

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

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Committees of Metropolitan Health Services,
Parliament of Victoria May 2004.

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Background

Family and Community Development Committee

The Family and Community Development Committee (the committee) functions under the *Parliamentary Committees Act 2003* section 11. Their role being ‘to inquire into, consider and report to Parliament on any proposal, matter or thing concerned with the family or the welfare of the family; community development or the welfare of the community; the role of the government in community development and welfare including the welfare of the family’.

Terms of reference of inquiry

The terms of reference of the committee’s inquiry into the roles of Community Advisory Committees of Metropolitan Health Services were approved under Section 4 of the *Parliamentary Committees Act 1968*.

The committee is required to:

1. Review establishment, composition and objectives of these committees in all Metropolitan Health Services.
2. Report on work programs and achievement of all Committees.
3. Report on effectiveness of relationships with Metropolitan Health Services boards of management and senior management of the Health Services.
4. Recommendations about the future directions of the committees with regard to the membership, communications and community interactions with Metropolitan Health Services.

Community advisory committees

The Community Advisory Committees were established as a recommendation of the Ministerial Review of Health Care Networks (May 2000). The *Health Services Act 1988*, was amended such that Metropolitan Health Services Boards were required to establish a Community Advisory Committee to foster consumer participation at all levels of the Metropolitan Health Service. In November 2000, the Department of Human Services produced the *Non-Statutory guidelines for Community Advisory Committees* (the guidelines) to assist in the establishment of Community Advisory Committees. By September 2001 all Community Advisory Committees were established with terms of reference, membership and priority activities identified in each of the fourteen Metropolitan Health Services.

It is important to note that since the conclusion of the Family and Community Development Committee’s inquiry into the metropolitan Community Advisory Committees, an amendment to the *Health Services Act 1988* (Vic) was passed in relation to Community Advisory Committees in July 2004. The amendment, in sections 65ZA and 65ZB, require that regional health services designated as *public health services* must develop Community Advisory Committees.¹ Although these regional health services’ Community Advisory Committees were not part of the inquiry the Victorian Government’s response is inclusive of the regional Community Advisory Committees.

¹ *Health Services Act 1988* (VIC)
ss.65ZA-65ZB

Response

The Victorian Government's response to the committee's inquiry on the roles of Community Advisory Committees of Metropolitan Health Services is set out below. The response details the government's position to support or not to support each of the recommendations as put forth in order by the committee. If the recommendation is not supported an explanation is provided.

In addition, the government has directed the Department of Human Services to revise the guidelines. The response includes specific directions made to the Department of Human Services in relation to the revision of the guidelines.

Similarly, the Government has approved the development of the *Participation in your health service system: Victorian consumers/patients, carers, and the community working together with their hospitals and the Department of Human Services* policy (Participation in your health service system policy). The government's response identifies where specific objectives of the policy address the committees recommendations.

Recommendation one

That the Boards of Metropolitan Health Services discuss a work plan with the Community Advisory Committee on an annual basis and fund the Community Advisory Committee to an agreed amount negotiated between the Metropolitan Health Service and the Community Advisory Committee that reflects the needs of the work plan.

Response

The government supports this recommendation that an annual work plan should be implemented with agreed financial support from the health service. Further to this recommendation the government directs the Department of Human Services to revise the guidelines to clarify that the activities contained within the work plan relate to the community participation plan. A community participation plan is a requirement of the guidelines and the government strongly supports that the community participation plan be integrated into the health services strategic plan as outlined in the existing guidelines.

In addition, a specific objective of the *Participation in your health service system* policy is to develop minimum guidelines for the development of *community participation plans*. The government has approved the Department of Human Services to develop these minimum guidelines in consultation with the health services and Community Advisory Committees. These minimum guidelines will assist health services and Community Advisory Committees to develop and focus their community participation plans.

Recommendation two

That a report of activities and outcomes of the community participation plan be included in the Metropolitan Health Service's annual report.

Response

The government supports the recommendation and notes that the existing guidelines provide that:

The Health Service's annual report should incorporate a report from the Health Service Board about the activities of the Community Advisory Committee and the actions taken by the Health Service Board in relation to the recommendations made to it by the Community Advisory Committee.

