



Local Health Advisory Committee Terms of Reference



November 2017

INTRODUCTION

We would like to acknowledge the great contribution our volunteers make in helping us to deliver the best possible health care to people across the Murrumbidgee district.

LHACs are a vital connection between the local community and health service activities. Local committees work with facility staff to identify local service needs, ways to improve access to services, and to assist in planning and development. The groups provide valuable input into planning health services and sharing information with the local community.

This is a great opportunity to advocate for your community, be involved in planning, priority setting and evaluation of strategic and service planning, and provide support for your Local Health Service.

These Terms of Reference and accompanying Handbook for LHAC Chairs are designed to provide a guide around the variety and range of contributions LHAC members can make in their role as a Local Health Advisory Committee (LHAC) member to their local service.

Our volunteers offer their time and effort year round in service to others. Our LHAC members contribute in many positive ways to improve the experience for our patients, and in support of carers, families and staff. We rely on your commitment, skills, time and energy in providing the best quality care to people in our region.

Thank you for your interest in supporting us,

Gayle Murphy
MLHD Board Chair

Sue McAlpin
MPHN Board Chair

Jill Ludford
MLHD Chief Executive

James Lamerton
MPHN Chief Executive

TERMS OF REFERENCE

Local Health Advisory Committees (LHAC) are a valued part of the Murrumbidgee Local Health District (MLHD) team. Their contribution to improving the health and wellbeing of their communities is paramount in MLHD providing exceptional care for our people.

Introduction

LHACs are a central connection between the local community and health care services. MLHD is committed to meeting the National Safety and Quality Health Service Standards. One of these standards (Standard 2), *Partnering with Consumers*, ensures that systems are in place to support partnering with patients, carers and consumers to improve the safety and quality of care. MLHD works to promote a culture of community and consumer engagement and participation.

LHACs play an important role in this engagement, forming a link between the community and the health service. They are valued partners in improving the health literacy knowledge of the community.

MLHD works in partnership with the Murrumbidgee Primary Health Network (MPHN) to drive improvements in the regional health system to provide integrated patient-centred care.

Purpose

The NSW Health Core Values of Collaboration, Openness, Respect and Empowerment are essential features in the partnership between the Health District and LHACs.

Collaboration

In collaboration with the Health Service Manager and MPHN Coordinator, LHACs work to ensure local health services meet the needs of their community. To facilitate their work, LHACs can access information from community or facility surveys, MLHD data and from state level information. The LHACs play a key role in the consultation process when planning and developing health and wellness services in the community.

Openness

LHACs are encouraged to share health information with their communities in a clear manner that will be understood by their local residents. They encourage communities to share information with the health service through surveys and other feedback tools such as workshops and forums. LHACs may choose to develop goals and priorities each year and share these with their communities.

Respect

LHACs are respected and valued members of the MLHD health-care team. MLHD strives to provide person centred care that is respectful of, and responsive to, the preferences, needs and values of patients and communities.

Empowerment

LHACs work to inform the community about available health care services and life style choices which improve health and wellbeing. LHAC members are encouraged to be involved in workshops/ forums as delegates or presenters to develop their own understanding of health services. LHACs are encouraged to share their strategies, learnings and skills with other Murrumbidgee LHACs.

Our Commitment

MLHD commits to inform, consult and engage with our local communities to ensure consumers are aware of health service available to them and how to access them; understand how to provide feedback and are involved in planning for future health services.

Our staff will work together with to support LHACs in communication and engagement with our communities as outlined in the [MLHD Community Engagement Strategy](#).

Our promise to our communities is:

- MLHD will keep you informed
- MLHD will listen to you, consider your ideas and concerns and keep you informed
- MLHD will work with you on an ongoing basis to ensure that your ideas, concerns and aspirations are considered. We will provide feedback on MLHD decisions.

Keeping communities informed

It's really important that our communities are provided current information about the services available to them in their local communities. Sometimes this means communicating with our communities in a way that we might not have thought of.

Listening to our communities

Honest community feedback is always important to us. If your community is concerned about an issue, please help by bringing it to our attention so that we can work together to resolve it.

Connecting with communities

As advocates for your community, we appreciate you helping us to communicate more effectively. We know that people will come to you for advice about what is going on in your communities. Please listen to their concerns, and seek and provide the correct information about what is going on from your local Facility manager, and help us address information which is inaccurate or misleading.

Where we are not communicating well – tell us! We need to know how, when and where so that we can improve!

Membership

Local Committees are made up of members who represent the cross section of their local community in age, gender, professional and cultural background. (for example: a community with a large proportion of farming families should endeavour to have member representation of farming backgrounds and a community with a large Indigenous population should endeavour to ensure Indigenous member(s) are included on the committee.)

