

# Health Ministers Meeting

## Charter

The Commonwealth, State and Territory governments have a shared intention to work in partnership to improve health outcomes for all Australians and ensure the sustainability of the Australian health system.

### Purpose

The Health Ministers Meeting (HMM) provides leadership and facilitate joint decision making on health issues of national importance, and meet the following objectives:

- to collaborate, cooperate and enable consistency on enduring national strategic issues as per agreed priorities
- to identify and respond to emerging issues that impact health services for all Australians in a timely manner
- to escalate issues of national importance that require consideration by First Ministers
- to address issues requiring cross-border collaboration
- to set regulatory policy and set standards relevant to Health services
- to direct Health Chief Executives Forum (HCEF) in the implementation of decisions by HMM.

The HMM work plan will focus on priority matters and include any items tasked by National Cabinet.

The arrangements reflected in this Charter apply until and unless otherwise agreed by Health Ministers.

### Scope of responsibility

The HMM will provide an opportunity for continued cooperation on national health issues outside of the National Cabinet remit. Close engagement with Treasurers and First Ministers will be required in the development and negotiation of future funding agreements. Matters tasked through National Cabinet will be given priority.

The HMM will:

- progress a limited number of agreed national strategic priorities in line with an agreed annual work plan to be reviewed annually (noting some issues may require consideration over multiple years)
- fulfil legislative, regulatory and governance obligations that fall within the health portfolio, including in the areas of national registration and accreditation of health practitioners where not otherwise delegated to the HCEF. A summary is provided at Annexure 1.
- deliver/progress other responsibilities as delegated by First Ministers or the Council on Federal Financial Relations (CFFR)

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	<ul style="list-style-type: none"> <li>collaborate on cross portfolio priorities with other relevant ministers (for example, disability / aged care / housing).</li> </ul> <p>This scope of responsibility includes the oversight of national health reform as outlined in the 2020-25 Addendum to the National Health Reform Agreement (NHRA).</p> <p>The HMM may:</p> <ul style="list-style-type: none"> <li>direct the HCEF as, and when, required to undertake tasks</li> <li>delegate responsibility to the HCEF as required and appropriate.</li> </ul> <p>The current scope of HMM responsibility for other bodies (including those reporting through the HCEF) is demonstrated at <b>Annexure 2</b>.</p> <p>The HMM may direct relevant entities to report in some other manner as required (for example, the Australian Health Protection Principal Committee (AHPPC) reported directly to National Cabinet during the COVID pandemic). The HMM will ensure arrangements are reviewed regularly.</p>
<b>Chair</b>	<p>The Chair and Deputy Chair will be elected at a meeting of the HMM and will serve for a term of two years, unless otherwise decided by the HMM or they resign from their role.</p> <p>The Chair and Deputy Chair will assume their respective roles on the date decided by the HMM.</p> <p>The Chair and Deputy Chair positions will be agreed by a consensus of members. Where consensus cannot be achieved, the Chair and Deputy Chair will be elected by a majority vote of members.</p>
<b>Membership</b>	<p>Members of the group will be senior Ministers with responsibility for health matters in the Commonwealth and each State and Territory.</p> <p>Where the Commonwealth, States and Territories have a separate minister with responsibility for a matter of substantive discussion at a meeting, these ministers will be invited by the Chair, as appropriate. At the discretion of members, the Chair may invite guests to facilitate discussion on specific issues. The Chair may extend an invitation to the relevant New Zealand minister to participate where relevant and mutually beneficial.</p>
<b>Attendance</b>	<p>All members agree to be present at each meeting or arrange to be represented by a proxy. Proxies must have decision-making authorisation if</p>

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	<p>attending on behalf of a member. The Chair must be advised of all proxies in advance of a meeting.</p> <p>When a jurisdiction is in a period of caretaker government, the member from that jurisdiction will absent themselves from meetings and the Health Chief Executive of that jurisdiction shall attend any meetings with observer status only.</p> <p>Attendance at meetings is to be limited to Ministers, their Chiefs of Staff and Health Chief Executives and those other key personnel determined by the Chair to be required for effective discussion and decision making. The Chair will not unreasonably limit additional attendees if requested by members.</p> <p>A quorum for a meeting will be constituted by six members or their proxy (notified to the Chair before the meeting).</p> <p>Attendance will include National Health Secretariat staff who will be responsible for preparing the agenda, recording decisions, and monitoring and reporting on progress of all agreed actions. A Commonwealth notetaker will also attend. If the HMM takes place in person, a member of the host jurisdiction will also attend to provide meeting support.</p>
<p><b>Meeting preparation</b></p>	<p>The HMM will meet at least twice per year, either in person or remotely, with additional meetings as needed and agreed by members. Remote meetings will be held via telepresence or videoconference where possible.</p> <p>The structure and operation of meetings will reflect the principles of transparency, collegiality, collaboration, timeliness and efficiency consistent with the First Secretaries Group Review of Ministerial Councils 2022 and the Department of the Prime Minister and Cabinet Guidance for Intergovernmental Meetings.</p> <p>The Chair will be responsible for leading the development of the agenda and providing final approval. The Chair, through the National Health Secretariat, will call for agenda item nominations from jurisdictions prior to each meeting for consideration.</p> <p>Matters may be progressed either in formal sessions or out of session, as determined by the Chair, in consultation with members.</p> <p>Agenda items will focus on agreed key priorities, National Cabinet taskings and emerging issues in Health. Other matters will be progressed out of session, as determined by the Chair, in consultation with members.</p> <p>Any agenda items requiring a decision will be supported by a paper or presentation unless there are exceptional circumstances. Work plan items</p>

