Strengthening local health committees in regional NSW

Addendum

NSW Health

NSW GOVERNMENT

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The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

Further copies of this document can be downloaded from the NSW Health webpage www.health.nsw.gov.au

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What is included in the addendum?

Addendum 1 – Definition of local health committee

- Local health committees offer formal opportunities for the community to provide input in local health services.
- It is the body/group supporting local community engagement and health advocacy in a regional local health district.
- A committee may be known by other names such as:
  - Community Advisory Group
  - Community Consultation Committee
  - Community Reference Group
  - Consumer Advisory Group
  - Consumer and Community Advisory Committee
  - Consumer Reference Group
  - Health Advisory Group
  - Health Council
  - Local Health Advisory Committee
  - Local Health Council

Addendum 2 – Regional districts local health committee models (January 2023)

District	CCLHD	FWLHD	HNELHD	ISLHD	MNCLHD	MLHD	NNSWLHD	SNSWLHD	WNSWLHD
Name	Consumer and Community Advisory Committee	Local Health Council	Local Health Committee	Consumer Advisory Group	Consumer Reference Group	Local Health Advisory Committee	Community Advisory Group	Community Consultation Committee	Health Council
Number of committees	1	8	21	2 (1 metro)	1	33 (27 active)	13	10	23
Frequency of meetings	Monthly	Monthly/Bi-monthly	Bi-monthly	Bi-monthly	Quarterly	Monthly	Bi-monthly	Monthly/Quarterly	Monthly, 8-10 per year
Recruitment cycle	As required	As required	As required or every three years as memberships expire	Annual/Bi-annual as required	As required	Annual and as required	Every three years and as required	Annual	As required
Preferred number of community representatives per committee	10	12	6-10	8	10	11	6-10	12	12
Actual community representatives per committee	6	6	7	6	9	9	8	7	6
Appointment period	Two years	Two years plus re-appointment option	Three years plus re-appointment option	Two years	Three years	Four years up to maximum six years	Three years up to maximum nine years	Three years up to maximum six years	Two years with indefinite re-appointment
Nature of appointment	Consumer, not remunerated	Volunteer, not remunerated	Volunteer, not remunerated	Volunteer with intention to remunerate	Volunteer with intention to remunerate	Volunteer, not remunerated	Community representative, remunerated per meeting ($30-$50, <4 hours)	Volunteer	Volunteer, not remunerated
Staff representatives per committee	4 + 2 board members	1	1	6 + guest speakers	3 + 1 board member	1 (peer nominated, voting rights)	3-6	2-4	2
Appointment period	For duration in role and when Terms of Reference reviewed	Two years plus re-appointment option	For duration in role	For duration in role	Three years	One year	For duration in role	Three years	For duration in role

District	CCLHD	FWLHD	HNELHD	ISLHD	MNCLHD	MLHD	NNSWLHD	SNSWLHD	WNSWLHD
Chair	Co-chair (board and community representative)	Community member	Community member	General Manager	Board member	Community member	Community member	Community member	Community member
Appointment period	Two years	Annual	Annual (elected) up to three years	For duration in local health district role	Three years	One year	Three years	Three years	One year with one re-appointment period. Can be re-appointed again following year of absence
Secretariat	Staff or community representative	Staff representative	Staff representative	Staff representative	Staff representative	Community representative	Staff representative	Staff or community representative	Staff representative
Reports to	Board and Executive leadership team	Health Service Manager	Local Health Service Manager or Community Health Manager	National Standard 2 committee	Partnering with Consumers sub-committee	Murrumbidgee Local Health District & Primary Health Network	Local site Executive ie. General Manager or Executive Officer/Director of Nursing	Board	Facility manager – informal
Role responsible for local health committee coordination	Director, Clinical Safety, Quality and Governance	Manager, Consumer Experience and Community Engagement Integration	No formal position exists and it is not funded. Committees are managed within existing positions across two teams	Quality Manager – Clinical Governance Unit	Patient and Family Centred Care Manager – Clinical Governance Unit	Executive Services Manager – Communication	Community Engagement Manager	Community Engagement Manager	Manager Community Engagement
Local health committee position in LHD governance structure	Clinical Governance Unit	Aboriginal Health and Community Engagement	Split between Clinical Governance and Communication	Stand-alone group that provides minutes to the National Standard 2 & 5 committees	Working group of Partnering with Consumers sub-committee	[information not available]	Stand-alone groups. One rep from each committee is represented on the consumer sub-committee	Secretary and subject matter expert for the sub-committee	Planning, Performance, Funding and Corporate Services Directorate
Community partnerships	Primary Health Network, Community Council, Aboriginal groups, support groups, local communities, universities	Service providers, local community groups	[information not available]	[information not available]	Healthy North Coast (North Coast Primary Health Network), Mid Coast Communities	[information not available]	Primary Health Network is a member	[information not available]	Local Government body (Shire Council) with many committees having a representative from the local government area. The representative is usually the Mayor or General Manager

