

# COMMUNITY CONSULTATION COMMITTEES

## TERMS OF REFERENCE

**Cassowary Coast Hub**

**Hinterland Hub**

**Trinity Hub**

**Aboriginal and Torres Strait Islander Health**



**Queensland  
Government**

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# 1. Purpose of Committees

The purpose of the Cairns and Hinterland Hospital and Health Service (Health Service) Community Consultation Committees (Committees) is to provide feedback and advice to the Cairns and Hinterland Hospital and Health Board (Board) through the Community Advisory Group on local health care services from a consumer and community perspective.

The Committees will provide advice and assistance from a community perspective, taking the following key strategic documents into consideration:

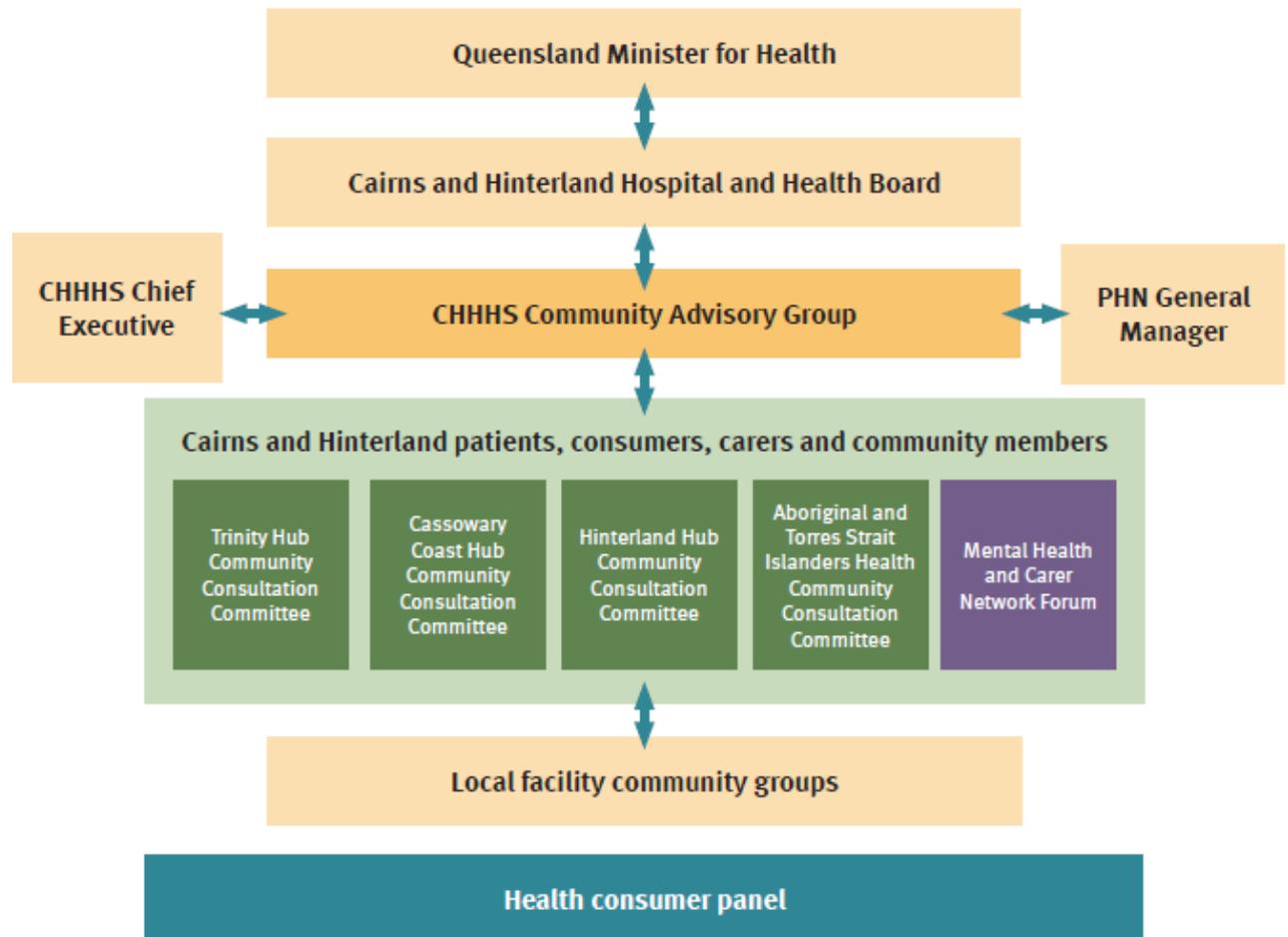
- Cairns and Hinterland Hospital and Health Service Strategic Plan 2018-2022
- Cairns and Hinterland Hospital and Health Service, Communications and Engagement Plan 2020-2022
- Cairns and Hinterland Consumer and Community Engagement Strategy 2019-2022
- Queensland Health Aboriginal and Torres Strait Island Cultural Capability Framework 2010-2033
- Cairns and Hinterland Hospital and Health Service -Health Equity for Aboriginal and Torres Strait Islander Patients

