



BetterHealth NQ

Northern Queenslanders will be as healthy as all Queenslanders

Better Health NQ Alliance

Terms of Reference

1. Purpose

The purpose of the Better Health NQ Alliance (the Alliance), is to support Better Health NQ realise their vision that 'Northern Queenslanders will be as healthy as all Queenslanders'.

As a partnership we will deliver healthcare differently, invest in prevention and primary healthcare to provide earlier and improved access to services, empowering our communities to live a better, healthier life.

It is anticipated that this strategic approach, across the five northern Hospital and Health Services (HHS), Primary Health Networks (PHN), Queensland Aboriginal and Islander Health Council (QAIHC) and the Queensland Department of Health (DoH), will result in a system and service aligned northern region.

2. Principal deliverables and functions

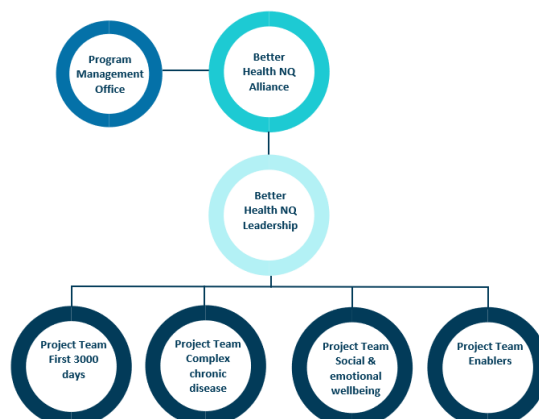
The principal function of the Alliance is to oversee the implementation of the Better Health NQ Master Service Plan and improve the health outcomes of northern residents by undertaking a collective approach to planning, designing, alliancing and commissioning of health services. The Alliance is a decision making body that will:

- Adhere to the program principles for working together; person and community centric, integration and partnership, equitable access, and transparent and respectful governance.
- Monitor and report on the Master Service Plan implementation via the three levels of long-term outcomes; person, population and system
- Establish a baseline and ongoing position for service delivery and funding across the north to inform planning
- Make recommendations about future investment decisions and priorities
- Facilitate preparation of collective submissions to governments to deliver on the Master Service Plan
- Provide resources and authorise funding for the program.

3. Governance

The Alliance is accountable to the population of Northern Queensland. The Alliance will be chaired by a member of the Alliance, to be agreed by the membership and reviewed every two years. The Better Health NQ Leadership group reports to the Alliance.

Better Health NQ Governance diagram



4. Membership

The Alliance will be chaired by the Health Service Chief Executive, Mackay Hospital and Health Service (Mackay HHS) (or delegate). Members are:

- HSCE, Mackay HHS
- HSCE, Cairns and Hinterland HHS
- HSCE, North West HHS
- HSCE, Torres Strait and Cape HHS
- HSCE, Townsville HHS
- Chief Executive Officer, Northern Queensland Primary Health Network
- Chief Executive Officer, Western Queensland Primary Health Network
- Deputy Director-General (DDG), Clinical Excellence Division
- DDG, Healthcare Purchasing and System Performance Division
- Assistant DDG, Strategy, Policy and Planning Division
- Chief Executive Officer, Queensland Aboriginal and Islander Health Council
- Two consumer representatives

5. Reporting responsibilities and relationships

The Alliance will provide a half-yearly briefing to the Director-General Queensland Health and the Commonwealth, Department of Health

The Alliance will provide an annual report to the Better Health NQ stakeholders on the progress of the work of Better Health NQ.

The Alliance works closely with Queensland Department of Health (DoH) and the Australian Government DoH to ensure a system approach to planning and system design.

6. Coordination and secretariat support

The program management office will manage and coordinate all activities of the Alliance, including secretariat support.

7. Other participants

The Chair may from time to time invite other individuals or groups to present at, or observe meetings of the Alliance.

8. Proxy

Members unable to attend in person and who do not have a delegate officially acting in their role, must send a proxy. Proxies will participate in an ex-officio capacity and must be suitably briefed prior to the meeting and are expected to participate in deliberations and contribute to the Alliance recommendations.

If the Chair is absent from a meeting or vacates the chair at a meeting, then another member will act as the Chair.

9. Meetings and submission papers

Meetings will be held bi-monthly (six per year). Meeting papers or submissions are to be submitted to the Secretariat at least two weeks prior to any meetings.

Meeting papers or submissions will be distributed by the Secretariat at least one week prior to any meetings.

10. Confidentiality

Members of the committee may be in receipt of information regarded as commercial in confidence, have privacy implications or be clinically confidential. Members acknowledge their responsibility to maintain confidentiality of all information not in the public domain.

11. Authority and decision making

The Alliance is a decision-making body and provides resources and authorises funding for the program.

12. Dispute resolution

Where a decision cannot be reached an agreed mediator will be approached.

13. Quorum

The quorum for Alliance meetings will be at least three HSCEs (or their delegates) and half plus one of the whole membership. In the absence of a quorum the meeting may continue at the Chair's discretion with any items requiring decision to be deferred and circulated, as an out-of-session item. Proxies are included in the determination of a quorum.

14. Conflicts of interest

To meet the ethical obligations under the Public Sector Ethics Act 1994, Alliance members and proxies must declare any conflicts of interest and manage those in consultation with the Chair consistent with the department's Conflicts of Interest Guideline. This may relate to a position a member holds (for example, chair of an external organisation) or to the content of a specific item for deliberation.

15. Terms of Reference

Terms of Reference will be reviewed annually.