

TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

INTRODUCTION

The Community and Public Health Advisory Committee and the Disability Support Advisory Committee are Statutory Committees of the Board of the Canterbury District Health Board (CDHB), established in terms of Sections 34 and 35 of the New Zealand Public Health and Disability Act 2000 (the *Act*). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the CDHB, and will apply from 19 March 2020.

The CDHB has determined that the same body of persons shall comprise both Committees and that the meetings shall be combined into one meeting. The membership of the joint Committee shall include some members with a specific interest in disabilities and some with a specific interest in community and public health. For ease of reference, the Committee shall be referred to as the “Community and Public Health and Disability Support Advisory Committee” (CPH&DSAC).

FUNCTIONS

The Community and Public Health and Disability Support Advisory Committee has specific aims and functions prescribed within the Act (Schedule 4, Clauses 2 & 3). These apply to the roles of the two separate Advisory Committees, which form the joint Committee, and exist in addition to these Terms of Reference. A summary of these functions and aims is set out below.

“The functions of the Community and Public Health and Disability Support Advisory Committee, with respect to Community and Public Health, are to provide advice and recommendations to the Board of the DHB on:

- *the needs, and any factors that the committee believes may adversely affect the health status, of the resident population of the DHB; and*
- *priorities for use of the health funding provided.*

The functions of the Community and Public Health and Disability Support Advisory Committee, with respect to Disability Support, are to provide advice and recommendations to the Board of the DHB on:

- *the disability support needs of the resident population of the DHB, and*
- *priorities for use of the disability support funding provided.”*

The aim of this advice is to assist the disability support services that the CDHB provides or funds, along with the policies it adopts, to promote the inclusion and participation in society, and maximise the independence of people with disabilities within the resident population of the CDHB.

The Committee will effect these functions by:

- Ensuring the health and disability support needs of the community are reflected in the CDHB strategic planning process by contributing to and reviewing the draft Annual Plan, SI Regional Services Plan, and make recommendations to the Board.
- Providing input into the development of strategies and policies related to the health needs and disability support issues of the community, and make recommendations to the Board in respect to these.

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- Identifying Key Priority Actions from the Annual Plan and other strategic plans to monitor progress. (Management will report on key deliverables and measurable achievements associated with these Key Priority Actions.)
- Monitoring and reporting to the Board on performance against the Canterbury Health System Framework, with a particular emphasis on public health issues, including those related to earthquake recovery, housing, environmental issues (especially drinking water, clean air) and other issues relating to the determinates of health. The Committee will also monitor health services contracted or provided by the CDHB, but noting the primary responsibility of the Hospital Advisory Committee in respect to monitoring of provider arm services. Management will assist in this process by providing appropriate reports and briefings aligned to the CDHB Outcomes Framework. (Responsibility for the monitoring of individual contracts rests with management.)
- Monitoring and supporting the implementation of the Canterbury and West Coast Health Disability Action Plan.
- Reviewing information regarding environmental and demographic changes within which the CDHB is working.
- Monitoring and reporting to the Board on progress against strategies and plans in respect to Maori and Pacific health and progress on reducing disparities in Maori and Pacific health.
- Advocacy on health need related issues and health related disability issues, including establishing relationships with other organisations and disability support service providers within the CDHB area, where relevant and appropriate to the work of the Committee.
- Providing advice to the Board on the priorities for funding that maximise the overall health gain for the population that the Committee serves, as prescribed in the Board's accountability documents.

SUBMISSION PROCESS

In addition to the above functions, the Community and Public Health and Disability Support Advisory Committee will have a role in the preparation of submissions on health issues by the CDHB to Territorial Local Authorities (*TLAs*), Select Committees, Central Government and other organisations, noting the primary role of the CDHB Board in approving such submissions.

