



## **EMHSCA Implementation Committee**

### **Terms of Reference**

**Date: August 2019**

#### **1. Role**

The role of the EMHSCA Implementation Committee is to support the implementation of designated elements of the EMHSCA work plan.

#### **Reporting**

- An annual report on the progress of this committee is provided to the Alliance and Steering Group by the EMHSCA Implementation Committee.
- The EMHSCA Implementation Committee reports to the EMHSCA Steering Committee and the Alliance via the EMHSCA Project Officer.
- Minutes are distributed to members of the EMHSCA Implementation Committee no later than one week from the date of the most recent meeting.
- The EMHSCA Implementation Committee seeks advice from the Dual Diagnosis Consumer and Carer Advisory Committee by invitation.

#### **2. Function / Objectives**

The EMHSCA Implementation Committee will work collaboratively to support the implementation of the EMHSCA Strategic Plan and associated workplans as directed by the EMHSCA partners.

Additionally this group will do the following:

- Design, implement and evaluate EMHSCA capacity building events aligned with the EMHSCA work plan.
- Promote EMHSCA capacity building events locally.
- Strategise to effectively support the implementation of the various elements of the EMHSCA work plan.

#### **3. Membership**

Members of this committee may be co-opted for their knowledge and expertise on specific work plan items as required.

The core composition of the Implementation Committee consists of the following members:

- Department of Human Services
- Dual Diagnosis Consumer and Carer Advisory Council
- Eastern Health Mental Health Program
- Eastern Melbourne PHN
- EMHSCA Project Officer
- Neami National
- Wellways
- Anglicare
- ECLC
- Campbell Page

Additional members are currently sought from the EMHSCA partnership.

Substitutes, deputies and others 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 Implementation Committee 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 all of the meeting for the development or information sharing
- Members are deemed to have resigned from the Implementation Committee on their resignation from the position on which their membership is based.

#### **4. Subcommittees**

Communication from any formed working groups to the Alliance shall occur through the distribution of working group minutes and verbal reports from the chair.

#### **5. Meetings**

The EMHSCA Implementation Committee will meet monthly, and more or less frequently if it is deemed necessary. In addition, the Chair of the Implementation Committee will call a meeting of the group if so requested by any member of the Committee.

#### **6. Quorum**

A quorum shall consist of the majority of members of the Implementation Committee. Meetings without a quorum may proceed at the discretion of the chair with notes recorded for the following meeting.

#### **7. 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 Steering Group and the Alliance.

#### **8. Committee Records**

- The creation, capture, storage and disposal of complete master sets of records of this committee must comply with the Eastern Health Document and Record Management Standard.
- 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.