

Health Advisory Committees

Terms of Reference

December 2018

1. Purpose

A Health Advisory Committee was established for the Top End Health Service and Central Australia Health Service to promote and facilitate community consultation and engagement to assist in shaping health service delivery for people in the Northern Territory following governance changes and dissolution of the Health Service boards in 30 June 2017.

2. Scope and Objectives

The Health Advisory Committees (HACs) support the high-level decision making processes of their respective 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
- 3.2.4 Adhering to the Code of Conduct
- 3.2.5 Maintaining Confidentiality requirements

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 HAC i.e. Top End region or Central Australia region. Membership drawn from across the region is preferred.

4.1.5 Members will be initially appointed for terms of up to three years (one, two or three years to ensure an appropriate balance of continuity and renewal) with the potential for reappointment for a single three year term.

4.1.6 Extensions of appointments for HAC members will be subject to a public Expression of Interest (EOI) process.

4.1.7 Short extensions of appointment for periods up to three months will be considered by the Minister for members whose terms are expiring.

4.2 Chair

Following consultation a Chairperson will be appointed by the Minister from among the members. The Chair 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 The Health Advisory Committees are required to meet quarterly in any twelve month period. Additional meetings may also be scheduled at the direction of the Committee Chair.

4.3.2 A quorum for a meeting is deemed to be the majority of committee members (half full members plus one)

4.3.3 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.

- 4.3.4** Committee members must attend a minimum of three meetings in the twelve month period. 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. A member who is absent without advance notice for non-attendance will be required to provide reasons in writing to the Committee Chair. Failure to attend a minimum of three meetings per annum may result in the Chair recommending termination of appointment to the Minister.
- 4.3.5** The Health Service Chief Operating Officer will attend each meeting and will participate as an ex-officio member. If unable to attend, the Chief Operating Officer may send a proxy and is required to notify the Chairperson.
- 4.3.6** 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. All papers produced by the HAC are for the exclusive use of the membership and any information that is to be made publicly available related to Committee must be approved by the Chair.
- 4.3.7** Secretariat support will be provided by the Health Service.

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)**. Payment of remuneration will be processed by the Department of Health payroll services [via PIPS](#) (the NT Government's payroll system) to comply with taxation [PAYG](#) and [Superannuation Guarantee](#) requirements for the period of a member's appointment. Payment will be made by way of electronic funds transfer into a nominated bank account and superannuation will be paid to the member's nominated superannuation fund.

4.5 Travel for meetings

The cost associated with members travelling to attend committee meetings will be met by the Health Service. The Health Service HAC Secretariat will arrange bookings and payment of airfares and accommodation where relevant.

Members are entitled to accommodation for the night prior to the meeting, if the distance travelled is more than 200 kilometres or time taken to travel is more than 2.5 hours, with consideration for flight times and availability. Members are also entitled to accommodation on the night of the meeting if it is not feasible to return directly after the meeting.

4.5.1 Health Advisory Committee members who reside more than 50 kilometres outside the meeting location are eligible for:

- Travel Allowance to cover meals and incidentals
- Sitting fees for travel time (refer to clause 7 of the *Northern Territory of Australia Assembly Members and Other Statutory Officers (Remuneration and Other Entitlements) Act* Statutory Bodies Classification Structure
- Vehicle Allowance in accordance with By-Law 32 (*Public Sector Employment and Management Act*) if using their own vehicle

4.6 Reimbursement

4.6.1 All committee members are entitled to reimbursement for an NT Working With Children Clearance (or renewal) and National Police Clearance (Criminal History Check) upon submission of receipts to the Secretariat.

4.6.2 Claims for reimbursement including receipts must be submitted to the Secretariat no later than seven business days after a meeting. For taxation purposes, committee members must keep written evidence for five years from the date of tax return lodgement.

4.6.3 Reimbursements for expenses received by the Secretariat will be processed through accounts payable for payment into the nominated bank account.

4.7 Documentation

4.7.1 Committee members are expected to submit the following documentation to the Secretariat:

- DCIS Checklist for Commencement of New Board/Tribunal Members
- Board/Tribunal Members Payment Details form
- Superannuation Standard Choice Form (Australian Taxation Office)
- Tax File Number Declaration Form (Australian Taxation Office)
- Evidence of age (e.g. Driver's Licence, Birth Certificate or extract, or Passport)
- Evidence of change of name, if applicable (e.g. Legal Certificate or Passport)
- Emergency Contacts Form
- Declaration of Personal Interests
- Criminal History Check / National Police Clearance
- Working With Children Clearance
- Vendor Creation/Amendment Form
- Signed confidentiality agreement

4.7.2 Committee members will be provided with the following documentation upon appointment to the Committee:

- Meeting minutes for the preceding six months
- Future meeting dates
- Relevant accountability frameworks, policy frameworks or agreements
- NT Public Sector Code of Conduct
- NT Health Social Media Policy