KEY PROCESSES

- The Board approves the Annual Plan and associated Regional Plans and any individual strategies developed to meet the health and disability needs of our population.
- The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy; the New Zealand Disability Strategy; and the Canterbury and West Coast Health Disability Action Plan.
- Reports being presented to the Committee should identify how they link to the CDHB Outcomes Framework.
- Any paper or piece of work being presented to the Committee should identify how it links to the Annual Plan (the annual workplan of the CDHB).
- Any update on progress with implementation must identify the risks or barriers to the delivery of the strategies.
- The Committee will prepare an annual workplan designed to implement its Terms of Reference.

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ACCOUNTABILITY

The Community and Public Health and Disability Support Advisory Committee is a Statutory Committee of the Board, and as such its members are accountable to the Board and will report regularly to the Board.

- Members of the Community and Public Health and Disability Support Advisory Committee are to carry out an assessment role, but are not to be advocates of any one health sector group. They are to act in an impartial and objective evidence based manner (where evidence is available), for the overall aims of the Committee.
- Legislative requirements for dealing with conflicts of interest will apply to all Community and Public Health and Disability Support Advisory Committee members, and members will abide by the CDHB's Media Policy; its Conflict of Interest and Disclosure of Interest Policy; Gift, Sponsorship, Donations and Corporate Hospitality Policy; and with its Standing Orders.
- The Committee Chair will annually review the performance of the Community and Public Health and Disability Support Advisory Committee and members.

WELLBEING HEALTH AND SAFETY

Support, promote and monitor the continuance of a culture of wellbeing health and safety at the CDHB and ensure that the wellbeing health and safety risks faced by the Board are appropriately understood, mitigated and monitored, and ensure that the Board receives regular reports in regard to meeting its wellbeing health and safety obligations.

LIMITS ON AUTHORITY

The Community and Public Health and Disability Support Advisory Committee must operate in accordance with directions from the Board and, unless the Board delegates specific decision making power to the Committee, it has no delegated authority except to make recommendations or provide advice to the Board.

- The Community and Public Health and Disability Support Advisory Committee provides advice to the Board by assessing and making recommendations on the reports and material submitted to it.
- The Community and Public Health and Disability Support Advisory Committee should refer any issues that fall within the Terms of Reference of the other Board committees to those committees.
- Requests by the members of the Community and Public Health and Disability Support Advisory Committee for work to be done by management or external advisors should be made via the Committee Chair and directed to the Chief Executive or their delegate (Principal Administrative Officer).
- There will be no alternates or proxy voting of Committee members.
- The management team of the CDHB makes decisions about the funding of services within the Board approved parameters and delegations.

RELATIONSHIPS

The Community and Public Health and Disability Support Advisory Committee is to be cognisant of the work being undertaken by the other committees of the CDHB to ensure a cohesive approach to health and disability planning and delivery, and as such will be required to develop relationships with:

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- The Board
- Consumer groups
- Management of the CDHB
- Clinical staff of the CDHB
- Manawhenua Ki Waitaha (MKW)
- The community of the CDHB
- Other Committees of the CDHB

TERM

These Terms of Reference shall apply until March 2023, at which time they will be reviewed by the newly elected Board of the CDHB, who will also review membership of the Committee to ensure an appropriate skills-mix.

MEMBERSHIP OF THE COMMITTEE

The Chair of the Community and Public Health and Disability Support Advisory Committee will be a member of the Board and will be appointed by the Board. The Board may also appoint a Deputy Chair to the Committee. Other members of the Community and Public Health and Disability Support Advisory Committee will be appointed by the Board and may be both CDHB Board members and external members. In selecting members, the Board will have regard to the need for the Committee to comprise of an appropriate skill mix, including people with special interests in community and public health, disability, Maori and Pacific health issues. The Board will comply with the requirements of the Act and provide for Maori representation on the Committee by appointing a representative nominated by MKW in addition to other external appointments in accordance with policy adopted by the Board in December 2012.

The Chair and Deputy Chair of the Board will be ex-officio members of the Committee (if not appointed to the Committee by the Board), and will have full speaking and voting rights at all meetings of the Committee.

