

Strengthening local health committees in regional NSW

Report

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Introduction

What is this document about?

This document, prepared by the Regional Health Division of NSW Health, discusses community engagement through local health committees. It presents the findings of a review and guiding principles to strengthen local health committees in regional NSW.

Why is it important?

It is important because it emphasises the role local health committees play in engaging the community and presents guidance to strengthen local health committees in regional NSW.

Who is it for?

This document is for local health committee members and NSW Health staff as well as NSW Health Ministers.

What is included?

1. Context – Understanding our local health committees
2. Relevance – Engaging with our communities
3. Findings – Listening to our communities
4. Guiding principles – Supporting and strengthening our local health committees
5. Further reading – Recommended resources

What is in the addendum?

- Definition of local health committee
- Information about regional local health committee models
- Local health committee member experience survey report
- Local health committee coordinator perspectives
- Project summary

What is the Regional Health Division going to do?

We will provide ongoing support to strengthen and promote local health committees.

- We will review the implementation of the guiding principles by regional local health districts through periodic monitoring and evaluation, commencing in 2023 (quarterly transitioning to biannually)
- We will represent the division at the NSW Health Engagement Leaders Network to facilitate system learning and improvement and identify best practice opportunities
- We will connect regional local health districts to subject matter experts and assist in sharing information and resources
- We will partner with NSW Health pillars and Ministry of Health branches to support regional local health districts to build capacity and capability for local health committees
- We will support the promotion of local health committee activities and good news stories through various communication channels

Acknowledgements

The Regional Health Division acknowledges the valuable contributions of staff from regional local health districts, NSW Health entities, committee chairs and members and community organisations in the development of this report.

Key terms

Consumer	People who use, have used, or are potential users of health services. While some consumers have formal roles (such as being a Consumer Representative or Patient Leader), others do not and may not want to. All perspectives are valuable, and no one can represent all consumer perspectives. Different people and services might use terms such as: patients, clients, users, service users and residents.
Consumer/ community representative	A health consumer who has taken up a specific role to provide advice on behalf of consumers, with the overall aim of improving health care. These individuals draw from their personal experience to provide information and advocacy for those who use health services. Consumer Representatives work with the health system to improve healthcare in ways that matter most to patients, families and carers. This document uses the term 'consumer/community representatives' to encompass patients, family members or carers with lived experience, or people representing the health views of distinct groups in the community. It is not a requirement that a consumer/community representative possess significant experience with applying their lived experience to these roles. It is important to note that like any skill or role there is a diversity of proficiency and experience.
Community	A group or groups of people or organisations who share common local or regional interests or characteristics. These may include but are not limited to culture, language, religion, beliefs, geographic location, gender or profession. Individuals may identify with more than one community and may represent various interests.
Local health committee	<p>Local health committees offer formal opportunities for the community to provide input in local health services.</p> <p>It is the body/group supporting local community engagement and health advocacy in a regional local health district.</p> <p>A committee may be known by other names such as:</p> <ul style="list-style-type: none"> ▪ 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

Understanding our local health committees

Community involvement in local health decision making plays a vital role in keeping people living in regional, rural and remote NSW healthy. The important work of structured local committees helps us shape health services into the future.

Local health committees offer formal opportunities for the community to provide input into local health services. These committees may be known by names such as Local Health Council, Local Health Advisory Committee, Community Advisory Committee, Community Advisory Group or Community Consultation Committee.

The Regional Health Division of NSW Health is committed to improving health outcomes and access to health services for people living in regional, rural and remote NSW. The division is supporting local health districts to strengthen their committees by building connections, sharing learnings and partnering for capability development across the system.

We partnered with local health committees to capture their experiences and reflect on their perspectives. The valuable insights gained through this consultation have contributed to the development of a report detailing the strengths, challenges and reinvigoration opportunities for local health committees.

Key themes from the review have inspired five guiding principles to reinvigorate and promote community engagement through local health committees.

Comprehensive consultation took place with local health committees in all regional local health districts (see Figure 1) as well as Ministry of Health branches and NSW Health entities, including the Agency for Clinical Innovation and Clinical Excellence Commission.

