

# Local Health Committee

Terms of Reference

April 2017



**Health**

Hunter New England  
Local Health District

## Version Control

Date	Unit responsible	Version	Description
May 2012	Communication and Stakeholder Engagement Unit	1.0	<b>Adopted by the Community Partnerships Forum 24 April 2012</b>
November 2014	Strategic Relations and Communication Unit	2.0	<b>Adopted by the Community and Patient Care Committee and HNELHD Board, November 2014</b>
June 2015	Strategic Relations and Communication Unit	3.0	<b>Adjustment approved by Community and Patient Care Committee, April 2014</b>
March 2016	Strategic Relations and Communication Unit	4.0	<b>Update to:</b> <ul style="list-style-type: none"> <li>• <b>Committee Functions to clarify “funding opportunities” (as per query from Barraba HC)-p7</b></li> <li>• <b>Terms for Committee Chairs (as per LHD Board decisions and discussion with Committees at Nov 2015 Partnerships Forum-p9</b></li> </ul>
March 2017	Strategic Relations and Communication Unit	5.0	<b>Update to include advice on when a committee membership can be made void for non-attendance – p8</b>
April 2017	Strategic Relations and Communication Unit	6.0	<b>Update to include requirement for <i>re-appointed</i> members to undergo National Criminal Record Checks &amp; 100 points identification</b>

This terms of reference document provides information on the roles and functions of local health committees

This is a living document with changes expected over time as feedback is provided and discussion occurs.

The most up to date version of the document will be available on the Hunter New England Health website.

Local Health committees and other key stakeholders will be notified of any major changes to the document.

If you have any comments or concerns, please contact the Strategic Relations and Communication Unit.

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## 1. Purpose

The purpose or key role of a Local Health Committee is to provide leadership in the local community to ensure health services meet local community health needs, and ensure the promotion and enhancement of the health of the community.

## 2. Functions

The Local Health Committee works with the local Health Service Manager, and with key community partners to represent the local community on matters relating to health and health services.

### SERVICE PLANNING

Local Health Committees will:

1. Seek to ensure that local community **health needs are identified** and made available to the Committee, the Health Service and the community.

*[Health needs should include the needs of patients and their carers, as well as the preventive health needs of the whole community.]*

*Support and templates will be provided to the Health Service Managers/acute General Managers and Local Health Committees in examining available data such as demographic, health status and service use data in forms suitable for discussion with the community.]*

2. Provide and ensure effective community, patient and carer participation in **local health service planning** and design of local health facilities.

## DESIGNING PATIENT-CENTRED CARE

Local Health Committees will:

3. Be **represented on relevant local health service committees** that consider implementation of the health service's patient care policies and procedures, and ensure patient-centred care.

*[Patient-centred care involves:*

- *Treating patients and carers with dignity*
- *Communicating and sharing information between patients and carers and healthcare providers*
- *Encouraging and supporting patients' and carers' participation in decision-making]*

4. Identify problems and **better ways of access to health services** for key groups in the community – particularly for Aboriginal and Torres Strait Islander peoples, the elderly, and people experiencing socioeconomic disadvantage.

*[This may involve arranging meetings with key groups to review service access for patients and their carers]*

5. Recommend to healthcare providers **better ways to consult and involve** community, patients and carers.

*[This may involve providing feedback on the implementation of key patient safety initiatives in the facility, for example, Hand Hygiene, Sepsis Kills, REACH programs]*

6. Participate in **District-level forums** and meetings that consider how services are to be provided.

## EVALUATING PERFORMANCE

Local Health Committees will:

7. Provide **a community perspective to ensure that health services are effective** and meet the needs of the community.

*[This will involve:*

- *Reviewing the **health service's performance** in terms of patient care indicators, which may extend to monitoring of KPIs of local concern*
- ***Reviewing patient satisfaction** surveys*
- *Review of **patient compliments and complaints**, and adequacy of response to complaints]*

## **PROMOTING BETTER HEALTH**

Local Health Committees will:

8. **Increase community knowledge** and understanding of health issues, the health service's role and the roles of other agencies that provide health-related services.

