

NT Health, Health Advisory Committee Terms of Reference

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Acronyms	Full form
NT	Northern Territory
NT HAC	NT Health Advisory Committee
HSA	Health Services Act 2021

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1. Background

The Northern Territory Health, Health Advisory Committee is a community representative committee providing advice to the Chief Executive through the Northern Territory Health Leadership Committee (NTHLC).

- The *Health Services Act 2021* (HSA) established a single integrated entity responsible for the delivery of health services, as defined by section 9 of the HSA.
- The System Manager is the CEO of the Agency (NT Health), in accordance with section 15 of the HSA.
- One of the functions of the System Manager is to ensure there are appropriate mechanisms for consultation across the regions in the Northern Territory.
- The System Manager can establish advisory panels under section 21 of the HSA with the powers necessary to perform this function.

2. Purpose and Role

The role of NT HAC is to:

- Support timely and effective communication between the community and NT Health;
- Provide advocacy for issues of importance to the community from a system-wide perspective;
- Provide advice to the Chief Executive (CE) and NT Health Leadership Committee (NTHLC) on pertinent issues affecting the health, well-being and cultural values of the NT community;
- Provide input and guidance in the development and implementation of NT Health's strategic plans;
- Engage in consultation with consumers of the health services, their families and carers, and the broader community to inform provision of advice on health care issues;
- Provide feedback to the CE/NTHLC on the experience of health service consumers, their families and carers and the effectiveness of health service delivery;
- Provide advice into the planning and operation of health service activities and supporting systems to support NT-wide commissioning processes;
- Report quarterly to the NTHLC on the HAC's business; and
- Report annually to the CE NT Health on the HAC's business.

The NT HAC supports NT Health's core purpose to deliver better health for all Territorians and the central values of diversity, ethical practice, respect and courage, and in line with the National Safety and Quality Health Service (NSQHS) Standards, Standard 2: Partnering with Consumers.

PARTNERING WITH CONSUMERS: The health service

- a) Involves consumers in partnerships in the governance of, and to design, measure and evaluate health care; and
- b) Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community.

DIVERSITY: Ensure the person with the health care need is at the centre of culturally safe practice, free from racism and discrimination.

ETHICAL PRACTICE: Demonstrate ethical practice, a commitment to social justice and equity, working with integrity and being accountable for our decisions and actions.

RESPECT: Be respectful and compassionate when working together and with others.

COURAGE: Be courageous and brave in our leadership.

3. Functions

NT HAC supports the high-level decision making processes of NT Health (inclusive of the Department of Health and Northern Territory Regional Health Services) through provision of advice, information to, consultation with, and advocacy on behalf of the people and communities served by NT Health.

NT HAC will provide a Territory-wide focus to ensure appropriate and necessary community input and engagement in health service planning and responsiveness of NT Health to the needs of Territorians. The Committee will also facilitate the identification and consideration of community priorities in the development and implementation of the strategic goals and directions of NT Health.

4. Specific Responsibilities

The committee must:

- Ensure the best interests of the users of the health service are the main consideration in all decisions and actions;
- Strive to provide access to safe, high-quality health services in the NT;
- Strive to achieve health equity for Aboriginal people (incorporating principles of local decision-making and cultural safety);
- Ensure engagement with key stakeholders (clinicians, consumers, community members and local primary healthcare organisations) in planning, developing and delivering health services and shaping local service delivery according to local needs; and
- Acknowledgement that private providers and community organisations play a significant role in delivering health services to the community and will continue to be partners with government to achieve coordinated and integrated health services.

5. Governance

The NT HAC is a community representative committee providing advice to the Chief Executive through the NT Health Leadership Committee.

The NT HAC Terms of Reference are complemented by the NT Code of Conduct and HAC Member Position Description.

5.1. Chair

Following consultation with the membership, a Chairperson and Deputy Chairperson will be appointed by the Chief Executive from the members. Where possible, either the Chairperson or Deputy Chairperson will identify as Aboriginal and/or Torres Strait Islander.

The Chair is responsible for ensuring that the roles and responsibilities of the Committee, as set out in the Terms of Reference, are fulfilled.

The Deputy Chair will preside over meetings when the Chair is unavailable.

5.2. Secretariat

The Secretariat will be provided by the Office of the Chief Executive. This includes scheduling of meetings, preparation of agendas, maintaining an actions and results register and collating papers as required.

5.3. Proxies

Proxies are not an option for this committee and only member attendance is suitable.

5.4. Frequency of Meetings and Quorum

- The Committee will meet quarterly.
- One or more special meetings may be held to meet specific responsibilities.
- The Chair must call an out-of-session meeting if requested by the Chief Executive.
- A quorum is deemed as the majority of committee members (half full members plus one).
- Decisions will be made by consensus or majority view rather than formal vote. Where there is no majority view, this will be recorded as a result, in place of a decision.
- Committee members must attend a minimum of three (3) meetings in the twelve month period. Attendance may be in person or via teleconference (Microsoft Teams). Failure of a member to attend a minimum of three meetings per annum may result in the Chair recommending termination of appointment to the Chief Executive.
- A Chief Executive approved member of the NTHLC will attend all or part of each meeting and will participate as an ex-officio member and act as the Executive Sponsor. If the Executive Sponsor is unable to attend, the Chief Executive may send a proxy and will notify the Chair of the proxy arrangements prior to the meeting.
- The Chief Executive will attend the NT HAC meetings from time to time as available.

