

SESLHD Board Community Partnerships Committee

TRIM Ref: T13/5738

NAME OF COMMITTEE	South Eastern Sydney Local Health District (SESLHD) Board Community Partnerships Committee (hereafter BCPC)
TYPE OF COMMITTEE	Governance Committee
DOCUMENT NUMBER	T13/5738
DATE OF PUBLICATION	Revised March 2019, Revised February 2018, Revised November 2016, Revised September 2016, August 2016, Revised June 2016, Revised September 2015, June 2012
RELATED DOCUMENTS	SESLHD Community Partnerships Strategy SESLHD Equity Strategy
REVIEW DATE	March 2019
CHAIR/CO-CHAIR	Chair: Helene Orr, SESLHD Board Representative
SECRETARIAT	Community Partnerships Unit SESLHD-YourVoice@health.nsw.gov.au
AUTHOR	Community Partnerships Coordinator
SUMMARY	<p>This is a committee of the Board of South Eastern Sydney Local Health District. The purpose of the Committee is to ensure a strategic, coordinated and integrated community partnership approach is undertaken with communities¹ and agencies to deliver better physical health, emotional and social well-being outcomes.</p> <p>The Committee ensures that South Eastern Sydney Local Health District has effective two-way communication in place with community members and agencies.</p>

1. AUTHORITY

The Board is responsible for the overall governance of the South Eastern Sydney Local Health District (SESLHD). The Board's sole employee is the Chief Executive of the Local Health District, who is responsible for managing the operations of the Local Health District.

To ensure effective governance, the Board and Chief Executive will establish committees to undertake various governance functions of the Board and Chief Executive. The BCPC is an inter-sectoral committee of the SESLHD Board. The Committee will provide advice and recommendations to the Board, and Chief Executive and other staff as required.

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

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The Director Planning, Population Health and Equity is the Executive Sponsor of the BCPC.

2. PURPOSE

The Committee ensures:

- A strategic, coordinated and integrated community partnership approach is undertaken with community members and agencies to deliver better physical health, emotional and social well-being outcomes.
- There is a strong focus on promoting health equity² by informing, supporting and guiding the design of cross-agency approaches to disadvantaged localities and population groups. This includes pooling resources and joint commissioning to co-create service responses to build community resilience.
- Effective two-way communication is in place with the community and agencies.

3. RESPONSIBILITY AND SCOPE OF ACTIVITIES

The Committee:

- Ensures strong governance mechanisms are in place across the organisation in relation to community engagement, community partnerships and communication with community members and agencies.
- Provides advice, support and guide the design of localised cross-agency community engagement and community development approaches, with a focus on disadvantaged localities and population groups.
- Identifies opportunities to strengthen partnerships with and co-produce with local community/population groups and organisations to achieve a greater impact on health and wellbeing. This includes co-creating service responses through pooling budgets or joint commissioning.
- Ensures appropriate information regarding community engagement, participation and partnerships are published and readily available to communities and organisations.
- Provides a report annually to the Board and Executive Team, or more frequently as to the Committee's work and activities.

4. MEMBERSHIP

4.1 Standing

The SESLHD BCPC consists of the following representatives:

- local community members (up to 4 community members to include Aboriginal people, culturally and linguistically diverse community groups with maximum of 2 younger community members or advocate);

² 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.

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- SESLHD Board members (up to 4), SESLHD Director Planning, Population Health and Equity;
- External agencies including but not restricted to: NSW Department Communities & Justice, Central and Eastern Sydney Primary Health Network, all Local Councils within SESLHD, NSW Department of Education, NSW Police and Justice Health and Forensic Mental Health Network, Fire & Rescue NSW, NSW Ambulance and Transport for NSW.

SESLHD Board members, SESLHD Director Planning, Population Health and Equity and external agencies will hold an organisational representative place on the committee. Organisational representation will be reviewed each year as the charter is reviewed. Any issues around representation from organisational representatives will be discussed with the representative and or their senior organisational management.

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 Ex Officio

The Community Partnerships Unit staff are ex officio members of the SESLHD BCPC. Ex Officio members do not have voting rights.

4.3 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.

4.4 Appointment of Chair/Co-Chair

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

4.5 Appointment of Committee Secretariat

The Committee Secretariat will be the Community Partnerships Officer with support from staff from the Community Partnerships Unit.

4.6 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 Chief Executive 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.

5. MEETINGS

5.1 Frequency

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The Committee is to conduct up to 4 meetings per year, with dates set 12 months in advance from the first meeting of the calendar year. However, the Committee Chair has the power to call special meetings as deemed necessary.

5.2 Quorum

A quorum will consist of fifty percent of committee membership plus one.

5.3 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.

5.4 Agenda

The agenda will be agreed by the Chair prior to the meeting. The agenda and papers will be prepared and distributed by the Secretary at least one week prior to the meeting dates.

5.5 Minutes

All meetings will be minuted and the minutes distributed to all members of the Committee within a fortnight of the previous meeting. The Chair will sign the minutes once they have been endorsed by the Committee at the following meeting.

5.6 Establishment of Subcommittees

The SESLHD Board BCPC may appoint such committees as it sees fit to carry out specific duties/tasks.

5.7 Code of Conduct and Confidentiality

All BCPC members will be required to read and sign the NSW Health Code of Conduct. Official information in any recorded form remains the property of the NSW Ministry of Health.

6. ASSESSMENT OF COMMITTEE PERFORMANCE

The Committee will annually undertake a review of the appropriateness of this Charter. In addition, the Committee will perform a self-assessment of the effectiveness of the Committee annually by way of surveys and interviews with various parties involved in the Committee.

7. REPORTING ARRANGEMENTS

The Committee formally reports to the Board.

8. BUDGET AND REIMBURSEMENT

SESLHD:

- a. Reimburses committee members for approved out of pocket expenses in line with [SESLHDGL/041 – Claiming Out of Pocket Expenses for Community members and Community Committee Members \(Contingent Workers\)](#).
- b. Remunerates community committee members for their valuable, specialised and expert contribution in line with [SESLHDPR/523 – Consumer and Carer](#)

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[Representatives – Paid participation in South Eastern Sydney Local Health District \(SESLHD\) Committee](#)

Date	Revision No.	Author and Approval
March 2019	11	Amanda Justice, Manager Community Partnerships, Directorate Planning Population Health & Equity
May 2018	10	Susan Busuttil, Community Partnerships Officer, Directorate Planning Population Health & Equity
February 2018	9	Susan Busuttil, Community Partnerships Officer, Directorate Planning Population Health & Equity
November 2016	8	Susan Busuttil, Community Partnerships Officer, Directorate Planning Population Health & Equity
September 2016	7	Amanda Justice, Community Partnerships Coordinator, Community Partnerships Officer
August 2016	6	Julie Dixon, Director, Directorate Planning Population Health & Equity
June 2016	5	Susan Busuttil, Executive Officer, Directorate Planning Population Health & Equity
September 2015	4	Susan Busuttil, Executive Officer, Directorate Planning Population Health & Equity
July 2015	3	Amanda Justice, Community Partnerships Coordinator
April 2015	2	Nadia Garan, A/ Community Partnerships Coordinator
June 2012	1	Deidre Kennedy, Community Partnerships officer