individual public health services need to decide how to ensure continuity and viability of the membership of their community advisory committee. Consideration should be given to strategies such as staggered terms, allowing appointment for two consecutive terms of office, and requiring members to have a one-year break after two terms before they are eligible to be reappointed.

⁴ Communities may be defined in terms of ethnicity, language, age, gender, chronicity of illness, specific illness or disability, role as consumer or carer, socioeconomic status and geography. Public health services may wish to identify and seek representation from specific categories such as particular needs, for example, remote, isolated or marginalised communities or a group with a specific illness or disadvantage. Also see *Cultural Diversity guide: multicultural strategy*, Department of Human Services, 2004, Victoria.

Attendance at meetings

A clear majority of people present at each community advisory committee meeting should be comprised of consumer, carer and community members of the committee.

The chief executive officer, or an alternative executive identified by the public health service board, should be in attendance at each meeting of the community advisory committee, either as a member of, or as a resource to, the community advisory committee.

Health care providers may attend meetings by invitation as a resource to the community advisory committee and in an advisory capacity.

Relationship to other committees

Public health service boards should consider the benefits of an overlap of membership and/or systematic information exchange between the community advisory committee and other committees, including, but not limited to:

- the quality committee
- the primary care and population health advisory committee
- the cultural diversity committee.

They should, however, be mindful of potential workloads, and adopt a range of communication strategies between these committees.

Resources

Key requirements

Public health services should appoint, where possible, an appropriately qualified community development officer to resource the community advisory committee.

Visible interest and support from the public health service chief executive officer, executive and board are vital to the success of the community advisory committee.

Timely access by the community advisory committee to relevant information will determine its capacity to provide meaningful strategic advice.

In its overall budget planning process, the public health service board should take account of the likely budget implications of the implementation and outcomes of the community participation plan, and should ensure adequate funds are allocated.

Implementation

Community advisory committees are comprised of groups of volunteer members, who usually meet six times a year for two or three hours each meeting. The activities of the community advisory committee are constrained by time and structure. It is therefore essential that the group develop a clear focus for its efforts and annual work plan.

Responsibility for ensuring that the community advisory committee has adequate access to qualified personnel capable of ensuring its efficient administration through undertaking research, assisting in the development of community networks and drafting submissions and responses on the committee's behalf, should rest with a senior manager in the public health service. Servicing the community advisory committee should be a key responsibility of such staff.

The community advisory committee will need a baseline audit of community participation activities across the public health service in order to develop and progress the community participation plan.

Individual consumer, carer and community members of the community advisory committee will need to be supported in their participation. Public health services should, at a minimum:

- provide access to interpreters and car parking
- schedule meetings at times suitable for the members

- provide adequate refreshment
- promptly reimburse costs incurred by community members in their participation responsibilities, such as travel, accommodation, child care, carer and any other reasonable expenses.

Adequate orientation and training are essential to the success of the community advisory committee. Each public health service should develop a formal orientation and training program that can be delivered flexibly to meet the needs of members of its community advisory committee. At minimum, this should include:

- orientation to the structure and communication systems of the public health service
- outline of the role of the board
- introduction to the health service's codes of ethics and conduct and/or communication protocol
- introduction to the senior management team of the health service
- overview of local health issues, services and initiatives
- a history and overview of participation in the public health service.

Appropriate professional advice should be available to the community advisory committee as required.

Public health services should consider the benefits of mentoring arrangements for members of the community advisory committee. Such arrangements may assist in ensuring members are well informed about public health service activities generally, and have ready access to specific information when required. Mentors would need to be well informed about the activities of the public health service and the role of the community advisory committee. Selection of mentors could be considered from among members of the public health service's senior staff.

Members should be encouraged to observe other community advisory committees in action and learn about their activities.

Members should have the opportunity to attend relevant training or workshops that are provided for community advisory committee members.

Evaluation and monitoring

Key requirements

The community advisory committee will need time to develop skills to monitor the implementation of the community participation plan.⁵

The Department of Human Services should regularly evaluate the structure, operation and effectiveness of the community advisory committees.

Public health services should undertake, in consultation with their community advisory committee, regular audits of consumer, carer and community participation across the health service.

For established community advisory committees, the auditing of consumer participation across the health service should be integrated into hospital accreditation activities. In relation to the rural regional community advisory committees, this integration of processes should occur after two biennial audits.⁶

The public health service should report annually on participation performance indicators to the community advisory committee and the Department of Human Services.⁷

Implementation

The community advisory committee and the public health service should undertake a biennial review of the community advisory committee. The results of this should be reported to the public health service board.

The review should include discussion of the following issues:

- Has the community advisory committee achieved the major goals and objectives of its work plan within identified timeframes?
- Has a high quality strategic community participation plan been developed, has implementation progressed and has its implementation been monitored effectively?

⁵ Department of Human Services 2006, *How to develop a community participation plan*, Rural and Regional Health and Aged Care Services Division, Victorian Government, Department of Human Services, Melbourne. Victoria

⁶ *Victorian Government Response Family and Community Development Committee Inquiry on the roles of Community Advisory Committees of Metropolitan Health services*, Parliament of Victoria, May 2004, p. 8.

