Health
South Eastern Sydney
Local Health District

SESLHD CHARTER

SESLHD District Consumer and Community Council

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SUMMARY *Brief summary of the contents of the Committee / Working Group*	This is an advisory committee of the South Eastern Sydney Local Health District, reporting to the Chief Executive. The purpose of the Council is to ensure that a clear and diverse consumer and community voice and

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	perspective is integrated into all services (health care and corporate) and programs. The Council achieves this through flexible, innovative, technology-supported and strength-based approaches. The Council provides leadership, connection, coordination and support to strengthen consumer and community engagement across the system. The Council work with health and corporate services to improve the delivery of care and the overall patient experience. Membership of the Council includes nominated consumer/community representatives from across the District, recruited consumer/community representatives, SESLHD executive leaders and support staff, and relevant representatives from other agencies.

1. AUTHORITY

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

To ensure effective governance in an efficient manner, committees are established to oversee various governance functions of the LHD and to report to the CE on committee work.

The SESLHD District Consumer and Community Council (DCCC) formally reports to the Chief Executive and regularly communicates with the Board Community Partnerships Committee.

The Executive Sponsor of the District Consumer and Community Council is the Director Planning, Population Health and Equity.

2. PURPOSE

The DCCC contributes to the health and wellbeing of people living within the SESLHD region as well as people from outside the area who access SESLHD services.

The DCCC achieves this through ensuring that a clear and diverse consumer and community voice and perspective is integrated into all services (health care and corporate) and programs provided by SESLHD. This is in line with the Community Partnerships Strategy's Goals (Figure 1).

The DCCC provides leadership, connection and support to consumer and community engagement across the system.

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Figure 1: SESLHD Community Partnerships Strategy Goals

3. RESPONSIBILITY AND SCOPE OF ACTIVITIES

The DCCC provides innovative leadership, support, coordination and guidance on consumer[1] and community engagement initiatives across SESLHD. This happens at district, facility, service and committee levels.

The DCCC advocates for and provides support to local consumers and community groups to ensure their voices are heard. The DCCC actively seeks to hear from and advocates for the needs of diverse and under-served or under-represented communities.

The DCCC champions the whole patient experience across the region. This includes advising on the collection, review, interpretation and recommendations around formal and informal patient experience data, as well as consumer and community information from a variety of sources. The DCCC also seeks out and supports the voice of SESLHD volunteers in improving patient care and the overall patient and carer experience.

The DCCC works with health care (all aspects clinical and population) and corporate services to improve the delivery of care and the overall patient experience. In particular, the DCCC work with members of the district executive team and senior clinicians (medical nursing and allied health) and Consumer/Community Advisory Committees (CAC) to develop and review suitable mechanisms for ensuring that service providers keep the patient at the forefront of all decisions that impact on patient experience.

[1] The term consumer includes carers and patient family members

The DCCC provides advice and guidance on mechanisms and approaches that strengthen the role of consumer and community involvement in the planning, design, implementation and evaluation of health services (including Standard 2 of the National Safety and Quality Health Service Standards).

The DCCC provides guidance and advocacy on consumer and community engagement across the system. This includes appropriate involvement in planning and participating in the co-design or evaluation of services.

The DCCC may also comment directly on the design and delivery of any SESLHD service or program. The DCCC raise/identify any issue seen as affecting the health and wellbeing of consumers and the community.

In addition to formal meetings, the DCCC conduct informal meetings intended to build connections with consumers and communities across the region and build the Council's knowledge of the consumer experience and the needs of communities. Specifically, SESLHD volunteers working in our hospitals and services are considered a key group that will be consulted with for insights and contribution.

The DCCC promotes active recruitment of consumers from diverse groups with previously low representation. The DCCC promotes and conducts engagement outreach to include the voices of people and communities who are unable to or would prefer not to share their views in formal meetings. This is achieved via a strength-based process.

The DCCC explores and encourages the use of new and emerging technologies to conduct its own business and to engage with consumers, diverse groups and the broader community.

The DCCC develops a flexible annual plan identifying priorities and key actions. The Council, when appropriate, seek SESLHD funding to support specific projects to address priorities and actions, especially in relation to engaging with diverse communities to better meet their health needs.

The DCCC are represented on the District Clinical and Quality Council by two DCCC members. These representatives are nominated by the DCCC and hold the role for 1 year with the option to renominate for a further 1 year.

4. MEMBERSHIP

4.1 Standing

Membership of the Council includes nominated consumer/community representatives from across the District, recruited consumer/community representatives, SESLHD executive leaders and support staff, and relevant representatives from other agencies. All Council staff positions are non-voting members.

Council membership is to include:

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Voting members:

- Two consumer representatives nominated by their Consumer/Community Advisory Committees (CAC) from each hospital, or any service with a CAC (including Schedule 2 hospitals). One will be a lead voting member and the one back-up non-voting member. Back-up members can vote for internal governance decisions, including operational and ways of working decisions, and also when a lead representative is not present.
    - The greatest benefit will come from having regular representatives attend and participate, and for the lead representative to communicate with and mentor the back-up representative.
    - Membership of the DCCC is contingent on remaining a member of the local CAC.
- Four district mental health consumer representatives.
- 2 consumer/community representatives from the Multicultural Health Stakeholder Advisory Committee
- One community member of the Board Community Partnerships Committee.
- Up to five community and/or general consumer representatives, with a focus on representatives from diverse groups with previously low representation recruited by the Community Partnerships Unit.
- Two paid (employed) consumer workers representing services where no Consumer Advisory Committee exists.
- One community member of Central and Eastern Sydney Primary Health Network (CESPHN) Community Advisory Council (with a similar reciprocal relationship in return).
- Two Aboriginal community/consumers members (which may be found in the above membership).

