



Western Health

Cultural Diversity and Community Advisory Committee Charter

July 2019-2020

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SECTION A: CULTURAL DIVERSITY AND COMMUNITY ADVISORY COMMITTEE CHARTER

1. STATEMENT OF PURPOSE

The Western Health Cultural Diversity and Community Advisory Committee ensures 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, it improves the safety and quality of health care and it leads to improved health outcomes for patients.

This engagement is informed by consumer and community needs, including but not limited to, the needs of consumers from Culturally And Linguistically Diverse (CALD) backgrounds Aboriginal and Torres Strait Islander (ATSI) communities, Lesbian Gay Bisexual and Intersex (LGBTI) communities and people with disabilities.

2. BACKGROUND AND CONTEXT

The Cultural Diversity and Community Advisory Committee is a committee appointed by the Board of Directors of Western Health.

Community Advisory Committees are a Victorian statutory requirement as outlined in the Health Services Act 1988. i

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

Western Health believes that cultural diversity encompasses differences based on ethnicity, language, religion, values and beliefs systems, disability, class, sexuality, gender, age and educational background.

The CDCAC is tasked with representing the views of consumers from a variety of diverse backgrounds including but not limited to culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander Communities, Lesbian Gay Bisexual and Intersex communities and people with a disability.

3. STRATEGIC PRIORITY AREAS

The role and purpose of the CDCAC is congruent with Western Health Strategic aims 2 and 3

Aim 2 – connecting the care provided to our community

Aim 3- communicating with our patients, our partners and each other with transparency

The CDCAC provides consumers with a mechanism to influence decision making at an organisational level.

4. ROLE AND PURPOSE

The role and purpose of Community Advisory Committees are outlined in Community Advisory Committee Guidelines, Victorian Public Health Servicesⁱⁱ and include:

Role

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

Purpose

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 member perspective, in relation to health service policy and service 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.

4. SPECIFIC OBJECTIVES

The Cultural Diversity and Community Advisory Committee specific objectives are as follows:

4.1. To review and support health service planning, to reflect the needs of our community members.

The Cultural Diversity and Community Advisory Committee will achieve this objective by:

- Reviewing and monitor the Western Health Our Community Responsiveness Plan 2016-2019
- Annually evaluate performance with key areas of the above plans and recommend areas where improvement is required.
- Advising the Western Health Board on strategies to improve its service delivery for but not limited to, culturally and linguistically diverse community, Aboriginal and Torres Strait Islander communities and people with a disability in the western region of Melbourne and LGBTI communities.

4.2 To foster engagement, consultation and participation with consumers, carers and community members from the target groups listed in 4.1 as well as the broader community

The Cultural Diversity and Community Advisory Committee will achieve this objective by:

- Reviewing the communication strategies for ongoing consultation with the community.
- Liaising and collaborating with relevant community, consumer and health service organisations in its catchment area.
- Contribute to the planning for the annual WH Open Access Board Meeting and participate in the event.

4.3 To identify and advise the Board of the key priority areas for planning and policy development on behalf of consumers, carers and community members in the Western region

The Cultural Diversity and Community Advisory Committee will achieve this objective by:

- Advising the Board on opportunities to promote and enhance consumer and community participation.
- Identifying and advise the Board on priority areas and issues requiring consumer and community participation.
- Reviewing and monitor the specific needs of disadvantaged, isolated and marginalised consumers and communities, and recommending policy improvements where necessary.
- Consult with community members and report issues to the Cultural Diversity and Community Advisory Committee
- Make recommendations for improvement to Western Health and the Board

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

The Cultural Diversity and Community Advisory Committee will achieve this objective by:

- Monitoring consumer, carer and community views so they are recognised and reflected in service delivery initiatives where necessary.
- Monitoring key performance indicators for service quality and accessibility, including the review of information to be included in the Annual Quality of Care Report.
- Assisting 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