⁷ Participation performance indicators are set by the Department of Human Services in policy and funding guidelines to the public health services

- Has the advice of the community advisory committee been sought by the board in a timely and appropriate manner during the development and implementation of the public health service's overall strategic plan?
- Has the advice of the community advisory committee been sought by the board in a timely and appropriate manner on matters of strategic importance to the public health service?
- Does the public health service board consider it has benefited from the advice of the community advisory committee?
- Does the community advisory committee consider that it has been effective in contributing to the policy and strategic directions of the public health service?
- Has the community advisory committee made recommendations to the public health service board, and is there evidence that those recommendations have been considered and responded to?
- Have any of the recommendations of the community advisory committee resulted in observable change in practice in the public health service?

The public health service board should annually evaluate community advisory committee meeting attendance records for all members and staff attendees. This information should inform the biennial review. For the 12-month period being evaluated, the following should be considered:

- Have members attended at least 75 per cent of scheduled meetings?
- Has a majority of consumer, carer and community members attended each meeting?
- Have all scheduled meetings had a quorum, as per the terms of reference?

If any of these requirements have not been met, the board should investigate the reasons and review the community advisory committee's processes. The board may need to consider providing additional resources to the committee or to seek assistance with this work.

Establishment checklist

Implementation action	No	Yes
• Assign board, chief executive officer and/or executive sponsors		
• Appoint community development officer if possible		
• Develop terms of reference		
• Determine administrative arrangements		
• Audit consumer, carer and community participation activities		
• Define constituency; identify communities		
• Develop member selection criteria		
• Develop information package		
• Advertise for and actively source members		
• Invite prospective applicants to attend introductory seminar		
• Appoint members		
• Appoint chair		
• Orient members and introduce to board and health service		
• Schedule meetings to meet members' needs		
• Hold first meeting		
• Reimburse reasonable costs of participation [travel, accommodation, parking, childcare)		
• Develop a communication protocol		
Ongoing	No	Yes
• Input into public health service strategic plan		
• Develop community participation plan		
• Input into the monitoring of key quality indicators used by the public health service		
• Monitor implementation and effectiveness of community participation plan		
• Review and audit community participation activity and indicators biennially		

Appendix 1 - Policy context

The guidelines for community advisory committees reflect the following legislative requirements and policy decisions:

- the Victorian Ministerial Review of Health Care Networks, May 2000, *Ministerial review of health care networks-final report*, Department of Human Services www.dhs.vic.gov.au/ahs/min
- legislation passed by the Victorian Parliament in 2000 requiring metropolitan public health services to establish community advisory committees (Health Services Act 1988 (Vic) s.65ZA and 65ZB)
- the Family and Community Development Committee's *Inquiry on the roles of community advisory committees of metropolitan health services*, Parliament of Victoria, May 2004
- recommendations confirmed in the *Victorian Government response to the Family and Community Development Committee Inquiry on the roles of community advisory committees of public health services*, State of Victoria, 2004
- legislation passed by the Victorian Parliament in 2005 requiring five regional public health services to establish community advisory committees (Health Services Act 1988 (Vic) s.239)
- development of the Department of Human Services policy on consumer, carer and community participation in health: *Doing it with us not for us-participation in your health service system: Victorian consumers, carers and the community working together with their health service and the Department of Human Services*, Victorian Government Department of Human Services, January 2006.

Appendix 2 - Key documents

Cultural diversity guide: multicultural strategy, Policy and Strategic Projects Division, 2004, Victorian Government Department of Human Services, Melbourne, also at:

www.dhs.vic.gov.au/multicultural/index.htm

Doing it with us not for us-participation in your health service system: Victorian consumers, carers and the community working together with their health service and the Department of Human Services, Victorian Government Department of Human Services, January 2006

How to develop a community participation plan, Rural and Regional Health and Aged Care Services Division, Victorian Government, Department of Human Services, Melbourne, May 2006

Making space for the consumer voice in quality and safety a resource guide for community advisory committees in public health services, Health Issues Centre, Melbourne, 2006

Participation indicators-participation in your health service system: Victorian consumers, carers and the community working together with their health service and the Department of Human Services, Department of Human Services, October 2005

Appendix 3 - Registered providers

Version No. 040

Health Services (Conciliation and Review) Act 1987

Act No. 25/1987

Version incorporating amendments as at 27 March 2003

Section 3(i)...

'registered provider' means a person licensed, registered or certificated by a registration board;

'registration board' means a body that is-

- (a) a body listed in the Schedule; or
- (b) a body prescribed as a registration board for the purposes of this Act;

12 Health professions that are subject to statutory registration:

Psychologists	Chinese medicine practitioners
Podiatrists	Nurses
Physiotherapists	Medical practitioners
Pharmacists	Medical radiation technologists
Osteopaths	Dental practitioners
Optometrists	Chiropractors