The Health Service Board should consider regular reporting on the activities of the Community Advisory Committee to the community through the Health Service newsletter, web site, public forums or other means.²

² Department of Human Services. *Community advisory committee guidelines: Non-statutory guidelines for Metropolitan Health Services State of Victoria, Department of Human Services, 2000 p.7*

Recommendation three

The committee supports the current membership composition of Community Advisory Committees as outlined in the non-statutory guidelines but recommends a clarification of the ability of members of organisations to become Community Advisory Committee members in an individual capacity.

Response

The government supports the recommendation and directs the Department of Human Services to clarify the distinction between being an individual member and a *representative* of a community. This distinction should be outlined in the revised guidelines and be consistent with language used in the *Participation in your health service system* policy.

Recommendation four

That Metropolitan Health Services, including those who provide statewide services, try to recruit representatives from different age groups, geographic areas, and cultural backgrounds as well as rural areas to serve on Community Advisory Committees to reflect the Health Service's community and its particular characteristics.

Response

The government supports this recommendation and notes that this recommendation is articulated in the *Health Services Act 1988* section 65ZB such that:

*The board of a public health service must ensure that the persons appointed to a Community Advisory Committee are persons who are able to represent the view of the communities served by the public health service.*³

In addition, the government identifies that recommendation four is stipulated in the existing guidelines:

Members of the Community Advisory Committee should have the capacity to reflect the perspectives of the communities served by the Health Service and to bring to the Community Advisory Committee knowledge of the opinions and policies of relevant community groups....

*Health Services will need to define the constituency of the communities they serve. The community may be defined in terms of ethnicity, language, age, gender, chronicity of illness, specific illness or disability, role as consumer or carer, socio-economic status and geography.*¹

Recommendation five

That Metropolitan Health Services institute induction and ongoing training programs for new members of Community Advisory Committees.

Response

The government supports this recommendation and notes that this is specified in the existing guidelines:

Adequate orientation and training will be essential to the success of the Community Advisory Committee. Each Health Service should develop a formal orientation and training program that can be delivered in a flexible fashion to meet the needs of members of its Community Advisory Committee.

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 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 Health Service and the role of the Community Advisory Committee. Selection of mentors could be considered from among members of the Health Service senior staff.⁴

Further to this the government has directed the Department of Human Services to continue to fund the Health Issues Centre to provide support, advice and training relevant to new Community Advisory Committee members.

Recommendation six

That Community Advisory Committee members may be reimbursed for reasonable expenses accepted by the Board to acknowledge their contribution and significance to the Health Service.

Response

The government supports this recommendation and notes that this is an existing guideline:

Individual members of the Community Advisory Committee will need to be supported in their participation and must be eligible for reimbursement of the costs they incur in participating. Health Services should, at a minimum, provide access to carparking [sic], schedule meetings at suitable times, and provide adequate refreshment. Interpreter services, reimbursement of travel, childcare and carer costs, and other reasonable expenses should be provided as necessary.⁵

The government directs the Department of Human Services to reiterate this guideline in the revised guidelines.

⁴ Department of Human Services.
Community Advisory Committee
Guidelines: Non-statutory
guidelines for Metropolitan
Health Services State of Victoria,
Department of Human Services,
2000 p.12

⁵ *ibid*

Recommendation seven

That 75 per cent of community representatives of Community Advisory Committees be community members who are not involved in provision of health services and that a maximum of two members of the Board, including the Chair, also be members of the Community Advisory Committee.

Response

The government supports this recommendation and notes that 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; and*
 - (b) *who is not currently or has not recently been employed or engaged in the provision of health services.*⁶

Recommendation eight

That Metropolitan Health Service Boards in consultation with Community Advisory Committees adopt a formal reporting process in order to facilitate two-way communication.

Response

The government supports this recommendation and has directed the Department of Human Services in revising the existing guidelines to outline the need to adopt formal processes of communication between the Boards and the Community Advisory Committees. For example, the Board should seek written advice from the Community Advisory Committee and provide a summary of the discussion in relation to that advice back to the Community Advisory Committee.

⁶ *Health Services Act 1988 (Vic)* s65ZB(3).

Recommendation nine

That Community Advisory Committees be consulted by the Board regarding major strategic changes to hospital policy or services to the community.

Response

The government supports this recommendation and notes the existing guidelines provide that:

The Community Advisory Committee will have a predominant responsibility to advise on governance, policy and strategy in relation to community participation and its impact on health services outcomes. The Board will have a complementary responsibility to seek informed advice in a timely manner from the Community Advisory Committee on major strategic issues and developments.⁷

The government has requested that the Department of Human Services reinforces with public health services compliance with the intent of this guideline.

