



## **EMHSCA Committee “The Alliance”**

### **Terms of Reference**

**Date: August 2019**

#### **1. Role**

The aim of EMHSCA is to strengthen Mental Health and AOD service collaboration, coordination and system integration across Inner and Outer Eastern Melbourne for improved consumer outcomes.

The role of the EMHSCA Committee is to oversee the development, implementation and monitoring of an integrated multi-sector service coordination framework for people who experience mental ill-health and co-occurring concerns, and their carers, families and other supports across the Inner- and Outer- Eastern Areas of Melbourne.

#### **2. Reporting**

- An annual report on the progress of EMHSCA against the action plan, is provided to the EMHSCA Steering group by the EMHSCA project officer and is endorsed and provided to the EMHSCA Committee.
- Minutes are distributed to members of the EMHSCA Committee no later than one week from the date of the most recent meeting.
- Members will report progress and seek authorisation of service coordination initiatives via relevant partner’s internal governance and meeting structures.

#### **3. Function / Objectives**

- Improve, support and promote safe, Recovery-focused, person-centred, and collaborative practices across sectors.
- Provide a platform for consultation and information sharing for various projects and initiatives.
- Provide operational leadership and decision making in relation to the work.
- Provide a key communication mechanism for EMHSCA partners.
- Promote a structured and coordinated peer workforce model.

#### **4. Membership**

The Eastern Mental Health Service Coordination Alliance will include representatives from following service providers:

Aboriginal Services

Anglicare

Australian Government Department of Human Services

Campbell Page

Connect 4 Health (Link Health & Community; Carrington Health; and Access Health & Community)

Consumer and Carer Representatives

Delmont Private Hospital

Department of Health & Human Services – Inner and Outer Eastern Metro Regions

EACH

Turning Point Eastern Treatment Services

Eastern Community Legal Centre

Eastern Health Mental Health Services

Eastern Homelessness Support Services Alliance

Eastern Melbourne PHN

Eastern Dual Diagnosis Response

Independent Mental Health Advocacy

Inner East Primary Care Partnership

Job Co.

Mentis Assist

MIND Australia

NEAMI National

NEXTT

Outer East Health and Community Support Alliance

Uniting Prahran

Regional Family Violence Partnership

SalvoCare Eastern

Wellways

Yarra Valley Psychology

YSAS

- Each EMHSCA partner organisation will send representatives who can attend regularly have seniority, and appropriate decision making authority for their organization and demonstrated interest in supporting the EMHSCA Strategic Priorities.
- Potential new member organisations are to be considered by the EMHSCA Steering Group upon request or otherwise via annual review, and if accepted, the project officer will extend an invitation.

## Substitutes, deputies and others

- Substitutes and deputies may attend as agreed by the Chair
- By invitation of the Chair, others may attend for all or part of one or more meetings of the Alliance as a resource or in an advisory capacity. Any member of the group may seek the Chair's permission for a non-member to attend part of, or all of, the meeting for the development of the work of the Alliance or for information sharing.
- It is the responsibility of members who are resigning from their position within their organisation to pass on information about their role with the Alliance to another suitable leader within the organisation.

## **5. Subcommittees**

The EMHSCA implementation committee, along with any formed working groups, will communicate with the Alliance via minutes, shared membership, and the Chair's reports.

## **6. Meetings**

The Alliance will meet bi-monthly, and more or less frequently if it is deemed necessary. In addition, the Co-chairs of the Alliance will call a meeting of the group if so requested by any member of the Committee.

## Chairpersons

Two chairpersons to be elected by ballot at EMHSCA committee meetings bi-yearly or as required for purpose of continuity. Term of chair is generally to be of 24 months duration. Refer to EMHSCA Co - chair guide.

Guest speakers with information relevant to the strategic direction of the EMHSCA will be welcomed but must be approved by the EMHSCA Steering Group and placed on the EMHSCA committee meeting agenda by the Project Officer.

## Standing Agenda

Acknowledgement of country

Recognition of lived experience

Declaration of potential conflict of interest

Attendance List/Introductions

Acceptance of previous Minutes

Business Arising

Service/Sector Updates (as required/requested only)

Supporting integrated care

New Business

## Paperless meetings

EMHSCA is attempting to reduce wasted paper. Please bring all meeting documents in electronic format wherever possible. Meeting documents will only be provided in hard copy at meetings if they have not been provided via email

prior to the meeting. If you require printed copies at the meeting please let the EMHSCA project officer know by no later than the morning of the meeting.

#### **7. Quorum**

A quorum shall consist of the majority (more than 50%) of members of the Alliance. Meetings without a quorum may proceed at the discretion of the chair with notes recorded for the following meeting.

#### **8. Review**

- a) The Terms of Reference and the membership of the Working Groups, including attendees, shall be reviewed annually by the EMHSCA Steering group with any changes to be approved by the consensus of the members.
- b) Review of the Committee's performance shall be conducted annually and reported to the EMHSCA partners.

#### **9. Committee Records**

- The storage of Alliance records and documents will be the responsibility of the EMHSCA project officer and all documents will be located within the Eastern Health electronic database.
- Only duplicate copies of committee documents (agendas, minutes and papers) should be circulated to members, with the original (master set) stored in Eastern Health-approved systems.
- The retention and disposal of all committee records, including email and electronic documents, must be in accordance with the relevant legal requirements.
- In the event of the termination of the EMHSCA project officer role, the ongoing storage of EMHSCA documents will be handed over to the current chair of the Alliance.