



North Metropolitan Health Service, Mental Health, Public Health and Dental Services (MHPHDS)

Mental Health Community Advisory Council

Terms of Reference

1. Purpose

The Mental Health (MH) Community Advisory Council (CAC) is a formal partnership between consumers and carers and MH Executive Committees that embeds the voice and perspectives of consumers, carers and families in decisions and processes that impact their healthcare experience and journey.

At North Metropolitan Health Service (NMHS), CACs:

- Represent the equality and diversity of consumers, community, carers and families that provides a mechanism to work in partnership for positive solutions that are meaningful and impactful.
- Bring lived and living experience of the health system that can shape how the system functions to be more person centred.
- Contribute to change in a range of ways from providing feedback to participating in the design of policies, programs etc.
- Care about wellness, partnership, equity, learning and growing, mental health and safety, care, trust and modelling these in our work.
- Advocate for engagement and recognition of the value of lived experience and the importance of capacity building and development so that health service providers and consumers, carers and families can work together more effectively to improve health outcomes.

The CAC contributes to improving health outcomes of MH services by ensuring that the health experience and journey of consumers, their carers and families, is person centred.

2. Priorities

To influence consumer experience and journey and to ensure that services are person centred, the MH CAC focuses on five priority areas.

Priorities that directly impact consumers, carers and families

1. Environments in which healthcare is delivered

- Contributing to the physical design of the health service (e.g. ensuring disability access is included in all designs and services).
- Raising awareness about accessibility.

2. Communication and information between consumers, carers and health service providers

- Providing input on the content of documents for consumer information and how the document is shared with consumers, carers and families.
- Reviewing trends and examples of consumer and carer feedback and making recommendations for change.

3. Safe, effective and quality health services

- Contributing to the design and evaluation of MH services through review of quality and safety issues and performance indicators, including person centred care, and providing recommendations to guide improvements.
- Reviewing policies and procedures that impact consumer, carer and family journey and experience.
- Providing advice to MH about how to enhance consumer focus of services.
- Contributing to the development and delivery of staff training, induction and education programs about person centred care, consumer engagement and the impact of consumer, carer and family perspective to improve health outcomes.
- Participating in accreditation against the NSQHS, and other necessary Standards or quality assurance processes.

Priorities that directly impact health systems

4. Connections with and between consumers, carers, NMHS staff and leadership and networks

- Strengthening connections between consumers, carers, community, health service providers, NMHS and other consumers, and between MH and community.
- Working with other CACs to explore and raise shared issues that impact on consumer experience and journey.
- Raising awareness with community members or consumers about being part of a consumer register or network for opportunities.
- Mentoring other CAC members and supporting consumers to build skills and confidence to work in partnership with health service providers.

5. Representation and participation of consumers, carers and families in mechanisms to improve person centred care

- Facilitating the representation of consumers and carers on relevant site committees and groups including assistance with recruitment activities, mentorship and review of consumer representative roles.
- Providing recommendations about how to increase equity and diversity in how the consumer perspective is represented at all levels of health systems.

3. Functions

The MH CAC works in a range of ways to address these priorities including:

1. Raising awareness by:
 - Hosting opportunities (e.g. forums) for consumer representatives/volunteers (existing, prospective) to problem solve network, support and celebrate achievements).
 - Communicating consumer and health service rights and responsibilities.
 - Working with NMHS to engage with members of the community to identify issues that impact the healthcare journey and experience of the community that MH serves (e.g. community talk fests, an online talkfest, a column in the local paper).
 - Contributing to staff information sessions about how to work in partnership with consumers, carers and families.
2. Providing community perspectives on committees by:
 - Representing the MH CAC as a member on NMHS and site committees.
3. Providing direction and recommendations by:
 - Reviewing consumer and carer feedback and making recommendations for change.
 - Providing advice to NMHS about how to enhance consumer focus of services.
4. Participating in reviews and audits and providing feedback about findings by:

- Reviewing findings from investigations including clinical incident investigations, coronial inquiries, internal audits and applicable findings from reviews and investigations external to NMHS based on skill and experience.
 - Reviewing findings from evaluation of clinical and administration services.
5. Contributing to design, implementation and evaluation processes by:
- Participating in a range of feedback and design processes including surveys, focus groups, workshops, working groups, committees and other feedback processes.
 - Initiating and participating in special projects as agreed to by the MH CAC that aim to improve consumer, family and carer experience and journey, with the approval of the MHPHDS Executive Director.

