WAIMAKARIRI HEALTH ADVISORY GROUP

TERMS OF REFERENCE

1. Background

The Waimakariri Health Advisory Group (WHAG) was established in 2004 to act as a medium through which the health needs of the people in the Waimakariri area can be expressed and, where possible through community action, addressed.

2. PURPOSE

The purpose of the Waimakariri Health Advisory group is to:

- Provide advice to the Waimakariri District Council on health issues
- Be a forum for health issues to be discussed, with shared solutions and approaches being supported and encouraged

3. FUNCTION (SEE FIGURES 2 AND 3)

Waimakariri Health Advisory Group is representative of the community groups, health providers, health consumers, and other relevant stakeholders in the local health and wellbeing sector. It has been established to act as a forum to:

- Act as an information conduit for emerging health and wellbeing issues. E.g, through Council, Community Boards, Social Services Waimakariri, PHOs, CDHB.. E.g. by utilising the Waimakariri District Council Annual and Long Term Planning processes to advocate for community health and wellbeing issues and needs, as appropriate.
- Advocate for health needs in the Waimakariri District
- Provide community feedback for consideration in Health Promotion plans
- Utilise the Waimakariri District Council Annual and Long Term Planning processes to advocate for community health and wellbeing issues and needs, as appropriate.

4. PRACTICE

The Waimakariri Health Advisory Group will:

- Use evidence-based data to inform the identification of priority issues
- Report annually to Waimakariri District Council's Community and Recreation Committee on the part the Waimakariri Health Advisory Group has played in contributing to the improvement in health and wellbeing of the local population.
- Identify opportunities to engage with new stakeholders or stakeholder groups related to health and wellbeing

5. MEETINGS

- WHAG meets on a bi-monthly basis on the first Tuesday of the month, from 5.30 -7pm in the Committee Rooms, Waimakariri District Council, 215 High Street, Rangiora.
- An independent Chair shall be appointed. The position will be for a 3-year tenure, with provision for the incumbent to be reappointed by the group.
- Membership shall be reviewed at least annually to ensure that it reflects an appropriate representation of the local health and wellbeing sector.
- Members are to submit a report on relevant activities and will be invited to share two
 or three key items as part of the meeting agenda.
- Other agenda items should be forwarded to the Chair at least one week prior to the meeting, or flagged at the start of as potential 'General Business.'
- A quorum shall consist of five members, plus the Chairperson

6. WHAG REPRESENTATION (SEE FIGURE 4)

The following representation ensures a wide range of community voices to advise on health issues in the Waimakariri District.

- Independent Chair
- GP representative (sharing with Nurse Rep)
- Community Nurse or other health provider E.g. Physio/OT/Alternative Health Practitioner/Midwife-
- Practice Nurse representative
- Waimakariri District Councillor appointee
- Iwi representative (appointed by Runanga- vacant)
- Older Persons Advocate
- Disability Advocate
- Mental Health Advocate (vacant)
- Child Health Advocate
- Secondary School Advocate (vacant)
- RCPHO Practice Support Navigator and Health Promoter
- Pegasus Health PHO Rural Health Manager
- Council staff (ex-officio members of the committee)
- Youth Health representative(s) (Vacant)
- MSD representative (not for a long time)
- Pharmacist's representative (not for a few years)
- Community Board appointments

7. CRITERIA AND TERMS OF MEMBERSHIP

Applications are currently sought from the community, by way of public advertisements and appointments are made subject to criteria ensuring geographical, gender and interest balance on WHAG. Preference is given to those who:

- are applicants with an existing affiliation to the local health sector,
- live/work in the Waimakariri District,
- have existing community networks,
- can and will commit to participation in a monthly meeting, will provide a report monthly and actively communicate with other WHAG representatives as well as others involved in their area of representation
- are be prepared to participate in project work that may arise.

Appointments are made on a three-year rotation, with an option to carry on

A report is to be provided to the Council staff member.

If three consecutive meetings are missed without an apology or an explanation being tendered, membership will cease and a new representative sought.

Fig 2: Process for addressing Health and Wellbeing Issues