Committee members will advocate for the communities in their catchment area on identified needs and priorities to inform health services in accordance with the engagement objectives from the Cairns and Hinterland Hospital and Health Service Consumer and Community Engagement Strategy 2020-2022:

- Consumers are involved in health decisions and care
- Consumers have the ability to have a say on health service improvements
- Consumers have the opportunity to help plan and design health services

## 1.1. Governance structure and reporting relationships

The governance structure and reporting relationships between the Health Service, the Primary Health Network, Community Advisory Group, committees and community is shown in Figure 1.



## 2. Membership of Committees

The Chairs of all four Committees will be elected on at the commencement of the two year term by the voting members of the Committee. Voting members include those members appointed by the Health Service, local government representative/s and the Health Service representative.

### 2.1. Trinity and Cassowary Coast Hubs

The membership of these committees will include:

- (i) four community advocates to be appointed by the Health Service following the recruitment and selection process
- (ii) one local government representative
- (iii) one Health Service officer

### 2.2. Hinterland Hub

The membership of the committee will include:

- (i) four community advocates to be appointed by the Health Service following the recruitment and selection process

- (ii) up to two local government representatives
- (iii) one Health Service officer

## 2.3. Aboriginal and Torres Strait Islander Health

In consideration of traditional owner group geographical boundaries:

- (i) up to eight community advocates may be appointed to this committee membership by the Health Service
- (ii) one local government representative
- (iii) one Health Service officer

## 2.4. Links between Committees

Members of all committees (other than the Health Service Officer who shall request approval from the Secretariat) are encouraged to move laterally across the Committee tier to collaborate and enhance the cultural capability within the committees. Members can attend another Hub's committee meeting by seeking approval to attend from the relevant Committee's Chair. Eligible members may request remuneration from the Health Service (via the Senior Advisor Consumer and Community Engagement) for one additional meeting per annum if attendance demonstrates benefits for the priorities of their Committee.

Other Health Service staff, local government representatives or community members may be invited to attend meetings to discuss a particular topic of interest to the Committee.

### Proxy delegation

A proxy will not be accepted for community at Community Consultation Committee meetings. Local government representatives are required to send a proxy if they are unable to attend,. However, the chair may delegate to another member to attend the Community Advisory Group meeting if they are not available.

## 3. Role of the Committees

The Committees will consult, engage and advocate on behalf of consumers and community groups to:

- support community participation in identifying community healthcare priorities
- provide advice to inform and enhance the cultural capability of local health services
- collectively identify health needs of the Cairns and Hinterland area
- provide input into the planning and delivery of local health services
- provide advice on appropriate systems of information sharing between the community and the Health Service
- complement the patient journey by participating in the development of health service consumer satisfaction surveys
- seek and provide advice to the Health Service on ways to improve health literacy for consumers
- promote community knowledge and understanding of the healthcare services provided by Cairns and Hinterland Hospital and Health Service

- provide specific consumer advice to support community perspectives that guide the development, implementation and review of the Health Service's strategic and operational plans
- provide collective solutions, via the consumer's networks to address health service delivery challenges
- collectively monitor and inform the Health Service of emerging community issues and priorities
- champion the value and benefits of consumer and community engagement to the community and the Health Service
- assist the Board in its communication and engagement with Health Service stakeholders
- support initiatives, activities and projects as agreed by the Health Service.