4. Accountability

The MH CAC functions under the authority of the MHPHDS Executive Director and reports to the MHPHDS Executive Committee, NMHS North Executive Team (NET) and NMHS Board.

All MH CAC members are individually accountable for their delegated responsibilities and collectively responsible to uphold their functions and advice provided to the CAC Chair, which reflects the NMHS values and CAC purpose.

5. Membership

The MH CAC membership will consist of

- No less than eight (8) and no more than 12 (non-staff) consumers or carers/family, including the Chair.
- Up to four (4) staff may also be included as non-voting members, normally the Executive Director, Executive Sponsor, Director Safety, Quality and Performance, and a Consumer Liaison/Engagement representative.

Diverse perspectives are critical to success. MH CAC membership should reflect the diversity of the community it serves and the voices and perspectives of:

- Consumers, their carers or family who have recent experience as a service user at the relevant site or catchment for the MH CAC and reflect the diversity of these services.
- People who reside in different geographical areas (regional, remote and metro), if they access health services at MH.
- People from all ages, people who are culturally and/or linguistically diverse, Aboriginal and Torres Strait Islander peoples, people living with a disability, and people who identify as LGBTQIA+.
- People representing the health system (e.g. staff members, clinicians, community services, peer workforce, patient support services staff as non-voting members).

The Chair and/or Executive Director (or Executive Sponsor) may co-opt non-members as required for specific purposes, or to provide information on projects/topics to participate in the meetings when they have expertise relating to the agenda, matters referred to the MH CAC or within the MH CAC Terms of Reference.

All new members to the MH CAC are oriented to their role and provided copies of: Terms of Reference, Consumer Representative Agreement, Confidentiality Agreement, Conflict of Interest declaration, Code of Conduct Policy, Meeting Schedule, Statement by Supplier and AP3 Consumer Participation Payment Form. This is the responsibility of the consumer engagement support role who can be contacted at: MHPHDS.CommunityAdvisoryCouncil@health.wa.gov.au



Responsibilities of Members

Members are expected to;

- comply with membership requirements including the responsibilities, commitments, skills and qualities of the CAC member role description,
- complete Health Consumers Council WA Consumer Representative training within their first year of membership,
- attend monthly meetings either in person or via telephone/video conferencing and,
- read any relevant documents in preparation for the meetings or to provide out of session feedback.

New members are recruited via an expression of interest process and will be assessed on their merit against the role criteria and representation requirements for communities of interest and experience. A panel consisting of the CAC Chair, Deputy Chairperson (or another existing member) and Executive Sponsor will be convened to undertake the selection process. If these positions are not available, they may appoint a proxy. Potential members will be invited to attend an informal interview.

In the event a panel member has a conflict of interest for an applicant the NMHS Coordinator Consumer Engagement will review and score that applicant.

The site Executive Director will endorse the appointment of all members.

Appointments will be conditional on:

- Completion of Criminal Record Screening and Health screening.
- Signing of Confidentiality Agreement, Conflict of Interest Declaration and acceptance of CAC Terms of Reference.
- Presentation of Working with Children Card (as required).
- Willingness to work within the parameters of NMHS and site Policies and governance processes.

Chair and Deputy Chair

The Chair is:

- Elected by the CAC.
- Appointed for a term of two (2) years and overrides appointment terms as a member.
- Only able to hold the position for a maximum of two (2) terms as decided by members. On application, a further two-year extension can be approved by the Executive Director.
- Required to have been a member of the CAC for at least 12 months.
- Required to comply with membership requirements including the responsibilities, commitments, skills and qualities of the CAC Chair role description, including attending any relevant Chair or Advanced Consumer Representative training within 12 months.
- Is a member of the Executive Committee.

A Deputy Chair is:

- Recruited and appointed for the same tenure as the Chair.
- Required to have been a member of the CAC for at least 12 months.
- Required to comply with membership requirements including the responsibilities, commitments, skills and qualities of the CAC Deputy Chairperson role description, including attending any relevant Chair or Advanced Consumer Representative training within 12 months.

Should the Chairperson vacate the position prior to the two-year tenure, the Deputy Chairperson will act as Chairperson whilst a new appointment is being sought.

In the absence of both Chair and Deputy Chairperson, the CAC will appoint one of its members to act as Chair whilst the position is recruited to.

