

TERMS OF REFERENCE

<p>Purpose</p>	<p>The Community Health Council (<i>Council</i>) will work collaboratively with the Southern District Health Board (DHB) and WellSouth Primary Health Network (PHN) governance and management teams to develop effective partnerships and communication pathways for its communities, whānau and patients. Community, patient and whānau-centred care means working with patients and whānau to co-design care, facilities, policies and strategies.</p> <p>The Council will provide a strong and viable voice for the community, whānau and patients so they can engage in health service planning and delivery. The Council seeks to enhance community, whānau and patient experience and service integration across the sector, promote equity, and ensure services are organised and provided to meet the needs of those in the southern health district, now and in the future.</p>
<p>Functions</p>	<p>The Council will work collaboratively across the southern health system by:</p> <ul style="list-style-type: none"> • Ensuring and enabling communities, whānau and patient participation across the Southern district and national health systems. This will be supported and guided by the Council’s Engagement Framework and Roadmap¹ • Identifying and advising on health systems and services for communities, whānau and patients, including input into the development of health service priorities and strategies. • Ensuring reports, developments and initiatives relating to health services have appropriately engaged, or been developed with their communities, whānau and patients. • Ensuring regular communication and networking with the communities, whānau relevant patient groups. • Having representation on special interest groups as required or invited, for specific issues and problem solving. <p>For the avoidance of doubt, the Council will not:</p> <ul style="list-style-type: none"> • Provide clinical evaluation of health services or individual patient care plans. • Discuss or review issues that are (or should be) processed as formal complaints, for which full and robust processes exist. • Be involved in the Southern DHB contracting processes.
<p>Level of Authority</p>	<p>The Council has the authority to make recommendations to the Southern DHB Board, WellSouth Board and the respective Executive Leadership Teams.</p>

¹ <https://www.southernhealth.nz/about-us/about-southern-health/community-health-council/chc-engagement-framework-road-map>

Document name/version: ToR Community Health Council V2
Reviewed by: DHB CEO, CE PHO CE, Establishment Chair and Members of Council
Review date: October 2021
Next review date: October 2023

To assist it in this function the Council may:

- Request reports and presentations from particular groups.
- Establish sub-groups to investigate and report back on particular matters.
- Commission audits or investigations on particular issues.
- Co-opt people from time to time, as required for a specific purpose.

The level of influence of the Council is considered to be equivalent to the Clinical Council, and the two groups are complementary in their roles.

Membership

CHC Membership

CHC members shall be appointed for a term of two years' duration. Members may be reappointed but for no more than three terms.

Ex-officio members do not have a finite term.

Ex-officio members:

- Chief Executive Officer SDHB
- Chief Executive WellSouth PHN
- Chair of Clinical Council
- Other Executive staff members of SDHB and WellSouth on occasion or by invitation to allow CHC to effectively discharge their duty.

The Council will comprise a maximum of twelve (12) members who each have a particular interest, understanding and knowledge in at least one of the following areas:

- Mental health, alcohol and other drug addictions
- Long term conditions
- Disability (including sensory, physical and intellectual)
- Older persons health
- Men's health
- Women's health
- Youth and children
- Māori health
- Pacific health
- Rural health
- Former Refugee health
- Primary health
- Iwi Representative

Although appointed to reflect particular areas of interest, members will not be regarded as representatives of any specific organisation or community.

When making appointments, consideration must be given to the geographic balance of the population.

Individual membership on the Council may be terminated or full dissolution of the Council may be undertaken by the CEs of Southern DHB and WellSouth PHN in consultation with the Chair of the Community Health Council.

On the recommendation of the Council Chair, future members shall be appointed following consultation with CEO of SDHB and WellSouth PHN, as vacancies occur. Payment for attending meetings will be at the rates as agreed to by the DHB and

	PHN.
Referral Process to the Council	<p>The subject matter will be submitted to the Council secretariat and it will be referred to the Council Chair who will determine whether or not it is suitable for Council consideration.</p> <p>A list of all such items will be provided to Council members at the next meeting. The list will include reasons why any item had been declined.</p>
Training	Council members will be provided with training and support to undertake their role.
Meetings	Meetings will be held in closed sessions and conducted in accordance with Southern DHB's standing orders as if the Council were a committee of the board. Matters may be dealt with between meetings through discussion with the Chair/Deputy Chair and other relevant members of the Council and should be reported back to the next Council meeting for ratification.
Meeting attendance	Members shall attend at least 75 percent of scheduled meetings unless special circumstances have been discussed with the Chair.
Accountability/ Reporting	<p>The Council Chair will report on a bi-monthly basis to the CEs of Southern DHB, WellSouth PHN and Executive Director for Quality and Clinical Governance Solutions.</p> <p>Key messages will be placed on the Southern health and WellSouth websites on a monthly basis.</p> <p>Key messages and minutes from meetings will be shared with the Clinical Council.</p>
Quorum	A quorum comprises the Chair (or nominee in their absence) and at least half of the current Council members.
ROLES	
Chair	<p>The Chair appointments (or reappointments) shall be made by the CEs of Southern DHB and WellSouth PHN following consultation with Council members.</p> <p>The Chair will be able to attend governance meetings at the DHB and PHN, when applicable.</p> <p>The Chair is a member of SDHB Clinical Council and will attend a monthly meeting for this Council. Chair is a member of WellSouth Clinical Governance Group and will attend meetings at least quarterly.</p> <p>The Chair will be the spokesperson for the Council.</p>
Minute Taker/ Administrative Support	DHB employee to undertake taking minutes and other secretariat support, and will be a DHB employee, other than the Council Facilitator.
Minute Distribution	<p>Minutes will be circulated to all members of the Council as soon as possible after the meeting, but not less than one week before the following month's meeting.</p> <p>With the exception of minutes taken during any "public excluded" section of meetings, key messages from the Council will be available to any member of the public via the Southern DHB and WellSouth PHN website.</p>

MEETINGS

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Location of Meeting	Invercargill and Dunedin DHB and WellSouth sites with the use of videoconferencing facilities.
Time / Day of Meeting	Meetings will be held on the first Thursday of the month at 12-4pm with an anticipated duration of no more than 4 hours.
Frequency	Monthly (at least 10 times per year)
Associated Documents:	

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