



Western Health

Community Advisory Committee Charter

August 2021- July 2022

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SECTION A: COMMUNITY ADVISORY COMMITTEE - CHARTER

1. PURPOSE AND ROLE

The Community Advisory Committee is appointed by the Board of Directors of Western Health in accordance with Sections 65ZA and 65ZB of the Health Services Act 1988.

The **purpose** of the Community Advisory Committee (CAC) is to ensure that Western Health engages with and involves consumers, carers and community members in decisions about its service operations, planning and policy development. This engagement is based on the principles that consumer participation is a democratic right, improves the safety and quality of health care and leads to improved health outcomes for patients.

The **role** of the committee is to:

- represent and advocate for the community
- engage with the community to understand their needs, including the consumers and carers who use the health service
- advise the board and the health service on consumer, carer and community views on health service development, planning and quality improvement

Committee representation is shaped by the diversity of the Western Health community based on ethnicity, language, religion, values and beliefs systems, disability, socio-economic status, sexuality, gender, age and educational background and a focus on health issues as indicated in our strategic plan, and the future health needs of the west.

2. SPECIFIC RESPONSIBILITIES

The Community Advisory Committee specific responsibilities are as follows:

2.1 To foster engagement, consultation and participation with consumers, carers and community members

The Community Advisory Committee will:

- Review the communication strategies for ongoing consultation with the community.
- Liaise and collaborate with relevant community, consumer and health service organisations in its catchment area.
- Contribute to planning for the annual WH Open Access Board Meeting and participate in the event.
- Attend relevant events/meetings/forums to engage with the WH broader consumer advisor team

2.2 To identify and advise the Board and health service of the key priority areas for planning and policy development on behalf of consumers, carers and community members

The Community Advisory Committee will:

- Identify and advise on priority areas and issues requiring consumer and community participation.



- Review and monitor the specific needs of disadvantaged, isolated and marginalised consumers and communities, and recommend policy improvements where necessary.
- Consult with community members and report on issues
- Make recommendations for improvement to Western Health and the Board

2.3 To facilitate the integration of consumer, carers and community views with Western Health service delivery initiatives

The Community Advisory Committee will:

- Monitor consumer, carer and community views so they are recognised and reflected in service delivery initiatives where necessary.
- Assist in the identification of development and training needs in relation to consumer, carer and community participation. Monitor Standard 2 of the National Safety and Quality Health Service Standards.
- Consider input from the following advisory groups communicated through their minutes, workplans or as a verbal report:
 - Aboriginal Health Steering Committee
 - Victorian Comprehensive Cancer Centre Consumer Advisory Group
 - LGBTI working group

Work with other internal committees and advisory groups when required. This could include, but is not limited to:

- The Quality and Safety Committee
- The Primary Care and Population Health Advisory Committee
- Best Care Committees

SECTION B: COMMUNITY ADVISORY COMMITTEE – OPERATING GUIDELINES

1. MEMBERSHIP

- The Committee will be comprised of eight to twelve community members who will represent a diverse community perspective. Members should be active in the community with strong community networks and an understanding of local issues.
- At least two Board Directors will be appointed to the Committee by the Board.
- Appointment to the Committee must be in line with the Health Service Act 1988 Section 65ZB:
In appointing a person to the 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 appendix 3.
 - b. Who is not currently or has not recently been employed or engaged in the provision of health services.
- The Chair of the Board, in consultation with the Directors, will appoint the Chair of the Community Advisory Committee, who will not be the Chair of the Board.
- The Manager, Consumer Partnerships, who will act as the Committee Secretariat, is required to attend each meeting as a non-voting attendee.