District	CCLHD	FWLHD	HNELHD	ISLHD	MNCLHD	MLHD	NNSWLHD	SNSWLHD	WNSWLHD
Minutes shared with	People and Culture and Health Care Quality Committee Board sub-committees, Board, Partnering with consumers committee	Health Service Manager Manager Consumer Experience Community Engagement Integration	Local community groups and key stakeholders	National Standard 2 committee National Standard 5 committee	Health Care Quality Committee and Governing Board	Murrumbidgee Local Health District & Primary Health Network	Local leadership teams	Site Managers, Site Executive and Board	Manager Community Engagement
Information shared with committee members	Chief Executive update, Board report, consumer feedback and Bureau of Health Information reports, Elevating the Human Experience, plans being written, patient experience data	All members, Health Manager, Directors and Board	Minutes and relevant information from the District Partnering with Consumers Committee, consumer and patient information brochures, District Annual performance and highlights and any other key District initiatives	Any as relevant	Online consumer hub on intranet with access to key strategic frameworks and planning documents, Chief Executive and Senior Executive team updates, general organisational news, partner organisation information		Sub-committee minutes, Quality and Safety KPI report, LHD Patient Feedback report, Community Engagement Strategy Updates, Health planning updates	Southern NSW Local Health Board papers, public activities, insights from consultation activities	Health alerts and information, District health initiatives, NSW Health initiatives, consultations in progress, appointments of LHD executive and Board members, events of interest

Addendum 3 – Committee member experience survey report

The member experience survey was issued to all committee members between 28 September and 7 November 2022. The invitation to complete the survey was distributed by local health districts.

The survey received **115 responses** including 109 (95%) members and 6 (5%) staff representatives. Of this, 75 (65%) responses represent community members and 34 (30%) represent Chairs.

* All local health districts are represented excluding CCLHD due to committee realignment. A tailored approach was adopted for this district which included capturing the perspectives of CCLHD using a local survey and responses are comparable to the findings of this survey.

Survey sample

The survey captured demographic information about committee members. Key findings are as follows:

- Most respondents are **50 years or over** (92%) and **female** (71%)
- Nearly two thirds of respondents have been committee **members for between one and five years** (63%)
- A high proportion of respondents are **retired** (59%); a smaller proportion of respondents are **employed in some capacity** (37%)
- 4% of respondents identify as **Aboriginal**, 6% identify as being from a **culturally and linguistically diverse (CALD) background**, 2% identify as **LGBTQIA+**
- 9% of respondents identify as a **carer**

Does your committee represent your community?

Perspectives on representative membership are mixed. Members report the need to recruit members who are young, male, and/or represent the LGBTQIA+, CALD, disabled and Aboriginal communities, as well as the difficulty of doing so, particularly in small regional towns.

