Government of Western Australia
WA Country Health Service

WACHS District Health Advisory Council

October 2014

Message from the Chief Executive Officer

The opportunity and challenge for health service providers and decision-makers in a state the size of WA is to address the complex and diverse health needs of widely spread regional, rural, and remote communities.

Community and consumer participation provides a way to build effective partnerships that can lead to better health service decisions and health outcomes. Effective engagement and collaboration is gained by creating a shared understanding of the problem and a shared commitment to the possible solution.

Diverse and fresh ideas and information that reflects the consumer perspective gives service providers and decision makers the best opportunity to combine the experiences and collective ideas of the community with the skill and knowledge of health professionals.

Via our District Health Advisory Councils (DHACs), the WA Country Health Service (WACHS) seeks a relationship with community members, consumers and carers to achieve a two-way exchange where:

- WACHS continuously increases its understanding of health issues as experienced and expressed by consumers, carers and communities so as to better match service delivery to health need and

- consumers, carers and communities increase their understanding of the issues essential to the planning and delivery of health services, including resourcing, workforce, and most importantly, the delivery of consistently safe and up-to-date services, so they participate in service planning and improvement in an informed way.

The introduction of Governing Councils and Medicare Locals as part of the national health reforms provide significant scope for community members to influence health planning and service improvement. The DHACs remain now, more than ever, a vital link for ensuring the consumer perspective is shared and actioned within the WACHS decision making framework, and I value the time and commitment you are making to this important partnership.

Jeffery Moffet
Chief Executive Officer
WA Country Health Service

Acknowledgements

Thank you to all DHAC members and Chairpersons, past and present, who have journeyed with WACHS to build the DHAC role and capacity to influence. Your persistence, patience and commitment have, and continue to make, a difference to health care in country WA.

The WA Country Health Service thanks the Health Consumers' Council of WA for their support with the development of District Health Advisory Council resources and information.

For Further Information

The DHAC Guidelines and Resources have been compiled to support both the orientation of WACHS District Health Advisory Council Members and the ongoing development of the Advisory Councils. For further information about the DHACs Guidelines please contact:

- WACHS Primary Health & Engagement Team, (08) 9223 8500 /1800 629 028 (freecall) or
- Health Consumers' Council of WA Telephone: (08) 9221 3422

Consumer Information Sources

- AdvoCare http://www.advocare.org.au/ 1800 655 566 (freecall)
- Carers WA http://carerswa.asn.au 1800 242 636 (freecall)
- Consumers Health Forum of Australia http://www.chf.org.au/
- Health & Disability Services Complaints Office (HaDSCO) 1800 813 583 (freecall) http://www.hadsco.wa.gov.au
- Health Consumers' Council WA http://www.hconc.org.au 1800 620 780 (freecall)
- Health Issues Centre Inc. is a non-government health policy and research centre http://www.healthissuescentre.org.au
- Health WA – Health Information for Western Australians http://www.healthywa.wa.gov.au/

District Health Advisory Council Guideline

Contents

1. DHAC Overview 4
1.1 What is a District Health Advisory Council? 4
1.2 Purpose of DHACs 4
1.3 How does a DHAC Work? 6
2. Membership and Structure 8
2.1 Membership of the Advisory Council 8
2.2 Membership structure 8
2.3 Membership positions 8
2.4 Recruitment, selection and appointment process 9
2.5 Tenure of Advisory Council members 11
2.6 Membership re-nomination 11
2.7 Appointment of Chairperson and Deputy Chairperson 12
2.8 Membership resignation or dismissal 12
2.9 Temporary replacement of members 12
2.10 Regular observers and guests 13
2.11 Recognition of service 13
3. DHAC Terms of Reference 14
3.1 The role of DHACs 14
3.2 Matters falling outside the role of DHACs 16
3.3 The role of DHAC members 16
3.4 Chairperson responsibilities 17
3.5 DHAC Chairpersons' Network 17
3.6 DHAC member responsibilities 18
3.7 Responsibilities of Regional Directors 18
3.8 Responsibilities of Health Service Operations/District Managers 18
3.9 DHAC governance and policy 19
3.10 Accountability and reporting 19
3.11 DHAC meeting and communications protocols 21
4. Resources 23
4.1 Training 23
4.2 Participation, reimbursement and support policy 23
4.3 Other support 24
4.4 Related documents 24
5. Glossary 25
6. Appendices 26

1. DHAC Overview

1.1 What is a District Health Advisory Council?

A District Health Advisory Council (DHAC) is a group of people who actively seek to improve and inform health service planning, access, safety and quality.

WACHS established DHACs as a mechanism for district and local community, carer, and consumer engagement. Since 2004, Advisory Councils have been created across Western Australia by the State Government to provide the opportunity for consumer and community participation at the local, district and State health service levels (see **Appendices A and B** for a list and map of current WACHS DHACs).

These Advisory Councils aim to reflect a cross-section of community health interests, with a particular focus on accessing and understanding the needs of those experiencing poorer health outcomes and access. It is intended that health consumers, carers, and community members make up at least 60% of the Advisory Councils, and a maximum of 30% of membership is comprised of health service providers and agency representatives.

1.2 Purpose of DHACs

WACHS Community and Consumer Engagement

Community participation is central to the WA Country Health Service (WACHS) agenda and strategic priorities. Community members, health service consumers, stakeholders and agency representatives have the opportunity to influence health service policy and development at various levels.

Accessing and hearing the views and solutions proposed by health consumers, carers, community members and stakeholders is an effective way of improving health services, service access and safety. An informed and participating community provides the platform for successful health service development and reform. WACHS DHACs are central to this and have been established with the aim of:

1. Providing effective community and consumer participation.
2. Improving service safety, quality and access using consumer and carer input.
3. Providing a voice for the community and consumers to WACHS through the local health service, Governing Councils, the Minister for Health, Director General of Health, Chief Executive Officer of WACHS and other senior WACHS staff about country health needs, priorities and services.
4. Establishing a two-way information exchange by:
   a. consumers and community members informing the health service of priority health issues and offering solutions
   b. service providers giving consumers and the community evidence of priority health needs and suitable service delivery models to improve access, safety and quality.
5. Influencing consumer, community, WACHS and inter-agency partnerships at the local, district, regional and State levels.

The WACHS continues to develop community and consumer engagement strategies that build on the State Government's agenda to increase the level of public impact on service delivery across government, and meet the *National Safety & Quality in Health Service Standard 2: Partnering with Consumers*. The WACHS Community and Consumer Engagement approach involves:

- establishment of WACHS Governing Councils
- establishment of District Health Advisory Councils (DHACs)
- DHAC Chairpersons Network (consisting of Chair from each DHAC)
- linkages with local consultation groups, working parties, community, health and hospital advisory and task groups
- consultation with existing regional networks and committees (including Medicare Locals and Local Government Health Advisory Groups).