*[This will involve provision of information to the community about what services are available, and how to access these services, using a mix of media.*

*An up-to-date local **health services directory** should be maintained with input from the Hospital, Community Health and the Primary Health Network. Committees will decide on locally relevant means of access to this information to ensure that people who need the information have ready and timely access to correct information.]*

9. Provide leadership for effective **promotion of better health** in the local community.

*[This will involve:*

- *Promoting and involving the community in district-wide initiatives.*
- *Working with the Health Promotion section of District Health Service, and development of partnerships with Primary Health Network Locals and other local health partners.*
- *Identifying effective local health promotion methods. This may involve arranging forums for the community on key health issues, and better use of the local media to ensure timely and effective health service information flow]*

## BUILD CAPACITY

### Local Health Committees

10. Where relevant, assist in the **recruitment and retention of the local health workforce**, including General Practitioners.
11. Identify **funding opportunities** that would improve health services or programs in the community<sup>1</sup>.
12. Prepare and present an **Annual Health Report** to the community and to the Board of Hunter New England Local Health District.  
*[A template will be provided.]*

**Note:** The Committee will **not** intervene in operational matters that are the responsibility of Hunter New England Health Service Managers.

## 3. Membership

Members of the Local Health Committee will be appointed by the Sector General Manager on advice of the chair (where appointed) and the local Health Service Manager. For larger acute facilities, members of the Local Health Committee will be appointed by the hospital General Manager on advice of the chair (where appointed).

The number of members is not prescribed, however Committees should seek an active membership of between six and 10 members.

Appointment of members of the Local Health Committee will be for a period of three years, and members may seek re-appointment after their term expires. In line with NSW

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<sup>1</sup> It is not intended that local Health Committees themselves apply for funds. Nor is it intended that they undertake fundraising on their facility's or the Local Health District's behalf. Fundraising activities follow a formal process that requires pre-approval and an Authority to Fundraise in line with NSW Government and Hunter New England Health policy.

Health policy, new members *and* members seeking reappointment are required to complete a National Criminal Record Check and provide 100 points of identification.<sup>2</sup>

Membership of the Local Health Committee is void where a member fails to attend three consecutive meetings without prior arrangement and agreement from the Chair and/or Health Service Manager.

Committees and Health Service Managers/General Managers are encouraged to seek fresh input to ensure that new ideas are contributed to the Committee. Committees may co-opt additional people to provide input on specific issues or on a needs basis.

Additional members and renewing members may be appointed following local advertisement of a vacancy and completion of an application form.

Committee members, like all HNE Health volunteers, will be expected to operate in accordance with the *NSW Health Code of Conduct*. Appointment of members to the committee may be terminated for breaches of the *Code of Conduct*.

Membership of Local Health Committees should include:

- The local Health Service Manager/hospital General Manager
- The local Community Health Manager
- A representative nominated by the Primary Health Network
- A local government nominee

Membership should be sought from people with expertise, or consumer/carer experience from such backgrounds as:

- Services to older people
- Services to children and families
- Mental health services
- Aboriginal health
- Services to young people
- Services to the disabled
- Services to the disadvantaged

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<sup>2</sup> *Criminal Record Checks and Working with Children Checks – PD2016\_047*

- Management and/or financial skills
- Planning and/or policy development skills

Where it is not feasible to secure actual membership from people representing the above, the committee should work to ensure there are mechanisms in place to gain input and expertise from people with such backgrounds.

***Local Health Committee Chairs:***

The Chair of the Local Health Committee will be **elected annually** by vote of the Committee.

Committee chairs will **serve a maximum of 3 consecutive years**. *(NB: this requirement starts from 1 January 2015, and will allow time to skill new people to take up the role of chair.)*

A local Health Committee, through their Health Service Manager, can apply to have the term of the chair extended. Application to be made through General Manager of the relevant Sector to the Executive Director of either Rural and Regional Health Services or Metropolitan Health Services for their final consideration and sign-off .

## **4. Communication and accountability**

The Local Health Committee will work with and through the Health Service Manager/General Manager of the local health service in the day-to-day reporting of meeting outcomes and communications and in ensuring the implementation of Committee decisions.

The Committee is responsible to the community for presentation of an annual Health Report of activity of the local health service and the Committee, and for provision of such information as is necessary to fulfil its role in the community.

The Committee is responsible to the Board of the District Health Service for provision of an annual Health Report, and to communicate with the Board on key issues of concern.

Opportunities for consideration of issues of concern will be provided in two District-wide Forums for Local Health Committee Chairs and/or representatives each year.

The Local Health Committee Chair may raise issues of local concern to the local Health Service Manager/hospital General Manager, Sector General Manager, the relevant executive director, or if unresolved to the Chief Executive and Board.

## **5. Executive support to Local Health Committees**

The local Health Service Manager, with the Sector General Manager, will provide such support as required for the Local Health Committee to fulfil its role. This will include:

- Meeting venue, suitable refreshments
- Circulation of meeting advices, agendas and papers to members,
- Recording and preparation of minutes
- Preparing agendas with the Chair
- Preparation of reports using provided templates – including Community Health profile
- Annual Health Report assistance
- Assistance with travel to District-wide forums and other meetings as required.