### **3.1. Role of the Committee Chairs**

The Chair of each Committee will undertake a number of roles in addition to those required of Committee members. The Chair will:

- facilitate the Committee meetings, or nominate an appropriate delegate, to ensure all business is discussed, everyone's views are heard, clear decisions are reached and the meetings start and finish on time
- ensure the Committee operates efficiently within these terms of reference
- collate, share and represent the comments and priorities of their respective committee
- review the minutes of the meeting prior to their distribution to all attendees
- be a member of the Community Advisory Group and present items as agreed to by their Committee
- be contacted by the Health Service to liaise with key stakeholders on request.

Chairs may be required to attend Board meetings or briefings on occasion.

### **3.2. Role of the Health Service Officer**

The Health Service Officer will support their Committee and the Secretariat to:

- develop or assist the health literacy of Community Consultation Committee Members
- support Community Consultation Committee Members to participate fully
- provide impartial advice and answers about local (and the greater) Health Service
- facilitate positive interactions between the Community Consultation Committee Members and invited guests
- provide information on appropriate Health Service systems, processes and procedures, particularly at a local level
- support initiatives, activities and projects as agreed with the Health Service
- provide assistance to the Secretariat on local issues upon request.
- The health service officer will not have voting rights however can provide advice.

### 3.3. Role of the Local Government Representative

The local government representative provides a key link to local issues that affect health service delivery in the catchment area. They also have strong links to existing community networks through Council. In addition to their general role as a committee member they can:

- provide a local government perspective on community issues in the catchment area
- assist in clarifying local government and Health Service roles and responsibilities
- alert the Committee to other community engagement and information sessions of relevance to health
- share information in regards to Council projects with a health focus

## 4. Code of Conduct for Committee Members

The Community Consultation Committee members are expected to:

- act honestly and within the law at all times
- act in good faith and not for improper or ulterior motives
- act in a reasonable, just and non-discriminatory manner
- undertake their role with reasonable care and diligence
- conduct their ongoing relationship with fellow members, stakeholders and the public with respect, courtesy and sensitivity
- observe confidentiality, and use information in a careful and prudent manner
- represent the interests and preferences of the Cairns and Hinterland communities rather than those of individual stakeholders or organisations.

The [Queensland Public Service Code of Conduct](#) provides guidance for community representatives.

### 4.1. Public Comment

Members of the Community Consultation Committees are not authorised to speak publicly to the media or address the public on behalf of the Cairns and Hinterland Hospital and Health Service.

If you are contacted by a member of the media for comment, seek advice from the Senior Advisor Consumer and Community Engagement on 4226 3345 or the Senior Public Affairs Officer on 4226 3220 prior to making comment.

If you are asked to attend or speak on behalf of the Community Consultation Committee by an organisation or group other than the Health Service, you must first seek approval from the Cairns and Hinterland Hospital and Health Service. Contact the Senior Advisor Consumer and Community Engagement. You will be provided with guidance and support on how to best represent the Committee at that event.

## 5. Recruitment of Trinity, Cassowary Coast and Hinterland Committee Members

The following procedure will be used to fill committee member vacancies as they arise:

- (i) Recruitment for new committee members will be advertised as widely as possible through a number of channels which may include:
  - advertising through online, print and social media (pending budgetary requirements)
  - sharing of information through community and stakeholder networks
  - one on one interactions
  - nomination through a second party, with express consent
  - community bulletins/ newsletters.
- (ii) Nominees will be assessed against the below criteria by a selection panel of up to three Health Service staff including the Senior Advisor Consumer and Community Engagement. Expressions of interest can be submitted verbally (by phone or in person) or in writing (via post or email), and relevant information will be documented by the Health Service and kept on file.

Nominees will be assessed on their ability to:

- advocate for the expectations and priorities of their communities
  - consult and engage with members of their community who represent a diverse range of interests and who are from diverse backgrounds
  - establish or use existing links with consumer or community networks
  - contribute to the roles of the Committees detailed in section 3
  - work in a team environment and share the Committee's workload
  - actively support interaction and communication between the Health Service and community.
- (iii) Assessment may include an interview with the selection panel

### 5.1. Recruitment of Aboriginal and Torres Strait Island Health Community Consultative Committee Members

The following procedure will be used to fill Aboriginal and Torres Strait Islander Health Committee member vacancies as they arise:

- (i) Recruitment for new Aboriginal and Torres Strait Islander Health committee members will be undertaken by a panel including the Health Service's Senior Advisor Consumer and Community Engagement and a member of the Health Service's Aboriginal and Torres Strait Islander Health Management Unit. The recruitment and selection process will apply culturally appropriate systems of advertising and support to:
  - ensure that Aboriginal and Torres Strait Islander Health Committee candidates are not disadvantaged
  - encourage suitably qualified candidates to apply.

