NORTHERN NSW LOCAL HEALTH DISTRICT COMMUNITY AND STAKEHOLDER ENGAGEMENT FRAMEWORK
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>Definitions</td>
<td>3</td>
</tr>
<tr>
<td>NSW Health Governance Framework</td>
<td>4</td>
</tr>
<tr>
<td>SECTION 1 – COMMUNITY, CLINICAL AND STAKEHOLDER ENGAGEMENT FRAMEWORK</td>
<td></td>
</tr>
<tr>
<td>Northern NSW Community and Clinical Engagement Structure</td>
<td>5</td>
</tr>
<tr>
<td>Staff Engagement</td>
<td>5</td>
</tr>
<tr>
<td>High Level Board and Executive Partnership Engagement</td>
<td>5</td>
</tr>
<tr>
<td>Community Engagement Database</td>
<td>6</td>
</tr>
<tr>
<td>Community Engagement Advisory Council</td>
<td>6</td>
</tr>
<tr>
<td>Ngayundi Aboriginal Health Council</td>
<td>6</td>
</tr>
<tr>
<td>Mental Health Forum</td>
<td>6</td>
</tr>
<tr>
<td>Planning and Performance</td>
<td></td>
</tr>
<tr>
<td>- Guide to planning processes</td>
<td>7</td>
</tr>
<tr>
<td>- Carers Consultation Model</td>
<td>7</td>
</tr>
<tr>
<td>- NGO Forum</td>
<td>7</td>
</tr>
<tr>
<td>District and Hospital Clinical Councils</td>
<td>8</td>
</tr>
<tr>
<td>Medical Staff Executive Council</td>
<td>8</td>
</tr>
<tr>
<td>District Allied Health Council</td>
<td>8</td>
</tr>
<tr>
<td>North Coast Interim Aboriginal Partnership Agreement</td>
<td>8</td>
</tr>
<tr>
<td>SECTION 2 – COMMUNITY AND STAKEHOLDER ENGAGEMENT</td>
<td></td>
</tr>
<tr>
<td>Before engaging with the community</td>
<td>10</td>
</tr>
<tr>
<td>Methods and Levels of Engagement</td>
<td>10</td>
</tr>
<tr>
<td>Areas for possible Engagement Activities</td>
<td>13</td>
</tr>
<tr>
<td>Community Members on NNSW LHD Committees</td>
<td>14</td>
</tr>
<tr>
<td>Internet Site</td>
<td>17</td>
</tr>
</tbody>
</table>
Introduction

The Northern NSW Local Health District (NNSW LHD) is committed to making Community and Stakeholder Engagement central to the planning and provision of health services. All Northern NSW Local Health District Services and Facilities and their staff should consider opportunities to engage the community in their health service planning and delivery. Supporting community involvement is the role of all NNSW LHD staff and managers as consultation and participation may lead to improved service quality, enhanced patient and community satisfaction, increased scope for partnerships, new perspectives and greater accountability for public funds.

Many activities within the NNSW LHD involve Community, Clinician and Stakeholder Engagement and Undertaking Community, Clinician and Stakeholder Engagement is an activity for all Health Services and Facilities under the National Safety and Quality Health Services Standards.


1. **Consumer partnership in service planning** - Governance structures are in place to form partnerships with consumers and/or carers.
2. **Consumer partnership in designing care** - Consumers and/or carers are supported by the health service organisation to actively participate in the improvement of the patient experience and patient health outcomes.
3. **Consumer partnership in service measurement and evaluation** - Consumers and/or carers receive information on the health service organisation’s performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.

Section 1 of this Framework provides an overview of the formal structures for Community and Stakeholder Engagement established by the NNSW LHD Board and Executive and Section 2 provides supporting documentation for NNSW LHD Staff and Management in considering Community or Stakeholder Engagement at the local facility, network and service level.

The Manager of Community and Clinical Engagement may act as an advisor to staff and management in their engagement activities and processes as well as referring to formal engagement structures and activities as established by the NNSW LHD Board and Executive.

