

<b>NAME OF DOCUMENT</b>	South Eastern Sydney Local Health District (SESLHD) Board Strategic Community Partnerships Committee (BSCPC) Charter
<b>TYPE OF COMMITTEE</b>	Governance Committee
<b>DOCUMENT NUMBER</b>	T20/48149
<b>DATE OF PUBLICATION</b>	March 2023
<b>REVIEW DATE</b>	March 2028
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<b>SUMMARY</b>	<p>The BSCPC is a Board committee established in accordance with the SESLHD By-laws.</p> <p>The BSCPC seeks assurance that there is a strategic, coordinated and integrated community partnership approach is undertaken with communities<sup>1</sup> and agencies to deliver better physical health, emotional and social well-being outcomes. Assurances will focus on health equity<sup>2</sup>, best possible return on investment and effective two-way communication mechanisms.</p>

<sup>1</sup>Community/community member refers to consumers, carers, families, volunteers and the broader community.

<sup>2</sup>Equity in health is usually understood to be about ensuring equal access to health services for people with equal need, irrespective of personal characteristics such as gender, cultural background or place of residence. While equity in health certainly includes equity of access, it is ultimately about improving equity in health outcomes for those people with the poorest health in our society NSW Health *NSW Health and Equity Statement*, May 2004.

## 1. AUTHORITY

The Chief Executive (CE) is responsible for the overall governance of the South Eastern Sydney Local Health District (SESLHD).

The SESLHD By-laws establish a set of core governance provisions, including requirements regarding the establishment of Board committees, ensure effective governance in an efficient manner.

The Executive Sponsor of the BSCPC will be the Director of Strategy, Innovation and Improvement.

The BSCPC reports to the SESLHD Board. The BSCPC, is an inter-sectoral committee of the SESLHD Board, with alignment focused on legislation that governs Local Health District (LHD) Boards<sup>3</sup>, Commonwealth, State and local strategic priorities, and National Safety and Quality Health Service (NSQHS) Second Edition. The BSCPC will provide advice and recommendations to the Board, and Chief Executive and other staff as required.

## 2. PURPOSE

The Committee ensures:

- To seek assurance that a strategic, coordinated and integrated strategic community partnership approach is undertaken with community members and agencies to deliver better physical health, emotional and social well-being outcomes
- To seek assurance that there is a strong focus on promoting health equity<sup>4</sup> and best possible return on investment via robust cross-agency approaches in areas where collaboration will provide the greatest impact
- To support and seek assurance that effective two-way communication is in place with the community and with agencies.

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<sup>3</sup>Legislation that governs Local Health District Boards: Health Services Act 1997 No 154;

- Chapter 3 Part 2 – Control and management of local health districts. Division 2 – Local health district boards; Section 26 - membership of LHD boards to include members with knowledge and understand of the community served by the district. Section 28: Functions of LHD Boards - Part 1 (b) to approve systems – (iii) to ensure that district resources are applied equitably to meet the needs of the community served by the district
- Chapter 2, Section 10, f – Functions of LHDs - Local Health Districts to, “consult and co-operate with ... other individuals and organisations (including voluntary agencies, private agencies and public or local authorities) concerned with the promotion, protection and maintenance of health”

<sup>4</sup> Equity in health is usually understood to be about ensuring equal access to health services for people with equal need, irrespective of personal characteristics such as gender, cultural background or place of residence. While equity in health certainly includes equity of access, it is ultimately about improving equity in health outcomes for those people with the poorest health in our society NSW Health *NSW Health and Equity Statement*, May 2004.

### 3. RESPONSIBILITY AND SCOPE OF ACTIVITIES

The Committee:

- Ensures strong governance mechanisms are in place across the organisation in relation to interagency collaboration, community engagement and strategic and community partnerships
- Ensures appropriate information regarding community engagement, participation and partnerships are published and readily available to communities and organisations
- Reviews and approves the key project budget contribution from each organisation
- Provides a report annually, or more frequently, to the Board as to outcomes from consumer and partnership engagement across SESLHD, including reporting on the Consumer and Partner Forum and Partnership Showcase held each year.

### 4. MEMBERSHIP

#### 4.1 Standing

The SESLHD BSCPC consists of the following representatives:

- SESLHD Board members (up to 4)
- SESLHD Chief Executive Officer
- SESLHD Director Strategy, Innovation and Improvement
- SESLHD Director Population and Community Health
- Central and Eastern Sydney Primary Health Network representative
- NSW Department Communities & Justice representative
- Nominated representatives (2) from the Chairs of the site and service-based Consumer Advisory Committees.

Local community committee members will hold office for such period (not exceeding 2 years) as may be specified in the member's instrument of appointment. A member whose term of office has expired is eligible for re appointment but may not be appointed so as to hold office for more than 3 years in total.

#### 4.2 Variable

The Committee has the power to co-opt members to be able to supply specific information on an item being discussed. Co-opted members do not have voting rights.

