

# Health Advisory Committees

## Terms of Reference

JUNE 2017

## 1. Purpose

The two NT Health Advisory Committees are established to promote and facilitate community consultation and engagement to assist in shaping health service delivery for people in the Northern Territory.

## 2. Scope and Objectives

The two NT Health Advisory Committees support the high-level decision making processes of their respective Health Service (Top End Health Service or Central Australia Health Service) through provision of information to, consultation with, and advocacy on behalf of, the community served by the Health Service. Committees will provide a regional focus to ensure appropriate and necessary local community input and engagement in health services planning, and responsiveness of the Health Service to local needs. Committees will also facilitate the identification and consideration of community priorities in the development and implementation of the strategic goals and directions of the Department of Health and Health Services.

## 3. Roles and Responsibilities

### 3.1 Roles

The roles of the Health Advisory Committees are to:

- 3.1.1. Enable timely and effective communication between the community and Health Service
- 3.1.2. Provide advocacy to advance issues of importance to the community
- 3.1.3. Provide advice on pertinent issues affecting the health, well-being and cultural values of the community
- 3.1.4. Provide input and guidance in the development and implementation of the Department of Health's and relevant Health Service's strategic plans
- 3.1.5. Engage in consultation with consumers of the health services, their families and carers and the broader community
- 3.1.6. Provide feedback on the experience of health service consumers, their families and carers
- 3.1.7. Provide feedback on the effectiveness of health service delivery
- 3.1.8. Provide local advice into the planning and operation of health service activities and supporting systems
- 3.1.9. Report annually to the Chief Executive Officer of the Department of Health on the Committee's business

## 3.2 Responsibilities

Health Advisory Committee members are responsible for:

- 3.2.1 Attendance at meetings (specified below)
- 3.2.2 Accessing information relating to meetings or other matters to be addressed
- 3.2.3 The declaration of any conflict of interest

## 4. Membership

Each Health Advisory Committee will comprise a minimum of eight members and not more than eleven members.

### 4.1 Appointments

Appointment to the Committee will occur:

- 4.1.1 As directed by the Minister
- 4.1.2 To ensure membership reflects a sufficient mix of background, skills and expertise which includes individuals with one or more of the following experiences or attributes:
  - Health care consumer
  - Carer
  - Identification as Aboriginal or Torres Strait Islander
  - Clinician or administrator in an Aboriginal Community Controlled Health Organisation (ACCHO)
  - Clinician (current or former)
  - Remote or very remote place of residence
  - Other relevant stakeholder for the health system
- 4.1.3 To enable, as far as practicable, appointment of even numbers of women and men
- 4.1.4 Only for people residing within the region covered by the Health Advisory Committee i.e. Top End region or Central Australia region. Membership drawn from across the region is preferred.
- 4.1.5 Based on a three year term of appointment with the potential for reappointment for a single three year term, with initial appointments being for one, two or three years to ensure an appropriate balance of continuity and renewal.

### 4.2 Chairperson

A Chairperson will be appointed by the Minister from among the members, following consultation. The Chairperson is responsible for ensuring that the roles and responsibilities of the Committee as set out in the Terms of Reference are fulfilled.

### 4.3 Meetings

- 4.3.1 Health Advisory Committees will be required to meet four times in any twelve month period.
- 4.3.2 In addition to ordinary meetings, special meetings may also be called as initiated by the Committee Chairperson
- 4.3.3 The quorum for a meeting is a majority of members
- 4.3.4 Decisions will be made by consensus or a majority view rather than formal vote. Where there is no majority view, this will be recorded as the result, in place of a decision.
- 4.3.5 Committee members must attend a minimum of three meetings in the twelve month period specified. Attendance may be by video- or teleconference if an individual notifies in advance of a meeting that they are unable to attend that meeting in person. No proxies will be allowed.
- 4.3.6 Secretariat support will be provided by the Health Service.
- 4.3.7 The Health Service Chief Operating Officer will be in attendance at each meeting, and will participate as an ex-officio member. If unavailable for a meeting, the Chief Operating Officer may send a proxy, following notification of the Chairperson.

### 4.4 Remuneration

- 4.4.1 Health Advisory Committee members will be remunerated as outlined in the *NT Government Boards Handbook: A guide for members and administrators of Northern Territory boards and committees*, according to classification **Class C2 – Advisory and Review Bodies (Expert High Impact)**.