

POLICY	COMMUNITY HEALTH GROUPS
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Purpose The Nelson Marlborough District Health Board adopts this policy for the operation of the CHGs so that both the board and the groups have an understanding of their respective roles, the expectations they can have of each other and can work together for the benefit of the wellbeing of the people of the region.

Background Community Health Groups (CHGs) were first established (as Community Health Committees) by Nelson Marlborough Area Health Board. They were subsequently operated under the auspices of the Central Regional Health Authority and then in June 1998, the Health Funding Authority cancelled their support of the CHGs.

In the Nelson Marlborough region, a number of the existing CHGs continued to function “because they believed they could and should still provide a needed service to their communities”. (*Community Health Groups’ submission to NMHS, October 2000*)

The Area Health Board had a policy for the operation of the committees and the Central Regional Health Authority had a Memorandum of Understanding with the CHGs.

Principles The NZ Public Health and Disability Act 2000 gives a clear requirement to DHBs to involve their communities in the planning and provision of health services, starting from one of the objectives of DHBs being:

“to foster community participation in health improvement, and in planning for the provision of services and for significant changes to the provision of services” (S22(1) h)

Nelson Marlborough District Health Board is committed to this objective and sees CHGs as one avenue through which community participation can be facilitated.

In addition, the Board will need to make efforts to enable participation from a very wide range of groups and individuals, including service providers, general practitioners, professional associations, staff groups, statutory agencies and non-governmental organisations (NGOs). The Board sees CHGs primarily as a way of involving members of the general public and thus they will complement the participation of these other groups.

Community Health Groups are also mentioned in Appendix 3 of the New Zealand Health Strategy as a possible way for DHBs to ensure that informal consultation takes place freely.

It is recognised that the Board’s relationship with CHGs is new and will evolve and develop over a period of several months.

Nelson Marlborough DHB and its Advisory Committees may not implement anything which is inconsistent with national policies and strategies. It is therefore expected that the CHGS will be support these policies and strategies also. (For example: New Zealand Health Strategy and NZ Disability Strategy.)

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Scope This policy is developed under the umbrella of the Board's Policy on Community Involvement which puts in place a range of mechanisms to support the Board's relationship with the community.

Functions of CHGs Community Health Groups have similar aims as the DHB in that they all aspire to improve, promote and protect the health of the community and promote the inclusion and participation in society and independence of people with disabilities.

CHGs can be of maximum support to the DHB if they: are well informed about local needs; have readily accessible networks; and have broad community representation.

Specific functions for CHGs are:

1. Involvement in Strategic and Service Planning

CHGs may have input into identifying such things as issues, options and priorities to assist the Board in its processes for:

- Identifying health and disability support needs.
- Strategic planning.
- Annual planning.

2. Liaison between the local community and the Board

CHGs may assist the Board to keep in touch with its communities through such activities as:

- Sharing information through networking, distribution of reports, convening meetings, etc.
- Assisting NMDHB with setting up and hosting local events;
- Providing comment on policies and projects from a locality point of view, e.g. making submissions, participating in workshops and public meetings;
- recommending appropriate methods of reaching local people and distributing information.

3. Community Eyes and Ears

- Raising any matters that need to be drawn to the attention of the DHB, e.g. any factors that might adversely affect the health of the community;
- Sharing of information from the community with the Board and assisting with collection and interpretation of community information.

4. Health Education and Promotion

- Actively promoting health in their own communities, in conjunction with the DHB Public Health Services.

Functions of the DHB in relation to CHGs

1. Provision of Information

The Board will share information with the CHG as much as possible, including:

- Health needs information.
- National policies and other relevant reports.
- NMDHB planning processes, discussion papers etc.

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- Statement of Intent, annual plans, annual reports.
- Information sessions/meetings.
- Encouraging CHGs to assist the Board and vice versa.

2. Undertaking Community Consultation

The Board will, as part of its planning and funding work programme, consult with the community through:

- Setting out proposals which have not yet been finally decided on;
- Providing sufficient information about the proposal, within a reasonable timeframe, to allow meaningful responses;
- Evaluating all responses received;
- Making final decisions and communicating these to those consulted;
- Providing some opportunities for discussion between the CHG and the Board or Advisory Committees.

3. Resources

- Providing some funding for CHGs to carry out their functions.
- Providing some administrative support for CHGs.
- Providing a point of contact for CHGs to have access to the DHB (Board and management).

In addition to the limited base funding to cover administrative and other functions, when the Board specifically requires the CHG to undertake some work on its behalf, the Board will cover the direct costs of that work from its own resources. There may, from time to time, be project funding available for projects meeting certain criteria (specific to the funding available) and for which CHGs could apply.

Structure and Operation of CHGs

1. Membership of CHGs

Primarily the Community Health Groups should be a forum for consumers and lay community people. CHGs may want to achieve a balanced group membership that is representative of their community as much as possible. Consideration should be given to the role of health and disability professionals and providers in a CHG. They will have other avenues to provide their input into the DHB, but their presence on the CHGs can be beneficial.

Groups should develop a democratic selection process for members. Issues they may wish to consider include:

- the number of members of the group;
- the term of membership, achieving continuity as well as allowing for new perspectives;
- who is eligible/ineligible for membership;
- rules around co-opting members;
- ways to achieve a group with membership that reflects the community.