These groups should link with DHACs and vice versa, forming a network and providing opportunities for discussion and exchanging information, as illustrated in the diagram below. For a full list of WACHS Key Stakeholders, **see** **Appendix C**.

1.3 How does a DHAC Work?

A District Health Advisory Council (DHAC) takes a district view in representing the views of the community and health consumers. They offer suggestions to improve services and the health of the community. They seek to increase the community's understanding of health issues and are an important part of the WACHS.

At the Local Level

There are a variety of local community groups and people with an interest in health issues. These include local health or hospital groups, special interest groups such as aged care, mental health, Aboriginal health, youth health, health promotion, Diabetes or other self help and support groups. DHACs should seek input from and inform these local community groups and consumers.

The local health service will work closely with its DHAC/s and ensure that they are included in any local health service planning involving infrastructure, consumer information, and service delivery.

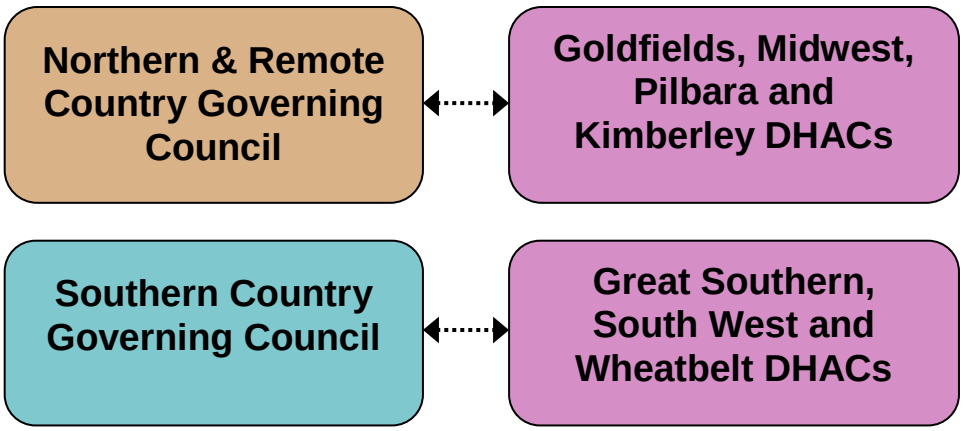
At the State Level

The DHAC Chairpersons' Network meet face-to-face at least once a year to provide and receive state-wide information on country health issues and priorities to the Governing Councils of WA, Minister for Health, Director General of the Department of Health, Chief Executive Officer of WACHS and other senior WACHS staff.

Engagement with Governing Councils

On 1 July 2012, WACHS introduced two high-level Governing Councils with the aim of making the health service more responsive and accountable to the community.

Governing Councils regard DHACs as vital informants of district service priorities and issues, representing consumers, carers, and communities.



DHACs will have a close relationship with their relevant Governing Council. This is reflected in the reporting and meeting requirements and opportunities explained further in **Section 3.10** of these Guidelines, and include:

- **DHAC Workplans** provided to Governing Councils for feedback and guidance.
- **DHAC Annual Summary Report** provided to Governing Councils for information.
- **DHAC Key Issues Report** presented by the DHAC Chairperson to the Governing Council Performance Meeting prior to the corresponding GC Regional Engagement Meeting. This will be a standing item on all Governing Council Performance meetings.

For more information on Governing Councils see:
http://www.health.wa.gov.au/governingcouncils/home/index.cfm

Engagement with Medicare Locals

A key component of the Australian Government's National Health Reforms was the establishment of a nation-wide network of Medicare Locals.

Medicare Locals are primary health care organisations established to coordinate primary health care delivery and tackle local health care needs and service gaps. They will drive improvements in primary health care and ensure that services are better tailored to meet the needs of local communities.

DHACs should become familiar with their relevant Medicare Local CEO, Chairperson or regional/district manager. Information-sharing between the Medicare Locals and DHACs is encouraged to achieve increased understanding and improved health services.

For more information on Medicare Locals see:
http://www.health.gov.au/internet/main/publishing.nsf/Content/medicare-locals

2. Membership and Structure

2.1 Membership of the Advisory Council

Consumer and community members form the membership of the Advisory Councils. Health Service providers and agency representatives are participants on Advisory Councils for the purpose of hearing the health consumer and community perspective, contributing information and actioning relevant advice.

Local Government/Shire Council members are welcome to apply for community membership provided their intention is to stand as an advocate for their community rather than as a Local Government member. If applying as a Local Government representative, membership will be on an agency representative basis.

From 2013 the WACHS CEO, with delegated authority from the Minister for Health, appoints all members of the District Health Advisory Councils.

2.2 Membership structure

A District Health Advisory Council includes a Chairperson and a Deputy Chairperson selected from Advisory Council appointees.

Membership numbers will reflect the consumer and district needs for fair and appropriate representation, and be administratively manageable. For the establishment/ re-establishment of a DHAC, a small Establishment Panel, appointed by the WACHS CEO, will recommend the membership to the WACHS CEO.

2.3 Membership positions

Chairperson	• Leads DHAC meetings, reporting, and communication requirements as per the Terms of Reference (see Section 3).
Deputy Chairperson	• Provides support to the Chairperson and acts as Chairperson in their absence.
Members	• Community and consumer members represent the view of consumers, carers, and communities in the district. • The aim is a minimum of 60% consumer/community representation as direct or indirect users of the public health service as members. • Membership should reflect diversity of the people of the district.
Health Service and Agency Representatives	The Aim is to have: • a maximum 30% representation • health or other related government and non-government representatives. • health Service Providers: Public and private, including a public health service and population health representative • a Regional Director or nominated delegate for the district.

2.4 Recruitment, selection and appointment process

Recruitment

Regional Directors (or the RD nominee), in collaboration with Operations or District Managers oversee the selection and establishment of DHACs in each district.

The district/local health service will call for Expressions of Interest from all people seeking appointment to the District Health Advisory Council. Advisory Council positions should be advertised to gain widespread community and consumer awareness of the role and opportunity to be a member of the Council. Word of mouth and local community advertising are effective ways of generating interest and increasing access to local information, and may include circulation in/to:

- the West Australian Newspaper (Saturday edition)
- local country newspapers and bulletins
- local notice boards and places/agencies where the community access local information
- Government and non-Government agencies (including libraries and Telecentres) within the region/district to be circulated within the agency and to associated community Members
- Health and other related community groups
- internet sites accessible to the community.

A suite of DHAC recruitment templates and forms are available on the WACHS Intranet and Internet DHAC pages
www.wacountry.health.wa.gov.au

Selection Criteria

Selection and appointment of DHAC members should aim to reflect the various populations, diversity and views of people across Western Australia, and achieve appropriate representation of:

- **Aboriginals**
- **Carers**
- **Members from multicultural groups**
- **People with chronic disease or disability**
- **Seniors**
- **Towns/communities within the District**
- **Women**
- **Youth***

*Youth membership is defined as members aged between 16 and 25 years.