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	<p>will usually be dealt with under 'Other Business' and discussed at meetings only by exception. The HMM may approve business rules that outline these processes to support the operation of meetings.</p> <p>Agreement to list an item for discussion at a meeting will not be unreasonably withheld but may be subject to provision of an agenda paper with sufficient time to enable members to consider the issues raised.</p>
<p><b>Decision making principles</b></p>	<p>Decisions should be:</p> <ul style="list-style-type: none"> <li>• principles-based and allow individual jurisdictions to determine the best way to achieve any agreed outcomes</li> <li>• consensus based, noting that some decision -making and voting arrangements are set out in legislation.</li> </ul> <p>Where consensus or resolution cannot be reached on an agenda item in the established timeframe, consideration should be given to progressing an item through further discussion out of session between a smaller number of members and, where appropriate, a decision can be made by the Chair, or by accepting a majority vote.</p> <p>Any decision made when a member is absent, or where a decision is taken by a majority of members, does not commit that jurisdiction to a specific course of action (unless that jurisdiction's formal agreement is subsequently obtained).</p>
<p><b>Priority setting and work plan</b></p>	<p>The HMM will agree an annual work plan, for each financial year, and identify key priorities. The HCEF will provide an annual work plan to the HMM for approval.</p>
<p><b>Review and reporting</b></p>	<p>This Charter will be reviewed annually and as required.</p> <p>The HMM will receive regular progress reports on agreed actions, key priorities and other projects or work, as requested. The HMM may require the work plans of national bodies to be submitted for review and/or set reporting requirements for progress against those work plans, or as required by legislation or other national agreements.</p> <p>To ensure the intergovernmental system remains focussed on key priorities, the First Secretaries Group and National Cabinet will review ongoing ministerial meetings including the HMM every two years.</p> <p>The Chair of the HMM will provide a one-page summary of the group's achievements during the previous two years and the top three priorities for the upcoming year to National Cabinet, on request.</p>

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<b>Secretariat</b>	<p>The HMM will be supported by a National Health Secretariat hosted by one of the member jurisdictions and administered by the HCEF. The National Health Secretariat will provide secretariat services for both the HMM and the HCEF to ensure efficiency and reduce duplication of functions.</p> <p>The National Health Secretariat will support the operation of the HMM with the preparation of the agenda, in consultation with the Chair and members, coordination of papers, recording of decisions, monitoring and reporting on the implementation of agreed actions, and finalising any public statements and arranging publication.</p> <p>The National Health Secretariat is appointed by the HCEF in consultation with HMM. The host jurisdiction for the National Health Secretariat will rotate and should be reviewed every two to three years.</p>
<b>Record keeping and communications</b>	<p>Draft decisions and actions arising will be agreed in the meeting where possible, otherwise circulated within five business days following the meeting, for Ministers' endorsement. Final meeting records and other key documents will be stored on GovTEAMS as a secure shared repository. All documents remain 'Committee-in-confidence'.</p> <p>Members will consider whether any public communication of meeting outcomes is required. If required, that communication will be authorised by the Chair, facilitated by the National Health Secretariat and published on the HMM website.</p>

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### Annexure 1

#### Legislative or other obligations under:

- National Health Reform Agreement (NHRA)
- Health Practitioner Regulation National Law (as in force in participating State and Territory jurisdictions)
- National Blood Authority
  - National Blood Agreement 2003
  - Australian Red Cross Blood Service Deed of Agreement 2006
- My Health Records Act 2012
- Healthcare Identifiers Act 2010

#### Policy responsibility for:

- Australian Commission on Safety and Quality Health Care (ACSQHC)
- Australian Digital Health Agency (ADHA)
- Australian Health Practitioner Regulation Agency (Ahpra)
- National Health Practitioner Ombudsman (NHPO)

#### Policy monitoring of:

- Independent Health and Aged Care Pricing Authority (IHACPA)
- Administrator of the National Health Funding Pool (NHFP)
- National Health Funding Body (NHFB)
- Australian Institute of Health and Welfare (AIHW)
- Organ and Tissue Authority (OTA)
- National Blood Authority (NBA)

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