

Terms of Reference Community Advisory Council (CAC)

Vision: To Listen, Act, Make Better, Together

Our purpose: Working together to improve health and wellbeing for the communities we serve.

Our values: Our values are empathy, trust, and inclusion.

Name of Committee: Community Advisory Council (CAC)

Purpose

The DASSA Community Advisory Council is accountable to DASSA Leadership and SALHN Consumer, Carer and Community Council for building strong partnership mechanisms to deliver SALHN/DASSA priorities in relation to community engagement, including community partnership at the individual, service and divisional levels, and participate in the development, implementation, evaluation and improvement of DASSA's services and programs.

The work of DASSA is underpinned by the [National Safety and Quality Health Service Standards, Second Edition](#), particularly Standard 2, *Partnering with Consumers*, which promotes the key evidence-based benefits of partnering with the community to improve its range and quality of services.

Scope and Function

DASSA Community Advisory Council will deliver on its purpose to partner and provide advice to DASSA Leadership by:

- Promoting a culture and environment where the benefit of community partnership is valued at all levels and across all clinical services.
- Liaising with community networks to identify the needs of clients, carers and the community, and opportunities for quality improvement.
- Monitoring metrics as established within the Excellence Framework.
- Monitoring consumer experience data to identify trends.
- Identifying opportunities for improvement.
- Influencing and monitoring key quality improvement initiatives to ensure the community voice is embedded into the initiative at every stage.
- Monitor the strength and breadth of community partnership programs within DASSA to ensure the diversity of the community voice is heard, listened to, and where appropriate acted on.
- Monitoring DASSA divisional improvement plans to support DASSA Leadership to mature the community engagement system and meet the requirements of the National Safety & Quality Health Service Standard 2 – Partnering with Consumers.
- Reviewing the system for production of client health information to ensure health literacy principles are consistently adhered to.
- Monitor the emerging issues and priorities in community experience trends across Australia.

Membership

Membership will include:

- Six members recruited from the DASSA Community Network
- Community Representatives on DASSA governance committees (3)
- Two Clinical Service Community Representatives.

Membership of CAC will be drawn from the Community Network and considers:

- People with a lived experience of alcohol or other drug issues; including people from all cultural backgrounds and locations across South Australia.
- People with a lived experience of supporting those experiencing alcohol or other drug issues.
- People delivering alcohol, tobacco or other drugs policy.

Staff membership includes:

- Statewide Clinical Director, DASSA
- DASSA Co-Director
- Coordinator Community Partnership Program (Executive Officer)
- DASSA Manager, Safety Quality and Risk (Manager CPP)
- SALHN Manager Consumer Engagement Unit (quarterly).

Other individuals may be co-opted to provide information and report on CAC activities.

Recruitment

Selection and term of Advisory Council members:

- Expressions of interest will be sought from the DASSA Community Network registered with the Community Partnership Program.
- Members are appointed for a three year period, with a probation period of three months.
- Community Representatives on governance committees will be a member of CAC for the life of their term on the governance committee.
- Two Clinical Service Community Representatives will be appointed to the committee for two years.
- Outside “experts” and representatives of other groups may be invited to assist the CAC with specific items.

Responsibility of Members

Members are expected to:

- Prepare for meetings having read the papers prior to meetings and actively participate.
- Deliver allocated agenda items and actions in the timeframe requested.
- Liaise with community networks to seek and represent their views and promote and communicate the work of the DASSA Community Partnership Program.
- Conduct themselves professionally and in a manner respectful to other members, and that which promotes confidence in the integrity of the work being undertaken.

- Attend at least 80% of meetings.
- Complete an induction, which involves at minimum reading the Terms of Reference, last two meetings' Minutes, and meet with the Chair and Executive Officer.
- Comply with the CAC Code of Conduct.
- Complete all mandatory requirements including completion of mandatory training, completion of onboarding documentation, and declaration of any conflicts of interest.

Conflict of Interest

- The Agenda will include a standing agenda item – Declaration of Conflicts.
- Where a member may have a conflict of interest, the member should declare that interest and not take part in any discussion regarding that matter.
- Where a member has a conflict of interest, or it may be perceived by anyone else that there could be a conflict of interest, this must be declared to the Chair prior to the meeting or at the first opportunity before discussions proceed.
 - A statement and management of interest declaration form should be completed with any change in actual or potential / perceived conflict.
- If a discussion arises where a member unexpectedly knows or is unsure if they may have a conflict of interest, it is essential that they interrupt the discussion at the earliest possible opportunity and inform the Chair.
- If the Chair determines that a conflict of interest is indeed present the member will leave the room whilst discussion in relation to that matter is completed.