Strategies to ensure broad representation across DHACs are to include:

- recommending individuals and extending a personal verbal or written invitation for them to apply.
- appropriate advertising/promotion that reaches under-represented groups, such as youth, Aboriginal community members, people with a disability, culturally and linguistically diverse communities, the unemployed, single mothers, and the elderly.
- open forums and hospital and health service “open days”.

The Advisory Council consumer and community members need to be resident within the district and the following additional criteria should be considered during the recruitment process:

- Knowledge of health issues.
- Strong community links and active interest in improving the health care experiences of the community.
- Good communication skills and ability to speak confidently in a group.
- Qualifications and/or experience in management, e.g. small business or farm.
- Ability to work as part of a team to find solutions.
- Ability to see beyond own personal experience.
- Respect for diversity and differing opinions.

All recommended DHAC applicants must also undergo a WA Health Criminal Record Check (the cost of which should be met by the Regional Office).

Applicants not considered suitable for DHAC membership

The decision to recommend rejecting an application for membership to a DHAC must be made with due consideration and with sufficient evidence to be able to document the reason for the rejection such as:

- conflict of interest
- single issue representation to the disadvantage of others
- applicant’s skill set is already well represented on the Council.

Membership appointment

The local health service manager and local DHAC Chair are to discuss the membership applications and reasons for appointment or rejection, and provide a Briefing Note (BN) to the Regional Director outlining their recommendations. Draft letter/s of acceptance and/or letter of non-acceptance to applicants is to accompany the BN (letter templates are available on the WACHS intranet).

The Regional Director is to determine whether the grounds for appointment or rejection of the application are valid and forward recommendations for appointment to the WACHS Chief Executive Officer for approval. This is to be carried out using the **Memorandum and Briefing Note Templates** available on the intranet.

Once CEO approval has been granted, new members are to be sent a Letter of Acceptance from the Regional Director advising them of their appointment.

If a rejection viewed as being appropriate, the Regional Director will advise the Local Health Service Manager of the decision in writing, and send a letter to the Applicant.

For further information please refer to Appendix D for the DHAC Establishment Checklist and Appointment Flow Chart

2.5 Tenure of Advisory Council members

Membership tenure of each District Health Advisory Council (DHAC) is allocated for terms of two or three years. Negotiation of membership tenure should occur at the first DHAC meeting and as new members arrive.

2.6 Membership re-nomination

On completion of the Advisory Council members' tenure, consideration needs to be given to either extending the membership or advertising the position. This decision is to be made with consideration of local issues and the interests of the DHAC and its workplan. For example, some DHACs may already have a high membership turnover and therefore renewal of membership is not required, whilst others may find recruitment difficult.

DHACs should undertake a yearly review of membership, and the Chair should call for submissions for re-nomination at the first DHAC meeting of each year.

Members wishing to extend their tenure will submit a renomination form to their local health service which will assess the application as per the usual DHAC membership selection and appointment process (Section 2.4).

This process may also be used to release members who are not abiding by DHAC protocols/code of conduct.

Consideration is also to be given to DHAC members who wish to remain on their DHAC but need to reside elsewhere, on the basis that their ongoing involvement is in the best interests of DHAC and associated workplan.

To fill any vacant membership:

- the position should be filled via an Expression of Interest process (Section 2.4)
- if there are more applicants than available positions, a selection panel that includes a Health Consumers Council representative will review the applications and make membership recommendations.

Membership re-nomination forms are available on the WACHS DHAC intranet and internet pages.

2.7 Appointment of Chairperson and Deputy Chairperson

Within approximately two months of the Advisory Council establishment, the Advisory Council membership should nominate and appoint a Chairperson and Deputy Chairperson. Where possible, the Chairperson and Deputy are to be community/consumer representatives.

Re-election of the Chair should occur after two or three year terms. This is best done through a negotiated process. If the Chair is working well and members are supportive, then the tenure can be carried forward. Where possible, it is best to offer a renomination process for the Chair position.

If the Chairperson resigns or steps down from the position during the term of the Advisory Council, the Deputy Chairperson is to take up the responsibilities of the Chairperson until the Advisory Council appoints the new Chairperson.

DHAC Chairpersons who wish to resign from the position of Chair should notify the relevant Regional Director in writing. This notice should also be forwarded to the WACHS Primary Health & Engagement Team.

2.8 Membership resignation or dismissal

Members who wish to resign from an Advisory Council are to notify the Chairperson and relevant Regional Director in writing.

A member may be dismissed from their position on the DHAC by the Regional Director, on the following grounds:

- Failure to attend DHAC meetings on a regular basis.
- Member continually behaves disruptively and hinders DHAC meeting progress and/or workplan activities.
- Single issue representation to disadvantage of others
- A conflict of interest arises that makes the membership untenable.

The Regional Director is to advise the member of the decision to end their membership, and notice should also be provided to the WACHS CEO and WACHS Primary Health & Engagement team.

2.9 Temporary replacement of members

Temporary replacement of consumer and community members or health service/agency representatives will occur, where possible, via recommendation by the DHAC Chairperson to the relevant Regional Director (e.g. a community member resigns or is dismissed prior to completion of his/her tenure resulting in a vacancy until a new member is appointed, or where a community representative is unavailable for a period of time – i.e. on extended leave).

Temporary replacements should, where possible, represent a similar health and consumer interest or locality as the previous member i.e. health consumer or youth or an area of need.

The use of proxies to represent Advisory Council members, who are on occasion not able to attend meetings, **is not** recommended.

2.10 Regular observers and guests

DHACs may invite members of the community or health professionals to participate in their meetings as observers or guests, e.g. a Governing Council Chairperson may have an open invitation to observe or address the meeting. Observers or guests should be made aware of the DHAC Code of Conduct principles, in particular confidentiality, and their attendance should be noted in the meeting minutes.