- The Committee Executive Director Sponsor - Executive Director Nursing & Midwifery, is required to attend each meeting as a non-voting attendee.
- The Committee Chair will facilitate and chair the meetings of the Community Advisory Committee.
- The Committee Chair will set the agenda and workplan with input from the Committee Members
- The Committee Chair and the Executive Sponsor, in consultation with the members will extend an invitation to Western Health staff to attend as required.
- All Board Directors are welcome to attend any Community Advisory Committee meeting as nonvoting attendees.
- The Chief Executive Officer is welcome to attend any Community Advisory Committee meeting as non-voting attendee.
- Community member appointments will generally be for a period of three years. Appointments will be staggered to ensure incremental membership renewal, diversity of representation, and adaption to changing demographic needs. A further three year appointment may be offered as appropriate.
- Members are expected to attend a minimum of 75% of meetings per year
- The Board of Directors shall review the Community Advisory Committee membership annually

2. POWERS AND AUTHORITY

- The Board authorises the Community Advisory Committee to perform activities within its Charter, seek information internally or externally, and where necessary obtain external advice from key community and professional groups.
- The Committee is a high level committee which is appointed in an advisory capacity to the Board and the health service. It has no executive authority.

3. OPERATIONS

- The Community Advisory Committee will meet at least quarterly with maximum of six meetings per year
- For any resolution of the Committee to be carried, it must be supported by a simple majority of those members present and voting. A Member has the right to abstain from voting on any resolution. There is no provision for absent Members to provide a proxy to another Member in attendance.
- A quorum shall consist of at least four community members and one Board Director member of the Committee
- The Chair has a casting vote, in addition to the Chair's vote as a member of the committee, should it be required.
- As a Board Sub Committee the CAC will undertake a review of strategic risks related to its areas of responsibility annually and report to the Western Health Audit and Risk Committee.

4. AGENDA AND MINUTES

- Meeting documentation including the agenda, minutes of the previous meeting and other relevant documents will be distributed to the Committee members and attendees 5 working days prior to the meeting.
- An annual workplan will be prepared outlining the key dates of each meeting and significant matters to be discussed.
- The proceedings of all meetings will be minuted to reflect the work undertaken by the Committee, and provided to the Board at its next meeting.

5. PERFORMANCE

- The Committee will conduct an annual review of its Charter, workplan and performance, and provide recommendations to the Board for consideration.

SUPPORTING INFORMATION

Definitions

- Communities may be defined in terms of ethnicity, language, age, and gender, specific illness, sexual preference, geographical area or disability
- Consumers refer to patients, users or potential users of the health service
- Carer refers to family members, partners or friends providing unpaid care to Consumers, Carers and Community members/patients
- Cultural diversity refers to but is not limited to diversity which encompasses, ethnicity, language, disability and sexual preference, age, gender and socio economic status or religion
 - Linguistic diversity refers to languages other than English.

References

- Building your healthy community: A guide for health service community advisory committees, Safer Care Victoria, State Government of Victoria, Melbourne, 2020 <https://www.bettersafecare.vic.gov.au/>
- Partnering in healthcare: A framework for better care and outcomes, Safer Care Victoria, State Government of Victoria, Melbourne, 2019 <https://www.bettersafecare.vic.gov.au/>
- Health Service Act 1988 (Vic) s65ZA and s65ZB
http://classic.austlii.edu.au/au/legis/vic/consol_act/hsa1988161/s65zb.html
http://classic.austlii.edu.au/au/legis/vic/consol_act/hsa1988161/s65za.html
- Australian Commission on Safety and Quality in Healthcare 2017, Standard 2, National Safety and Quality Health Service Standards (second edition), ACSQHC, Sydney.
<https://www.safetyandquality.gov.au/>
- Western Health Strategic Plan 2021-2023 <https://www.westernhealth.org.au/>

Provenance

In 2008 the Western Health Community Advisory Committee was amalgamated with the Western Health Cultural Diversity Committee and became the Cultural Diversity and Community Advisory Committee (CDCAC).

In 2019 the name was changed to the Community Advisory Committee to align with Safer Care Victoria Guidelines 2020

Endorsed by Community Advisory Committee:

Date: 8 September 2021

Approved by Board of Directors:

Date: 8 October 2021