

Implementation Plan Advisory Group - Terms of Reference – revised September 2018

Membership

The Implementation Plan Advisory Group (IPAG) will comprise up to 14 members, including:

- Three representatives of the National Health Leadership Forum (NHLF Chair, CEO of NACCHO and NHLF Deputy Chair);
- One Torres Strait Islander representative;
- One Indigenous early childhood expert;
- Two Indigenous primary health care experts;
- Two representatives of the Department of Health (FAS and AS of Indigenous Health Division);
- Two representatives of the Department of the Prime Minister and Cabinet (AS and Senior Policy Advisor);
- One representative of the Australian Institute of Health and Welfare;
- One Indigenous health research expert; and
- One representative (Chair) of the Health Services Principle Committee's National Aboriginal and Torres Strait Islander Standing Committee (NATSIHSC)

The IPAG may also co-opt other individuals or representatives of organisations from time to time with the agreement of both Co-Chairs where special expertise or experience is required to assist the IPAG in its work.

Chair

The IPAG will be Co-Chaired by the Chair, National Health Leadership Forum, and the First Assistant Secretary, Indigenous Health Division, Department of Health. Meetings will be Co-Chaired collaboratively.

Roles and responsibilities

The role of the IPAG is to provide advice to the Departments of Health and the Prime Minister and Cabinet as they monitor and review the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023* (the Implementation Plan).

The IPAG will:

1. Review progress and provide updates on the Implementation Plan with a particular focus on assessment of actions and progress against goals;
2. Assess how the whole health system services Aboriginal and Torres Strait Islander people, including progress against social determinants and cultural determinants of health, through the Aboriginal and Torres Strait Islander Health Performance Framework and other sources; and
3. Guide action under the Implementation Plan, including addressing issues of policy and strategy that impact on the delivery of the Implementation Plan and also inform the next iteration of the Implementation Plan.

Meetings

The IPAG will meet face-to-face at least twice a year in Canberra. Additional meetings may be held by teleconference. Meeting papers and Agenda will be cleared by both Co-Chairs and be circulated two weeks in advance of meetings. Meeting papers will be considered in-confidence by all members, noting that papers will be shared with NATSIHSC and NHLF Members (unless specified otherwise). Any other material that is made available to IPAG members which is by its nature confidential, marked as confidential or that the member ought to know is confidential, will be kept secret and confidential and not disclosed to anyone outside the IPAG. The Department of Health will provide secretariat support.

The Department of Health may also seek the IPAG's advice on an 'out-of-session basis'. The Secretariat will circulate comments to members and provide a summary at the subsequent meeting.

At least one of the National Health Leadership Forum, the Department of Health, and Department of the Prime Minister and Cabinet members must be present for a quorum, including at least one Co-Chair. All Members are strongly encouraged to deputise a representative to attend a meeting on their behalf by notifying the Co-Chairs prior to the meeting.

Members will be asked to declare any actual, potential, or perceived conflicts of interest, at each meeting.

There will be no sitting fees provided for meetings; however travel costs (limited to flights/car/accommodation and taxi expenses) will be paid for by the Department of Health for subject matter experts whom are requested to attend at the agreement of the Co-Chairs.

Draft Meeting minutes will aim to be circulated for comment two weeks after each meeting.