This Framework is a living document and sections of the document will be updated to accommodate changes as they occur. To support this document a website is being developed with links to relevant information relating to Community Engagement including external resources and any NNSW LHD documents and procedures as they are produced. [http://nnswlhd.health.nsw.gov.au/about/northern-nsw-local-health-district/community-and-clinical-engagement/](http://nnswlhd.health.nsw.gov.au/about/northern-nsw-local-health-district/community-and-clinical-engagement/)

Page | 2
DEFINITIONS

**Consumers:** an individual who uses or is a potential user of health services, including the family and carers of patients and clients.

**Community:** The term community is used to describe the broad range of stakeholders with an interest in health services. This includes individual patients, organisations and groups, health professionals and specific population groups such as youth and families with young children, veterans, Aboriginal and Torres Strait Islander peoples, and people from non-English speaking backgrounds.

**NNSW LHD Community Member:** refers to a consumer, carer or community person who has been formally appointed as a member of a NNSW LHD community engagement structure, or health service committee generally because of their skills, experience and background.

**Carer:** The Carers (Recognition) Act 2008 identifies a carer as an individual who provides, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of disability, frailty, chronic illness or pain, requires assistance with every day tasks.

**Community Engagement:** The processes through which consumers, community and other interested parties are informed about and/or invited to contribute, through consultation or involvement in health service activities including planning, development and evaluation.
“The NSW Health System is committed to the principles and practice of good governance, across all public health organisations, in a way that involves stakeholder and community participation.

**Standard 6: Involve stakeholders in decisions that affect them** - Health organisations must have systems and processes in place to ensure the rights and interests of key stakeholders are incorporated into the plans of the organisation and that they are provided access to balanced and understandable information about the organisation and its proposals.

All public health organisations should ensure that:

- Appropriate consultative and communication strategies are in place to facilitate the input of consumers of health services, and other members of the community, into the key policies, plans and initiatives of the organisation.

- Appropriate consultative strategies are in place to involve staff in decisions that affect them and to communicate the strategies, values and priorities of the organisation to staff.

- A Local Partnership Agreement is in place with Aboriginal Community Controlled Health Services and Aboriginal Community Services within their boundaries, which include involvement in decision-making regarding service provision to local Aboriginal communities.

- Appropriate information on key policies, plans and initiatives of the organisation is made available to the public.

- Policies, plans and initiatives of the organisation are updated regularly and readily accessible to the staff.

- The performance of the organisation in delivering key plans, targets and initiatives is reported to the public at least annually.”
SECTION 1 - NORTHERN NSW COMMUNITY AND CLINICAL ENGAGEMENT STRUCTURE

The NNSW LHD Community and Clinical Engagement Structure for the Northern NSW Local Health District includes a number of key structures and processes which have been endorsed by the NNSW LHD Board and Executive.

The key structures for Community and Stakeholder Engagement as well as structures for Clinical Engagement are linked to the Board’s Governance Structures as outlined in the diagram below.

It should be noted that the Community and Stakeholder Engagement structures and processes will continue to evolve and change to reflect advice provided by the NNSW LHD Executive, Community and Stakeholder Structures and changes in Health Service Delivery.

STAFF ENGAGEMENT

In addition to these structures the Staff of NNSW LHD are informed and engaged through a variety of activities which at the District level include:

- Chief Executive Roadshows to NNSW LHD Hospital and Community Health Sites.
- Monthly Newsletter ‘Northern Exposure’ which includes a one page Board Update in each edition and a four page Community and Clinical Engagement insert three times a year.
- Senior Managers Forum – held across the District four times per year.

HIGH LEVEL BOARD AND EXECUTIVE STAKEHOLDER ENGAGEMENT

The NNSW LHD Board and Executive undertake a number of high level strategic engagement and partnership activities with key organisations including: North Coast Medicare Local, Gold Coast Health Service, Southern Cross University, and University Centre for Rural Health.
COMMUNITY ENGAGEMENT DATABASE

The NNSW LHD has established a database whereby interested individuals and community organisations can register to receive the NNSW LHD Newsletter and be kept informed of opportunities to be involved. The database is available at: https://www.surveymonkey.com/s/NNSWCommunity

COMMUNITY ENGAGEMENT ADVISORY COUNCIL (CEAC)

This Council has been established to provide input and advice on community engagement across the NNSW LHD. The Council advises the NNSW LHD regarding community communication strategies and support required for community representatives to more effectively engage with the LHD.