Survey population

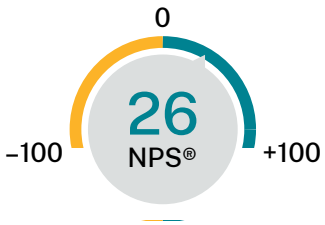
The table below identifies the approximate size of the eligible survey population.

LHD	Number of committees	Community representatives on each committee	Staff representatives on each committee	Total number of committee members	Number of survey respondents
CCLHD	1	6	6 (inc. 2 board members)	12	0*
FWLHD	7	6	1	49	7
HNELHD	21	7	1	168	13
ISLHD	1	7	6	13	5
MNCLHD	1	9	4 (inc. 1 board member)	13	12
MLHD	33	9	1	330	25
NNSWLHD	13	8	5	169	26
SNSWLHD	10	7	3	100	3
WNSWLHD	23	6	2	184	24
TOTAL	**110**	–	–	**1038**	**115**

Recommending membership on committees

Respondents were asked to rate, on a scale of one to ten, how likely they would be to recommend membership to a family, friend or colleague. Respondents are classified as promoters (9-10), passive (7-8) and detractors (0-6).

A Net Promoter Score measures member experience and their likelihood to recommend membership.



A Net Promoter Score of 26 indicates **favourable** conditions across respondents, where there are more promoters and passives than detractors. This means more respondents are likely to recommend membership. Detractors are less likely to recommend membership.

Of the promoters, 39% are chairs and 61% are members.

The findings of this survey provide insight into the reasons for this score.

What support does your committee receive?

The most common types of support received by committees are:

- **Administration and technical** such as secretariat support
- **Financial** such as fuel and parking vouchers
- **Internal from members** such as mentoring
- **Leadership and management** such as updates from the local health district Executive, coordination of forums and events
- 21 (18%) respondents identified they **receive no support**

"Being a member of the committee is a wonderful opportunity to provide a voice for those who are unable to do so and to contribute to improving services for consumers."

"You can make a difference; you can get a greater understanding of how the system works and you can contribute to the future of our health system."

Survey respondents

What activities is your committee involved in?

- 24 types of activities were identified by respondents
- Most respondents reported their activities relate to **provision of support** (19%), **advocacy** (17%), **safety and quality** (16%), **capital works and development** (11%) and **health literacy** (10%)

What is the role of your committee?

- 10 themes and 17 sub-themes were identified relating to the role of committees
- Representatives identified local health committees play a role in **advocacy** (40%), support **awareness and promotion of community health services** (15%), **act as a conduit** between the community and the health service (15%) and **co-design solutions for improvement** (10%)
- Advocacy types include **community voice** (19%), **issue identification** (12%), **health service** (8%) and **accessibility** (1%)

Member perspectives of the role of the committee do not always align with committee activities.

Why are members involved in committees?

Members are involved in committees because they:

- Are concerned about the availability of services locally
- Want to advocate for community needs
- Want to make a difference and give back to the community
- Want to improve the connection between the community and the health service
- Were previously involved in the health care sector and want to maintain involvement with the health service
- Want to improve personal understanding and awareness of health services available locally

Where would you like your committee to be in 5-10 years?

- Respondents were asked where they would like their local health committee to be in five to ten years' time. 21 themes were identified from responses.
- Respondents identified a range of visions including **committees, districts and communities are collaborative partners in community engagement** (13%), **committee is engaged with community** (14%), **committee is supported to achieve outcomes** (14%), **innovation leaders** (9%) and **membership reflects community** (7%).
- The **desire to maintain status quo** was also identified in responses to this question (12%).

What are the strengths, challenges and opportunities for committees?