5.5. Recording of Meetings

- Agenda
- Minutes
- Actions

Agenda items will be requested three weeks prior to meetings. The Chair may determine that a proposed agenda item be dealt with out-of-session.

Final Agenda will be approved five (5) days prior to meeting and circulated by Secretariat to members.

Briefing papers for approved Agenda items to be submitted to Secretariat no later than seven (7) days prior to meeting.

The Chair may approve the inclusion of late / high risk/ urgent Agenda items under Other Business.

Draft Minutes will be circulated by the Secretariat within seven (7) days of the meeting.

5.6. Regional Consumer Engagement Groups (RCEGs)

RCEGs are advisory bodies established within identified health service delivery regions that provide an avenue for consumers, carers and communities to present a consumer perspective on the provision of health services in their local region. RCEG members are appointed by the NT HAC and support the Committee to consider local issues and input into the broader system-wide responses.

RCEGs report to the NT HAC through the provision of meeting minutes and may elevate significant issues to the NT HAC for deliberation and advice.

6. Membership

NT HAC members are appointed by the Chief Executive from across the Territory to ensure appropriate and necessary local community input and engagement in health services planning and responsiveness to local needs.

6.1. Composition

The Committee will comprise a minimum of eight (8) and a maximum of twelve (12) community members.

Appointment to the committee will:

- Occur as directed by section 21 of the HSA.
- Ensure membership reflects a sufficient mix of gender, background, skills and expertise which includes individuals with one or more of the following characteristics:
 - Health care consumer
 - Carer
 - Remote or very remote place of residence
 - Culturally and linguistically diverse (CALD) background
 - Minimum of three (3) members who identify as either Aboriginal or Torres Strait Islander. *(If no applicants received from persons identifying as Aboriginal or Torres Strait Islander, NT Health should actively seek to recruit suitable members)*
 - Other relevant stakeholder for the health system
 - Representation from each of the five (5) health service regions (Top End, Big Rivers, East Arnhem, Barkly and Central Australia)
- Exclude current employees of NT Health, the Commonwealth Department of Health, or the NT Health Primary Health Network.
- Support members being appointed for an initial term of up to three years with potential for re-appointment for a single three year term.
- Ensure extension of appointments for NT HAC members will be subject to a public Expression of Interest (EOI) process.
- Ensure short extensions of appointment for periods of up to three months are considered by the Chief Executive for members whose terms are expiring.

6.2. Responsibilities

Members are expected to:

- Have a suitable understanding for and commitment to the HSA and relevant National Health Reform Agreement (NHRA);
- Display a strong commitment to and advocate for the promotion of broad community interest topics as opposed to issues of special interest to individuals;
- Promote compliance with all relevant legislative, NT Government and NT Health policy requirements;
- Support the development of NT Health as an exemplar organisation;

- Access information relating to meetings or other matters to be addressed to support personal contribution at each meeting;
- Promote and comply with the NT HAC Terms of Reference;
- Adhere to the Northern Territory Government Code of Conduct;
- Maintain confidentiality;
- Promptly declare any perceived, potential or actual conflicts of interest to the Chair; and
- Support and implement decisions of the Committee.

6.3. Sitting Fees

NT HAC members who are non-NTG employees will be remunerated as outlined in the NT Government Boards Handbook. NT Government employees will not be eligible for remuneration. Payment will be made by electronic funds transfer into a nominated bank account and superannuation will be paid to the member's nominated superannuation fund.

All committee members are entitled to reimbursement for an NT Working with Children Clearance (or renewal) and National Police Clearance (criminal history check).

Claims for reimbursement including receipts must be submitted to the Secretariat no later than seven (7) business days after a meeting. For taxation purposes, committee members must keep written evidence for five (5) years from the date of tax return lodgement. Reimbursements for expenses received by the Secretariat will be processed through Accounts Payable for payment into the nominated bank account.

7. Confidentiality

- Information obtained and used by the Committee is subject to the requirements under the *NT Information Act 2002* and to the information release, storage and security guidelines applicable to NT Health.
- Confidentiality agreements will be signed by each member at the commencement of their term of membership.
- Members must not use or disclose any information obtained by the Committee except as part of meeting the Committee's responsibilities, or unless expressly agreed by the Chief Executive.
- The Chair will advise of confidential items as they arise. Members and guest speakers are also required to clearly indicate if any information disclosed to the Committee is confidential. In such circumstances, all members acknowledge their responsibility to maintain the confidentiality of associated disclosed information.

8. Conflict of Interest

- Any conflict of interest should be declared annually and/or as they arise. Members will provide annual written declarations to the committee through the Chair to the Chief Executive declaring any material personal interests they may have in relation to their responsibilities.
- At the commencement of each committee meeting members are required to declare any material personal interests that may apply to specific matters on the meeting agenda.
- The Chair will decide the course of action to be taken and a member may be required to take absence from the meeting during discussion of an agenda item.
- Members are to comply with the Code of Conduct and elements of the employment arrangements established by the *NT Public Sector Employment and Management Act 1993*.

9. Review

The Chief Executive will undertake an annual review of the performance of the HAC to ensure it is operating efficiently, effectively and appropriately in accordance with the Terms of Reference.

The Committee may review the Terms of Reference and/or membership with any suggestions to be formally approved by the Chief Executive.