The recruitment and selection panel will assess Aboriginal and Torres Strait Islander Health committee candidates on their ability to:

- advocate for the expectations and priorities of Aboriginal and/or Torres Strait Islander community members
  - consult and engage with Aboriginal and Torres Strait Islander members of their community from diverse backgrounds with a diverse range of interests
  - establish or use existing links with Aboriginal and Torres Strait Islander consumer or community networks
  - contribute to the role of the Committee detailed in section 4.
  - actively support interaction and communication between the Health Service and the Aboriginal and Torres Strait Islander community.
- (ii) All committee candidates must confirm their Aboriginal and/or Torres Strait Islander descent prior to appointment.

## 5.2. Terms of Appointment

- Committee members will be appointed for a period of two years and will be eligible to apply for the next two-year term.
- The local government representative will be appointed on the committee for the period of their local government term. If their tenure as a local government member finishes while still on the Committee, the position will be handed to a new local government member. The former local government representative will be eligible to apply to be on the Committee as a community representative when a position becomes available.
- The Health Service officer will be appointed for a period of two years and will be eligible to nominate for additional terms.
- The Committees will elect a Chair for a one-year term. The outgoing Chair may nominate for a second year during that same CCC term. A deputy chair may also be appointed if the committee deem this necessary, this will promote succession planning.
- A member shall be deemed to have resigned if that member fails to attend three consecutive Committee meetings, without an agreed leave of absence.
- Members can resign from the committee by notifying the Board in writing via the Chair of the relevant committee to table at the upcoming Community Advisory Group meeting.
- The Consumer and Community Engagement Officer will arrange new appointments as necessary. Any vacancy on the Committees will be filled in accordance with the recruitment process outlined in section 5.1.
- Community Members are eligible for remuneration as per the Health Services Community Representative Remuneration procedure.

## 5.3. Committee proceedings

- Meetings will be held quarterly however, if needed they may be held more frequently. Meetings will be held at Cairns and Hinterland Hospital and Health Service facilities in the catchment area unless otherwise advised. At the start of each year, meeting dates and times will be identified for the year and will be confirmed at subsequent meetings. The meeting dates are subject to change.
- The Committees shall aim to operate on a consensus model of decision-making. In the event of a vote occurring and that vote being tied the Chair shall, in addition to a deliberate vote, have a second or casting vote.

- A quorum shall consist of 50 percent plus one of the Committee's voting members. However, final decision for the continuation of the meeting shall be at the Chair's discretion noting that voting cannot take place if a quorum is not present.
- The Committees may establish working groups for a specified purpose. Relevant key stakeholders will be consulted when establishing such a working group and non-members may be appointed to the working group. A member of the Committee will chair the working group. All working groups must develop a statement of the role and responsibility of the working group, tasks to be achieved and the reporting procedures to be followed. This statement must be endorsed by the Committee. Members participating in a working group will not be entitled to remuneration (sitting fees or travel costs). Secretariat services will not be provided to working groups.
- The Senior Advisor Consumer and Community Engagement will attend all core meetings to provide secretariat support and additional information as required.

#### **5.4. Administrating and resourcing the committees**

- The Health Service will provide secretariat services and other resources (e.g. venue, preparation and distribution of minutes/agendas) to support the functions of the Committees.
- The function of the Committees will be reviewed annually by the Board, Chief Executive and Communication and Engagement Unit.

#### **5.5. Records and communication of meeting business**

- Formal minutes will be kept of all meetings and will be confirmed out of session with the Committee's Chair within three weeks of the meeting.
- Summaries from each meeting will be provided to the Board through the Community Advisory Group. These will also be published on the Health Service's website.
- Minutes of the Community Advisory Group will be tabled at the Board's Executive Committee meetings.
- The Consumer and Community Engagement Officer will be copied into all key business communications.

#### **5.6. Review of the terms of references**

- The terms of reference will be reviewed every two years or as required to incorporate any major changes in, with or by the Health Service.

#### **Endorsement**

Next review date: 29 / 12 / 2021

Clive Skarott

#### **Chair**

**Cairns and Hinterland Hospital and Health Board**

Date: 06 / 12 / 2019