Committees consist of:

- Up to seven (7) community representatives (representative of their local population)
- One (1) peer nominated staff representative
- One (1) Clinical Representative (Paramedic, Medical Officer, Pharmacist, Primary Health Care Professional or Allied Health Professional) is encouraged

Committees are supported by:

- Local Health Service Manager and
- MPHN Regional Sector Coordinator

Members work professionally to:

- Observe the highest standards of impartiality, integrity and objectivity in relation to the advice they provide.
- Be accountable for their activities and the advice they provide.

Term of Appointment

Members are appointed by the MLHD Board following consultation with the MPHN, and can be appointed for a period of up to four (4) years. Members are eligible to re-apply for membership before the end of their term. Appointments are conditional to the membership being representative of the local community demographic.

Applications for Membership

When recruiting new members, LHACs are encouraged to promote the vacancy. The position can be advertised through local media, noticeboards and/or social media and other targeted promotions.

People wishing to join an LHAC are requested to complete the MLHD LHAC Application Form. In accordance with the LHDs legislative requirements, potential members are also required to complete a consent to the National Criminal Record Check and provide 100 points Identification. Importantly, applicants are also required to sign an agreement to abide by the Local Health District Confidentiality Agreement and the NSW Health Code of Conduct.

Applications are requested to be submitted to your local Facility Manager, who can also provide support with the application process. Where more than one (1) application is received to fill a position, interviews will be undertaken to determine the successful applicant.

Pending members are encouraged to attend LHAC meetings until their membership has been endorsed, however are unable to vote on matters.

Identification Badge

MLHD provides LHAC members with a photograph identification badge to wear during all participation activities. MLHD appreciates this cooperation which assists sites to meet their

occupational health and security obligations. Please approach your Facility Manager who will assist you to obtain your ID badge.

Termination of Membership

Committee members are able to resign, verbally or in writing at any time. One months' notice would be appreciated to provide adequate time for advertising for a new member.

Membership is subject to adherence to the Local Health District Confidentiality Agreement, the NSW Health Code of Conduct and the NSW Health Policy Directive 2011_018 Bullying – prevention and Management of Workplace Bullying in NSW Health. Any breaches in these will result in termination of the member from the LHAC.

If a member does not attend three (3) consecutive meetings without advising the Chair of leave of absence, the position will be declared vacant.

Meetings

Committees are requested to meet monthly or hold at least 6 meetings per year. It is recommended meetings take approximately one to one and half hours, and where possible should take place at a facility where healthcare is provided.

Each LHAC is at liberty to develop their own meeting procedures (ie: setting times, locations etc). Committees may wish to invite group members/guest speakers and/or local residents to attend meetings for a specific purpose, presentation or local workshop.

Note: Where the Facility Manager is unavailable to attend the LHAC meeting, another staff member will be delegated to attend. Meetings should not be cancelled if the Facility Manager is unable to attend.

Quorum

At least half the Committee membership plus one (1) should be in attendance for a quorum. When a quorum is not reached, the Committee can discuss matters of interest, but any items requiring a decision to be held over until the next meeting, or the Chair determines if an extraordinary meeting is required to discuss the matter.

Agenda

An agenda for meetings is prepared by the Chair and Secretariat (in consultation with the Facility Manager). A template is provided see *Handbook Appendix 2: Agenda Template*. The agenda is sent to members at least five (5) working days prior to the meeting. Members are encouraged to suggest matters for discussion for inclusion on the agenda prior to its publication.

Members are invited to provide a short verbal report if they have relevant matters to share with the Committee, including relevant information from other community participation and/or comments/feedback/reports from community members.

Minutes

Minutes should be an accurate reflection of discussions held during the meeting, and action items. The Secretariat is responsible for taking the Minutes at each meeting and circulating draft Minutes to each member within five (5) working days of the meeting. (refer *Handbook Appendix 3: Minutes Template and Handbook Appendix 5 Feedback Loop*)

Members are invited to review the draft Minutes and provide their comments within five (5) working days of receipt noting that no reply is deemed to be endorsed.

The Secretariat will forward Minutes to the Community Engagement Manager for inclusion in a consolidated Monthly Report which will be forwarded to MLHD Executive Leadership Team and Boards. Local managers will progress relevant actions. The Community Engagement Manager and the Regional Sector Coordinator will play a role in supporting LHACs and working with them on identified issues.

Facility Manager's Update

The Facility Manager provides an update for each LHAC meeting. Where possible the Facility Manager's update will be circulated prior to the meeting with the agenda.