The NNSW LHD Board has endorsed this model for community engagement with the aim of seeking broader and targeted community input through a range of consultation and communication strategies.

Membership of CEAC includes local government, the education sector, key stakeholders, carers and consumer and community representation.
Contact: Mr Murray Spriggs, Manager Community and Clinical Engagement, Phone: 6620 2136 / murray.spriggs@ncahs.health.nsw.gov.au

NGAYUNDI ABORIGINAL HEALTH COUNCIL

This Council provides a forum for members of the Bundjalung and Yaegl Nations in the NNSW LHD, and for Aboriginal people from other Nations who reside in the district, to participate in and provide advice on health service planning, development, delivery, evaluation and prioritisation with a view to attaining equality of health status and life expectancy for Aboriginal communities.

Ngayundi Aboriginal Health Council hosts four Community Meetings per year in different geographic locations open to all Aboriginal and Torres Strait Islander persons. A Ngayundi Executive of ten members from various geographic locations meet in between meetings to provide follow up on issues raised at the Community Meetings and to plan Ngayundi Community Meetings and any other Activities.
Contact: nnswengagement@ncahs.health.nsw.gov.au

MENTAL HEALTH FORUM

The Mental Health Forum provides a means for Consumers, Carers and the Community to actively participate in and contribute to, the review and development of Mental Health Services (MHS). It is a way for their voices and perspectives to be brought to the decisions which are made regarding the improvement of public Mental Health Services.

The Mental Health Forum will:

- Review draft and existing policies and procedures
- Provide input into strategic planning
- Consult on action plans arising from surveys that are undertaken
- Consult on ways of improving services, including consideration of recommendations that have arisen as a result of special investigations or, problematic incidents
• Consult on improving how Mental Health Services can include Consumers and Carers in the review and development of its services

Contacts: Ms Heidi Keevers, Mental Health Consumer Partnerships Coordinator Phone: 6629 4088 / Heidi.Keevers@ncahs.health.nsw.gov.au and Ms Mim Webber, Mental Health Program Coordinator Phone: 6620 2629 / Mim.Weber@ncahs.health.nsw.gov.au

PLANNING AND PERFORMANCE

Guide to Planning Processes

The Planning and Performance Unit has developed a Guide to Planning Processes which describes the NNSW LHD approach to planning Processes and included the legislated functions of the LHD Boards under the Health Services Act 1997 (NSW) are factored into NNSW LHD planning processes to ensure: the development of strategic plans; processes are in place to seek the views of providers and consumers of health services; inclusion of community and clinicians in the planning of health services; advice is supplied to providers and consumers of health services about policies, plans and initiatives for the provision of health services. http://nnswlhd.health.nsw.gov.au/about/northern-nsw-local-health-district/community-and-clinical-engagement/nnsw-lhd-guide-to-planning-processes/

Carers Consultant Program

The Carer Consultancy Program provides health service managers with a convenient way to obtain feedback from carers on policy, practice, service development and review activity. The Program allows for a diverse range of perspectives, or a particular cohort of carers, to inform the activity.

The Program is managed by the Coordinator of the NNSW LHD Carers Program. The Coordinator maintains a register of community members (Consultants) that have had significant experience with caring for a family member/friend that has required health services.

The Consultants can provide feedback to managers on issues such as; patient information, admission processes, discharge planning processes, care partnerships, models of care, service monitoring and evaluation, forms and the inpatient environment.

To engage the Carer Consultancy program to assist with your service development activity, please contact Ken Lee, Coordinator Carers Program Planning and Performance Phone: 6684 1677 / Ken.Lee@ncahs.health.nsw.gov.au or for more information, please visit: http://int.nnswlhd.health.nsw.gov.au/chief-executive/planning-and-performance/carers-program/

Non-Government Organisations Forum

The NNSW LHD NGO Forum brings together NSW Health funded NGOs within the footprint of Northern NSW LHD to promote input into service and program development issues pertaining to the NGO grants program and seeks to:
- Promote communication between the NGO sector and the NNSW LHD.
- Encourage networking between like services and the sharing of innovation.
- Encourage the contribution of the NGO sector to the planning and service development strategies of the NNSW LHD.
- Promote the viability of the NGO sector and work with the NNSW LHD in the future development of the NGO grants program.
- Promote partnerships at service delivery, staffing, infrastructure and governance levels.
- Provide representation of the forum at the NNSW LHD Health Service Development Committee and other committees and activities as requested.