Most respondents identified	
Strengths	▪ **Culture of committees** – teamwork and an environment where members share diverse views and experiences ▪ **Support from local health districts** – valuing committee, communication and management support ▪ **Good governance** – shared goals between committee and local health district ▪ **Collaborative partnership** – between committee and local health district
Challenges	▪ **Management of committees** – fully recruited and representative membership ▪ **Capability of members** – community engagement ▪ **Support from local health districts** – responsive to committees, valuing committees and communication
Opportunities	▪ **Management of committees** – representative membership, flexible attendance options and funding ▪ **Engagement with community** – access to community ▪ **Awareness and promotion** – committee is known by the community ▪ **Support from local health districts** – communication and responsive to committees

Communication by local health districts is a strength, challenge and an opportunity.

Local health districts valuing committees is identified as a strength and a challenge.

Responsiveness to committees by local health districts is identified as a challenge and an opportunity.

Representative membership on committees is identified as challenge and an opportunity.

Cynicism and disengagement

The survey indirectly identified there is some cynicism and disengagement among respondents.

Comments are captured, verbatim, below.

- The directives are from above and there is no consultation with those on the ground.
- Irrelevant, HSM's [health service managers] have all the say! So at times we wonder why we are even there.
- At the moment I feel that we are not really of much use, just there so that health can say we have consulted with the community.
- We can do more than what we are currently doing.
- Remaining positive about the work of the committee in the face of what sometimes seems like insurmountable issues.
- Being a member of a working group and working extremely hard only to find that it all seems to be a waste of time. Working groups are put on hold and the consumer reps who have worked so hard are not kept updated and informed. Communication is extremely poor.
- The apparent 'tick-a-box' attitude: the committee conducts meetings, but there is a distinct lack of confidence in that the committee is taken for granted.

Addendum 4 – Local health committee coordinator perspectives

Local health committee coordinator perspectives were gathered through conversations and correspondence.

Vision

Coordinators were asked to describe their vision for local health committees over the next 3-5 years. Their responses are paraphrased below.

- Local health committees are a governance group for the district's community engagement approach
- Maintain region-based models
- Dissolve region-based models and replace with network-based model where members participate based on the committee's skills and interest
- The local health committee leverages existing groups and networks to avoid duplication and promote learning.
- Local health committees engage in project-based time-limited community engagement to support targeted community group intervention
- Member contributions are formally recognised and/or remunerated
- Budget is appropriately allocated to support local health committees to operate
- Local health committee members are supported to complete professional development to enhance their skills and capabilities
- The local health district supports succession planning for the local health committee coordinator responsibilities
- Community-led engagement is promoted through local health committees
- The local health district promotes a culture of safety, transparency and accountability
- There is greater diversity of community representation on membership

Diversity

All regional local health districts face challenges in capturing the diversity of the communities they serve despite diversity guidelines being included in the Terms of Reference for committees.

Targeted groups for representation of committees include:

- Aboriginal
- Conditions related to alcohol and other drugs
- Children and families
- Culturally and linguistically diverse
- Disabled
- Disadvantaged
- LGBTQIA+
- Mental health consumers
- Older people
- Rural and remote residents
- Youth

Recognising the contribution of members

All regional local health districts acknowledge the importance of recognising the contributions of community representative committee members through remuneration, reimbursement or recognition.

A range of methods are adopted to recognise the contribution of committee members including:

- District awards
- Thank you card or gifts
- Celebratory events
- Dedicated forums
- Remuneration for attendance at committee meetings or participation in focus groups
- Reimbursement for travel, accommodation and other expenses
- Catered meetings and events
- Providing members with health-branded clothing, badges and stationery

Monitoring and evaluation

Some local health committees monitor and evaluate their activities by:

- Surveying members on their experience i.e. members felt they were respected and were able to present their views in discussions
- Regularly reviewing the appropriateness of the committee's Terms of Reference
- Reviewing whether action plan items have been achieved and recording actions completed
- Recording meeting attendance rate and ability to meet quorum at each meeting
- Reflecting on the timeliness of meetings i.e. members were able to discuss agenda items within allocated timeframe

Activities

Local health committees engage in a range of health-service and community focused activities.

