

Terms of Reference Community Advisory Council

DASSA values:

- We are committed to the values of integrity, respect and accountability.
- We value care, excellence, innovation, creativity, leadership and equity in health care provision and health outcomes.
- We demonstrate our values in our interactions with others in SA Health, the community and those for whom we care.

Name of Committee: Community Advisory Council (CAC)

1 Purpose

The DASSA Community Advisory Council is a strategic committee designed for clients, carers and community members to actively 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 consumers to improve its range and quality of services. Standard 2 requires the involvement of consumers at individual, service/department and organisational levels that guide the planning, design and evaluation of health services.

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

National:

- [SAQ005 National Framework A4 GB v13 FILM.indd \(safetyandquality.gov.au\)](#) *Australian Safety and Quality Framework for Healthcare*
- [Patient-centred Care - Improving quality and safety through partnerships with patients and consumers | Australian Commission on Safety and Quality in Health Care](#) *NHSQS Standard 2 Partnering with Consumers*
- [Clinical Governance Standard | Australian Commission on Safety and Quality in Health Care](#) *NSQHS Standard 1 Clinical Governance* (see actions 1.13 and 1.14 for complaints management,
- [Open Disclosure - Information for clinicians and health service organisations | Australian Commission on Safety and Quality in Health Care](#)
- [Supportive resources for the second edition of the Australian Charter of Healthcare Rights | 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](#)

2. Membership

The CAC membership will include representation from a diverse range of community members. This includes:

- People with a lived experience of alcohol or other drug issues
- People with a lived experience of supporting those experiencing alcohol or other drug issues
- People impacted by alcohol, tobacco or other drugs policy
- People from metropolitan and regional locations who represent the above-mentioned criteria.

The CAC will also include non-voting members, who attend to discuss agenda items, and be a resource to CAC members, including:

- DASSA Community Advocates
- Community Partnership Program Project Officer (executive officer)
- DASSA State Director
- DASSA Clinical Director
- DASSA Governance Director
- DASSA Manager, Safety Quality and Risk

Other individuals may be co-opted by the CAC to provide information and assist with projects as required.

3. Functions

- 3.1 Work with DASSA to create and support a culture and environment where community involvement is paramount at all levels.
- 3.2 Contribute to the development and implementation of policies that embed community involvement across DASSA.
- 3.3 Review and provide advice in relation to the monitoring and evaluation of services and / or policy.
- 3.4 Ensure that DASSA services are consistent with:
 - The Australian Safety and Quality Framework
 - Patient-centred care principles
 - National Safety and Quality Health Service *Standard Partnering with Consumers*
- 3.5 Monitor the emerging issues and priorities in community experience trends across Australia.
- 3.6 Make sure to seek input from diverse and hard-to-reach populations. Where this is difficult to achieve, develop strategies to inform and consult with these populations.
- 3.7 Partner with DASSA's Research Review Committee to explore research participation satisfaction with clinical trial/research processes and monitor incidents/experience.

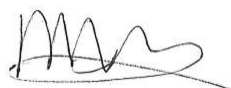
4. Operating Procedures

- 4.1 The Chair will be elected by CAC members and serve a two-year term.
- 4.2 The Chair will liaise with CAC members to identify and induct a proxy.
- 4.3 Selection and term of Advisory Group members:
 - 4.3.1 Expressions of interest will be sought from Community Representatives registered with the Community Partnership

Program.

- 4.3.2 Members will be appointed for a two to three-year period, with a staggered intake. Three years is the maximum term for which a member can be appointed, after which time, the term will expire. Members may re-apply upon cessation of their term.
- 4.3.3 Outside “experts” and representatives of other groups may be invited to assist the CAC with specific items.
- 4.3.4 A vacancy occurs when:
 - 4.3.4.1 A member’s appointment expires
 - 4.3.4.2 A member resigns by giving notice in writing to the Chair
 - 4.3.4.3 A member is absent for three or more consecutive meetings of the CAC without prior agreement
- 4.4 Meetings will be scheduled bi-monthly.
- 4.5 A quorum is at least 50% of the meeting members plus one for issues requiring a vote.
- 4.6 The Chair may convene additional meetings to deal with business which requires urgent consideration.
- 4.7 Standing items for each meeting will form the basis for the agenda and include:
 - Report from the Community Partnership Program Project Officer
 - Reports on the work from topic-based panels
 - Update from Community Advocates (as relevant)
 - Report from DASSA Quality Improvement Group including selected Safety and Quality performance indicators and client/carer and community feedback
- 4.8 Members can contribute agenda items three weeks prior to the meeting.
- 4.9 The agenda and supporting papers will be circulated to members two weeks prior to each meeting. They will be emailed to Community Representative members.
- 4.10 Minutes shall be kept of each meeting, and a ratified copy of these minutes shall be provided to the Executive Group. They will be made available to all Community Participation Register (CPR) members upon request.
- 4.11 The Council will undertake a review of the Terms of every two years.
- 4.12 Reimbursement:
 - 4.12.1 Reimbursement to be paid in line with ‘Sitting Fees and Reimbursement for External Members of SA Health Committees policy directive’.
 - 4.12.2 This policy applies to all external individuals who are not South Australian public sector employees. Part-time public sector employees are not eligible under this policy.
 - 4.12.3 Up to two hours of travel time each way, and other out-of-pocket costs (e.g., parking, loss of income) may be reimbursed.

NOTE: a receipt is required as proof of costs incurred.



STATE DIRECTOR

Date: 25 May 2023

Official Use Only

Updated: May 2023
Next review date: August 2024