SECTION B: CULTURAL DIVERSITY AND COMMUNITY ADVISORY COMMITTEE GUIDELINES

1. MEMBERSHIP

- The Committee will be comprised of up 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.
- Where possible, the committee will include an Aboriginal and or Torres Strait Islander r, representation of different cultural groups, representation from the LGBTI community and representation from people with disabilities. . At least two Board Members 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 Board of Directors shall review the Cultural Diversity and Community Advisory Committee membership annually, including rotation with a view to staggering terms in line with appointment terms.
- The Chair of the Board of Directors, in consultation with the Directors, will appoint the Chair of the Cultural Diversity and Community Advisory Committee, who will not be the Chair of the Board of Directors.
- The Committee Chair will facilitate and chair the meetings of the Cultural Diversity and Community Advisory Committee.
- The Committee will work in collaboration with the Chair to determine its agenda and work plan.
- All Board Directors are welcome to attend any Cultural Diversity and Community Advisory Committee meeting as non-voting attendees.
- Executive Director (who will act as the Executive Sponsor to the Committee) is required to attend each meeting as non-voting attendee.
- The Chief Executive Officer is welcome to attend any Cultural Diversity and Community Advisory Committee meeting as non-voting attendee.
- The Manager, Community Participation and Cultural Diversity, (who will act as the Resource Officer to the Committee) is required to attend each meeting as a non-voting attendee.
- The Chair of the Cultural Diversity and Community Advisory Committee in consultation with the members will extend an invitation to Western Health staff to attend as required.
- Initial community member appointments will be for a period of one year, after which participation will be reviewed and a further two year appointment offered as appropriate. Subsequent appointment terms will be for a period of three years with a maximum period of nine years. Members will have the opportunity to review their participation annually.
- Members are expected to attend a minimum of four meetings per year
- Members, who fail to attend two meetings in a row without advising the Chair via an apology, will be contacted by the Chair to discuss their participation.

2. POWERS AND AUTHORITY

- The Board authorises the Cultural Diversity and 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 CDCAC will meet at least six times per year
- All members are required to attend at least four 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 or other Board Director member appointed by the Chair of the Committee.
- The Chair has a casting vote, a second vote in addition to the Chair's vote as a member of the committee, should it be required.
- The Cultural Diversity and Community Advisory Committee meetings are to be held at least bi-monthly.
- For a circular resolution to be passed refer to the Board Governance Information Manual for procedures.
- As a Board Sub Committee the CDCAC will undertake a review of strategic risks related to their 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 program 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 Cultural Diversity and Community Advisory Committee and these minutes will be provided to the Board at its next meeting.
- The Cultural Diversity and Community Advisory Committee members can add an item to the agenda by contacting the Chair at least three weeks before the meeting.

5. PERFORMANCE

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

6. INTERNAL RELATIONSHIPS

In some cases the Cultural Diversity and Community Advisory Committee and its members may work in conjunction with other internal committees and advisory groups, including but not limited to;

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

7. GOVERNANCE

The following advisory groups will communicate to the Cultural Diversity and Community Advisory Committee through its minutes and or workplans

- Aboriginal Advisory Committee
- Victorian Comprehensive Cancer Centre Consumer Advisory Group
- LGBTI working group

8. 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.

9. POLICY REFERENCES

This document is congruent with:

- Health Service Act 1988 (Vic) s65ZA (s)
- Community Advisory Committee Guidelines: Victorian Public Health Service, Melb, 2006
- Victorian Charter of Human Rights and Responsibilities, Melb, 2008
- Doing it with us not for us: strategic directions 2010-2013, Melb, 2010.
- NSQHS, Australian Commission on Safety and Quality in Health Care, 2012

Endorsed by Cultural Diversity and Community Advisory Committee:

Date: 5 June 2019

Approved by Board of Directors:

Date:

ⁱ Health Services Act 1988 s65ZB(2) amended by No.52/204 s35 (b)

ⁱⁱ Community Advisory Committee guidelines, Victorian Public Health Services, Victorian Government 2006