While the effort for each activity may not be equally distributed, due to accessibility, time, capability and feasibility constraints, they are reported anecdotally as significant for the communities they serve.

Moreover, districts clearly state that committees do not act in an operational manner. Efforts to respond to the needs of the community and act within the role of the committee may, at times, require more active engagement in the operation of districts such as communication with the community through social media and/or event management.

Health service focused activities include:

- **Awareness raising and promotion** – health service, local health committees, good news stories
- **Advisory** – health service and care planning, capital works and infrastructure development advisory, policy, procedure and patient communication, community engagement
- **Representation** – National Safety and Quality Health Service standards, community forums and expos, local health district interview panels
- **Partnering** – Primary Health Networks, General Practitioner services
- **Improvement** – health service, local health committees, safety and quality, compliments and complaints, patient experience
- **Education** – consumer, new committee members, health staff
- **Health literacy initiatives** – wayfinding, reviewing consumer focused information brochures, reviewing internal policies
- **Key health service events** – facility centenary, hospital balls, facility open days
- **Support and recognition of local health service workforce** – barbeques, fundraising, morning/afternoon teas

Community-focused activities include:

- **Capturing community voice** – surveys, one on one conversations with community members
- **Advocacy for community needs** – health service needs, reinstating services, sharing knowledge and supporting health literacy, encouraging community action
- **Representing community voice** – supporting wider community engagement efforts through relationships and partnerships with community and community organisations
- **Keeping the community informed** – health service access and availability, complaints process, vaccinations, mental health helplines, smoking cessation
- **Participation in community events** – Go4Fun, FiveLands walk, Parkrun
- **Welcoming and orienting new community members** – events
- **Consultation with other community partners** – Women's Health, Waminda, Primary Health Network
- **Community health and wellbeing knowledge and understanding** – raising awareness, garnering support for initiatives

Committee-led activities include:

- **Patient experience** – rounding, projects, framework development, environmental assessment, patient information, wayfinding, stories, videos, sensory blankets, kids activity packs, patient comfort packs, pet therapy
- **Advocacy** – mental health service, community transport
- **Health literacy and promotion** – mental health first aid training, community forums, COVID-19 response, healthy lifestyle program, youth safety program, mental health blue tree project
- **Community voice** – infrastructure, priority needs, meet and greets
- **Community connection** – 'get to know your neighbour' to combat isolation of elderly community members

Addendum 5 – Project overview

The review of local health committees across regional New South Wales local health districts was conducted between September and November 2022 in response to part one of Recommendation 42 of the NSW Parliamentary Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW. The recommendation encouraged NSW Health to:

> *Review, reinvigorate and promote the role of Local Health Advisory Committees to ensure genuine community consultation on local health and hospital service outcomes, and health service planning.*

The Regional Health Division partnered with all regional local health districts including health staff and local health committee members as well as system experts to map the regional local health committee landscape and develop the report findings and framework for reinvigoration and promotion. The activities informing this report include a literature review, interviews, surveys, and observations of committee meetings.

A summary is captured in the table below.

The review sought to:

- Formally assess the strengths and challenges of the various operating models of local health committees across regional New South Wales local health districts
- Provide an evidence-based recommendation report for the achievement of consistent outcomes for local health committees across regional New South Wales local health districts
- Develop a best practice model(s) for community consultation through local health committees that can be adapted to suit local conditions
- Inform actions in the Regional Health Plan for 2022-2032

Activity	
Literature review	35 articles included
Consultation with committees	9 local health district coordinator conversations 7 visits/committee observations 2 virtual committee observations
Consultation with committee Chairs	3 virtual sessions; 20 Chairs
Member survey	115 responses: 109 community members, 6 staff representatives
Consultation with subject matter experts	10 subject matter experts: 7 internal, 3 external
Working group	14 members, 4 meetings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