Operating Procedures

- Meetings will be scheduled bi-monthly and be offered via MS Teams functionality to support those members who are unable to attend the meeting or live regionally.
- On-line mechanisms may be used to seek advice from the CAC membership in between scheduled meetings.
- A quorum is at least 50% of the meeting members plus one.
- A quorum must be attained before decisions can be made.
- Executive Officer support will be provided by the Coordinator CPP.
- The Executive Officer will maintain the official record of the Committee and will aim to distribute draft Minutes within 5 working days of the meeting.
- All correspondence, reports, and enquiries are to be directed to the Chair and the Executive Officer.
- Members will actively participate in performance evaluation of the Committee.
- Members will actively participate in the review of the Terms of Reference (ToR) annually.
- Members can contribute Agenda items two weeks prior to the meeting.
- An Agenda and papers will be distributed no later than 5 days before each meeting. They will be posted to Community Representative members or sent to their SA Health email address.

- Minutes shall be kept of each meeting, and a ratified copy of these minutes shall be provided to the DASSA Leadership Committee. They will be made available to all members of the Community Network upon request.
- The Chair will be elected by CAC members and serve a two-year term.
- A Deputy Chair will be appointed by CAC members and serve as proxy when the Chair is unavailable.
- The Chair(s) may review membership should a member not attend 3 consecutive meetings without an apology.
- Standing items for each meeting will form the basis for the Agenda and include:
 - Report from the Coordinator Community Partnership Program
 - Reports on CAC activities as described in the committee work-plan
 - Feedback from the communities that the members represent
 - Reports as described within the CAC reporting schedule.
- Reimbursement:
 - Reimbursement to be paid in line with 'Sitting Fees and Reimbursement for External Members of SA Health Committees policy directive'.

Decision-Making

- The Committee shall reach decisions where possible by consensus. Where consensus is not able to be achieved, a decision will be reached by a majority vote on the issue in question. If the numbers of votes for and against a proposal are equal, the Chair has the casting vote.
- It may be necessary to disseminate information to Committee members outside of scheduled meeting for a decision. Relevant papers will be emailed/posted to the Committee, with voting mechanism and timeframe described within the correspondence.

Reporting

The Committee reports to:

- DASSA Clinical Leadership Committee via its endorsed Minutes and through its representative on the Leadership Committee and briefings on specific matters/matters for escalation.
- SALHN Consumer and Carer Operational Committee through its staff representative on the committee.
- SALHN Consumer, Carer and Community Council through its representative on the committee, tabling of its annual performance report, and briefings on specific matters/matters for escalation.

Impact/Outcome

- The Committee will develop a Work Plan appropriate to its scope and function.
- The Committee will monitor, track and document progress against key milestones documented in the Work Plan.

Evaluation

- Review of Terms of Reference and committee effectiveness will be undertaken annually.
- Quarterly review of progress of the Work Plan.
- A summary of the achievements of the Committees is included in its annual report to DASSA Divisional Leadership Committee.

Definitions

Community Network: The CPP Community Network is the main vehicle through which DASSA engages with the community about what's happening at DASSA. People join to receive regular newsletters, provide feedback, and participate in time limited forums, such as presenting their stories at staff training. Members of the Network who attend sites and support time limited activities do need to complete a confidentiality agreement but do not require a national police check, statement of interest, or evidence of COVID-19 vaccination.

Community Representative: A Community Representative will participate on committees, governance meetings, working groups, project teams or be attached to a clinical service as a Clinical Service Community Representative. The Community Representative either has lived experience of DASSA services and/or demonstrates a connection to specific community of interest.

Representatives undergo a recruitment process and have demonstrated skills enabling them to function within meetings or other group settings in an unbiased and appropriate way.

Representatives are recruited when a specific role and function is identified. They are appointed for an initial 12-month period, with a probation period of 3 months. They may then be invited to continue the appointment for a further 12 months.

The work of the Community Advisory Council is also underpinned by the:

National:

- [Clinical Governance Standard | Australian Commission on Safety and Quality in Health Care](#)
- [Open Disclosure - Information for clinicians and health service organisations | Australian Commission on Safety and Quality in Health Care](#)
- *ACSQHC Australian Charter on Healthcare Rights*

State:

- [Partnering with consumers, carers and the community | SA Health](#)
- [Consumer, Carer and Community Engagement Strategic Framework 2020-2023 \(sahealth.sa.gov.au\)](#)
- [SA Health Guide for Engaging with Aboriginal People](#)

SALHN:

- [SALHN Community Engagement Strategy 2021-2024](#)
- [SALHN Consumer and Carer Engagement Strategy 2023 – 2025](#)
- [SALHN Integrated Engagement Framework](#)
- [SALHN Clinical Governance Framework](#)