Non-voting members:

- SESLHD Chief Executive.
- SESLHD Director of Nursing and Midwifery.
- SESLHD Medical Executive Director.
- SESLHD Director of Allied Health.
- SESLHD Director of Clinical Governance.
- SESLHD Director Planning, Population Health and Equity (Executive Sponsor).
- Community Partnerships Unit staff as part of their role to support the Council.

4.2 Membership terms

Membership terms for voting members are 2 years with the option to renew for a further 2 years, unless membership cannot be filled by the home CAC. This renewal of membership is confirmed by the home CAC.

To allow for a smooth transition between incoming and outgoing members, a staggered renewal process is used. Inaugural members who are appointed or nominated to the Council (rather than staff who are members due to their work role) are allocated terms of various length, within the maximum being 3 years. The Community Partnerships Unit manage this process with consideration given to the sitting terms of the committees that the members represent.

For all nominated representatives, membership of the DCCC is contingent on maintaining membership of the nominating body.

4.3 Variable

The Council can invite additional people to supply specific information on an item being discussed.

The Council consider requests from consumers, carers, and members of the community to attend the meetings as guests. At the invitation of the Co-chairs, guests may be given the opportunity to raise issues and contribute to discussions. Guests do not have voting rights.

4.4 Appointment of Chair / Co-Chair

The Council is responsible for appointing the Co-chairs (through nominations and voting). The Co-chairs are to be consumer/community voting members.

The term of both roles is twelve months, with the option to renew once only.

Nomination is contingent on maintaining membership of their nominating body, with at least 12 months remaining.

When vacant, these positions should be filled at the next available meeting of the Council.

The roles of the Co-chairs are defined in a position description.

4.5 Appointment of Council Secretariat

The Council Secretariat is provided by the Community Partnerships Unit.

4.6 Introduction of New Members

New Council members are to receive an orientation pack which will include a copy of this Charter and the Code of Conduct. Members are provided any assistance required to understand these documents.

New members meet with the Director Planning, Population Health and Equity and the Council Chair as part of their induction.

Members may request from the Chair and Secretariat any other information they require in order to be fully briefed on their role and responsibilities.

4.7 Ongoing Training and Support

Council members receive relevant consumer related mandatory SESLHD training. Council members are offered additional training in support of their roles and responsibilities.

Members of the council are encouraged to provide each other with support. The Community Partnerships Unit is also able to provide support for members.

5. MEETINGS

5.1 Frequency

The Council is to hold 6 formal meetings per year with dates set 12 months in advance from the first meeting of the calendar year. The Council Chair has the power to call special meetings as deemed necessary.

The Council is to hold up to 5 informal meetings per year on alternative months to the formal meetings. These meetings are in the form of facility visits, community forums or outreach events, training or networking forums for consumers/community members and are intended to build connections with consumers and communities across the region and build the Council's knowledge of the consumer experience and the needs of communities.

Members are expected to make every effort to attend meetings. Attendance can be face to face and by electronic means. In the case of a Council member failing to attend 2 or more formal meetings, without reason, the Chair and secretariat review their membership.

5.2 Quorum

A quorum shall consist of a majority of voting members.

5.3 Declaration of Conflict of Interest

Each Council member is responsible for declaring a conflict of interest, whether financial or non-financial. In all cases where a conflict of interest exists, or may be reasonably perceived to exist, the Council member does not participate in the decision-making process.

5.4 Agenda and Meeting Papers

The agenda shall be developed by the Chair in consultation with the Community Partnerships Unit, and agreed by the Chair prior to the meeting. The agenda and papers shall be prepared and distributed by the Secretariat at least 7 days prior to the meeting dates

Members can elect (by advising the Secretariat) to receive either a digital copy of the agenda and meeting papers (sent electronically) or a hard copy (sent by mail) or both.

5.5 Minutes

All meetings shall be minuted and the draft minutes distributed to all members of the Council within two weeks of the previous meeting. The minutes shall be recorded as adopted once they have been endorsed by the Council at the following meeting.

5.6 Establishment of Subcommittees

The Council may appoint such subcommittees as it sees fit to carry out specific duties/tasks. The Chair of any such subcommittees is a member of the SESLHD District Consumer and Community Council. Members of the subcommittees need not be members of the SESLHD District Consumer and Community Council, but must be agreed to by the DCCC.

5.7 Code of Conduct and Confidentiality

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

5.8 Meeting Location

It is intended that Council meetings will be held in different venues and locations across the SESLHD region.

Every effort will be made to allow members to join meetings electronically/remotely.

6. ASSESSMENT OF COMMITTEE PERFORMANCE

The Council shall undertake a review of the appropriateness of this Charter annually. In addition, the Council shall undertake a review of the effectiveness of the Council every two years, through a process agreed by the Council which may include workshops, surveys and/or interviews with Council members and others involved in the work of the Council.

7. REPORTING ARRANGEMENTS

The Council formally reports to the Chief Executive.

8. REVIEW

Date	Revision No.	Author and Approval
July 2017	0	DCCC Working Group, Draft Approved by DET

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August 2017	1	DCCC Working Group Minor. Approved by Julie Dixon (Director DPPHE) Charter registered.
March 2018	2	DCCC, Approved by Julie Dixon (Director DPPHE) and DCCC.
April 2018	3	Sydney Boucher (Engagement and Support Officer), minor updates, Approved by Julie Dixon (Director DPPHE).
Sept 2018	4	DCCC, Approved by Julie Dixon (Director DPPHE)
Dec 2019	5	DCCC, Approved by Julie Dixon (Director DPPHE).
May 2019	6	Sydney Boucher (Engagement and Support Officer), minor updates. Approved by DCCC.
Oct 2019	7	DCCC, Approved by Julie Dixon.
Dec 2019	8	DCCC, minor edits.