

Alcohol and Other Drugs (AOD) Advisory Committee

Background

Primary health networks (PHNs) have been established with the key objectives of increasing the efficiency and effectiveness of primary health care services for individuals, particularly those at risk of poor health outcomes. The vision of Central and Eastern Sydney PHN (CESPHN) is better health and wellbeing of the people who live and work across our region.

CESPHN is committed to building a robust, effective, patient-centred, evidence based, integrated system of drug and alcohol treatment care in the central and eastern Sydney region.

PHNs are funded to improve regional coordination and service delivery capacity of the Alcohol and Other Drug treatment sector, as well as enhance the effectiveness of support and treatment provided to individuals through an integrated and holistic approach to care.

In line with this role, PHNs conduct regional needs assessments, developing evidence-based activity work plans to address health needs and service gaps, increase efficiencies and facilitate integration across the Alcohol and Other Drug treatment sector.

Purpose

The purpose of the CESPHN AOD Advisory Committee is to support regional planning and integration of drug and alcohol services by:

- Facilitating key linkages within the CESPHN region to disseminate information and collaboratively develop good practice and innovation.
- Support the development of approaches to build regional integration, capacity, capability, quality and safety in local drug and alcohol treatment services
- Investigate and review population planning and needs assessments to improve health and reduce inequities in the health of the population with drug and alcohol treatment needs and in the delivery of care.
- Provide advice and recommendations to CESPHN in relation to the development of evidenced based regional plans.
- Support the co-design of AOD treatment services including strategic advice to CESPHN on the development of innovative services, implementation of new models of care and best practice models.
- Provide a forum to discuss key government policy changes or developments which impact drug and alcohol treatment service delivery.
- Foster innovation and transformation in relation to drug and alcohol treatment services; specifically, cross-sectoral collaboration, standards, planning, workforce, quality and research.
- Develop strategies to achieve common goals in drug and alcohol treatment service delivery.
- Advise on strategies that support local primary care providers to improve client outcomes and experiences with their health care within a stepped care approach.
- Chair to communicate to CESPHN CEO and Clinical and Community Councils on the Advisory Committees' activities and recommendations.

Chair and Secretariat

The Committee Chair and Secretariat is appointed by CESP HN. The Chair will be responsible for:

- leading discussions during meetings
- forming the agenda in consultation with the Secretariat
- liaising with committee members regarding the submission of items for inclusion on the agenda

The Secretariat will be responsible for:

- preparing and distributing the agendas and any supporting documentation for meetings
- recording discussions during meetings
- preparation and distribution of minutes from all meetings
- following up on any matters arising from meetings
- communicating with members on relevant matters relating to the business and conduct of the meetings

The Advisory Committee may form focused working groups or subcommittees to investigate issues in more detail, as required by the PHN.

Membership composition

To be eligible to apply to become a member of this Advisory Committee applicants must live, work or provide services in the CESP HN region.

The composition of the Alcohol and Other Drugs Advisory Committee reflects the diversity of the community and will include the following representation:

- People who have lived and living experience of drug and alcohol use
- Families and carers
- Aboriginal people
- Multicultural communities
- Peak bodies
- Community managed organisations
- General practitioners / allied health professionals / pharmacists
- Universities / research institutions
- South Eastern Sydney LHD
- Sydney LHD
- St Vincent's Health Network

Appointed members must live or work within the [Central and Eastern Sydney catchment](#).

CESP HN is committed to ensuring diversity of perspectives and seeks to appoint members reflective of diversity in age, gender, geographical and cultural background.

The committee will not exceed 25 members excluding CESP HN representatives.

Terms of Appointments

A member will be appointed to the Advisory Committee for a period of two years. Appointment terms will vary among membership to ensure continuity as members change. Members are required to send a suitably qualified delegate if they are not able to attend.

In addition to the core membership, it may be appropriate to invite other attendees, and when relevant may remove an appointed member from the Advisory Committee at any time.

Membership will cease when:

- a member resigns
- a member has not attended three consecutive meetings without suitable delegation
- the maximum term has been reached
- a member breaches confidentiality and/or the law; or
- does not adequately declare conflicts of interest.

CESPHN, at its discretion:

- Will consider appointments to vacancies, as appropriate
- May terminate a member's appointment at any time and for whatever reason.

A representative from the EIS Health Board and CESPHN Executive may attend meetings from time to time.

Conflict of interest

All members are required to declare any conflict of interest or a potential and or perceived conflict of interest upon applying to and throughout their term on the committee.

Confidentiality

All information shared and discussions held during meetings must be treated as confidential and must not be disclosed to anyone outside of the committee, unless otherwise specified by CESPHN.

Timeframes

The Committee is established until January 2024

The Terms of Reference will be reviewed every two years or at CESPHN discretion.

Meeting format

Frequency

Meetings are held 3 times per year in addition to out of session work as required. Meetings are held for a minimum of 1.5 hours. Extraordinary meetings may be called with a minimum 2 weeks' notice.

Format

Meetings will either be held online via videoconference or face-to-face in the CESPHN office, or a hybrid of online and face-to-face.

Meeting papers

Agendas and papers will be circulated around five working days before the meetings. Minutes of the meeting will be circulated as soon as practicable after the meeting with approval by the chair.

Members

Advisory Committee members are encouraged to contribute to meeting agendas. These may be sector wide issues or matters of concern to members themselves or raised with them by the community.

Remuneration

Eligible members are remunerated by CESPHN for meeting attendance as per the CESPHN [Representation Policy](#). If members are salaried and or remunerated by other organisations for their time on the Committee, then no further remuneration from CESPHN will apply.

Quorum

At least 10 members (50%), one of whom must be the Chair, must be in attendance for a quorum to be achieved. A quorum must consist of at least 5 non-CESPHN members

Terms of Reference

Reporting

Committee meeting discussions and actions are summarised and submitted to the EIS Health Board annually.

Data governance

All information including personal details is treated as confidential and managed in line with CESPHE's Privacy Policy, which complies with the Privacy Act 1988 (Cth), Australian Privacy Principles 2014; Privacy Amendment (Enhancing Privacy Protection) Act 2012, Privacy Amendment (Notifiable Data Breaches) Act 2017 and the Health Records and Information Privacy Act 2002 (NSW).

Date of last review: November 2024

Date of next review: November 2026