The Board can offer advice as required. NMDHB will want to be aware of the selection process and of who the CHG members are, with updates as changes occur.

2. Operating procedures

CHGs will develop their own requirements for meeting procedures and how

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they operate. The Board can offer advice as required. Factors to consider include:

- Frequency of meetings – e.g. monthly, 6-weekly, as required;
- Office holders – what is necessary and what are they expected to do;

3. Linkages

To carry out their functions the CHGs will need to be in contact with a variety of people and groups. The main ones are:

- Their own community: The CHGs will provide input and feedback to the NMDHB based on consultation with identified community sources. They will need to find ways of being accessible to and in touch with their local community, e.g. personal experience, word-of-mouth, use of media, having open meetings and/or public forums, contact with key people in the community. They will need to report to their community about their activities.
- Board staff: The Board will establish a key contact/liaison person for each CHG as the primary linkage with the Board as an organisation. This person will:
 - receive and distribute information;
 - answer queries or refer to a more appropriate person;
 - facilitate input from CHGs into formal consultation;
 - provide advice to CHGs, as required, on such things as operating procedures and planning strategies;
 - attending meetings of the CHG from time to time.

There will be opportunities for discussion directly between the CHG and the Board and its Advisory Committees in line with the Board's policies on community involvement.

4. Establishment/Orientation

CHGs are generally geographically-based and initiated by the community. The Board can give guidance to a community considering the establishment of a group.

The Board can assist with orientation for members and providing other information that might be needed for the establishment and operation of groups, e.g. legislation; health strategies; key Board information such as personnel, structure and processes.

5. Accountability

The CHG is accountable to its community and will need to establish procedures for reporting back to their community. As a minimum, it is anticipated that the group would provide an annual report, including a financial report, to the Board and to the community.

A Memorandum of Understanding will be signed with the Board and regularly reviewed.

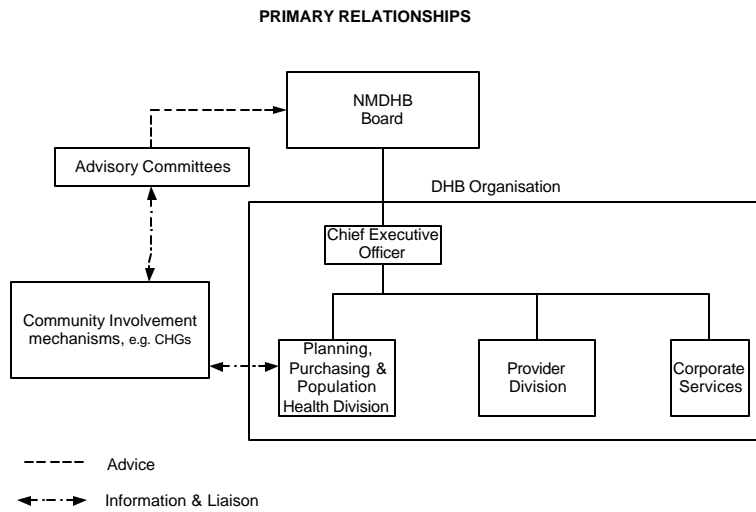
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Relationship to Board and Committees

See diagram below.

Associated documents

NMDHB Policy on Community Involvement (BD/01/0001)



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DRAFT MEMORANDUM OF UNDERSTANDING

Purpose

This MOU represents an agreement by which to improve communication, collaboration and understanding between the Nelson Marlborough District Health Board (the Board) and the _____ Community Health Group (CHG).

The Board and the CHG reserve the right to modify or add to the MOU as necessary. Changes will be made only after they are agreed to the satisfaction of both parties.

Preamble

The Nelson Marlborough District Health Board and _____ CHG wish to enter into a relationship to exchange information on health and disability support issues and needs in the area of _____.

The Nelson Marlborough District Health Board recognises that the CHG can help facilitate the DHB's understanding of health and disability issues from a community perspective, within their specific geographic region, and that they can facilitate access for the NMDHB to consult with that community on health and disability needs and issues.

The CHG recognises that the DHB will be responsible for planning and purchasing of health and some disability services for the people of the region and needs to become informed about the community's view. The Board will use the CHGs as a way of facilitating formal and informal consultation on local, geographically-based health and disability support issues and needs.

The relationship takes place within the context of the Board's policies on community involvement with the DHB.

The Community Health Group agrees to:

- Work together with the DHB within the context of the Board's Policy on Community Health Groups.
- Identify and establish the procedures to be used for linking with and reporting back to their community.
- Be a liaison channel between the local community and the Board, e.g. facilitate the Board's consultation with the community through sharing information, advising on appropriate methods for the community and assisting with carrying these out and providing comments and submissions on planning reports and papers.
- Be the community's 'eyes and ears' by raising any matters that need to be drawn to the Board's attention and by distributing and collecting information within the community.
- Work in conjunction with the DHB's Public Health Services to promote health in their community.
- Keep the DHB informed of the group's activities.

The Nelson Marlborough District Health Board agrees to:

- Work together with the CHG within the context of the Board's Policies on Community Health Groups.

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