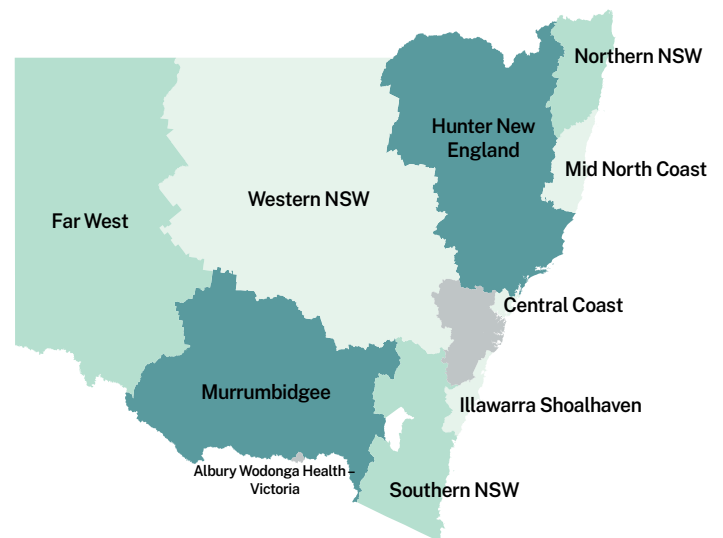
This work complements the NSW Regional Health Strategic Plan 2022-2032 (*Priority 4. Keep communities informed, build engagement, seek feedback*) which identifies targeted strategies and priority actions to strengthen regional health outcomes over the next decade. The Regional Health Plan responds to the unique challenges regional NSW faces with strategies focused on regional workforce, integrating primary and hospital care, access to care and community engagement.



"I am truly privileged to be part of the committee network and to help in many different ways. Health has become my passion, as is my passion for the community."

Local health committee member

Figure 1. Regional NSW local health districts



Engaging with our communities

This report focuses on community engagement through local health committees and provides guidance for districts and services. Community engagement involves working with communities in a range of ways that aim to inform, consult, collaborate, co-design and empower (see Figure 2).

The cornerstone of community engagement is listening to and learning from communities about the issues and topics that matter to them. Health services can better serve their communities when they understand the expectations of members.

Local health committees are one approach for health services to engage with communities. As community-led engagement evolves, local health committees will be supported and empowered to engage with communities in a range of ways.

While by their very nature and geography regional communities are diverse, they have shared experiences when it comes to community engagement.

In regional areas community engagement plays an important role in strengthening relationships with local health services and improving health literacy among the community. This helps build community resilience which has been evident in recent years amid a series of natural disasters, pest plagues and the global COVID-19 pandemic.

Some community members, having lived experience with the health system, bring a consumer perspective to the table. Consumers are experts about their health condition and this experience is often the catalyst for joining a local health committee.

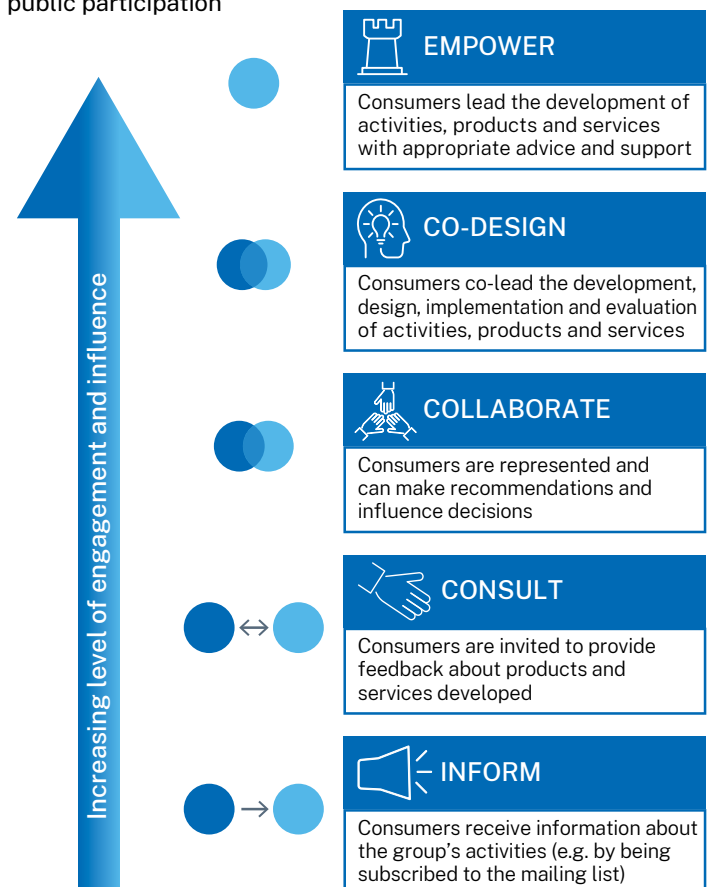
As well as those who bring a consumer perspective to local health committees, there is a significant proportion of members who have professional experience in the health system. Members who possess a combination of health system knowledge and community identity help to build the capabilities of local health committees.



