

NT Health, Regional Community Engagement Group Terms of Reference

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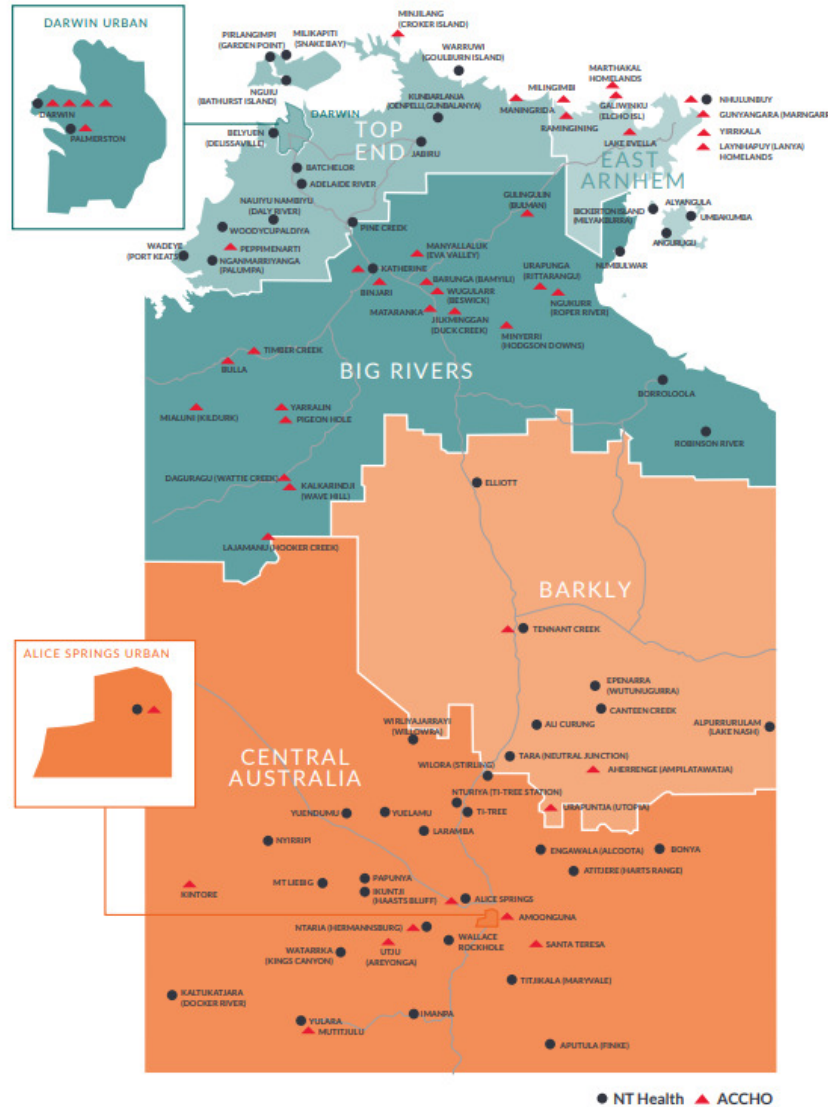
Acronyms	Full form
NT	Northern Territory
RCEG	Regional Community Engagement Group

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1. Background

Regional Community Engagement Groups (RCEGs) are the regional consumer groups established within each of the five identified health service delivery regions of the Northern Territory to provide a consumer perspective on health service planning and the provision of health services in their local region.



NT Health Regions

- Top End (including Greater Darwin)
- East Arnhem
- Big Rivers (including Lajamanu, Pine Creek & Douglas Daly)
- Barkly (including Ampilatwatja)
- Central Australia

2. Governance

RCEGs report to each of the Executive Directors for the Regions they represent, and through Standard 2 Committee to the System Manager.

The System Manager is the CEO of the Agency (NT Health) in accordance with section 15 of *The Health Services Act 2021* (the Act).

The functions and powers of the System Manager are outlined in section 16 of the Act, and include ensuring there are appropriate mechanisms for consumer consultation across all regions in the Northern Territory.

Each RCEG enhances local input into system-wide responses and improves coordination and communication between the community and the health system resulting in more effective planning and delivery of health services that meet the needs of communities.

The RCEG Terms of Reference are complemented by the Northern Territory Public Sector Code of Conduct.

3. Purpose

The purpose of the RCEGs is to:

- promote communications between the regions and the community
- provide a voice for consumers, carers and the community to the NT Regional Health Services through the local health service
- identify and provide advice on key regional health service issues
- support NT Health's vision of Great health for all Territorians and the central values of being Safe, Responsive and Kind
- support a health service-wide approach to achieving compliance with National Safety and Quality Health Service, Standard 2: Partnering with Consumers.