**DISTRICT AND HOSPITAL CLINICAL COUNCILS**

The District Clinical Council provides the LHD Board and the Chief Executive advice on clinical matters affecting the NNSW LHD including:

- Improving quality and safety in the hospitals within the NNSW LHD.
- Planning on the most efficient allocation of clinical services within the NNSW LHD.
- Translating national best practice into local delivery of services
- Developing innovative solutions that best address the needs of the local communities
- Other related issues that the Board or Chief Executive may seek advice on from time to time.

Four Hospital Clinical Councils have been established across the NNSW LHD as outlined below:

- Clarence Valley Hospitals Clinical Council
- Lismore, Ballina and Casino Hospitals Clinical Council
- Richmond Smaller Hospitals Clinical Council
- Tweed Byron Hospitals Clinical Council.

Hospital Clinical Councils provide an opportunity for clinical staff to have input into hospital management. Membership includes Medical, Nursing and Allied Health representation. These Councils bring together these representatives and managers with the aim of improving patient care and the environment in which care is provided. Members of these Councils provide leadership to the hospital or hospitals involved; provide advice and recommendations and participate in management decisions.

**MEDICAL STAFF EXECUTIVE COUNCIL**

The Medical Staff Executive Council (MSEC) is to provide advice to the Chief Executive and Board on medical matters. Membership of the MSEC is through one representation from each NNSW LHD Hospital Medical Staff Councils (MSC), with Lismore Base Hospital and The Tweed Hospital having two representatives and all other NNSW LHD Hospitals having one representative.

**DISTRICT ALLIED HEALTH COUNCIL**

The purpose of the Allied Health Advisory Council (AHAC) is to provide strategic leadership across the NNSW LHD. The AHAC will progress matters related to Allied Health Workforce, especially attracting and retaining Staff, ensuring allied health practice models reflect best practice and building skill capacity.

Contact: nnswengagement@ncahs.health.nsw.gov.au

**NORTH COAST INTERIM ABORIGINAL PARTNERSHIP AGREEMENT**

The Interim Aboriginal Partnership between Northern NSW Local Health District and the Casino Aboriginal Medical Service, Bullinah Aboriginal Health Service and Bulgarr Ngaru Aboriginal Medical Service seeks to improve health outcomes for Aboriginal people across the Northern NSW Local Health District through:

- Providing a forum where the partners may consult, advise and negotiate on matters relevant to Aboriginal health:
  - Review current partnership arrangements.
• Co-operating in the identification of service gaps and the development of shared solutions.
• Developing agreed positions relating to Aboriginal health policy, strategic planning, equity in service allocation and distribution of resources and enhancements.
• Negotiating agreed positions to undertake joint projects e.g. Aboriginal Chronic Disease, Health Promotion, Connecting Care, 48 hour follow up initiative, Chronic Care Rehabilitation Programs, General Health/Education related programs and activities and Family and Child Health state Initiatives.
• Sharing information concerning proposed activities, including intended funding applications that may impact on other members of the Partnership, to avoid duplication.
• Monitor National and State Health Reforms including the establishment of the Medicare Local in relation to the development of future Partnership Agreements.

• Ensuring that Aboriginal health retains a high priority in the District health system; that it is integrated as a core element in all Local Health District policies and services; and that effort is sustained.
• Promoting a partnership approach at all levels and forums within the region.

Contact: nnswengagement@ncahs.health.nsw.gov.au
SECTION 2 – COMMUNITY ENGAGEMENT GUIDELINES

BEFORE ENGAGING WITH THE COMMUNITY

The following are some of the questions that should be considered prior to engagement with consumers, carers or the community on a project.

Why?
  Why are you engaging on this issue, committee, or activity?
  Do you have well-defined aims and objectives for the engagement activity?

What?
  What benefits are to be gained from the engagement for the organisation and for the participants?
  What is the level of influence that can be made to the decision making process?
  What information will need to be provided in order for community members to be able to participate?
  What resources are needed?