Term of membership

The term of appointment for members will be two (2) years from the date of the appointment.

At completion of the first term members can write to the Executive Director to seek endorsement for a second term (members can serve a maximum of two consecutive terms). At the completion of the second term, the position will be vacated and advertised. Previous members will be eligible to reapply for the vacant position.

Voting

Each member of the CAC, including the Chair, will have one equal vote. Staff members and non-members are non-voting.

Support for members

Members can expect to receive the following support from MHPHDS:

- Induction / Orientation to role within three months of appointment
- Mentoring
- Mandatory training, and ad hoc training as required/requested
- Administrative support for meetings

Ending membership

Members will inform the Chair in writing of their intention to resign from the CAC.

Membership may be terminated by the MHPHDS Executive Director in consultation with NMHS Manager Safety, Quality, Governance and Consumer Engagement, the Chair and the member involved, if a member:

- Does not disclose a conflict of interest.
- Is unable to attend three or more consecutive meetings.
- Fails to adhere to the Terms of Reference of the Council, relevant CAC Role and Responsibilities description, the NMHS values, behaviours and WA Health Code of Conduct.
- Fails to adhere to the confidentiality agreement.

The member will have four weeks to respond to notification of the planned termination and reasons for it, during which they are stood down from membership duties. The outcome will be advised to the member by the Executive Director / Chair / Executive Sponsor within a further four weeks.

Sub-committees and working parties

The MH CAC will not create any standing sub-committees.

The MH CAC may create short-term working parties that comply with the following:

- The membership and expected period of each working party recorded in the minutes.
- The working party and any relevant participation payments is approved by the Executive Director.
- A clear purpose and outcomes to be achieved and recorded, and/or,
- A written report of outcomes achieved must be completed before the working party is disbanded including, if relevant, the reasons for disbandment.



Other committees

MH CAC members may be appointed to consumer representative positions on other committees / groups at MHPHDS. Members in these roles will provide an update to the CAC at each meeting.

Committee memberships will be reviewed on an annual basis by the Chair, Deputy Chair and Executive Sponsor.

6. Frequency of meetings

The MH CAC will meet monthly at a time agreed by current members, for a period of no longer than two (2) hours. A minimum of ten (10) meetings will be held per year.

In addition, the Chair reserves the right to call special or extraordinary meetings to address any matters referred to the MH CAC or in respect of any matters the MH CAC wishes to pursue within its Terms of Reference. All members must receive at least 24 hours' notice of any extraordinary meetings.

Meetings will be held at the MHPHDS premises or online.

Meetings shall not exceed two (2) hours unless for a specific purpose and with approval from the Chair and Executive Director.

7. Quorum & Decision-making

A quorum consists of 50% of members plus one (1) in attendance. If it is known in advance that a quorum will not be met, the meeting may be cancelled for the month or postponed to a later date within the month.

Each voting member of the MH CAC has the right to vote. Non-voting members or any other persons in attendance may not vote. The Chair shall have the casting vote.

If a meeting is held without a quorum, no final decisions can be made.

8. Apologies

Members need to make all reasonable attempts to attend each meeting and forward an apology to the committee Secretariat, at least one week prior to the meeting date if unable to attend. This is to ensure that there is a quorum for the meeting.

Members may apply for a leave of absence in writing to the Chair for an extended period.

9. Conduct of meetings

All meetings shall be conducted in accordance with the;

- NMHS values (Care, Respect, Innovation, Teamwork, Integrity) and,
- NMHS Partnership Model principles (Safety, Authenticity, Humanity, Equity, Diversity).

Payment

MH CAC members shall receive participation payments in accordance with the NMHS Consumer and Carer Participation Payment Policy. Members have the right to accept or refuse payment for their participation.

10. Reporting

The MH CAC receives reports from (example):

Report	By Whom	Frequency	Process
Local Std 2 Committees	Service Coordinators	Monthly	Issues forwarded to chair prior to meeting, added to agenda as appropriate.
Working Group Progress	Working Group Chairs	Monthly	Updated documents forwarded to committee prior to meeting, discussed in "reports" section.