“The most important thing for partnering with community and engagement is listening, not telling.”

Health Consumers NSW, 2015

Figure 2. Agency for Clinical Innovation spectrum of public participation



The spectrum of public participation. Adapted with permission: International Association for Public Participation

Listening to our communities

Regional local health committees and local health districts told us about the strengths and challenges they face as well as opportunities for improvement. We also looked at international practices that have supported and strengthened community engagement and considered the learnings for regional NSW.

This is what we heard:

Community engagement through local health committees

To strengthen and support community engagement through local health committees, key considerations may include:

- A coordinated approach to community engagement.
- A shared understanding and common language.
- The Australian Commission on Safety and Quality in Healthcare National Standard 2 *Partnering with Consumers* complements, but should not exclusively guide, community engagement through local health committees.
- There is an opportunity to explore a range of approaches to community engagement and contribute to the growing evidence of how to better engage communities through local health committees.

Local health committees in regional NSW

Committees across regional local health districts are similar in the following ways:

- Most local health districts are seeking to improve and strengthen community engagement through local health committees. This includes broader engagement on health services planning with their local community.
- Committee members are mostly supportive of the need for improvement.
- Committees function as a 'trusted convenor' of community voices and a bridge between the community and the health service.
- All committees have terms of reference in place to govern the way they work.

- Generally topics for discussion are generated by the health service such as seeking consumer perspectives on safety and quality issues or being consulted on new projects.
- Committees aim for around 10 community members. Representatives from the local health service and the Board of the local health district may also be involved with the committee.
- Committees find their reach within the community is hard to measure despite engaging in a range of awareness and promotion activities.
- Most committees engage in community-focused activities such as participation in community health and wellbeing events, advocating for local health services and representing the health needs of their community.
- Many committee members are also involved in other local health district consumer groups. For example safety and quality committees and targeted project-based groups.

Committees across regional local health districts differ in these ways:

- The number of committees ranges from one to thirty-three per district and there are more committees in local health districts with a larger geographical footprint.
- Committees may represent a service, region, or the local health district.
- Committees are managed by different teams depending on the local health district, such as Clinical Governance, Community Engagement or Communication teams.
- Committees may be chaired by community members or local health district staff. The role can also be shared between staff and community members.
- Committees may report to local health district governing bodies or health service management.
- There are different levels of connection with partner organisations such as Primary Health Networks and Aboriginal Community Controlled Organisations.
- Members may be volunteers or remunerated representatives.
- There are different resources available to coordinate, manage and recruit to local health committees across the state. For example, some districts have access to volunteer management software programs while others do not.

Disengagement and cynicism may occur when:

- Roles, responsibilities and accountability for local health committees are unclear or misunderstood.
- The advisory function of committees isn't fully utilised or the local health district is unresponsive to advice provided by local health committees.
- There are unclear processes for handling complaints and compliments raised by committee members.
- The expectations of committee members to achieve certain outcomes are not met.
- Committees feel the work they are undertaking is not valued or acted upon by the local health district.
- There is a lack of connection with and awareness of the activities of other committees when there are multiple committees within the local health district.
- Local health districts are unresponsive to local health committees or communication between the two is poor.
- Committee meetings occur exclusively online, particularly when committees are newly formed or a majority of the committee includes new members.

Strengths, challenges and opportunities**Committees work well when they:**

- Embrace teamwork and respect diverse views and experience.
 - Committee chairs set the tone by modelling NSW Health CORE values (Collaboration, Openness, Respect, Empowerment), enabling diverse perspective taking, managing conflict and escalating concerns.
 - Committees conduct frequent meetings during their formation to build effective teams.

