

Title:	COMMUNITY ENGAGEMENT COMMITTEE TOR			
Section:	Governance	PRH:	Chief Executive Officer	

COMMUNITY ENGAGEMENT COMMITTEE TERMS OF REFERENCE

Purpose

The Community Engagement Committee (CEC) is a strategic advisory committee to the Alexandra District Health Board (Board). The CEC aims to improve consumer, carer and community participation in service planning and operations at Alexandra District Health (ADH).

Responsibilities

The CEC undertakes the following:

- Provides advice to the Board on community participation and inclusion of consumer, carer, and community views into all levels of health service operations, planning and policies.
- Advocates to the Board on behalf of the community, consumers and carers.
- Advises the Board and ADH on consumer, carer and community views on health service development, planning and quality improvement.
- Considers matters referred by the Board or the Chief Executive Officer (CEO).
- Assists the Board and Executive in communication and engagement with the consumers and community.
- Assists with the development of information for consumers and the community.

Membership


The CEC shall consist of a maximum of 12 community members, appointed by the Board, with a focus on the following:

- CEC members should ideally not be a practitioner registered by AHPRA or current or former employees of ADH or another health service.
- Representatives from the Health Service Board, Executive and Staff.
- CEC members should be able to represent the diversity of the community served.
- An interest in creating safer systems and better care.

Terms of Appointment

Initial appointments are for three years. CEC members can be reappointed for up to three terms, to ensure continuity of membership. If a CEC member is seeking reappointment for a third consecutive term, they should have a break from the CEC for one year before starting any further term.

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Workplan

The workplan is aligned with the ADH strategic plan, as well as the Partnering in Healthcare Framework, in particular, the Statement of Intent which outlines the Partnering in Healthcare domains and priorities on which the ADH health service will focus.

The Health Services Board should set and oversee the CEC's terms of reference.

The CEC should develop their workplan to:

- Be submitted to the Board annually
- Reconcile with time available at meetings
- Address how consumers, carers and community members are actively involved and supported to participate in service development, planning and quality improvement.

Meeting Frequency and Attendance

The CEC should meet at least every two months, with a minimum six meetings a year. The meetings should run from 60 to 90 minutes.

The quorum shall consist of a minimum of half the membership and include at least fifty percent of the community representatives.

CEC Members must attend at least 75 per cent of scheduled meetings unless there are exceptional circumstances agreed to by the Executive Sponsor.

Roles

Chair:

The chair of the CEC may be either a community member or a representative from Health Service. The chair should be selected through a transparent recruitment process. The role may be split (i.e. co-chairs). A co-chair arrangement between a consumer and a health service representative may assist in fostering a strong partnership approach between community and health service.

Chairs should be appointed for at least two years.

The chair is responsible for:

- Welcoming all members and running the meeting to an agreed agenda.
- Making sure meetings are accessible, user-friendly, run on time, culturally safe and includes appropriate breaks.
- Explaining each agenda item so that all members understand the issue and the decision to be made (if any).
- Giving everyone the opportunity to speak, ensuring all Members feel they have equal say and that their opinions are valued.
- Summarising the discussion and agreed actions.

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- Seeking feedback at the end of every meeting on how successful it was.

The Role of ADH:

The CEC must have representation from ADH, including:

- The Executive Sponsor
- Two representatives from the Board, ideally with a community perspective, one of whom may be the chair of the CEC
- One representative from the Quality and Clinical Governance subcommittee of the Board
- A dedicated staff member to be the CEC’s secretariat.

The Role of the CEO:

The CEO is the Executive Sponsor and is responsible for:

- Supporting the chair during meetings or acting as co-chair.
- Ensuring CEC membership represents the diversity of the Health Service’s community.
- Removing any barriers that community members may face in serving on the CEC.
- Providing the CEC with timely and relevant information so it can provide meaningful advice.
- Promoting the CEC at ADH (ensuring that training incorporates information about the committee and staff performance indicators, including goals related to the CEC).
- Supporting the CEC to develop a workplan that aligns to ADH’s strategic plan and Partnering in Healthcare Statement of Intent.
- Reporting regularly to the Board on ADH’s implementation of the CEC’s workplan.
- Overseeing evaluation for the Board of the CEC’s effectiveness every two years, including:
 - workplan achievements
 - advice sought by and offered to the Board appropriately and in a timely manner
 - recommendations to the Board that have been considered, responded to and resulted in a change of practice
 - effectiveness as judged by Members and staff of ADH.

The Executive Sponsor:


The Executive Sponsor may choose to delegate some responsibilities to senior staff of ADH.

Committee Secretariat:

The Committee Secretariat will be the secretary to the Board who is the Executive Assistant to the CEO’s and is responsible for:

- Recruiting CEC members.

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- Running the orientation and induction program and sourcing training.
- Supporting the CEC’s efficient operations, including:
 - offering access to interpreters and car parking
 - scheduling meetings at times suitable for members
 - developing agendas with committee input
 - assisting in work planning and evaluation activities
- Drafting submissions and responses on the CEC’s behalf.
- Helping to develop community networks.
- Making professional advice available to the CEC as needed, including mentoring arrangements.

The CEC Secretariat may choose to delegate some responsibilities to other staff of ADH.

Community Representative Roles:

Community representatives are appointed by a recruitment process and are endorsed by the Board. By law, membership must represent the diversity of ADH’s community.

Community representatives are responsible for:

- Contributing specialist knowledge and expertise by providing consumer, carer and community perspectives, whether through lived, personal or professional experience.
- Using their strong community networks and/or their good understanding of local issues to inform planning.
- Reflecting on and presenting community issues (rather than focusing on personal concerns or individual issues).

Code of Conduct

All committee members must have the opportunity to put their views on issues before the CEC. While members must treat each other with courtesy and observe the other rules in this Code of Conduct, members should be able to engage in vigorous debate on matters of principle.