Who?
  Who needs to be consulted?
  Who are the known stakeholders?
  How will participants be selected?
  Who are the stakeholders that are difficult to reach?

How?
  How will you engage?
  What form will the engagement process take?
  How will you provide feedback on the outcomes of the engagement activity?
  How will the engagement activity be evaluated?

Where?
  Where will the engagement take place?
  Who might be excluded by the location of the engagement?
  What are the opportunities of supports that could be provided to assist participation?

Feedback from a workshop at the NNSW LHD CEAC included the following:

- Community Engagement needs to be planned and be undertaken early in the change process
- Need to sell the benefits ‘whats in it for me’ and to educate the community in relation to changes in health service delivery, for example home visits
- Difficult for small communities to rationalise if they feel that they are losing their services and hospitals which are seen as ‘social capital’
- Need to consider transport issues
- Communities need to be better informed, it is difficult to counter misinformation

METHODS AND LEVELS OF ENGAGEMENT

There is a wide range of information available on the Internet relating to engagement levels and tools for engagement. The International Association of Public Participation is used widely within Australia and provides a Spectrum of participation from Inform to Empower and
provides information about a range of engagement tools. Relevant links to resources will be provided at: http://nnswlhhd.health.nsw.gov.au/about/northern-nsw-local-health-district/community-and-clinical-engagement/

The International Association of Public Participation provides the following Spectrum of Public Participation which is used widely within Australia.
Similarly, the Australian Commission on Safety and Quality in Health Care’s Safety and Quality Improvement Guide provides the following continuum of participation.

<table>
<thead>
<tr>
<th>Description</th>
<th>Information</th>
<th>Consultation</th>
<th>Partnership</th>
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<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organisation develops or adopts a policy, plan or program and provides information about this to the consumers and/or carers and the community.</td>
<td>The organisation identifies an issue and proposes a policy, plan or program which responds to the issue. It then provides information to consumers and/or carers and the community on that proposal and seeks views and comments with a view to maximising acceptance.</td>
<td>The organisation identifies an issue and presents a tentative policy, plan or program which responds to the issue. The organisation seeks active involvement and feedback from consumers and/or carers and the community which is incorporated into the plan.</td>
<td>The organisation identifies an issue, presents this to consumers and/or carers and the community for them to make decisions or propose actions to address the issue.</td>
<td>The organisation asks consumers and/or carers and the community to identify an issue and make all the key decisions on the development of solutions to address the issue. The organisation supports them to accomplish this.</td>
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**Examples**
- **Giving:** Flyers, mailouts, fact sheets, press releases, brochures, newsletters, public displays, websites, public meetings
- **Gathering:** Surveys, phone-ins, focus groups, in-depth interviews, suggestion boxes
- **Workshops**
- Consumer representatives on management committees, advisory groups
- Public meetings/patient forums
- Online discussion groups
- Circulation of proposal for comment
- Conferences or seminars
- Evaluation surveys
- Strategic alliances built utilising a combination of other methods (including those mentioned in Information and Consultation) for example:
  - workshops
  - consumer representatives on committees or advisory groups
  - round tables
  - patient forums
  - surveys
  - focus groups
- Shifting some or all of decision making on particular issues to consumers. For example, spending on specific budget items, management of particular programs by consumers e.g. mental health consumer advisory groups
- Community appointed management committees eg. Aboriginal Community Controlled Health Organisations

**Continuum of Participation**

(Source: This table has been adapted from the Brugge and Specht’s Ladder of Participation [1973] and Queensland Health’s Consumer and Community Participation Toolkit [2007])
AREAS FOR POSSIBLE COMMUNITY ENGAGEMENT

The following are some suggested areas for consideration and examples of Engagement at the District, Facility and Service Level.

Community Access to Senior Staff

At the District Level Senior Staff are involved in meetings of the formal Engagement Structure and have attended community meetings and other community functions. The NNSW LHD hosts an Annual Community and Stakeholders Meeting. At Service and Facility level this could involve attendance and hosting of community meetings and events.

Service Planning

Community members are involved in Service Planning Committees and activities including at the Board Sub Committee level on the Health Services Development Committee (HSDC) to Facility and Service Planning Committees.