- Are valued and supported by local health districts.
 - Member contributions are recognised through remuneration, reimbursement and non-monetary gestures of appreciation.
 - Committees have dedicated local health district representatives to assist with the smooth running of the committee and advocate on members' behalf.
 - Local health districts are transparent and accountable in their actions.
 - Committees are regarded as collaborative partners in community engagement.
- Goals are shared between the committee and local health district.
 - Local health districts and committees work together towards community engagement goals.
 - Reporting is two-way and recognises a committee's 'you said' and the local health district's 'we did'.
 - Communication between committees and the local health district is prioritised.

Committees find it challenging to:

- Operate when below their preferred size due to an inability to fill vacancies.
- Represent the diversity of the community.
- Participate in committee matters when they don't fully understand community engagement methods and the workings of the health system.
- Achieve their goals with the resources currently available to the local health district.



Committees will flourish when they:

- Have greater access to, and are known by, the community.
 - Community partnerships can provide access to community groups who otherwise do not actively engage with local health services. Consider opportunities to leverage local networks within the local health district.
 - Hold committee meetings at health facilities and schedule opportunities for members to encourage visibility and connection with the health service.
 - Set outcome-focused goals for improved community access that are monitored and evaluated regularly.
- Capture the diversity and inclusivity of the community.
 - Provide a range of ways for members to attend meetings and explore scheduling options that encourage greater attendance.
 - Encourage the sharing of broad perspectives during meetings.
 - Appoint co-chairs who can facilitate a psychologically and culturally safe space.
 - Seek out ‘cultural brokers’ or ‘community connectors’. Cultural brokers link cultural groups with health services through a trusted community representative. Community connectors are individuals who bring existing connections with the community to the health committee.
 - Provide a range of options for the community to contribute to health services including youth-friendly activities.
 - Adopt a place-based approach to community engagement.
- Are supported by local health districts.
 - Allocate resources to manage and support committees.
 - Create staff sponsor and champion networks across the local health district.
 - Align committees to the strategic and operational direction of local health districts.
 - Recruit for committee member skill mix and need.
 - Deliver onboarding and professional development programs for committee members.
 - Provide mentoring and engage in succession planning for committee members and local health district coordinators.
- Have clear direction and goals.
 - Terms of reference, including committee scope of work, are reviewed regularly to ensure they are appropriate and actionable to meet the needs of the current environment.
 - Develop agreed goals and strategies to achieve them in partnership with the local health district and review them regularly.



“Serving on the committee is a very rewarding experience. It’s knowing that you are serving the community by helping to enhance and implement services vital to the very existence of small rural communities.”

Local health committee member

Supporting and strengthening local health committees

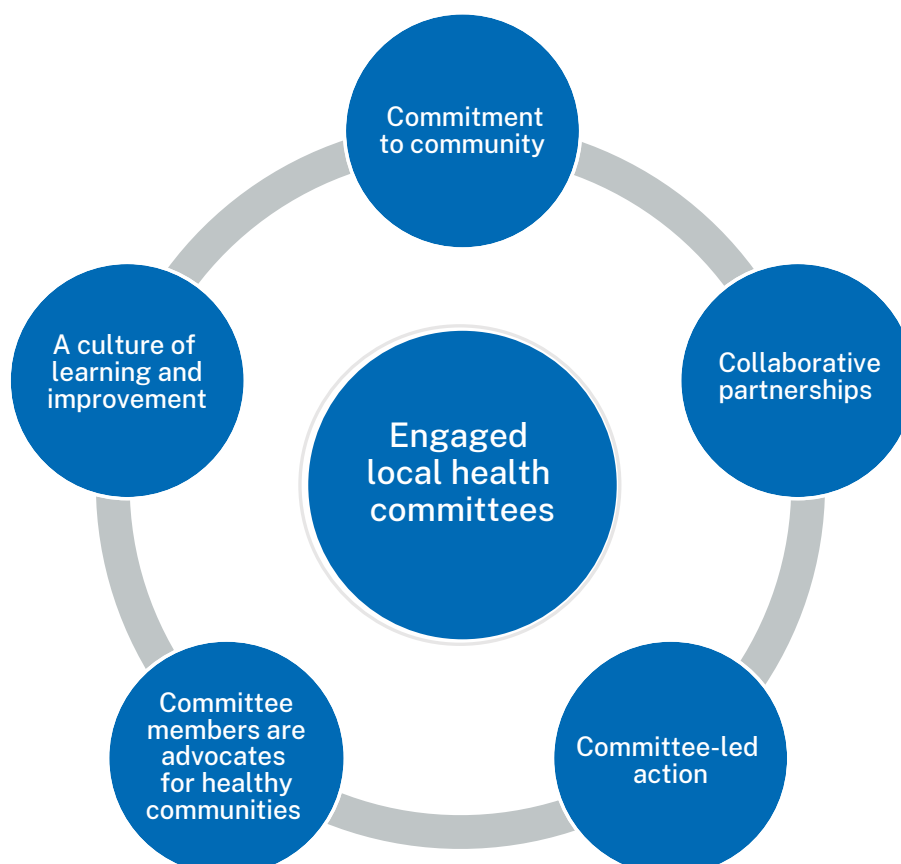
We recognise the potential for local health committee activities to exist across the spectrum of community engagement (inform, consult, collaborate, co-design and empower) and that there is a desire to seek out opportunities for improvement.