#### 4.3 Appointment of Chair / Co –Chair

The Chair and Co-Chair of the SESLHD Board Strategic Community Partnerships Committee will be a representative of the SESLHD Board, as appointed by the Board.

#### 4.4 Appointment of Committee Secretary

The Committee Secretariat will be provided by the Directorate of Strategy, Innovation and Improvement.

#### 4.5 Introduction of New Members

New Committee members are to receive a copy of this Charter and the Code of Conduct and are to meet with the Executive Sponsor and the Committee Chair as part of their introduction. Members may solicit (with approval by the Chair) any other information they may require in order to be fully briefed on their role and responsibilities.

#### **4.6 Ongoing Training**

Training will be provided as required with a focus for consumer members.

### **5. MEETINGS**

#### **5.1 Ordinary meetings**

A Committee is to meet as specified by the Board, subject to any corporate governance policy issued by the Ministry of Health from time to time.

The chairperson of a Committee, or a person authorised by the chairperson to do so, is to give written notice of a meeting to each Committee member at least 7 days prior to the meeting.

#### **5.2 Frequency**

The Committee is to conduct up to two meetings per year ideally in May and December, The Committee Chair may call additional meetings as deemed necessary.

#### **5.3 Special meetings**

When the chairperson of the Committee considers that a matter is of such urgency that a special meeting of a Committee should be held within a period of not less than 48 hours of such a request, the chairperson may request the Board Chair to give written approval to the conduct of such a special meeting. The written approval of the Board Chair may determine, subject to this clause, the business and conduct of such a special meeting.

A copy of the Board Chair's approval under 20(2) is to be provided to the Chief Executive.

A special meeting shall be held, if approved, not later than seven days after receipt by the Board Chair of such a request.

The chairperson of a Committee is to ensure that at least 24 hours' notice is given of a special meeting to each member and each person invited to attend the meeting.

Notice of a special meeting is to specify the business to be considered at that meeting.

Only business specified in the notice of a special meeting is to be considered at the special meeting.

Each provision of this clause shall be subject to any corporate governance policy issued by the Ministry of Health from time to time.

#### **5.4 Attendance from a remote location**

A Committee may approve a member or invitee participating from a location other than the place where the meeting is being held.

Participation from another location may be by telephone, video or other electronic medium as is appropriate to the circumstances or the business being transacted.

A member participating from a remote location shall be regarded as being present at the meeting for the purposes of the calculation of a quorum, voting or any other similar matter required under the SESLHD By-laws.

A Committee may determine a protocol or procedure for remote participation of members or other persons in its meetings.

## **5.5 Quorum**

The quorum for any meeting is a majority of the appointed number of the members.

## **5.6 Voting at Meetings**

Only members of a Committee may vote at a meeting.

A decision supported by a majority of the votes cast at a meeting at which a quorum is present is to be the decision of the Committee.

## **5.7 Declaration of Conflict of Interest**

Committee members are responsible for declaring a conflict of interest, whether pecuniary or non-pecuniary. In all cases where a conflict of interest exists, or may be reasonably perceived to exist, the Committee member must not be involved in consideration or discussion of the matter in a conflict of interest exists and must not participate in decision making relating to the matter.

## **5.8 Agenda**

The agenda shall be agreed by the Chair prior to the meeting. The agenda and papers shall be prepared and distributed by the Secretary prior to the meeting.

## **5.9 Minutes**

The member presiding at a meeting of a Committee is to ensure that minutes are kept of all meetings of the Committee.

The Chair shall sign the minutes once they have been endorsed by the Committee at the following meeting.

## **5.10 Establishment of Subcommittees**

The BSCPC is a committee of the SESLHD Board. Should the SESLHD Board wish to establish further committees, those committees should report to the SESLHD Board.

## **5.11 Declaration of Conflict of Interest**

All Committee and co-opted members are responsible for declaring a conflict of interest, whether pecuniary or non-pecuniary. In all cases where a conflict of interest exists, or may be reasonably perceived to exist, the Committee/co-opted member will not participate in the decision-making process.

## **6. ASSESSMENT OF COMMITTEE PERFORMANCE**

The Committee shall undertake a review of the appropriateness of this Charter every year. In addition, the Committee shall perform a self-assessment of the effectiveness of the

Committee every two years, by way of surveys and interviews with various parties involved in the Committee.

## 7. REPORTING ARRANGEMENTS

The Committee formally reports annually to the Board.

Date	Revision No	Author	Approval
July 2020	0	Manager Community Partnerships Unit	Director Strategy, Innovation and Improvement.
December 2020	1	Director Strategy, Innovation and Improvement	Members, BSCPC
February 2021	2	Director Strategy, Innovation and Improvement	Members, SESLHD Board
March 2023	3	Director Strategy, Innovation and Improvement	Members, SESLHD Board