At the local or service level Community Reference groups might be established, an example being establishment of a Community Reference Group for the proposed HealthOne Service at Coraki.

Community members and stakeholders participate in State-Wide, LHD and local and service level Consultations. At the State Level examples have been The State Health Plan Consultation, The Rural Health Plan Focus Group.

At the LHD level one example is the Child Health and Paediatric Planning Day which included community members, Paediatricians, representatives from local General Practices, Emergency Department Staff, Allied Health, Community Health, Nursing, Health Promotion, Public Health, and Aboriginal Health and from specialised programs such as StePS and SWISH.

Community/Consumer Membership on Committees

Community membership is sought and included in all Service Planning Committees and on Board Sub Committees including HCSP Committee and Health Care Quality and Safety Committee (HCQSC). Individual Services and Facilities consider appropriate Community Membership with a number of Facility and Service Quality and Safety Committees including Consumer/Community Representatives.

Orientation and Education and Training

Consideration of including consumer/carer/community members in the education of Staff, one example is involvement of Aboriginal Elders in Cultural Awareness Training. In Mental Health this may include a meeting between new staff and the Mental Health Consumer Partnerships Coordinator.

Input into Community Information Resources

Making available documents such as the Complaints and Compliments Brochure for community input when up for review, or seeking feedback on information flyers produced. The Lismore Base Hospital Patient Guide was circulated to the Community Engagement Database for feedback in 2013.
Quality Improvement and Project Work

Inclusion of consumer/carer/community involvement can add value to quality improvement projects and structures by contributing a different perspective to project design, implementation, monitoring and evaluation. The Nursing Directorate undertakes interviews with patients as part of the Essentials of Care Program.

Policy Development and Review

Contribute expertise to the development, review and monitoring or policy by providing a different perspective. A service level example was seeking Mental Health Service Consumers, their Families and Carers, input into the review of the Early Psychosis Procedures for Mental Health Services.

Evaluation and Monitoring

Seek input in activities that aim to evaluate or monitor services. This includes participation in external evaluation processes such as accreditation.

A LHD example is the NNSW LHD Consumer Relations Manager ensures that information relating to the Complaints and Compliments processes is known to CEAC and the Consumer Evaluation Survey results are provided to the NNSW LHD CEAC.

An example at the service level was the inclusion of community representatives on the Home Birthing Pilot Steering Committee, which also included Obstetricians and Gynaecologists, Midwifery Nurse Specialists to undertake a consultation about and a review of public home birthing.

Linkages with other organisations and groups

Community Members can play a role in developing and maintaining collaborative relationships with other government and non-government organisations, and or groups with specific needs (e.g. carers, people from culturally and linguistically diverse backgrounds or Aboriginal and Torres Strait Islander groups; young people; older people).

The NNSW LHD CEAC has nominated membership from a range of organisations including Local Government, Northern Rivers Social Development Council, United Hospital Auxiliary and members through EOIs with membership covering Education, Neighbourhood Centres, Aboriginal and Torres Strait Islander, Youth, Disability, Aged Care and Culturally and Linguistically Diverse Communities.

COMMUNITY MEMBERS ON NNSW LHD COMMITTEES

Community Members on NNSW LHD Committees is one of many options for involvement of Community and Consumers. Whilst this option is often utilised as with all methods of engagement, including Community Members on Committees, this option needs to be thought through as to what is to be achieved by having the Community Members involved and whether there is a more appropriate option for engagement.

Feedback from a workshop of Community Members on NNSW LHD Committees

The CEAC endorsed a workshop of Community Members on NNSW LHD Committees which was held on 3 July 2012. A copy of the notes form this workshop are available at:
In relation to the benefit of involvement of Community Members on Health Service Committees ideas and suggestions included:
- Provide a different perspective to that of Health Service professionals and management
- An ability to identify gaps from community perspective to inform needs analysis
- Understanding barriers and hidden gaps to accessing health services including Transport, Literacy, Access to Information and finding ones way around the Health System
- Ask questions that might not otherwise be considered
- Identify and report on Local community misunderstandings
- Advice on providing information and linkages to the community.