The Regional Health Division aims to support local health committees to ensure they continue to reflect the needs of their communities. To this end, we have developed five guiding principles for engaged local health committees (see Figure 3).

These guiding principles are universal so they can be applied across all regional local health committees. They complement existing local improvement programs as well as state-wide policies, guidelines and frameworks regarding community and consumer engagement.

Local health districts can support alignment with the guiding principles by ensuring there are systems, structures and processes in place to support and strengthen the capacity and capability of local health committees.

Figure 3. Guiding principles for engaged local health committees



Commitment to community

We all have a role in committing to local health committees and community engagement. This will support and strengthen our committees while cultivating credible, trusting and culturally safe relationships. Table 1 outlines key considerations for the system, the district and the committee.

Table 1. Key considerations for commitment

<p>SYSTEM – NSW Health and entities</p> <ul style="list-style-type: none"> ▪ Advocate for community engagement and local health committees ▪ Support capacity and capability development for community engagement and local health committee structures ▪ Provide state-wide guidance about community engagement and local health committee structures ▪ Support standardisation of systems and processes for committee management across the state ▪ Lead and support systemwide learning networks such as the NSW Health Engagement Leaders Network ▪ Develop governance processes for the recruitment, onboarding and management of local health committee members
<p>DISTRICT – Regional LHD boards, executive and senior managers, local health committee coordinators</p> <ul style="list-style-type: none"> ▪ Link local health committees to the district’s community engagement strategy ▪ Promote the advisory role of local health committees in district strategic and operational planning and governance ▪ Develop a staff sponsorship network for local health committees ▪ Nurture existing community partnerships and foster new ones ▪ Resource local health committees and their management appropriately including recruitment and retention of members ▪ Ensure staff involved in coordinating committees have adequate support and resourcing and consider succession planning for coordinator roles ▪ Acknowledge where other collaborative partnerships can support the local health committee ▪ Provide committees with an understanding of their community’s health profile and services ▪ Provide infrastructure (systems, policies and procedures) that empowers the committee ▪ Ensure accessible, health literate and culturally appropriate communication with local health committees that closes the loop ▪ Evaluate, monitor and report on community engagement through local health committees using outcome-focused goals ▪ Recognise the contribution of committees and their members ▪ Support the development of governance processes for members i.e. conflict of interest, code of conduct, etc
<p>LOCAL HEALTH COMMITTEE – Chair, community and staff representatives, secretariat</p> <ul style="list-style-type: none"> ▪ Fulfil the responsibilities and expectations of your role ▪ Declare all conflicts of interest ▪ Identify opportunities for collaborative partnerships and innovation ▪ Contribute to improved capability to engage with the community through mentorship and succession planning ▪ Share experiences and learnings with other local health committees and NSW Health teams ▪ Explore inclusive models for operation and embrace diverse perspectives



“I see myself as a friend of the hospital.”