4. Role & Responsibilities

4.1. Responsibility of RCEG members

RCEG members are responsible for:

- being active in the community with strong community networks and a sound understanding of local issues and the capacity to reflect on and present consumer, carer and community issues rather than focusing on personal concerns or individual issues
- facilitating two-way communication between consumers, carers and community groups about regional health service issues
- acknowledging that private providers and community organisations play a significant role in delivering health services to the local community and will continue to be partners with government to achieve coordinated and integrated regional health services
- provide advice to the Regional Executive Director on health service issues.

4.2. Responsibility of Regional Executive Directors

Regional Executive Directors are responsible for:

- the direct management, coordination and maintenance of their RCEG
- providing support, advice and a contact point for the RCEG members
- ensuring RCEG reporting requirements are met
- regular attendance at RCEG meetings to inform the group about updates at the regional level.

5. Membership

RCEG members are appointed by the Regional Executive Director to ensure appropriate and necessary local consumer input and engagement in health service planning and responsiveness to local needs. When member terms expire, members seeking reappointment should provide a simplified Expression of Interest renewal, to

identify any change in circumstances. The renewal form will ensure the member is still active in the community. Reappointment is for an additional 3 years with no maximum term.

5.1. Composition

RCEGs will be comprised of a minimum of five (5) and a maximum of ten (10) consumer members.

Appointment to the RCEG will:

- ensure, where possible, membership reflects a sufficient mix of gender, background, skills and expertise, including representation of the region's communities including remote, regional and urban
- 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 renewal of membership via Expression of Interest for an additional three-year term. There is no maximum term.
- ensure short extensions of appointment for periods of up to three months are considered by the Regional Executive Director for members whose terms are expiring.

Members may resign their position at any time by providing written advice to the Regional Executive Director directly or through the relevant RCEG Chair.

5.2. Chair

The RCEG Chair and Deputy Chair will be appointed by the Regional Executive Director. The terms of the Chair and Deputy Chair will be aligned with their current appointments as RCEG members.

Where possible, either the Chairperson or Deputy Chairperson will identify as Aboriginal and/or Torres Strait Islander. The Deputy Chair will preside over meetings when the Chair is unavailable.

The Chairperson will:

- work within the RCEG Terms of Reference to promote and role model the NT Health vision and values
- ensure the roles and responsibilities of all members, as set out in the Terms of Reference, are fulfilled
- encourage input from members that is diverse and offers lateral and creative ideas and solutions to health and service issues
- ensure each agenda item is addressed appropriately and items are assigned to appropriate members or representatives for action
- have appropriate skills and experience.

6. Accountability and Reporting

6.1. Progress Plans

Within the first three months of each year, a draft work plan for the coming 12 months will be developed. The progress plan will identify how the RCEG aims to undertake its role and the support needs of that role. This progress plan will be provided to the Regional Executive Director.

The progress plan will include simple and relevant evaluation criteria to enable the RCEG to assess and gain feedback on its progress and areas to build upon including:

- key regional health issues
- communication strategies
- achievements in relation to consumer input into health service improvement.

6.2. Annual Reporting

RCEGs are to submit an annual update report (for the previous year) to their Regional Executive Director for inclusion in the NT Health Annual Report.

Annual reports should be brief and outline the following

- key priorities, activities, and achievements
- regional health issues and opportunities
- lessons learnt and future plans.

7. Meeting and Communication Procedures

7.1. 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 Regional Executive Director.
- 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 Regional Executive Director.

7.2. Secretariat

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

7.3. Agenda and Minutes

Agenda items will be requested three weeks prior to meetings. The agenda will be circulated by the secretariat to all members in a timely manner prior to meetings.

Minutes in the form of key issues and actions will be recorded for each meeting and circulated to all members for information and action as required.

7.4. Proxies

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

7.5. 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 except as part of meeting the Committee's responsibilities, or unless expressly agreed by the Regional Executive Director.
- The Chair will advise of confidential items as they arise. Members and guest speakers are also required to clearly indicate if any information disclosed is confidential. In such circumstances, all members acknowledge their responsibility to maintain the confidentiality of associated disclosed information.

7.6. Conflict of Interest

- Any real, potential or perceived conflicts of interest should be declared at the commencement of each meeting, or as they arise. Members will provide annual written declarations to the committee through the Chair to the Regional Executive Director 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 take absence from the meeting during discussion of an agenda item.
- The Northern Territory Public Service Code of Conduct provides practical guidelines on the use of information by public sector officers and services as a useful guide for board members.

8. Remuneration / Sitting Fees

RCEG members who are non-NTG employees will be remunerated in line with the current Classification Structure Determination (CSD) signed by the Administrator of the NT. 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, when applicable.

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.

9. Review

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