2.11 Recognition of service

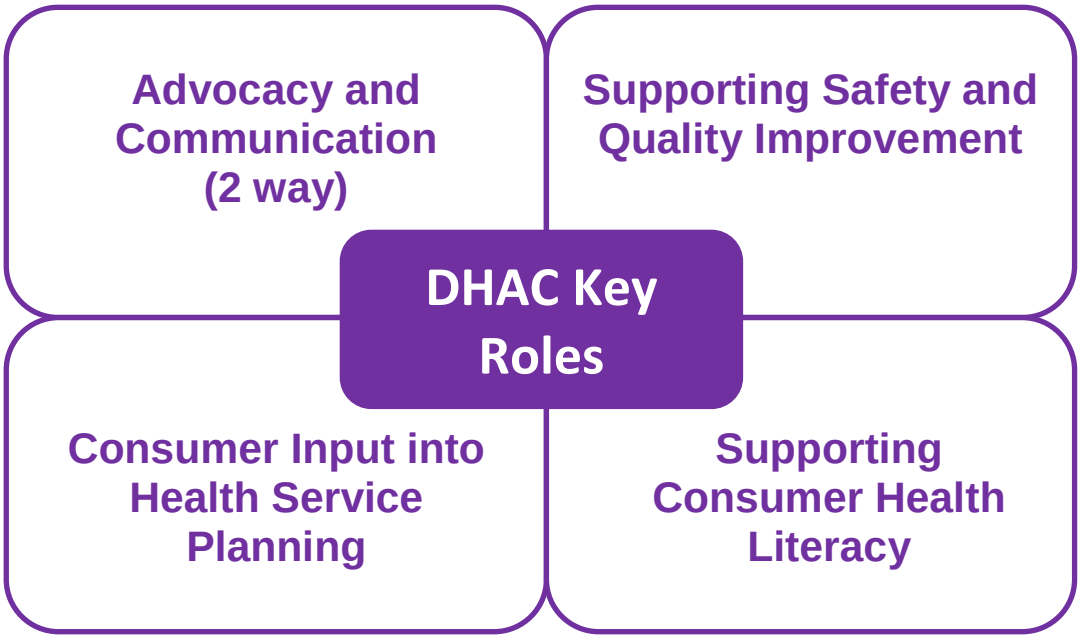
In recognition of the voluntary nature of the service to WACHS all DHAC members who resign are to receive a letter of thanks from the relevant Regional Director or Operations Manager.

A standard **DHAC Service Recognition Letter template** is available on the WACHS intranet for Regional Directors or Operations Managers to adapt and personalise.

3. DHAC Terms of Reference

3.1 The role of DHACs

The DHACs have four key roles as outlined in the diagram below.



a) Communication and Advocacy

Effective communication between the Advisory Council, community, consumers, and the health service is vital to its success. Each DHAC will aim to:

- create strong links with local and regional community, consumer, and carer groups to facilitate their input to the Advisory Council.
- provide a positive profile of the DHAC and up-to-date information about the DHACs role and activities in the community.
- advocate community views on health improvement issues.
- effectively communicate local and district health service issues to WACHS Governing Councils through determined meetings and reporting.

b) Supporting Safety & Quality Improvement

DHACs assist in improving consumer safety and quality by providing comment on local health service delivery and whether or not the needs of the community are being met in terms of quality, access, and equity.

Each DHAC should:

- be aware of the Safety and Quality Plan for their district/region. A Safety & Quality report from the local health service should be a standing item on all DHAC agendas. This should be provided and updated by the district Safety & Quality Manager/representative. It should outline the priority safety and quality issues and actions for the District, including provision of meaningful data on complaints, compliments and safety and quality indicators.
- become familiar with the National Safety & Quality Health Service (NSQHS) Standards with particular reference to Standard 2: Partnering with Consumers, as well as other relevant consumer initiatives and strategies such as the Patient First program and WACHS Complaints Processes. A NSQHS Standards Guide for DHACs is available on the WACHS intra and internet specifically relating to the Standards' consumer engagement actions, to assist DHACs in their discussions with their health service.
- provide advice and support for raising awareness of community participation issues for local health services, including whether the needs of disadvantaged groups have been identified and considered.
- undertake audits, on request of the health service, in relation to health service facilities and health service compliments and complaints.

c) Consumer Input into Health Service Planning

As community and consumer representatives, DHACs provide the consumer voice in health service planning. DHACs will:

- seek to gather information from and represent consumers and the community on their health needs and issues.
- participate in working groups, community reference groups or forums as representatives for the community and consumers in any consultation for:
  - Clinical Service Planning
  - development of district health service plans
  - new health infrastructure planning.

d) Supporting Consumer Health Literacy

DHACs have an important role in assisting the health service to empower consumers and carers to be pro-active in their health and health literacy by:

- advocating and increasing local awareness of health issues
- being involved in the provision of information on lifestyle health problems and treatment options to consumers and the community.
- distributing patient information resources
- undertaking audits, on request of the health service, of consumer/patient-related information and publications.

Population and health profiles for each region will be made available on the DHAC internet webpage for members to refer to.

3.2 Matters falling outside the role of DHACs

DHACs are made up of volunteers, who are appointed in an advisory capacity by the CEO of WACHS. They do not have the scope or authority to be involved in the following matters:

- managerial responsibility over staff of WACHS or the operations of the health service.
- the WACHS budget strategy, or facility budgets
- the handling of complaints
- service delivery issues involving GPs or private hospitals.

It is an important role of the Advisory Councils to provide advice

When providing advice it is better to reflect the degree of consensus and/or range of opinions on an issue rather than present an outcome based on a vote.
Valuing diverse opinion and creativity is a key component of Advisory Councils.

3.3 The role of DHAC members

As a **consumer or community member**, your key roles are to:

- talk with health service consumers, carers, and community members and groups about important health issues
- present the views and opinions of consumers, carers and community members to the Advisory Council
- identify health issues to progress planning and strategic directions at the local health service level
- offer creative ideas about improving the health of the community with a focus on service safety, quality, access and health gain
- become familiar with WACHS strategic priorities in order to provide informed comment and share information with consumers and the community
- communicate to community members agreed messages associated with your DHAC and the workplan.

As a **health service provider or agency representative**, your key roles are to:

- share your knowledge and expertise, and up-to-date information
- listen and demonstrate that the views of consumers and the community have been considered in service development and planning.

3.4 Chairperson responsibilities

The Chairperson will:

- work within the DHAC Terms of Reference in a way best suited to the local/district Health Service and DHAC membership capacity
- encourage input into the Advisory Council that is diverse, offers lateral and creative ideas and solutions to health and service issues
- coordinate the development and implementation of a work plan for the Advisory Council
- set meeting agendas and facilitate Advisory Council meetings, with the assistance of the Deputy Chair
- ensure each agenda item is addressed appropriately, and items are assigned to the appropriate members or representatives for action and follow up
- with the assistance of the health service manager and administration, ensure that the DHAC meets its reporting and work plan responsibilities
- provide information to the Governing Council through determined channels.

3.5 DHAC Chairpersons' Network

The DHAC Chairpersons' Network is made up of DHAC Chairpersons from around regional WA. The Network meets up to twice yearly to exchange information and ideas, and provide feedback on State-wide country health issues and priorities:

DHAC Chairpersons' Forum

The Annual DHAC Chairpersons' Forum is held in Perth and attended by the Minister for Health, WACHS Governing Councils, Director General, CEO, and senior WACHS staff. DHAC Chair attendance at the Forum should be supported and resourced by their district/regional health service.

DHAC Chairpersons' Videoconferences

A second meeting can enable Chairpersons with common interests to meet together. For example, a North & Remote Regions Chairpersons' meeting, or a video-conference meeting that links Chairpersons across the State for discussion of specific health service issues.