Local health committee member

Collaborative partnerships

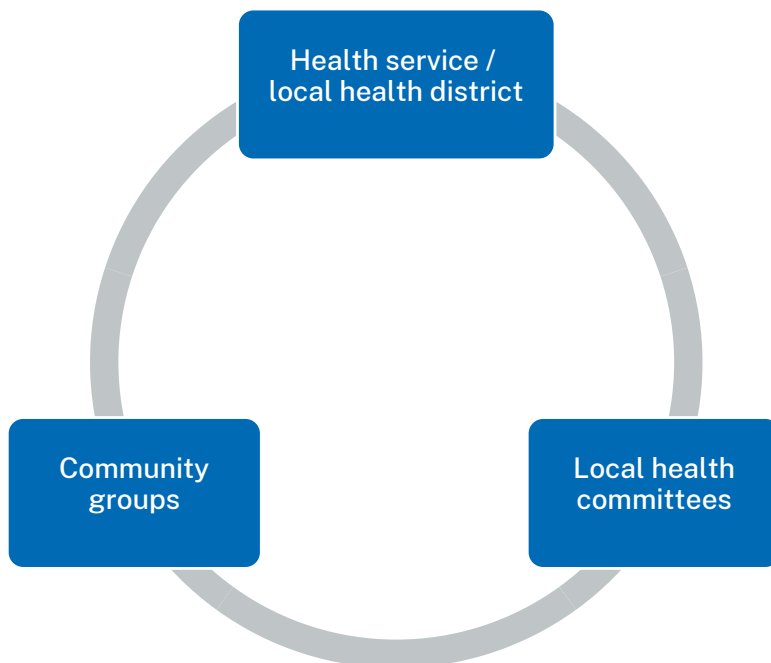
Committee members and community organisations are partners in health service community engagement through local health committees. A collaborative approach to engagement recognises and encourages shared ownership, empowerment and an understanding of the perspectives and experiences of others. Collaborative partnerships exist when partners have a shared mindset and accountability as well as respect for each other's contributions.

Key characteristics of collaborative partnerships include:

- Teamwork where diverse views and experiences are valued
- Joint understanding of the roles and expectations of committees and health services
- Mutual direction and goals that promote working together to engage the community
- Communication between partners that is clear, regular and relevant
- Accommodation of the needs of partners to enable groups to contribute
- Reflection on the partnership and opportunities to strengthen relationships

'Elevating the Human Experience: our guide to action for patient, family, carer, volunteer and caregiver experiences' and the core ingredients in 'All of us: engaging consumers, carers and communities across NSW Health' guide local health committees to engage in behaviours that build collaborative partnerships.

Figure 4. Collaborative partners



"Join, you may not change the world, but things you can influence via your local health committee matter."

Local health committee member

Committee-led action

To strengthen their committees, local health districts should provide support and guidance to committee members and health staff who are involved in coordinating committees (see Table 1). Building the capability of local health committee members and health staff will strengthen committees' ability to plan, action and lead co-designed solutions. This approach will help lay the foundation for a sustainable future for local health committees.

Table 1. Capabilities and responsibilities of committee roles

Role	Capability	Responsibility
District local health committee coordinator	<ul style="list-style-type: none"> ▪ Advocate for committee ▪ Ensure participation is accessible for all interested community members ▪ Manage grievances and conflict ▪ Facilitate and practice community engagement and quality improvement ▪ Understand health services and the health system 	<ul style="list-style-type: none"> ▪ Manage and coordinate committees ▪ Monitor committee representation and support recruitment ▪ Provide additional support as required for committee accessibility ▪ Manage relationships with committee members and collaborative partners ▪ Facilitate communication between the health service, committee and community ▪ Guide and support committee members to fulfil their roles ▪ Mentor staff to support succession planning ▪ Monitor and amplify community/committee voices where necessary
Secretariat	<ul style="list-style-type: none"> ▪ Meeting administration 	<ul style="list-style-type: none"> ▪ Prepare and distribute committee papers ▪ Take minutes of meetings
Health service representative/district board member	<ul style="list-style-type: none"> ▪ Sponsor committees ▪ Practise community engagement ▪ Understand health services and the health system 	<ul style="list-style-type: none"> ▪ Promote and endorse the committee and its activities with local networks ▪ Provide information to committees to support their understanding of the health service ▪ Support committee members to influence the health service ▪ Support committee members to engage with collaborative partners ▪ Work with committee members to develop shared goals
Chair	<ul style="list-style-type: none"> ▪ Lead committees ▪ Create and maintain a safe inclusive committee culture ▪ Facilitate sharing of diverse community perspectives ▪ Manage conflict as it arises and ensure escalation to appropriate LHD staff ▪ Engage in problem solving and creative thinking 	<ul style="list-style-type: none"> ▪ Manage and administer meetings ▪ Escalate committee matters ▪ Represent committees and their members ▪ Mentor members to support succession planning
Community representative	<ul style="list-style-type: none"> ▪ Contribute to committees ▪ Engage in problem solving and creative thinking 	<ul style="list-style-type: none"> ▪ Attend and contribute to committee meetings ▪ Understand who is in the community and identify groups who are not represented ▪ Participate in planning and evaluation of committees ▪ Engage with collaborative partners ▪ Identify issues and participate in generating solutions

