**Terms of Reference**

**Top End Health Service Board Regional Community Advisory Groups**

**Background**

The Top End Health Service (TEHS) Board is governed by the "*Health Services Act 2014*" and has legislated functions which include:

* Engage and work collaboratively with the Service's community.
* Community engagement, including as an interface between the Service and its stakeholders.
* Strengthening coordination across the community and hospital sectors.
* Innovation in service delivery.
* Leading systematic improvements in communication between the Service and its community.
* Integrated service delivery.

The Department of Health and the TEHS Board recognise the benefit of developing partnerships with consumers and the community in working towards improved health for all Territorians.

Regional Community Advisory Groups (RCAGs) in Darwin, Palmerston and Rural, Katherine Region, East Arnhem region, and Top End Remote provide an avenue for consumers, carers and communities to provide a consumer perspective on Health Service provisions in their region. RCAGs will comprise of members of community organisations and/or individuals that represent a range of health consumers in the respective region. RCAGs will form a key part of the TEHS Community and Consumer Participation Strategy.

The TEHS Board will share relevant information and outcomes from RCAGs with other health service organisations in order to promote integration.

**Role**

The functions of the Regional Consumer Advisory Group are:

* Identify a minimum of three key health issues in the region that the RCAG will advocate and provide advice on over a two (2) year period.
* For consumers to have a forum for raising health care issues, care coordination and innovative ideas for service delivery for people in the region.
* To promote two way communications between the TEHS Board and the community.
* To provide strategic input on key consumer/carer issues to inform the strategic planning activities of TEHS (including governance, research, planning, design, development, service delivery, monitoring and evaluation).
* Provide consumer/carer input on TEHS activities, policies, plans and projects at the individual, program, organisation and system levels.
* To suggest and support further opportunities for consumer engagement that will promote health service improvements in the region.
* To work constructively to assist in addressing key health issues in the region.
* To provide advice and/or input into health care issues as directed by the TEHS Board.
* To report back to the TEHS Board on the work of the RCAG.

Membership

Members must:

* Be living in the relevant region, or have extensive networks in that community;
* Be 18 years of age and over (exceptions can be made for younger applicants however parental support must be obtained);
* Be able to reflect the needs and interests of a broad range of consumers, carers and communities;
* Be able to communicate the potential issues facing patients, families and carers who receive services from TEHS;
* Demonstrate a basic understanding of consumer participation principles;
* Demonstrate a basic knowledge of the Northern Territory public health care system;
* Have extensive community networks;
* Be someone people from the community will approach and talk with about health issues, and
* Be passionate about health and health care issues.

Each RCAG will have a minimum of 5 and a maximum of 7 members.

Members will advocate on behalf of the diverse health care users in the region and will elect the Chair and Deputy Chair at their first meeting.

A TEHS Board CCE Committee Board member and a TEHS staff member from the relevant region will attend RCAG meetings. A Department of Health representative may be invited to attend by the Chair of the RCAG.

Members have a duty to act honestly and in good faith, exercise reasonable skill, care and diligence in carrying out their duties, avoid conflicts of interest and not undertake improper use of information. The TEHS Board may revoke membership if a member does not act ethically, does not act in the best interests of the people of the region they are representing or uses information for their own gain.

Any member who has a direct or indirect conflict of interest in a matter under consideration by the RCAG must disclose the nature of the interest to the Chair. In the case of the Chair of RCAG having a conflict of interest, he/she must report it to the TEHS Board.

Any member who has not attended 2 consecutive meetings without reasonable explanation will be asked to confirm their ongoing commitment. The third non-attendance will be taken as a termination of membership.

**Quorum**

A quorum will be 4 members.

**Terms of Office**

Members will be appointed by the TEHS Board for a period of two years. Members may serve a maximum of three consecutive terms. Members may resign their position at any time through written advice to the TEHS Board.

**Member Responsibilities**

Regional Community Advisory Group members are responsible for:

* Gathering the views of the residents/community they represent.
* Fairly representing the views of the residents/community.
* Providing feedback after meetings to members of the community.

**Members Remuneration**

RCAG members will be reimbursed for their time according to the *Assembly Members and Statutory Offices (Remuneration and Other Entitlements) Act* Schedule of Remuneration Rates for Members of Statutory Bodies, Class 3, Advisory and Review Bodies, Ministerial Assistance. The current daily rate as at March 2015 is $304 for the Chair and $228 for eligible members.

**Meeting Frequency**

Meetings will be held quarterly.

**Meeting Support**

TEHS will provide administrative support for meetings. This includes:

* Notification of meeting dates, times, venues.
* Coordination of meeting (including teleconference facilities if required etc.).
* Preparation and circulation of agenda, minutes and papers in members preferred format.
* Recording and distribution of minutes and action lists.

TEHS or DoH representatives may be invited to attend a meeting to discuss a specific issue and provide subject matter expertise as required.

**Agendas**

Members will all have input into the agenda for each meeting. Standing Agenda items will include:

* Matters arising from previous meeting / Action items.
* Member reporting.
* Feedback from the CCE and TEHS Board.
* Date of next meeting.

The agenda and any meeting papers will be distributed 3-5 days before the meeting.

Any agenda items must be sent to the Secretariat 10 days before the meeting.

**Minutes**

Draft minutes and a meeting Communique will be distributed to members within 10 working days following each meeting and will be ratified out of session. Issues raised by groups will be advised to the Chair of CCE who will report on key issues at the next TEHS Board meeting.

Communiques from the meeting will be a public document and will be emailed out to regional stakeholders and placed on the TEHS Board website.

**Reporting**

The RCAG will report to the TEHS Board through the CCE and highlight issues that need to be raised with the Board, TEHS or DoH.

Following each meeting the minutes will be ratified by the RCAG out of session. Each meeting Communique will be provided to the CCE Committee, who will provide them through the Board to the DoH.

**Training**

DoH will support the coordination of relevant training for consumer participants in consultation with the TEHS Board CCE Committee.

**Review**

DoH will undertake an annual review of RCAG performance in consultation with the TEHS Board.