3.6 DHAC member responsibilities

Each DHAC member will be responsible for:

- attending meetings and participating in other DHAC workplan activities.
- working with other Advisory Council members on key consumer issues.
- increasing their understanding of the practical, contextual, resourcing, and safety and quality factors influencing health services in WA and specifically within the district and region.
- participating in DHAC orientation, training, and forums provided by WACHS.
- abiding by the DHAC Code of Conduct **(see Appendix E).**
- apologising prior to a meeting if unable to attend
- being pro-actively involved and working collaboratively with other DHAC members.
- acting in the best interest of the DHAC and progression of the agreed workplan.

In addition, **all** DHAC members will promote and role model the WACHS Values and use these as the basis for DHAC, Health Service, and other communication.

3.7 Responsibilities of Regional Directors

Regional Directors will:

- be directly responsible for the management, coordination and maintenance of their local DHACs.
- have the direct responsibility of providing support, advice, and a contact point for their local DHACs.
- ensure that DHAC reporting requirements are met and communicated to the relevant Governing Councils and WACHS Primary Health & Engagement.

3.8 Responsibilities of Health Service Operations/District Managers

Operations/District Managers will:

- attend DHAC meetings regularly and inform the group about changes to health services in the local and regional area
- engage with DHACs to both gain and share information and understanding of the health and service issues important to consumers, carers, and the community
- engage with DHACs with the intent of achieving the greatest possible gains to health service improvement
- provide information to DHACs to assist their understanding of the contextual, safety and quality issues that underpin service planning and service decisions

- assist DHACs to meet their role and responsibilities and work plan priorities
- facilitate the presentation of safety and quality issues and reports as well as health service data for each DHAC meeting.

The District/Local Health Service will also ensure the provision of secretariat support to:

- compile and distribute meeting agendas and minutes
- maintain a complete copy of all records
- provide a suitable venue for all meetings
- provide suitable equipment for any presentations
- assist in any media stories for the group with appropriate consultation with the Regional Director and/or WACHS communications officer
- circulate any information tabled at the meeting to the relevant health service team or staff for their actions or reference
- provide orientation to new (and existing) Council members on their role and WACHS structure.
- recruit new members
- ensure their DHAC contact details and member lists are kept up-to-date and provided to WACHS Primary Health & Engagement.

3.9 DHAC governance and policy

The WACHS Primary Health & Engagement Directorate works closely with all areas of WACHS and DoH to enable the DHACs to achieve their role. It is responsible for:

- providing DHAC-related governance, policy, and networking support to the Advisory Councils and the local health services
- coordinating DHAC Chairpersons' network events
- facilitating communication between the DHACs and Governing Councils
- facilitating communications between the DHAC Chairpersons' Network and other health sector stakeholders and groups.

3.10 Accountability and reporting

Workplans

Within the first three months of each year, a draft workplan for the coming 12 months will be developed by each DHAC. The workplan will identify how the Advisory Council aims to undertake its role and the support needs of that role. This workplan will be provided to the relevant Health Service Operations Manager and Regional Director for feedback on, and commitment to, health service resource/support requirements identified for DHAC activities.

The workplan should include **simple and relevant** evaluation criteria to enable the Advisory Council to assess and gain feedback on its progress and areas to build upon.

These criteria might initially focus on:

- building the ability of the membership and Advisory Council to obtain information about key district health issues
- consumer and community consultation strategies and effectiveness
- the effective workings of the Advisory Council
- achievements in relation to consumer and community input into health service improvement

The agreed workplan should be submitted to the Executive Director, Primary Health & Engagement, and the relevant Governing Council, via the Regional Director by 30 March each year.

Reporting to Governing Councils

DHAC reporting to the relevant Governing Council is essential in keeping the Governing Councils informed of district issues and needs.

DHAC reporting of key district issues will be a standing item (30mins) on all Governing Council Performance Meeting agendas, which precede the GC Regional Engagement Meeting. This provides the opportunity for the DHAC Chairs from the region the Council is meeting with next (at the Regional Engagement Meeting), to present and discuss (in person or via video-conference) the key consumer, carer and community health service issues from their district, directly to the Governing Council.

A **DHAC Key Issues Report** should be included in the Governing Council Performance Meeting Agenda Papers, which are sent one week prior to the Performance Meeting.

DHAC Chairs and members are also given the opportunity to attend the more general Regional Engagement forums held by the Governing Councils.

Annual Reporting

Each DHAC is to submit an annual update report (for the previous year) to the relevant Regional Director and Executive Director, Primary Health & Engagement by 30 March each year. The annual update report will be presented to the CEO of WACHS for inclusion in the WACHS Annual Report, and distribution to the relevant Governing Council.

DHAC Annual Reports should be brief and outline the following:

- Key priorities, activities, and achievements of the DHAC in relation to work plan priorities for the reporting year.
- District health issues, opportunities, and areas of un-met need.
- Lessons learnt and future plans.

The following DHAC reporting template/resources are available on the WACHS DHAC intranet and internet pages:

- **DHAC Workplan template**
- **DHAC Workplan guide**
- **DHAC Key Issues Report template**
- **DHAC Annual Report template**

3.11 DHAC meeting and communications protocols

Meeting frequency and process

After the initial Advisory Council work plan development processes are complete, the meeting schedule should reflect work plan priorities and DHAC capacity. Monthly meetings are recommended, however, it is expected that once established Advisory Councils will meet **at least** four times per year.

Quorum

At least half the membership of the DHAC should be in attendance for a quorum to be reached. When a quorum is not reached, the DHAC should have guidelines in place regarding whether matters on the agenda will be discussed (and whether any decisions will be made) or whether all matters will be carried over to the next meeting. Important to the decision making is the actioning of the workplan.

Meeting procedures

Each DHAC will agree to a set of meeting procedures. Councils may invite group members/guest speakers and/or local residents to attend meetings for a specific purpose.

Agenda

An agenda will be available to all Council members in a timely manner before meetings, by the health service. All members of the Council are able to suggest items for inclusion on the agenda, in addition to the regular standing items that should be on **all** DHAC agendas. See the WACHS Intra and Internet DHAC Pages for the **DHAC Agenda Template**.

Minutes

Each DHAC will keep minutes of meetings in the form of key issues and actions. These should be useful and not administratively time-consuming. Minutes will be circulated to all members of the Council, Operations/District Managers, and to the Regional Director for information and action as required. If the Regional Director identifies urgent/serious issues noted in the DHAC minutes, they will follow up as necessary.

Meeting attendance

DHAC members will be expected to attend all meetings if possible (or at least 75%). Members who do not attend three consecutive meetings without adequate apology will be deemed to have resigned from the local DHAC.

Confidentiality and conflict of interest

Advisory Council members and participants must be aware of the need for sensitivity and confidentiality in relation to matters addressed by the Advisory Council, particularly related to issues that are sensitive or deal with individual experiences. A **DHAC Confidentiality Agreement Form** must be signed by all new DHAC members on appointment (available on WACHS DHAC intra and internet pages).

Where relevant, Advisory Council members and participants must also disclose any conflict of interest when it arises.