Committee members are advocates for healthy communities

Members of local health committees advocate for the health and wellbeing of their community. They play a crucial role in health service delivery by linking communities and local health services.

Committee members relate to their community through shared personal, professional, cultural and social connections, and are able to bring those perspectives to the health services. Members also communicate in a way that community members understand which helps to reach those people who are either unfamiliar with, or disconnected from, health services.

A committee with greater visibility and access to its local community may contribute to improved health literacy and greater trust in health services, as well as generate heightened interest in committee membership.



“Local health committees are an essential connection for the community to tap into and their stories are useful for refining the health services to support community access.”

Local health committee coordinator

A culture of learning and improvement

A culture of learning and continuous improvement draws on best-practice examples to support and strengthen local health committees. Regular reflection, monitoring and evaluation of the performance of committees will not only indicate how they are progressing but will also encourage conversations about excellence. Having clear goals that are outcome-focused and reviewed regularly will help ensure committees remain responsive to changing conditions and community environments. Monitoring and evaluation helps local health committees determine the success of their actions and can guide the future direction of the committee’s work.

There are several ways the committee and the local health district can monitor and evaluate activities, as outlined in Figure 5.

Local health committees may refer to Priority 4 of the Regional Health Plan: *Keep communities informed, build engagement, seek feedback*, for guidance on success measures.

Figure 5. Examples of success measures and evaluation methods for local health committees

Success measures

- **Process:** How well have we consulted with our community? How well have we promoted the committee within the community?
- **Outcome:** Did we achieve our goals?
- **Impact:** What occurred as a result of our activity in the short and long term?
- **Experience:** How do members feel about our committee’s activity?
- **Learning and innovation:** What did we learn? Can we repeat or scale our activity?
- **Capability and capacity:** What skills and resources did we need to achieve success?
- **Investment:** Was the activity cost-effective?

Evaluation methods

- **Reflective learning:** Scheduling time to review and discuss experiences and to identify opportunities for improvement
- **Committee rounding:** Committees visiting other committees to learn about their activities
- **Surveys and polls:** Asking a group of people a set of questions
- **Forums and focus groups:** Discussing topics in a group setting
- **Feedback phone line or email:** Capturing verbal or written feedback

Recommended resources

NSW Health

- [All of us: engaging consumers, carers and communities across NSW Health](#) –due for release in 2023
- [Guidelines for the remuneration and reimbursement of Consumer Representatives](#) –due for release in 2023
- [Elevating the Human Experience: our guide to action for patient, family, carer and caregiver experiences](#)
- [Balancing power](#) –Agency for Clinical Innovation
- [Making participation safe](#) –Agency for Clinical Innovation
- [Co-design toolkit](#) –Agency for Clinical Innovation
- [Partnership foundations](#) –Agency for Clinical Innovation

Health Consumers NSW

- [Community and Consumer Engagement Model \(2015\)](#)
- [Health consumer representation, engagement and participation training](#)

Public Health England

- [Health matters: community-centred approaches for health and wellbeing \(2018\)](#)

Healthcare Excellence Canada

- [Engagement-capable environments](#)

The Kings Fund

- [Collaborative Pairs Programme \(2016\)](#)
- [Place-based partnerships explained \(2022\)](#)

World Health Organisation

- [Community engagement: a health promotion guide for universal health coverage in the hands of the people \(2020\)](#)

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