1. **Purpose**
To provide advice and direction to the Board of Directors of Dental Health Services Victoria (DHSV) to assist the Board in carrying out its community engagement and participation responsibilities, and its statutory requirements as stipulated in the Health Services Act 1988 (as amended).

2. **Objectives**
2.1 To involve the community and consumers in the decision-making process regarding DHSV policy development, service planning, design and delivery.
2.2 To advise the Board through recommendations and suggestions regarding appropriate strategies for effective consumer and community participation.

3. **Responsibilities**
3.1 Assist the Board in carrying out its responsibilities and commitments, as they relate to consumer and community participation and its impact on health service outcomes.
3.2 Advise the Board on priority areas and issues requiring consumer and community participation.
3.3 Advocate to the Board on behalf of consumers and the community, including the promotion of greater attention and sensitivity to the needs of the disadvantaged and marginalised.
3.4 Maintain oversight of DHSV’s accreditation requirements as they relate to consumer and community participation.
3.5 Maintain oversight of the implementation of the DHSV Strategic Plan as it relates to consumer participation.
3.6 Oversee the development of the Community Participation Plan for consideration by the Board, and monitor implementation and effectiveness of the approved Plan.
3.7 Participate in the development of the DHSV Quality of Care report
3.8 Maintain oversight of relevant DHSV policies and procedures.
3.9 Receive reports and exchange information with relevant DHSV committees and groups.
3.10 Provide advice and receive reports as required for other relevant programs and projects.
3.11 Assist in the development and ongoing monitoring of key performance indicators for service quality and accessibility.
3.12 Observe and comply with information outlined in the Committee’s Orientation Manual, in particular the DHSV code of conduct and communications protocol.
3.13 The Committee does not have the executive powers to commit the Board or management to the implementation of its recommendations.

4. **Membership**
4.1 **Composition**
a) As determined by the Health Services Act 1988 (as amended), the Community Advisory Committee shall comprise persons whose skills and experience are considered to be of value.
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b) Membership shall reflect the particular needs and interests of a broad range of consumers and communities and include people from diverse backgrounds such as:
- Aboriginal and Torres Strait Islander peoples
- People with a disability
- People from culturally and linguistically diverse backgrounds
- People from rural and remote areas

c) Members will:
- not be health practitioners or people currently or recently employed or engaged in health service provision unless approved by the Board
- be aged 16 years or over
- be provided with an induction and access to mentoring support upon their appointment
- receive a sitting fee and reimbursement of travel and parking costs incurred by participating in meetings of the CAC or related advisory and reference groups

4.2 Members

a) The Committee shall comprise between eight and twelve (8-12) members appointed by the Board.

b) Board Directors (as determined by the Board)
- Maximum of two, one of whom is appointed Committee Chair
- Committee Chair is appointed annually by the Board Chair

c) Community Representatives
Between six and ten (6-10) external members shall be appointed from individuals associated with the following groups:
- Concession Card holders
- Young people and eligible parents of children
- Priority Groups for Victorian public oral health care

d) Members shall be appointed as individuals, not representatives of an organisation, however members will have the capacity to reflect on and present community issues rather than personal concerns.

e) Members should have links to community or consumer networks or have the capacity to develop them.

4.3 Terms and Vacancies

a) Members are appointed for a term of up to three years, with a maximum of nine continuous years, in accordance with the Victorian Public Health Service Community Advisory Committee Guidelines.

b) In exceptional circumstances external members may be reappointed beyond nine continuous years subject to Committee composition requirements.

4.4 In Attendance

a) DHSV Staff (as determined by the Chief Executive Officer)
- Executive Director Workforce (Executive Sponsor)
- Manager RDHM Operations

b) Through the Chief Executive Officer, other DHSV staff or parties external to DHSV may be invited by the Committee Chair to attend any meeting of the Committee or part thereof, as a resource or in an advisory capacity.
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c) Non-members of the Committee may be asked to withdraw for all or any part of any meeting.
d) An Executive Assistant as minute-taker.

5. Meetings

5.1 Frequency
a) Meetings will be scheduled four times annually or more frequently as required.
b) The Committee Chair may call a meeting of the Committee if so requested by a member of the Committee or by the Board Chair.
c) Meetings may be called or held using any technology determined by the Committee Chair.

5.2 Quorum
a) A quorum shall consist of 50% of members plus one (inclusive of one Board Director) one of whom shall be the Committee Chair, or a nominee of the Committee Chair (who must be a non-executive director of DHSV). A clear majority of sitting members shall be consumer/community representatives.

5.3 Decision-making and Voting
a) Decisions shall be reached by consensus or, if required, majority vote.
b) Each member of the Committee is entitled to one vote.
c) The Committee Chair will have the casting vote
d) Any matter not resolved by the Committee must be referred to the Board of Directors.
e) Any Board Director may attend, but not vote at, a meeting of the Committee of which they are not a member, for discussion of particular areas of interest to that Director.

5.4 Agendas
a) The Committee Chair is responsible for the development of the Agenda for Committee meetings in conjunction with the Executive Sponsor.
b) Items for the Agenda shall be submitted two weeks prior to the meeting date.
c) The Agenda will be circulated together with relevant meeting papers the week prior to the meeting date.
d) Meeting agendas are structured throughout the year to ensure that each significant responsibility of the Committee is addressed.
e) All communication pertaining to the Committee must be undertaken through the Executive Sponsor and the Committee Chair.

5.5 Minutes
a) Proceedings, findings and recommendations of all Committee meetings are minuted.
b) Draft Minutes shall be distributed to all members no later than 14 days following the meeting unless otherwise agreed by the Committee.
c) Draft Minutes shall be made available to the Board.
d) Minutes are approved by the Committee at its subsequent meeting.

6. Confidentiality

6.1 Members will be subject to the confidentiality requirements of DHSV.
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6.2 Members are responsible for ensuring that the individual confidentiality and privacy of consumers and community members and their issues, as discussed within meetings, is maintained.

6.3 Information relating to DHSV services development and management should not be provided to the public unless agreed by the Chair and Executive Sponsor. Provision of such information will be agreed should it be deemed to be in the public interest.

7. Reporting
7.1 The Committee Chair or the meeting Chair must report Committee findings and recommendations of the Board after each Committee meeting.

7.2 The Committee’s formal report and feedback to the Board of Directors is through its meeting Minutes.

7.3 Activities of the Committee may also be reported in the Annual Report.

7.4 Membership of the Committee is disclosed in the Annual Report.

7.5 The Terms of Reference are available from DHSV on request.

8. Board’s responsibilities
8.1 Include consumer participation and involvement in the performance measures of the Chief Executive Officer.

8.2 Regularly receive Committee meeting Minutes and consider recommendations and suggestions.

8.3 Provide responses to issues raised.

8.4 Request items for consideration.

8.5 Involve the Committee in the strategic planning process.

9. Outcomes
9.1 Develop and implement an annual Work Plan for the Community Advisory Committee.

9.2 In a manner the Committee deems appropriate, the Committee conducts an annual performance self-evaluation regarding its functions as set out in these Terms of Reference.

9.3 In undertaking its performance review, the Committee sets out its goals and objectives for the forthcoming year which forms the basis for the next year’s performance review.

10. Definitions
Nil.

Reference:  
DHSV Community Advisory Committee Communication Protocol, DHSV 2001

Community Advisory Committee Guidelines: Victorian Public Health Services, Department of Human Services, 2006

National Safety and Quality Health Service Standards, Australian Commission on Quality and Safety in Health Care, 2012

Date Revised: 8 October 2015

Adopted by DHSV Board of Directors:

Next Review Date: October 2017