Grievance and conflict resolution

Conflict and/or grievances are best addressed in a confidential and open conversation between the parties to determine the reason for the conflict and how best to address it. Where a conflict, grievance, or issue cannot be resolved within the DHAC with the Chair there should be a discussion with the Operations Manager and Regional Director. The Executive Director Primary Health & Engagement can provide advice on the process and escalation where required.

Media

A positive relationship with the media can enable the District Health Advisory Council to inform the broader community about health and consumer issues and the work of the Advisory Council.

In relation to media comment, Advisory Council members should be aware of the sensitive nature or confidentiality of an issue that might be raised. Any proposed DHAC activities involving the media should be discussed with the Chairperson to identify the best person and approach for involving the media. The Operations Manager and Regional Director should be notified of media communication in advance wherever possible.

If there is an issue that is sensitive or likely to be contentious, the DHAC Chairperson is asked to discuss this matter with the Operations Manager or Regional Director.

Email Accounts

DHACs, via their local health service may set up a WACHS-hosted email account (i.e. DHAC.Naturaliste@health.wa.gov.au), to be used as an electronic point of contact for enquiries from consumers and the community. To ensure that any correspondence received via this process is responded to appropriately and in a timely fashion, please see **Appendix F for protocols for Management of DHAC Email Accounts**.

4. Resources

The WACHS is responsible for providing orientation, training and support, safe environments, insurance cover and payment for consumers and community members as outlined in the WA Health Volunteer Policy, April 2009.

DHAC Resources, including these Guidelines, recruitment and reporting templates and forms, district/regional health profiles, and information on consumer/community advocacy and engagement will be made available on the WACHS intra and internet.

4.1 Training

Fire Safety and Hand Hygiene training should be provided as compulsory part of Advisory Council member orientation to the health service.

In addition, a range of training options will be provided for the ongoing development of Advisory Council Chairpersons and members using the following delivery options:

- Onsite orientation and development workshops
- Videoconference and teleconference sessions
- Web based information for download.

The training content and delivery options are to be developed by each local health service/region in conjunction with their Advisory Councils. The Health Consumers' Council WA also offers advocacy training and support to community representatives: http://www.hconc.org.au/

4.2 Participation, reimbursement and support policy

Community and consumer DHAC members are entitled to participation payments, and these should be applied at the Health Consumer's Council of WA (HCC) recommended rates for approved meetings (see HCC Consumer Representative Payment Policy on the WACHS internet).

Reimbursement of pre-approved travel expenses, accommodation, meals and other out-of-pocket expenses related to the essential business and work plan of the Advisory Council are managed by each local health service/regional office. Reimbursement of travel expenses is provided at Australian Tax Office recommended rates for agreed travel in accordance with the WACHS Advisory Council Participation, Payments, Reimbursement of Expenses, and Support Policy 2011.

Approval of these expenses is through the recommendation of the Chairperson to the Regional Director for authorisation. **This must occur prior to the expenses being incurred.**

Health service and agency representatives **are not** reimbursed through this process. They need to seek reimbursement from their employer.

Participation payments and reimbursement of out-of-pocket expenses are not made until the agreed DHAC meeting minutes are provided to the Health Services, unless otherwise agreed.

Claims for participation payments and reimbursement of approved expenses must be made using the claim forms available on the WACHS DHAC intranet page. Health service staff providing secretariat/administration support to DHACs should make copies of the forms available to DHAC members at each meeting.

4.3 Other support

It is not expected that a formal annual budget allocation will be set aside for DHAC activities: the level of support will be determined in the development of an agreed work plan in accord with the local health service Regional Director. This ensures that the District/region and the DHAC are in agreement on the type and level of support needed in relation to the work plan.

> There should be a balance between providing enough resources to enable the Advisory Council to achieve the agreed goals without the Council being resource intensive and diverting funds away from service provision.

The health service regional/district office will provide administrative support and other telecommunication, equipment, venue, catering and facilitation support as agreed in the DHAC work plan. Interpreters, technology, and other methods of support will be made available where possible to enable DHAC members to attend meetings.

4.4 Related documents

- WACHS Advisory Council Participation, Payments, Reimbursement of Expenses and Support Policy
- WACHS Partnering with Consumers Guideline
- Health Consumers Council Consumer Representative Payment Policy
- WA Health Volunteer Policy 2009
- National Safety & Quality Health Service Standards

5. Glossary

Advisory Councils	District Health Advisory Councils
Agency Representative	An employee or a person from an agency that seeks to represent that agency on the District Health Advisory Council
CEO	Chief Executive Officer
Community Member	A person who wishes to represent a broad or specific community perspective other than that of a health consumer on the District Health Advisory Council
DG	Director General of Health
DHACs	District Health Advisory Councils
DoH	Department of Health
Establishment Panel	Appointed by CEO to oversee establishment of a DHAC/s. Comprises Regional Director as Chair, HCC Representative, and three to five district, regional or agency representatives.
Governing Council (GC)	Southern Country and Northern & Remote Country Health Service Governing Councils.
HCC	Health Consumers' Council
Health Consumer Member	A person who either directly or indirectly (through a family member or friend) makes use of the public hospital or community based health services in the district and wishes to bring to the District Health Advisory Council a consumer perspective
Health Service Provider	Any person providing health or medical services
Minister	Minister for Health
WACHS	WA Country Health Service