When asked about what has assisted or hindered participation on Committees workshop participants a variety of ideas/opinions were expressed:
- Having some health expertise
- Having experience as a patient or carer
- Orientation including a site visit or a tour of the facility or service
- Mentoring from a staff Committee member
- Meetings with Mentor to discuss minutes in between meetings (in particular for first few meetings)
- An Entry Survey in relation to what support or orientation the individual Community Member might need
- Access to background information about the service/facility
- Organisational structure
- Interrelationships with other aspects of health service delivery such as private practice and staff specialists
- Who’s who on the committee and their role in the organisation
- What are the interests of other Committee members?
- How does this fit with Government Priorities?
- Short medium and long terms outcomes for the committee to achieve
- How will the success of the committee and my input be judged?
- Recognition of the cost to participant
- How committee can assist me to learn and/or take messages to the community?
- A designated spot on agenda
- Community members role description
- Clarification of terminology and language, use of plain English
- Access to meeting papers either in print or on a memory stick – with the need to be able to refer back to at least the previous set of papers.

Seeking Membership

The inclusion of consumer/community members on Northern NSW Local Health District committees has been discussed by the NNSW LHD CEAC who supported use of both targeting members and seeking members through expression of interest processes depending on the needs and committee. The CEAC also supported interviewing community members. The following are some suggestions for seeking Community Members for Committees:
- through a register of interest – NNSW LHD Community Engagement Database
- nomination by an appropriate community organisation
- public expression of interest process
- contacting consumers of services and local community organisations
- contacting peak or specific consumer organisations inviting them to nominate a representative
- word of mouth
- membership of NNSW LHD Community Engagement Advisory Council
- membership of NNSW LHD Ngayundi Aboriginal Health Council.

Appointment of Members

Appointment letters for Community Members should at a minimum clearly advise of the term of appointment and provide a contact person and details. Attachments such as terms or reference, background information and orientation details or materials should be considered.

Criminal Record Screening should be undertaken prior to appointment and Community Members will be required read and sign the NSW Health Code of Conduct. Clarification of issues within the Code of Conduct including Conflict of Interest and Confidentiality could be constructive.

Any requirements for Community Members from Non English Speaking Background, People with a Disability, People living with a Chronic Illness and other specific groups should be discussed with the Community Member upon appointment.

Criminal Record Screening

Health Services have a duty of care to all patients and clients receiving services. For this reason NSW Health employees, community representatives and volunteers are subject to employment screening.

Potential Community Members should be advised of the need to undergo a confidential criminal record check prior to any appointment being finalised and that having a criminal record will not automatically exclude appointment.

Two forms of screening are undertaken, dependent on the category of the community member or volunteer falls within.

1. **Working with Children Check** does not generally apply to community members on Health Service Committees. If a community member is involved in any activities which are child related they will be required to produce a Working with Children Check.

2. **Criminal Record Check** All community members applying for membership of NNSW LHD committees are required to consent to a Criminal Record Check (conducted via the NSW Police Service) prior to appointment. Having a criminal record does not automatically exclude committee membership but necessitates consideration by the Chief Executive or senior designated officer prior to appointment being determined.

Where there is no defined membership, such as with the Ngayundi Aboriginal Health Council and community forums, no criminal record check will be undertaken.

Reimbursement of Expenses

No sitting fees are paid to Community Members on NNSW LHD Committees; however reimbursement of expenses including travel to and from Meetings should be covered by the facility or service responsible for the Committee.

In principle community members of NNSW LHD committees should either:
- 1. Receive a reimbursement payment for approved meetings in lieu of actual receipts
- 2. Be reimbursed their actual out of pocket expenses if proof is provided through receipts. Reimbursement of kilometres for private vehicle use will be at the Casual
Journey Rate and requires a copy of the vehicles Comprehensive Insurance and completion of an approval to travel form.
3. Be provided with transport and other requirements so they do not incur any expenses.

NNSW LHD INTERNET


FURTHER ADVICE AND CONTACT

The Manager of Community and Clinical Engagement can be contacted on 6620 2136 or nnswengagement@ncahs.health.nsw.gov.au to provide advice in relation to involving community members or provide referral to other relevant NNSW LHD Staff or Engagement Structures.