The CAC provides reports as follows (example):

Report	To	By Whom	Frequency	Process
6 Monthly Action Plan	NMHS NET / Board	CAC	6-monthly (January & July) Progress updates as required	CAC 6-monthly action plan tabled at NMHS NET / Board committees using approved template.
Annual Report	NMHS NET / Board	CAC	Annual (financial year)	CAC Annual Report tabled at NMHS NET / Board committees using approved template.
KPI Variance	Executive Sponsor	Deputy Chair	Monthly	SPC Chart tabled at meeting, variation reported to Sponsor
Risks	Governing Committee	Chair	Monthly	Risk register reviewed at meeting then Briefing Note to Governing committee

Significant consumer issues and gaps identified for escalation to the MHPHDS Executive Committee will be decided by members during meetings and recorded in the CAC Escalation Report. Issues for discussion will be tabled by the Chair to the MHPHDS Executive Committee and a report on the outcome will be provided back to the CAC.

Other relevant consumer issues and gaps will be escalated to relevant MHPHDS Committees as they arise via the CAC Escalation Report for consideration and outcomes will be reported back to the CAC.

11. Confidentiality

The discussions and decisions of the meeting shall not be conveyed to anyone outside of the MH CAC without agreement of the Chair. All members are expected to adhere to the terms of the confidentiality agreement.

A communique will be developed for issues that require consultation with external stakeholders to enable members input.



12. Secretary to the CAC

The Secretariat is assigned by the Executive Sponsor and shall comply with requirements including the responsibilities, commitments, skills and qualities of the CAC Secretariat role description. The Secretariat is responsible for ensuring the meeting agenda is circulated to members within five (5) working days before the meeting and the minutes circulated within ten (10) working days following the meeting.

The Secretariat shall maintain relevant records on behalf of the MH CAC and provide logistical support for the running of meetings. The Secretariat does not support working of the CAC outside of the function of CAC meetings.

Agenda and minutes

The agenda will be developed by the Chair, together with the Executive Sponsor, to explore issues arising that are impacting on consumer experience and journey, as identified through the health service and/or members.

Minutes will be recorded detailing all decisions, actions to be completed, delegated tasks and outcomes. Minutes are ratified by the MH CAC at subsequent meetings and are retained on file by the Secretariat/Executive Sponsor in accordance with record-keeping guidelines.

13. Conflict of interest

Members must comply with the Department of Health Policy on Conflict of Interest. The Conflict of Interest Guidelines of the Western Australian Public Sector are provided to members.

Members are required to declare any actual or perceived conflict of interest prior to the commencement of the meeting. The member will not participate or be present in any discussion or recommendation related to that issue.

14. Key Performance Indicators

1	The Chair and Executive Sponsor will prepare a written statement (Annual Report) on the CAC's activities for the NMHS NET / Board at the end of every financial year. The report will include: <ul style="list-style-type: none">• Achievements or significant issues that have arisen over the year.• Key issues identified by the community.• Learning, development and support improvements.
2	Provide 6-monthly action plans and progress updates to the Executive Committee / NET / Board.
3	Achieve a minimum of ten (10) formal meetings per year.
4	Meetings do not exceed the two-hour timeframe except in approved circumstances.
5	Minutes are available to members within ten (10) working days after each meeting.
6	Members attend a minimum of eight (8) meetings per year.
7	Terms of Reference are reviewed every two (2) years in collaboration with NMHS Consumer Engagement Coordinator and approved by the MHPHDS Executive Director.

The CAC will assess its functioning as a committee annually using the Public and Patient Engagement Tool (PPEET). This will be facilitated by NMHS Consumer Engagement Coordinator.

15. Approval

These Terms of Reference shall be altered on the recommendation of the CAC and approval of the MHPHDS Executive Director. To maintain the integrity of the co-created CAC Model across NMHS, the NMHS Consumer Engagement Coordinator shall be responsible for initiating this process in collaboration with the CACs, every two (2) years.

The MH CAC members are responsible for the development, amendment and adoption of the Terms of Reference as endorsed by the MHPHDS Executive Director.

A signed copy of the TOR is to be sent to the local Standard 2: Partnering with Consumers Committee (or equivalent) and all members of the CAC.

Signature of Chairperson on behalf of MH CAC

Name of Chairperson on behalf of MH CAC

Date

Document History

Version	Date	Changed by	Nature of Amendment
1.0	13.2.2023	NMHS CACs	Developed based on co-created CAC model for NMHS.

Approved: _____ Date: _____

Executive Director, MHPHDS

This document can be made available in alternative formats on request.

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