6. Appendices

Appendix A: List of WA District Health Advisory Councils

Appendix B: Map of DHACs by region and by district

Appendix C: WACHS Key Stakeholders

Appendix D: DHAC Establishment Checklist

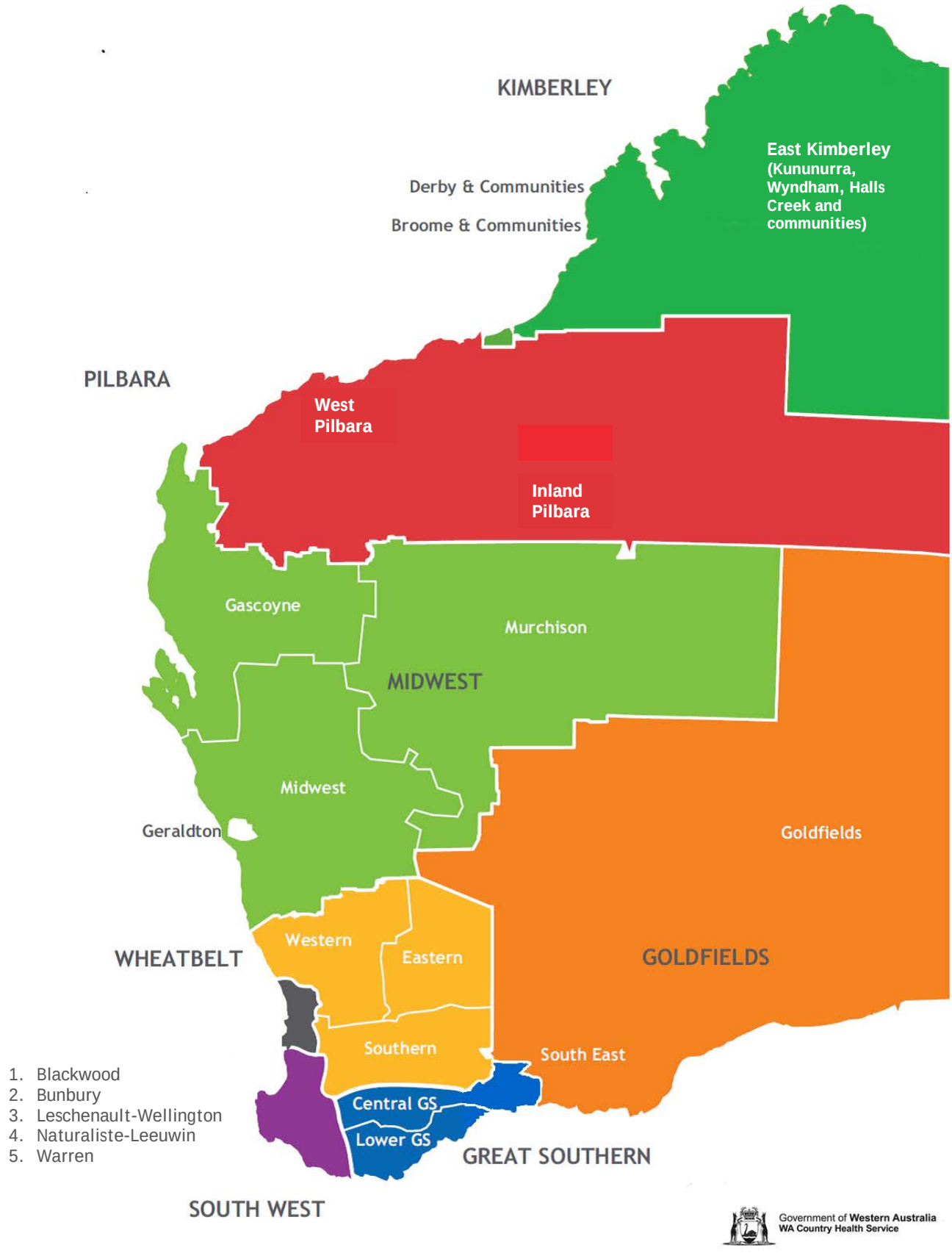
Appendix E: DHAC Membership Code of Conduct

Appendix F: Management of WACHS-hosted DHAC email accounts

Appendix A: List of active DHACs by district and region 2014

Region	Advisory Council
South West (5)	Leschenault-Wellington
	Bunbury
	Naturaliste-Leeuwin
	Blackwood
	Warren
Great Southern (2)	Lower Great Southern
	Central Great Southern
Wheatbelt (3)	Western
	Eastern
	Southern
Midwest (3)	Geraldton
	Midwest
	Gascoyne
Goldfields (2)	Goldfields
	South East
Pilbara (2)	Pilbara West
	Pilbara Inland
Kimberley (3)	Broome and surrounding communities
	Derby and surrounding communities
	East Kimberley (Kununurra, Wyndham, Halls Creek and surrounding communities)
Total Number of District Health Advisory Councils = 20	

Appendix B: WA Country Health Service Regions and DHACs



Appendix C: WACHS Key Stakeholders

Consultation with local stakeholders is a critical element in the planning and delivery of health services.

Key WA Country Health Service stakeholders include:

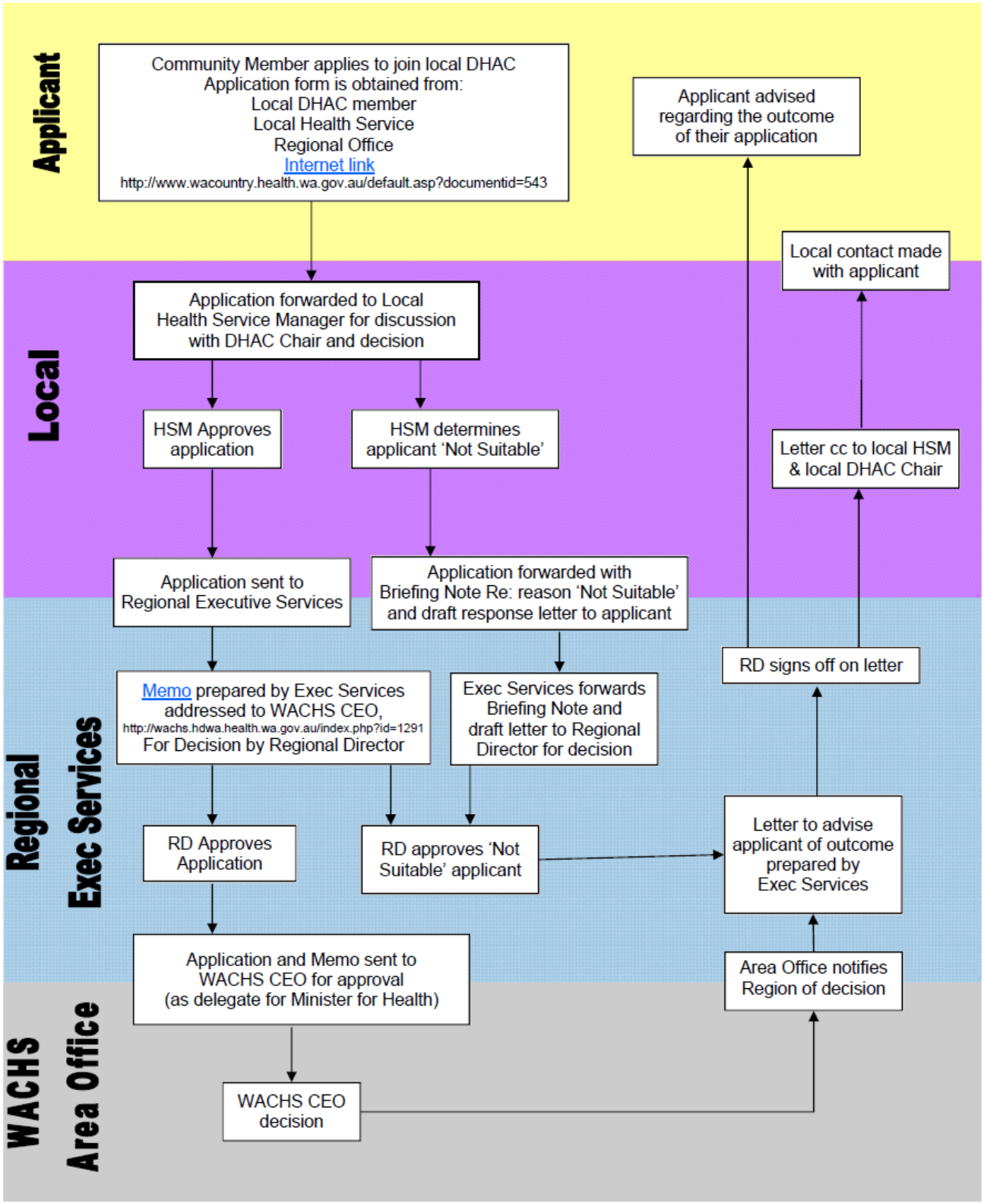
- DHACs and community groups
- Health Consumers' Council (HCC)
- Aboriginal Community Controlled Health Organisations (ACCHOs)
- Local Government Authorities (LGAs)
- Private GP practices
- Royal Flying Doctor Services (RFDS)
- Silver Chain Nursing Association (SCNA)
- Retail Pharmaceutical services
- Non-government service providers
- Private hospitals
- St John Ambulance Association
- Division of General Practice
- UWA Rural Clinical School campuses
- Combined Universities Centre for Rural Health (CUCRH)
- WA Centre for Rural and Remote Medicine (WACRRM)
- Universities
- Primary Health Organisations
- Local Health Advisory Groups

