1. INTRODUCTION
The Hospital and Health Boards Act 2011 (s40) and the Health and Hospitals Network and Other Legislation amendment Regulation 2012 (Part 4) formalises the need for Hospital and Health Services to engage their local communities, health consumers, the Medicare Locals and other health service providers to work together to better integrate local services and drive improvements in health outcomes.

In response to the legislative requirement for engagement, and in recognition of the evidence supporting the immense value that partnerships with consumers provide to the quality of health services, the SCHHS has committed to the establishment of a Consumer Advisory Group (CAG).

The CAG will provide a structured partnership between consumers and /or carers and the SCHHS, facilitating meaningful discussions for the provision of advice, direction, and advocacy for planning, delivery, design, measurement and evaluation of health care on the Sunshine Coast.

2. COMMITTEE PURPOSE
The purpose of the CAG is to ensure that the SCHHS hears directly from and works in partnership with Sunshine Coast and Gympie consumers, carers and community members to improve health services and health outcomes for the Sunshine Coast and Gympie communities.

The CAG:

- Enables participation across the whole health service, rather than representing the sole participation strategy of the SCHHS as a public health service.
- Provides a central focus for all strategies and mechanisms for consumer, carer and community engagement in the SCHHS.
- Provides strategic advice, from a consumer, carer and community perspective, in relation to health service policy and services to the community, including major initiatives and changes.
- Advises the SCHHS on community issues and in relation to its communication with the communities it serves.
- Provides a forum for promoting person-centred care in the SCHHS.

3. GUIDING PRINCIPLES
- Advisory consultation: the CAG will be consulted about health plans and services in an advisory capacity only.
- Balance of diverse inputs: community input is valued as one of many factors in decision-making. All efforts will be made to include a balanced and diverse membership makeup that reflects the diversity of the Sunshine Coast and Gympie communities.
- Clarity of information sharing: the CAG will be provided with information about the topic for consultation, and about the opportunities and constraints involved in the decision making.
- Fair, transparent and legitimate: engagement/consultation will be focused on real opportunities to influence decisions. Where SCHHS decisions are constrained by external forces (eg. Other levels of government, human resource issues), this will be communicated to the group.
• **Timelines:** the group will be given sufficient time, whenever possible, to provide meaningful involvement. There will be a balance struck between ensuring appropriate timelines for involvement and the need for timely decision making.

• **Values and behaviours:** the CAG will ensure its decisions and conduct are aligned with the SCHHS philosophy of Person Centredness and the values of Vision, Integrity, Collaboration, Influence, Inspiration and Resilience.

• **Variety of consultation methods:** different methods will be used to gather community input in order to broaden opportunities for participation eg. Focus groups, critical friends groups, surveys, community meetings, online tools and any other communication channels that will help to engage CAG members and the broader community.

4. **SCOPE OF THE COMMITTEE**

The CAG will:

• Advise the SCHHS on consumer, carer and community views so they are recognised and reflected in service delivery, planning and policy development.

• Participate in the SCHHS’s strategic planning process.

• Provide oversight and direction for the implementation, monitoring and evaluation of the SCHHS Consumer and Community Engagement Strategy and Implementation Plan.

• Identify and advise the SCHHS on priority areas and issues requiring consumer and community engagement.

• Raise significant issues and recommendations of a systemic nature, from a consumer perspective, which it would like the health services senior management to consider.

• Advocate on behalf of the community, including promotion of greater attention and sensitivity to the needs of disadvantaged, isolated and marginalised consumers and communities.

• Facilitate two-way communication between consumer, carer and community groups and the SCHHS.

• Participate in the monitoring of SCHHS key performance indicators related to patient safety, quality and flow.

• Participate in the development of the SCHHS annual Year in Review / Quality of Care Report.

• Assist in the identification of development and training needs in relation to consumer, carer and community engagement in the SCHHS and make recommendations on how to meet these needs.

5. **MEMBERSHIP**

5.1 **Core Elements:**

• Membership will emphasise consumers, carers and communities, not health care providers. (At least 75% of CAG members will be community members who are not involved in the provision of health services).

• Members contribute specialist knowledge and expertise by providing consumer, carer and community perspectives.

• Members are appointed as an individual and not as a representative of any organisation. (However, members should be able to reflect the perspectives of the Sunshine Coast and Gympie communities and bring to the CAG knowledge of the opinions and policies of relevant community groups).

• Members will need to have the capacity to reflect on and present community issues, rather than focusing on personal concerns or individual issues.

• Membership will reflect the diversity of the population within the SCHHS geographical boundary.

5.2 **Eligibility:**

• Members are consumers, carers or community persons who have first-hand experience of health care service delivery in the SCHHS.

• Members should be active in the community, with strong community networks and a sound understanding of local or regional issues.
5.3 Recruitment and Appointment:
- The CAG will comprise of at least 8 – 12 members appointed by the SCHHS Chief Executive (HSCE).
- Nominations will be sought through a range of strategies that may include:
  - open advertisements,
  - seeking recommendations from peak bodies, and/or
  - direct approach to individuals with appropriate experience as consumers/ carers or community members.
- Nominations will be assessed by a panel consisting of the HSCE, Executive Director Strategy and Performance (EDS&P) and the Chief Operating Officer (COO).
- Initial appointments will be for a period of 1 - 2 years with the opportunity for reappointment for a further term.
- Members are required to have a 1 year break after 2 terms before they are eligible for reappointment.
- Staggered terms will be implemented to ensure continuity and viability of the membership. Outgoing members may be asked to provide mentorship to new members of the group with support of staff members.
- The position of Chair and Deputy Chair will be elected by the members and be held for a period of 12 months with eligibility for reappointment. (Elections will be held at the September meeting each year).
- SCHHS staff, other Health Service Providers or community members may be invited to attend meetings at the discretion of the Chair and HSCE in an advisory capacity only.