Recommendation ten

That senior executive staff whose contract details are determined by the Board have benchmarks for consumer participation included in their performance assessment.

Response

The Government supports this practice where the executive staff person's role has a clear link to consumer participation. The development of the *Participation in Your Health Service System* policy will define consumer participation through consultation with the health services and the community. The Government believes this definition will assist in identifying the appropriate senior executive staff.

⁷ Department of Human Services. *Community advisory committee guidelines: Non-statutory guidelines for Metropolitan Health Services State of Victoria, Department of Human Services, 2000 p.5*

Recommendation eleven

That Metropolitan Health Services undertake a biennial consumer participation audit in consultation with the consumer advisory committee to facilitate consumer and community engagement. The need for these audits could be reviewed after the first four years.

Response

The government recommends that the above recommendation be adopted only for new Community Advisory Committees commencing at the regional public health services under section 65ZA and 65ZB of the Health Services Act 1988.⁸

For the metropolitan Community Advisory Committees, the government recommends that the need for auditing of consumer participation across the health service be integrated into hospital accreditation activities. Further to this, the government has advised the Department of Human Services that for the regional Community Advisory Committees this integration of processes should occur after two biennial audits. This integrated approach will reduce duplication of auditing and self-assessment.

Recommendation twelve

The Metropolitan Health Services enable prospective members to observe other Community Advisory Committees in action and learn about their activities.

Response

The government supports this recommendation and agrees that prospective Community Advisory Committee members be able to observe the specific Community Advisory Committee that they wish to join, prior to becoming a member.

The government also recommends that prospective members should have the opportunity to attend training or workshops that the Health Issues Centre provides for Community Advisory Committee members education and skill development.

Recommendation thirteen

That the role of Community Advisory Committees is promulgated by the Board and senior management to enhance health staff understanding of the value of community and consumer participation.

Response

The government supports this recommendation and notes that this is an existing guideline:

*The success of the Community Advisory Committee will depend on:
...Visible interest and support from the Health Service senior executive and Board⁹*

⁸ Health Services Act 1988(Vic) ss.65ZA-65ZB

⁹ Department of Human Services. Community advisory committee guidelines: Non-statutory guidelines for Metropolitan Health Services State of Victoria, Department of Human Services, 2000 p.11

The government, however, recognises that the above guideline requires strengthening and has directed the Department of Human Services to revise the guideline and provide examples of how the Board and senior management can promulgate the role of the Community Advisory Committee.

Recommendation fourteen

That Community Advisory Committees receive adequate levels of secretariat support to fulfil the activities associated with their work plan.

Response

The government supports this recommendation and notes that the existing guidelines have detailed information contained within them as to the appropriate support that should be provided to the Community Advisory Committees such that:

The success of the Community Advisory Committee will depend on:

- *The availability of experienced administrative and project officer support.*
- *Personal support for the Community Advisory Committee members to facilitate their participation.*

Staff supporting the Community Advisory Committee should be capable of ensuring its efficient administration, undertaking research, assisting in the development of community networks and drafting submissions and responses on the Committee's behalf. Servicing the Community Advisory Committee should be a key responsibility of the persons appointed to these roles.

10 *ibid*

Health Services could consider the appointment of an appropriately experienced Community Development Officer to undertake these roles.¹⁰

In addition, the Department of Human Services has been directed to reinforce the developmental and strategic nature of the advice to be provided by the Community Advisory Committees and the strong link Community Advisory Committees have formed with the quality services area within the health services in the revised guidelines.

Recommendation fifteen

That ongoing research be undertaken by the Health Issues Centre to monitor the performance of Community Advisory Committees.

Response

The government supports this recommendation in relation to monitoring but not in relation to evaluation of the Community Advisory Committees.

The Health Issues Centre is funded to provide support to the Community Advisory Committees and as such can work with the Community Advisory Committees to collect and collate evidence of participation and the outcomes of those activities. However, as it is funded to provide support to Community Advisory Committees, making the Health Issues Centre a part of the system, it could not provide an independent evaluation of the effectiveness of the Community Advisory Committees.

Furthermore the health service must include in its report of operations under Part 7 of the *Financial Management Act 1994*, a report on the activities of its advisory committees as outlined in section 65ZA of the *Health Services Act 1988*.¹¹ In addition, the government has directed the Department of Human Services to review the community participation plans of the health services Community Advisory Committees.

