



EMHSCA Committee “The Alliance”

Terms of Reference

Date: June 2018

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 Eastern Metropolitan Region (EMR) of Melbourne (inner and outer-east).

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 Primary Health Network
EMR Dual Diagnosis Response
Independent Mental Health Advocacy
Inner East Primary Care Partnership
Job Co.
Mentis Assist
MIND Australia
NEAMI National
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 committee upon request or otherwise via annual review, and if accepted, the project officer will extend an invitation.

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 Alliance meeting 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 of the work of the Alliance or for information sharing.
- It is the responsibility of members who are resigning from their position within their organization to pass on information about their role with the Alliance to another suitable leader within the organization.

5. Subcommittees

The EMHSCA implementation committee will communicate with the Alliance via minutes, shared membership, and the project officer's reports.

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

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 and placed on the EMHSCA committee meeting agenda by the Project Officer.

Standing Agenda will include the following:

Acknowledgement of country

Recognition of lived experience

Declaration of potential conflict of interest

Apologies

Attendance List/Introductions

Acceptance of Minutes

Welcome new members

Business Arising

Service Sector Updates (as required/requested only)

Supporting integrated care i.e. FV, ATSI, DD, etc...

New Business

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 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.
- Many committee records are required by law to be retained permanently and must be secured against tampering, unauthorised access and unlawful deletion.
- The retention and disposal of all committee records, including email and electronic documents, must be in accordance with the relevant legal requirements.
- The identity of the Committee Chair and Committee Secretary must be specified on the agenda and minutes of every meeting.
- Duplicate copies of committee documents can usually be disposed of under 'normal administrative practice' unless they have been annotated by a committee member with details of decisions or actions. Such annotations may have the effect of creating a new corporate record.
- In addition to other requirements of the role, the Committee Secretary, or in the absence of a designated secretary, the Chair of the Committee, is responsible for:
 - managing, finalising, clearly identifying and securely storing the complete master set of Committee records in Eastern Health-approved systems;
 - managing the disposal process for committee records not required to be retained permanently in accordance with legal requirements;
 - providing a complete handover of records to any incoming Committee Secretary (or Chair).
- Advice on committee record management is available from the Manager – Health Information, Information Management (HIS) and the Corporate Records Coordinator (HIS).
- Advice on committee processes is available from the Director Corporate Governance Support.