5.4 Standing Invitees:
The following positions are invited to attend each meeting ex officio to provide the link between the CAG and the SCHHS Executive Leadership Team:
- HSCE
- COO
- EDS&P

5.5 Proxies:
- Proxies are not permitted.

6. ORIENTATION
The SCHHS will provide a formal orientation and training program that will be delivered flexibly to meet the needs of members.
At a minimum, the orientation will include:
- Introduction to the SCHHS Executive Leadership Team
- Overview of the Queensland Public Service Code of Conduct
- Overview of SCHHS structure, services and initiatives
- Overview of SCHHS Performance
- SCHHS Strategic Plan 2013 – 2017
- Consumer and Community Engagement Strategy and Implementation Plan 2013 -2016

7. MEETINGS
- The CAG will meet bimonthly, with a minimum of 5 meetings per year (meetings will not be conducted in January or December). Day and time to be established by CAG members.
- Members must notify the Chair if they are unable to attend the meeting. If a member is absent for more than three (3) meetings without reason or notifying the Chair, their position will be considered vacant.
- Participation of regional and rural members will be encouraged and teleconference /videoconference facilities will be made available for meetings to actively encourage participation.
- A minimum of 2 of the Standing Invitees should be in attendance at each meeting.
- Members will be notified of meeting dates and will receive written advice of any change to meeting details at least one week prior to the meeting.
- Members will be invited to submit agenda items prior to each meeting.
- Quorum will be 50% plus one.

7.1 Chair Responsibilities:
The Chair will:
- Be the lead representative for the CAG.
- Provide leadership for CAG members and ensure the Committee and its members comply with the Terms of Reference (this document).
- Participate in review of Committee functions.
- Chair meetings and set agenda in collaboration with the Deputy Chair, HSCE and Secretariat

7.2 Deputy Chair Responsibilities:
The Deputy Chair will:
- Provide assistance to the Chair as required.
- Fulfil the responsibilities of the Chair should the Chair be unavailable.

7.3 Secretariat Responsibilities:
Secretariat duties will be provided by the Manager Communications and Community Engagement who will:
- Liaise with the Chair regarding the agenda and business of the meetings.
- Ensure the meetings run accordingly to agenda and the minutes accurately reflect the outcomes and decision making of the meeting.
- Prepare minutes and distribute them as soon as possible and within seven (7) days of the meeting date.
- Facilitate the review of documents to the CAG from the SCHHS
- Gather and keep track of information that will be required for the bi-annual report and Action Plan.
- Confirm attendances and apologies and notify the Chair to ensure a central point of contact.
- Manage Records according to the requirements of the Public Records Act 2002.

8. SUB-COMMITTEES
- The CAG does not have any permanent sub-committees
- The CAG and HSCE may co-opt members and establish working groups to address specific matters as required.

9. REPORTING AND ACCOUNTABILITY
- The CAG reports to the HSCE through the SCHHS Executive Leadership Team.
- The CAG will produce an annual Work Plan aligned to the SCHHS Consumer and Community Engagement Strategy and Implementation Plan, and SCHHS operational plan approved by the HSCE.
- The CAG will provide a bi-annual formal report of its activities and progress against the annual Work Plan to the SCHHS Executive Leadership Team.
- The CAG will provide information for the Annual Report in relation to engagement and participation indicators.
10. AUTHORITY
• CAG recommendations are made by consensus. If consensus cannot be reached and a decision is required, the Chair may call a vote with the majority rules. If necessary, the Chair will hold the deciding vote.
• Where the matter for consideration is beyond the scope of the CAG, the decision will be referred to the SCHHS Executive Leadership team on the advice of the HSCE.

11. CONFIDENTIALITY
• Members of the CAG may receive information that is regarded as “commercial-in-confidence”, clinically confidential or has privacy implications. Members acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain.

12. CONFLICTS OF INTEREST
• To meet the ethical obligations under the Queensland Public Service Code of Conduct, CAG members must declare any conflicts of interest whether actual, potential, apparent or appear likely to arise, and manage those in consultation with the Chair and the HSCE.

13. SUPPORT
• The SCHHS will provide appropriate documentation, background briefing and other support services to the CAG.
• Members are volunteers and do not receive remuneration.
• Members will be provided access to parking to undertake duties associated with their membership on the SCHHS CAG.
• Some agreed out-of-pocket expenses may be paid for members attending duties associated with their membership on the SCHHS CAG.
• Meetings will be scheduled at times suitable to members.
• Members will be provided with access to interpreters.
• Consumer training will be supplied where required via.

14. COMMITTEE EVALUATION
• The CAG will be evaluated in terms of its performance against the approved Terms of Reference, and the annual work plan through an annual self-assessment.
• In addition, the CAG will be required to undertake activities to evaluate the effectiveness of consumer and community engagement and participation across the SCHHS.
• The Terms of Reference will be reviewed annually, or more frequently as required.
• Should the CAG and / or its Chair identify the need, the CAG may determine a process for additional external evaluation.

These Terms of References have been approved by:

Position and Signature: _________________________________________

Date:[Insert Date]

To be reviewed by: [Insert review date]