

COMMUNITY CONSULTATIVE COMMITTEE

Phillip Island Community Hospital

Terms of Reference

Background	<p>Ten community hospitals in the locations of Craigieburn, Cranbourne, Pakenham, Phillip Island, Sunbury, Torquay, City of Whittlesea, Eltham area, Point Cook and Fishermans Bend were announced by the Victorian Government in November 2018.</p> <p>These community hospitals will provide Victorians with more access to health care closer to where they live. Services will vary across each site and include a range of clinical and social services. Community hospitals provide an opportunity for better integration of health and social care services, particularly for children and families.</p> <p>The Phillip Island Community Hospital will be an expansion of the services provided by the Phillip Island Health hub run by the Bass Coast Community Health Service operating on Church Street in the heart of Cowes. This will accommodate additional public health and urgent care services:</p> <ul style="list-style-type: none">• general medical, specialist and allied health appointments• pharmacy services• women's health, including sexual health and family planning• social support services, such as housing assistance and financial aid• paediatric care, including allied health• diagnostic services, including pathology and imaging• public dental services• chronic disease management• community mental health assessment• alcohol and drug services• complex renal dialysis• day chemotherapy• day surgery• after-hours urgent care• rehabilitation support. <p>Design work will commence at the start of 2019 with works to be done by 2024.</p>
Program objectives	<p>The community hospitals will:</p> <ul style="list-style-type: none">• enable care to be provided locally and ensure every family can get the care they need, whenever they need it• deliver public services inclusive of integrated primary (medical, nursing and allied health) and secondary (medical specialist, dialysis) care services• deliver a range of early intervention, primary paediatric and chronic disease management programs aimed at managing health needs locally and reducing unnecessary attendance at larger hospitals• provide an opportunity to bring greater vitality to the community by providing not only a place to come when families and individuals need treatment but by co-ordinating investment with local organisations, it will be possible to build thriving health precincts in growing towns, that can support health and wellbeing of the local community

	<ul style="list-style-type: none"> • deliver new and expanded publicly funded services targeting and preventing poor health and wellbeing outcomes in communities with vulnerable or at-risk members • provide additional service capacity in alternative settings that enables diversion of appropriate services from hospitals delivering more complex care, for example, primary care type presentations and chronic disease management • contribute to reforms such as primary care reform, value-based care reform, community health reform.
Rationale	A community consultative committee (CCC) is being established to engage with key parts of the community, including those actively engaged in community hospital-related services (service providers, carers, patients, families and volunteers). Through design the CCC will have representation from diverse and often marginalised members of the community. This Terms of Reference outlines how the CCC will operate and fulfil its role.
Purpose and role of the CCC	<p>The role and purpose of the CCC is to:</p> <ul style="list-style-type: none"> • work with the Department of Health and Human Services (the department), the Victorian Health and Human Services Building Authority (VHHSBA), local government, local health services and key community advocates to create and support a culture and environment where community involvement is valued and effective through the project • identify opportunities for community involvement and ensure that community members are supported to participate in both the consultation process, as well as ongoing development and operations of the community hospital • understand the views of the community and provide advice to both the project delivery team and the Minister for Health • monitor the emerging issues, concerns, opportunities and priorities of the community related to the development • ensure there is a clear communication between community and the project.
Membership foundation, selection process and responsibilities	<p>Foundation membership:</p> <ul style="list-style-type: none"> • Chair of Committee appointed by the Minister for Health • representative of the governing health service • representative of local community health services • representative of local government • representative of the governing health service Community Advisory Committee • representative of the local Aboriginal Community Controlled Health Organisation • representative of the department or VHHSBA. <p>In addition, a maximum of 15 additional members representing the diversity of the community will be selected through an Invitation and an Expression of Interest process. These positions will be advertised via social media and newspaper advertisements.</p> <p>Membership will be reviewed after 12 months.</p>
Membership selection	<p>There will be a selection criterion for members. It will include (but not be limited to):</p> <ul style="list-style-type: none"> • representation from advocates or individuals who represent broader groups that may access the community hospital's services • representation from advocates or individuals who have an interest in bringing greater vitality to the community through building a thriving health precinct that can support the health and wellbeing of the local community. <p>Appointments will be made by the VHHSBA Chief Executive in consultation with the Chair.</p>
Membership responsibilities	<p>Member responsibilities are to:</p> <ul style="list-style-type: none"> • represent their community's perspective in discussions and decisions • canvas views, opinions and issues from their peers outside the CCC, as required • take the non-confidential outcomes of CCC discussions and decisions to their peers

	<ul style="list-style-type: none"> • promote the work of the CCC as widely as possible • sign a Code of Conduct which includes an agreement of confidentiality • be respectful of other CCC members, ensure principles of integrity are maintained, and are accountable with fulfilling their responsibilities as outlined in the Code of Conduct. • actively engage with people and / or advocacy groups who may access hospital services to help inform design. These would include but not be limited to: <ul style="list-style-type: none"> – patients and/or advocacy groups of mental health services – patients and/or advocacy groups of alcohol and drug services – patients and/or advocacy groups of family safety services – advocacy groups and/or parents with a chronically ill child or children – patients and/or advocacy groups of physical disability – patients and/or advocacy groups of chronic disease services – key community ethnic groups – local Aboriginal and Torres Islander community – LGBTIQ representatives and / or advocacy groups • actively engage with service delivery partners.
Role of VHHSBA	<p>The VHHSBA Communications and Engagement unit will:</p> <ul style="list-style-type: none"> • support the Chair in facilitating the effective running of the CCCs • provide a framework for community engagement which the CCCs can implement • provide support and advice to individual CCC members wherever appropriate to support involvement in appropriate activities.
Media enquiries	<p>Internal communications support will be provided by the department’s central communications and the VHHSBA communications team.</p> <p>While the Chair will be the spokesperson for the group to the media and broader community, the department’s Chief Communications Officer must approve all public communications relating to the community hospital or the work of the CCC.</p> <p>It is important to ensure accurate and consistent information is provided to the media on a timely basis. Therefore, members of the CCC are not authorised to speak with the media, unless express approval is received in advance from the Chair of the CCC and the department’s Chief Communications Officer. Any breaches of this will be treated seriously and the membership of those involved will be reviewed, with the possible consequence being permanent removal from the CCC.</p>
Meeting frequency	<p>Meetings will be programmed as required or otherwise determined by the CCC.</p> <p>They will be co-ordinated to accommodate efficient reporting and decision-making where appropriate.</p>
Resolving problems and disputes	<p>Disagreements and problems will be dealt with in a courteous manner. At all times focus must not be on blame or face-saving activities but in real and satisfactory joint resolution. Further, it is important that any issue is resolved in a timely manner to avoid escalation beyond remedy.</p>
Confidentiality and conflicts of interest	<p>Members must maintain confidentiality of meeting discussions and be aware of and declare any conflicts of interest.</p>