

## **COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE (CPHAC)**

### **Terms of Reference**

#### **Accountability**

The Community and Public Health Advisory Committee (CPHAC) is constituted by section 34, part 3, of The New Zealand Public Health and Disability Act 2000 (The Act).

The procedures of the Committee shall also comply with Schedule 4 of the Act.

The Committee is to further comply with the standing orders of the Southern DHB which may not be inconsistent with the Act.

#### **Function and Scope**

- 1) The statutory functions of CPHAC are to give the Board advice on:
  - a) the needs, and any factors that the Committee believes may adversely affect the health status, of the resident population of the Southern DHB; and
  - b) priorities for use of the limited health funding provided.
- 2) The statutory aim of CPHAC's advice is to ensure that the following maximise the overall health gain for the population the Committee serves:
  - a) all service interventions the Southern DHB has provided or funded or could provide or fund for that population;
  - b) all policies the DHB has adopted or could adopt for that population.
- 3) CPHAC's advice may not be inconsistent with the New Zealand Health Strategy.

#### **Responsibilities**

The Committee is responsible for:

- 1) Taking an overview of the population and health improvement;
- 2) Providing recommendations for new initiatives in community and public health improvement;
- 3) Addressing the prevention of inappropriate hospital admissions through health promotion and community care interventions;

- 4) Examining the role that primary care, disability support, public health and other community services - as well as hospital services - can play in achieving health improvement;
- 5) Ensuring better co-ordination across the interface between services and providers;
- 6) Focusing on the needs of the populations and developing principles on which to determine priorities for using finite health funding;
- 7) Interpreting the local implications of the nation-wide and sector-wide health goals and performance expectations;
- 8) Providing advice, in collaboration with the Iwi Governance Committee, on strategies to reduce the disparities in health status; especially relating to Māori and Pacific Island peoples;
- 9) Providing advice on priorities for health improvement and independence as part of the strategic planning process;
- 10) Ensuring the processes and systems are put in place for effective and efficient management of health information in the Southern DHB district, including policies regarding data ownership and security;
- 11) Ensuring the priorities of the community are reflected in the Annual Plan of the Southern DHB, and to ensure that appropriate processes are followed in preparation of the plan;
- 12) Ensuring that recommendations for significant change or strategic issues have noted input from key stakeholders and consultation has occurred in accordance with statutory requirements and Ministry guidelines.

### **Membership**

All members of the Committee are to be appointed by the Board. The Board will appoint the chairperson.

The Committee is to comprise of a number of Board members as determined by the Board Chair, supplemented with external appointees as required.

Membership will provide for Māori representation on the Committee. The Committee may obtain additional advice as and when required.

Where a person, who is not a Board member, is appointed to the Committee, the person must give the Board Chair a statement that discloses any present or future conflict of interest, or a statement that no such conflicts exist or are likely to exist in the future, prior to appointment.

### **Conflicts of Interest**

Where a potential conflict of interest exists with an agenda item, these are to be declared by members and staff. A register of interests shall form part of each Committee meeting agenda, and it is the responsibility of each member to disclose any new interests which may give rise to a conflict.

## **Quorum**

The quorum of members of a committee is —

- (a) if the total number of members of the committee is an even number, half that number; but
- (b) if the total number of members of the committee is an odd number, a majority of the members.

## **Meetings**

Bi-monthly meetings, held collectively with the Disability Support Advisory Committee (DSAC) will be scheduled, however the Committee may determine to hold additional meetings if deemed necessary by the Chair, with or without DSAC, up to a maximum of ten meetings per year.

## **Review**

The Terms of Reference for this Committee shall be reviewed as and when required.

## **Management Support**

The Chief Executive Officer shall ensure adequate provision of management and administrative support to the Committee.