- Board members who are not members of the Committee will receive copies of agendas and minutes of all meetings electronically, and may attend any meetings of the Committee with speaking rights for those meetings that they attend.
- The Board will not appoint to the Community and Public Health and Disability Support Advisory Committee any member who is likely to regularly advise on matters relating to transactions in which that member is specifically interested. All members of the Community and Public Health and Disability Support Advisory Committee must make appropriate disclosures of interest.
- The Chair, Deputy Chair and members of the Community and Public Health and Disability Support Advisory Committee will continue in office for the period specified by the Board, or until such time as:
 - the Chair, Deputy Chair or member resigns; or
 - the Chair, Deputy Chair or member ceases to be a member of the Hospital Advisory Committee in accordance with clause 9 of Schedule 4 of the Act; or
 - the Chair, Deputy Chair or member is removed from office by notice in writing from the Board.
- All Community and Public Health and Disability Support Advisory Committee members must comply with the provisions of Schedule 4 of the Act, relating in the main to:
 - the term of members not exceeding three years;
 - a conflict of interest statement being required prior to nomination;

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- remuneration; and
- resignation, vacation and removal from office.

MEETINGS

The Community and Public Health and Disability Support Advisory Committee will meet regularly as determined by the Board, with the frequency and timing taking into account the workload of the Committee.

- Subject to the exceptions outlined in the Act, the date and time of the Community and Public Health and Disability Support Advisory Committee meetings shall be publicly notified and be open to the public. The agenda, any reports to be considered by the Committee and the minutes of the Committee meeting will be made available to the public as required under the Act.
- Meetings shall be held in accordance with Schedule 4 of the Act and with the CDHB's Standing Orders.
- In addition to formal meetings, Committee members may be required to attend workshops or forums for briefings and information sharing.

REPORTING FROM MANAGEMENT

- Management will provide exception reporting to the Community and Public Health and Disability Support Advisory Committee to measure against performance indicators and key milestones as identified by the Committee.
- Management will also provide the Community and Public Health and Disability Support Advisory Committee with updates on the work of other government agencies or TLAs that may affect the health status of the resident population of the CDHB.
- Management will provide such reports and information as necessary to enable the Committee to fulfil its statutory obligations.

MANAGEMENT SUPPORT

- In accordance with best practice and the delineation between governance and management, key support for the Community and Public Health and Disability Support Advisory Committee will be from staff designated from the Chief Executive Officer from time to time who will assist in the preparation of agendas, reports and provision of information to the Committee in liaison with the Chair of the Committee.
- The Board may appoint advisors to the Community and Public Health and Disability Support Advisory Committee from time to time, for specific periods, to assist the work of that Committee. The Committee may also, through management, request input from advisors to assist with their work.

REMUNERATION OF COMMITTEE MEMBERS

In accordance with Cabinet Guidelines and the CDHB's Fees and Expenses Policy, members of the Community and Public Health and Disability Support Advisory Committee will be remunerated for attendance at meetings at the rate of \$250.00 per meeting up to a maximum of ten meetings per annum, total payment per annum \$2,500.00. The Committee Chair will be remunerated for attendance at meetings at the rate of \$312.50 per meeting, again up to a maximum of ten meetings per annum, total payment per annum

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\$3,125.00. Ex officio members are not remunerated. These payments may be reviewed by Ministerial direction from time to time and will be revised to comply with any Cabinet/Ministerial amendments.

- These payments are made for attendance at public meetings and do not include workshops.
- Any officer or elected representative of an organisation who attends committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive remuneration.
- The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at committee meetings whilst being paid by their employer.
- Reasonable attendance expenses (ie., reasonable travel-related costs) for Committee members may be paid. Members should adhere to the CDHB's travel and reimbursement policies.

Adopted by Board: 19 April 2018.

Amended by Board: 21 March 2019.

Amended by Board: 19 March 2020.