Appendix D: DHAC Establishment Checklist

For the establishment or re-establishment of a District Health Advisory Council.

Establishment Action	Yes	No
• Assign Establishment Panel/Group		
• Determine administrative arrangements for the DHAC		
• Define constituency; identify communities/stakeholders		
• Confirm member selection criteria		
Develop/modify information package according to District requirements		
• Advertise for and actively source members		
• Invite prospective applicants to introductory seminar/forum		
• Make recommendation for appointment of members to WACHS CEO (via Regional Director)		
• Appointed members to sign Confidentiality/Conflict of Interest Form, and undergo WA Health Criminal Record Check		
• Appoint Chair/Deputy Chair		
• Orient members and introduce to health service		
• Schedule meetings to meet members' needs		
• Hold first meeting		
• Reimburse reasonable costs of participation		
• Develop a communication protocol (for communications between DHAC members, and between DHAC and district health service)		

District Health Advisory Council (DHAC) Application for Membership Flow Chart



Appendix E: DHAC Code of Conduct

Government of **Western Australia**
WA Country Health Service

District Health Advisory Council
CODE OF CONDUCT

Aim

To provide a guide for members of DHACs while they are acting as community representatives in health matters.

Code of Conduct Principles, and Accountabilities

Advisory Council community representatives should be seen by the community at large as carrying out their roles with integrity, fairness and impartiality whilst maintaining the public interest. Community representatives are accountable for their decisions and general conduct to WACHS and the community as a whole.

Advisory Council community representatives have a responsibility to undertake their duties in accordance with this Code of Conduct and to report any departure from the Code or suspected corrupt conduct to the Chairperson of their Council, their local Operations/District Manager or the Regional Director.

The minimum standards of conduct and integrity to be complied with by all public sector bodies and employees are expressed in the following WA Public Sector Code of Ethics (2008) principles:

- **Personal Integrity**
  We act with care and diligence and make decisions that are honest, fair, impartial, and timely, and consider all relevant information.

- **Relationships with others**
  We treat people with respect, courtesy and sensitivity and recognise their interests, rights, safety and welfare.

- **Accountability**
  We use the resources of the state in a responsible and accountable manner that ensures the efficient, effective and appropriate use of human, natural, financial and physical resources, property and information.

WACHS Values

All DHAC members will promote and demonstrate the WACHS organisational values in the DHAC capacity and activities:

COMPASSION | COMMUNITY | QUALITY | INTEGRITY | JUSTICE

Conflicts of Interest

Conflicts of interest exist when it is likely that a person could be influenced, or could be perceived to be influenced, by a personal interest in carrying out their public duty.
If you have a conflict of interest in any area of your DHAC work, we ask that you disclose it. By declaring an interest and being open about the circumstances, it allows others to understand your position and prevents criticism of you and/or the DHAC.

If you are unsure whether or not you have a conflict of interest, please discuss your circumstances with your Chairperson or Health Service Manager. If you are still unsure, you can also contact WACHS Primary Health & Engagement Team.

Confidential and Personal Information

As a DHAC member, you may from time-to-time, be given access to confidential information or documents.

Confidentiality Form must be signed by all new DHAC members on appointment to an Advisory Council.

Making Public Comment

Public comment includes public speaking engagements (including comments on radio and television), expressing views in a letter to the press, in books, in notices, or where it is reasonably foreseeable that publication or circulation of the comment will flow into the community at large.

Individuals have a right to give their opinions on political and social issues in their private capacity as members of the community. However, community representatives should ensure that personal views are not presented or interpreted as those of WACHS or the DHAC.

Whenever possible the Advisory Council will discuss an issue and determine the public position or comments to be made as a group prior to making comment.

Community representatives will not release the contents of confidential or privileged knowledge documents unless they have been given the authority from the CEO of WACHS.

Discrimination and Harassment

Community representatives may not harass, discriminate, or support others who harass and discriminate against colleagues, staff or members of the public on the grounds of sex, pregnancy, age, race, marital status, disability, or sexuality.

Providing information and advice

DHAC members are consumers and consumer advocates. All correspondence and interaction should identify the Advisory Council and its members as such, making it clear they are separate from WACHS and cannot speak authoritatively on behalf of WACHS. DHAC members are able to share general, non-confidential information that has been provided to them as a DHAC, but consumers who are seeking more specific information should be referred to appropriate WACHS contacts or channels.

Addressing complaints and compliments

DHAC members will respect the confidentiality of any consumers or correspondence they receive and deal with all issues sensitively. DHACs may not pass on individual comments or complaints to WACHS, unless they have the express permission of the consumer. They should advise consumers of the appropriate health service channels for complaints/ comments/queries and offer to assist them with the process if they require it.

Where appropriate and maintaining confidentiality, DHACs may pass on to WACHS general feedback based on comments received, particularly where the information is likely to assist in raising morale, improving safety or smooth running of WACHS operations.

APPENDIX F: Management of DHAC Email Accounts

Providing information and advice to consumers and the community via email is an extension of the DHAC role of connecting with and informing their district constituents and should be governed by the DHAC Code of Conduct, as well as the following email management principles:

- WACHS-hosted DHAC email accounts will be managed and monitored by the relevant local health service.

- Any correspondence received via the DHAC email account will be promptly forwarded to the DHAC Chairperson. Correspondence should then be dealt with promptly by the DHAC Chairperson, ideally with acknowledgment sent within one week of receipt and follow-up (as required) within two weeks.

- Responses to correspondence will be dealt with according to the content: a simple comment or query may be dealt with immediately and reported to the DHAC at the next meeting; other comments, complaints or queries may need to be discussed with the DHAC Chair or brought to a meeting for broader discussion before a final response.

- DHAC email responses to correspondence should be sent via the WACHS-hosted DHAC email account with support from the local health service.

This information is available in alternative formats for a person with a disability