

**Facility/Service Consumer and Community
Advisory Committees**

TRIM Ref: D12/30610

NAME OF COMMITTEE	Facility/Service Consumer and Community Advisory Committees
TYPE OF COMMITTEE <i>Governance, Operational, Working Group</i>	Operational Committee
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RELATED DOCUMENTS	
REVIEW DATE <i>Documents are to be reviewed a maximum of five years from date of issue</i>	June 2015
CHAIR/CO-CHAIR <i>Name, position and contact details</i>	As specified under Membership in Facility/Service Community Advisory Committees Charter.
SECRETARIAT <i>Name, position and contact details</i>	As specified under Secretariat in Facility/Service Consumer and Community Advisory Committees Charter.
AUTHOR <i>Position responsible for the document including email address</i>	Community Partnerships Officer
SUMMARY <i>Brief summary of the role of the Committee/Working Group</i>	The Facility/Service Community Advisory Committees provide a community and consumer perspective to the Local Health District on behalf of the communities served.

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1. AUTHORITY

The South Eastern Sydney Local Health District (SESLHD) Board is responsible for the overall governance of the South Eastern Sydney Local Health District (SESLHD).

The Chief Executive (CE) is the sole employee of the SESLHD Board and is responsible for the management of the operation of the Local Health District.

In recognition of the importance of community, consumer and carer involvement in the provision of health services across SESLHD the Chief Executive has established local Facility/Service Consumer and Community Advisory Committees (CCACs) to ensure:

- transparency in decision making
- greater accountability to the community for decisions made
- a working partnership with community representatives on determining
- health service priorities based on available resources
- better health outcomes for patients
- the community has a 'voice' in relation to public health matters

The SESLHD Consumer and Community Advisory Committees (CCACs) report to the CE, via the Facility Director of Operations/Executive Director. The Executive Sponsor of each Facility CCAC will be the Facility Director of Operations/Executive Director. Facility/Service CCACs report to the facility/service Clinical Council.

2. PURPOSE

The Facility CCACs are responsible for providing a community and consumer perspective to their facility/service and to SESLHD on behalf of their communities.

The CCACs objectives are to obtain advice from the community to raise issues and to provide advice on:

- community perspective in determining needs, concerns and priorities on health policy, service provision, service delivery and accessibility
- mechanisms for local community members, consumers and carers to raise health issues
- consumer issues within the SESLHD that need addressing and to collaborate with management to seek resolution of these issues
- informing the community on health issues and services
- ensure that health concerns of the broader community are represented

The CCACs are not an avenue for complaints as SESLHD has an effective system in place to deal with complaints.

3. FUNCTIONS AND RESPONSIBILITIES

The Facility/Service CCACs are responsible for the following:

- provide a focus for the development of strategies and mechanisms for consumer and community participation in the decision-making processes within SESLHD
- facilitate communication between consumer, carer and community groups and the health service
- undertake orientation and other training as required
- ensure understanding and compliance with relevant Ministry of Health and SESLHD policies and values
- participate in SESLHD Annual Community Forums and other relevant forums,
- work constructively with other CCACs, SESLHD Community Advisory Committee and SESLHD management
- to regularly review and evaluate all patient information materials to ensure clarity and currency of information
- Identify gaps regarding the core requirements of Standard 2: Partnering with Consumers of the National Safety and Quality healthcare Standards, which were implemented in 2013

4. MEMBERSHIP

4.1 Standing

The Facility CCACs will consist of:

- 8-10 community members, according to the size of the communities represented,
- the facility/service Director of Operations/Executive Director or a senior staff representative with the authority to action initiatives, and
- other facility/service staff as appropriate.

4.2 Recruitment and Selection

SESLHD undertakes to engage consumers, carers and community members using a fair and transparent process which includes:

- a public Expression of Interest (EOI) for representatives including , media notices, public distribution databases, community groups, the internet and any other appropriate means
- completion of an application form and provision of referees
- an informal interview with a panel comprised of relevant Facility staff, managers and an independent community representative

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- completion of relevant mandatory record and identification checks for all successful applicants and signing of current Code for Conduct when cleared
- three-year appointments with the option to review.

