



# Community Advisory Councils Purpose, Priorities and Functions (DETAIL)

## Document Purpose

This document describes the purpose, priorities and functions of CACs with examples of action. The examples used in this document will adapt over time as the model is further developed and are provided here as a holding environment for the ideas that have been shared so far.

## Development

Information in this document was provided through surveys, workshops and interviews.

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## About Community Advisory Councils

### What are CACs?

Community Advisory Councils (CACs) are a formal partnership between consumers and carers and NMHS hospital Executive Committees that embeds the voice and perspectives of consumers, carers and families in decisions and processes that impact their healthcare experience and journey.

### CACs:

- Represent the equality and diversity of consumers, community, carers and families that provides a mechanism to work in partnership for positive solutions that are meaningful and impactful
- Bring lived and living experience of the health system that can shape how the system functions to be more person centred
- Contribute to change in a range of ways from providing feedback to participating in the design of policies, programs etc
- Care about wellness, partnership, equity, learning and growing, mental health and safety, care, trust and modelling these in our work
- Advocate for engagement and recognition of the value of lived experience and the importance of capacity building and development so that health service providers and consumers, carers and families can work together more effectively to improve health outcomes.

## Why CACs exist

### Ultimate Goal

As a result of our work together, NMHS and health consumers, carers and families want to improve the health outcomes of NMHS consumers.



## Purpose

CACs contribute to improving health outcomes by ensuring that the health experience and journey of NMHS consumers and their carers and families, is person centred.

## What CACs do

### CAC Priorities and Examples

CACs focus their efforts on these 5 priorities for action to influence consumer experience and journey to ensure that it is person centred.

### CAC Priorities that directly impact consumers, carers and families

#### Priority 1: Environments in which healthcare is delivered

Examples of actions include:

- Contributing to the physical design of the hospital (e.g. ensuring disability access is included in all designs and services).
- Raising awareness about accessibility

#### Priority 2: Communication and information between consumers, carers and health service providers

Examples of actions include:

- Providing input on written information provided to patients and how it is provided
- Reviewing consumer and carer feedback and making recommendations for change

#### Priority 3: Safe, effective and quality health services

Examples of actions include:

- Contributing to the design, review and evaluation of quality and safety performance including person centred care based on skills and expertise by reviewing and providing recommendations on:
  - findings of consumer and carer satisfaction surveys;
  - service quality indicators and reporting;
  - findings from formal investigations and clinical incident investigations;
  - findings from evaluation of clinical and administration services.
- Reviewing policies and procedures that impact consumer, carer and family journey and experience
- Providing advice to NMHS about how to enhance consumer focus of services.
  - Providing recommendations about how to engage with consumers, carers and families in ways that work for them.
- Contributing to the development and delivery of staff training, induction and education programs about person centred care, consumer engagement and the impact of consumer, carer and family perspective to improve health outcomes.
- Contributing to accreditation against the NSQHS, and other necessary Standards, and other quality assurance processes



## CAC Priorities that directly impact health systems

### Priority 4: Connections with and between consumers, carers, NMHS staff and leadership and networks.

Examples of actions include:

- Strengthening connections between consumers, carers, community, health service providers, NMHS and other consumers, and between NMHS and community
  - Encouraging the health services' connections to consumer groups in the community through their networks and influence outside of health
  - Connecting consumers and carers with opportunities to participate in design and development processes.
- Working with other CACs to explore and raise issues that impact on consumer experience and journey.
- Raising awareness with community members or consumers about being part of a consumer register or network for opportunities.
  - Providing regular community forums, both on specific as well as general issues so that it connects with the consumers. Feedback is then provided to the relevant hospital Executive Committee and to the community so that the issues raised are responded to.
- Mentoring other CACs and consumers to build skills and confidence to work in partnership with health service providers

### Priority Representation and participation of consumers, carers and families in mechanisms to improve person centred care

Examples of actions include:

- Facilitating the representation of consumers and carers on relevant hospital committees and groups, as required
- Providing recommendations about how to increase equity and diversity in how the consumer perspective is represented at all levels of health systems.

## CAC Functions and examples

CACs work in a range of ways to address these priorities including:

### 1. Raising awareness

Examples include:

- Hosting opportunities (e.g. forums) for consumer representatives/volunteers (existing, prospective) to problem solve network, support and celebrate achievements)
- Communicating consumer and hospital rights and responsibilities.
- Working with NMHS and CAC hospitals to engaging with community to identify issues that impact their healthcare journey and experience (e.g. community talk fests, an online talkfest, a column in the local paper).
- Contributing to staff information sessions about how to work in partnership with consumers, carers and families.



## **2. Providing community perspective on committees**

Examples include:

- Representing CAC as a member on NMHS and hospital committees

## **3. Providing direction and recommendations**

Examples include:

- Reviewing consumer and carer feedback and making recommendations for change
- Providing advice to NMHS about how to enhance patient focus of services.

## **4. Participating in reviews and audits and providing feedback about findings**

Examples include:

- Reviewing findings from formal investigations and reviews clinical incident investigations based on skill and experience
- Reviewing findings from evaluation of clinical and administration services.

## **5. Contributing to design, implementation, and evaluation processes**

Examples include:

- Participating in a range of feedback and design processes including surveys, focus groups, workshops, working groups, committees and other feedback processes.
- Initiating and participating in special projects as agreed to by the CAC that aim to improve consumer, family and carer experience and journey, with the approval of the NMHS Executive Director or Executive Sponsor.