Confidential Material

Committees are encouraged to openly discuss issues and information from the local community. There may be occasions when information of an identifiable nature, involving specific persons or organisations, is discussed. On these occasions Committees will respect the confidentiality of these persons/organisations and also comply with any request for confidentiality from the provider of the information. All members are reminded our requirement to adhere to the NSW Health Privacy Act and Policy and the MLHD Code of Conduct.

Conflict of Interest

Being a member of the LHAC is a position of trust that involves obligations to the community and to the Partners. It is important for members to remain impartial. It must be clear to everyone that members are not using their position to serve their own interests or the interests of someone close to them, including conflicting loyalties which may arise when members are also representatives of other organisations.

All LHAC members should strive to avoid any conflict of interest between the interests of the Partners on the one hand, and personal, professional and business interests on the other. This includes avoiding actual conflicts of interest as well as the perception of conflicts of interest. When such conflict arise it should be dealt with in one of the following ways:

1. Upon appointment each LHAC member will make a written disclosure of interests, such as relationships and positions held, that could potentially result in a conflict of interest. This written disclosure will be kept on file and will be updated annually or as appropriate.
2. During the course of meetings, LHAC members (including Chair/Vice Chair) will disclose any interests in a transaction or decision where there may be a conflict between MLHD's and the MPHNS's best interests and the member's best interests or a conflict between the best interests of two organisations that the member is involved with. If in doubt the potential conflict must be declared anyway and clarification sought.

There are three steps to take when disclosing a conflict of interest:

1. Tell the Committee that you have a conflict of interest. This must be done immediately before the matter is considered and will be recorded in the Minutes.
2. Tell the Chair that you are leaving the meeting.
3. Leave the room and any area where you can see or hear the meeting until the matter has been concluded.

Members are not to participate in a decision when they have a conflict of interest. Failure to disclose a conflict of interest may result in termination of that person's membership to the LHAC.

Guests

LHACs are encouraged to invite guest speakers to present on topics of interest to the LHAC/community. Guests may be called upon to attend meetings to share their expertise. Guests may include:

- MLHD Board member* / MLHD Executive member
- MPH N Board members / MPH N Executive member
- Community Engagement Manager
- Health Specialists or Professionals
- Mental Health Drug & Alcohol / Community Services / Health Promotion / Allied Health team representatives
- Local Shire or town councillors

(* please note: When inviting MLHD Board Directors to your meeting an invitation should be made via the MLHD Executive Services Manager to the Board Chair on Cate.Creswick@health.nsw.gov.au)

In accordance with the NSW Health Ministerial protocols, LHACs are not able to invite a Member of Parliament or Minister to attend an LHAC meeting or function without prior consent from the MLHD Chief Executive. Please refer LHAC Handbook for further information.

Matters falling outside the role of LHAC

LHAC members do not have the scope or authority to be involved in the following matters:

- Managerial responsibility over staff of the Local Health District.
- Operational issues of the health facility.
- Facility budgets and financial management.
- Recruitment of Health Service Staff, including medical practitioners (unless specifically requested to sit on a panel).
- The appointment of Visiting Medical Officers at hospitals.
- The handling, investigation and resolution of staff matters, complaints, service delivery issues involving private clinicians or private hospitals.

Thank you

The Murrumbidgee LHD and PHN greatly appreciates the commitment and work undertaken by LHACs to improve their local health care services. The MLHD Board and Chief Executive takes a strong interest in LHAC activities, and visit facilities annually to meet with LHAC members.

GLOSSARY

Community Engagement Manager – refers to the MLHD position with overarching coordination of LHACs

Confidentiality – LHAC members may at times be provided with confidential information. LHAC members are duty bound not to disclose or discuss this information outside of the LHAC meeting discussions, or to other persons not involved with the LHAC.

Conflict of Interest – A conflict of interest exists when it is possible that a community representative could be perceived that they could be influenced by a personal interest when carrying out their role.

Code of Conduct – A binding code that provides a guide for LHAC members while they are acting as community representatives in health matters.

Facility Manager – refers to the Manager of the Health Service, depending on the facility this title may vary from Health Service Manager, Senior Nurse Manager, Nurse Manager or Community Nurse.

LHAC – refers to all members of the Local Health Advisory Committee as a united group.

Members – refers to members of the LHAC.

MLHD – refers to Murrumbidgee Local Health District and its representatives.

MPHN – refers to Murrumbidgee Primary Health Network and its representatives.

The Partners – refers to the partnership between MLHD and MPHN working collaboratively to provide health services in the region.

Primary Health – first level of contact individuals, families and communities have with the health care system. Eg: May include but not limited to general practice, allied health providers and pharmacy.

Regional Sector Coordinators – refers to the MPHN officer appointed to the four geographical sectors of the district.

Restricted Assets – refers to account formally known as Special Purpose and Trust (SP&T) funds.