4.3 Termination of Membership

A member's position on a Facility CCAC may be declared vacant if the member:

- completes a three-year term and is not reappointed
- resigns in writing to the Chair
- fails to attend more than two meetings per year without prior notice
- acts contrary to the functions and responsibilities of the CAC and SESLHD and conciliation efforts are unsuccessful.

4.4 Variable

Other members may be co-opted as required by the business of the Committee but do not have membership or voting rights.

4.5 Responsibilities of Chair/Co-Chair

The Chair of the facility/service CCAC will be a community member of the CAC elected annually by the Committee. The Chair is responsible for:

- liaising with staff members responsible for consumer, carer and community
- active participation in development of agenda and business of the meeting
- ensuring the conduct of the CCAC and members comply with its Charter
- arranging for the CCAC to be represented at community events as required liaise with SESLHD Communication Staff regarding the management of any media requests.

4.6 Appointment of Committee Secretariat

The Committee Secretariat shall be a facility/service staff member appointed by the facility/service Director of Operations/Executive Director in consultation with the Chair of the facility/service CCAC with responsibility for:

- arranging orientation and support to Chair and CCAC members
- liaising with CCAC members as necessary at any time
- secretariat duties, including the Agenda and papers prepared and sent one week prior to the meeting dates
- the distribution of approved Minutes as required by CE's office.

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4.7 Training

Individual CCAC members may be given an opportunity to attend appropriate professional development courses. Any related costs are to be agreed in advance by the Chair and Facility management.

5. MEETINGS

5.1 Frequency and Quorum

The CCACs are to meet a minimum of 6 times per year with dates set 12 months in advance from the first meeting of the year. However, the Chair has the power to call special meetings as necessary. A quorum shall consist of a majority of voting members.

5.2 Declaration of Conflict of Interest

Committee members are responsible for declaring a conflict of interest. In all cases where a conflict of interest exists or is reasonably perceived to exist the CCAC member shall not participate in the decision-making process.

5.3 Minutes

All meetings shall be minuted and the minutes distributed to all members of the CAC prior to the next scheduled meeting. The Chair shall sign the Minutes once they have been endorsed at the following meeting.

Minutes of facility/service CCAC meetings are to be reported to the facility/service Clinical Council, the SESLHD CCAC and the SESLHD Board.

5.4 Establishment of Sub-Committees

In consultation with the Director of Operations/Executive Director, the Facility CCACs may appoint a sub-committee for specific duties. A sub-committee may include non-CCAC members however the Chair shall be a Facility CAC member.

5.5 Code of Conduct and Confidentiality

All CCAC members will be required to read and sign the Code of Conduct and Confidentiality Agreement. Official information in any recorded form remains the property of the Ministry of Health at all times.

A standing agenda item on all Committee meetings will be the noting of confidential items. The CCAC Chair as advised by the Chief Executive will note confidential items which are to be excluded when circulating committee papers and minutes to all except Committee members on official reporting lines.

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6. EVALUATION

The CCAC shall be evaluated annually against the business/strategic plan to ensure the effectiveness of the CCAC and to develop the following year’s plan.

7. REPORTING ARRANGEMENTS

The CCAC formally reports to the Director of Operations/Executive Director of the Facility/Service via the facility/service Clinical Council as well as the CE through the SESLHD CCAC.

The Chairs of the Facility CACs may bring issues to the attention of the Chair of the SESLHD CAC at any time.

8. TRAVEL INSURANCE

Under the Treasury Managed Fund Master Policy for volunteers, SESLHD will provide public liability insurance coverage for misadventure resulting from actions of community representatives involved in activities authorised by SESLHD. Such coverage will not include personal motor vehicle damage or payment of associated excess/loss of no-claim bonuses or workers compensation payments.

9. BUDGET AND REIMBURSEMENT

There is currently no allocated budget for SESLHD CCACs. However the Facility will:

- Reimburse committee members for approved out of pocket expenses, and
- Meet the administration costs of the Facility CACs.

Date	Revision No.	Author and Approval
May 2012	0	Deidre Kennedy, Community Partnerships Officer
Sept 2012	1	Deidre Kennedy, Community Partnerships Officer
Nov 2013	2	Deidre Kennedy, Community Partnerships Officer