**TASMANIAN HEALTH CONSUMER ORGANISATION**

**IMPLEMENTATION ADVISORY GROUP – MEETING 4**

**MINUTES**

27 March 2019, 1/89 Brisbane St, Hobart

**Present:** John Pauley (Consumer Representative,), Bruce Levett (Tasmanian HCO - chair), Graeme Lynch (Heart Foundation), Kate Griggs (Consumer Representative), Darren Jiggins (Consumer representative), Sue Leitch (COTA), Penny Egan (Cancer Council Tasmania), Mathew Etherington (Consumer Representative).

**Apologies:** Leanne Wells (CHF), Klaus Baur (Flourish Tasmania), Simone Favelle (Carers Tasmania), Elida Meadows (Consumer Representative), Anita Campbell (Consumer Representative), Charlie Burton (TasCOSS), Claire Hadolt (Consumer Representative).

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| **Item 1**  Welcome and Introduction – Bruce Levett (Chair)  **Attachment:** Minutes of Meeting 3. | Welcome comments included:   * All actions from Meeting 3 completed. * Minutes of Meeting 3 endorsed. |
| **Item 2.**  Constitution Principles  **Attachment:** Building a constitution  **Decision:** Endorsed subject to changes | **C. Aims or Objects of the Constitution**  The 7 objects listed for discussion at meeting 3 were condensed into 5 objects.  Discussion centred around:   * Endorsed the word “build” in object 1 as the aim is to continually build the consumer voice. * Incorporate quality health into Object 1. * Object 2 endorsed at meeting 3. * Object 3 – “consensus” was discussed in the context that there may be situations where consensus isn’t possible – this is about gaining acceptance. * Object 4 – consider the words “well informed” and “skilled” to replace effective in describing consumer participation * Object 5 – consider incorporating safe into the descriptors and replace social determinants of health with a definition of what it actually means.   **Key Actions:**   1. Update Objects based on the above feedback. |
|  | **D. Board**  A discussion on the proposed structure of the Board highlighted:   * Point b. – clarification that the Board positions will all be advertised publicly with those interested applying or providing an expression of interest. A selection panel will be convened made up of consumer members and existing Board members (or the IAG for the inaugural board). * The role description for Board members will include consumers with exposure to the health industry and have governance experience. This will ensure the Board is consumer led. * If there are vacant positions, then the Board can, if they choose, directly appoint up to 3 (three) members that may not have consumer experience but are experts in a required skill base. * This will ensure that the Board can recruit the skills it needs and at the same time, the Board will have a majority of its members being consumers. * It was outlined that members will not vote directly for Board positions but will be an integral part of the selection process.   Specifically:   * Point b - strengthen the skills set to highlight that a preference for Board Directors to be consumers who have consumer representation and experience of the health system AND have governance experience. * Point b and C. Clarify the reference to consumer-based Directors as the objective is to include this skills or attribute to all Directors recruited via advertisement. * Point d. Strengthen the wording to distinguish those Directors who are recruited via advertisement and selection panel and those Directors directly appointed by the Board (termed general Directors) * Remove reference to non-executive as all Directors are non-executive * Point e. Broaden the profile matrix from gender diversity to include a broader definition of diversity and include experience in working with not-for-profit organisations. * Point f. Endorsed chairperson to be elected by the board **can** be a Director invited directly onto the board – link points d and f. The preference is that the Chairperson ideally should have consumer / health industry exposure. * Consider expanding the length of tenue from 3 to 4 years (maximum length of each term) with the inaugural board to have a mix of positions that are 2 and 4 years in length.   Consider including observer positions that will allow those consumers who don’t have experience sitting on a board (for example, youth) to participate and gain that exposure.  **Key Actions:**   1. Endorsed consumers with appropriate governance skills make up the majority of Board positions. 2. Endorsed the initial establishment phase to involve half the board recruited for a maximum 4 years and the other half for a maximum 2 years. 3. Endorsed a public recruitment process to select the directors with consumer members being actively involved in the selection process and the board to assess and fill the remaining positions based on skill needs.   **E. Consumer Policy Standing Committee**  A sub-committee of the Board - Consumer Policy Standing Committee is proposed to provide an avenue for members (consumers) to be able to shape the policy direction of the organisation and determine issues or topics that the organisation could focus on.  Discussion included:   * Consider a name that better reflects the role of the committee * Expand membership profile to include a broader definition of diversity including “disability”. * Consider the Committee be co- chaired by a Board member * Option for regional committees to be co-chaired by the regional Board members. * Option for the constitution to not limit the size, location or scope of the Committee, but an approximate number of 45 members spread across the state appeared reasonable. * Ensure the Committee documents minutes or communique for the Board   **Key Actions:**   1. Remove specific Terms of Reference items of the Committee from the Constitution as this will be a responsibility of the Board to determine. 2. The constitution need only stipulate that the Sub-Committee needs to exist, members will inform the development of the Terms of Reference and they, together with minutes and reports etc will be made available publicly.   **F. Membership**  The issue of membership was discussed.  The question was raised that the organisation needs to be clear why people would want to become members.  A key principle for membership is that it enables (not restricts) community participation and it also enables the organisation to be agile and respond to different community needs as required.  The general principles of membership was endorsed and that it   * be free (no financial barriers to join), * can include both individual and community organisation representatives on the condition that they don’t represent “for profit” organisations. * the Board to determine the selection process of members onto the Consumer Policy Standing Committee   It is important that the organisation keep an up-to-date register of members and that a full members meeting be scheduled to ensure that they have meaningful input into the policy positions of the organisation.  **Key Actions:**   1. Endorsed that our community will want the option of becoming members 2. Provide a mechanism for consumers to easily become members will be critical to the success of the organisation. 3. The Board to determine and articulate the key offerings or benefits for consumers to become members. 4. Consider a process whereby members can nominate or vote other members to join the Consumer Policy Standing Committee.   **G. Name**  General discussion around the name – Health Consumers Tasmania or Consumer Health Voice Tasmania. Whilst the word voice was considered a good option to be included in the name, it was agreed on Health Consumers Tasmania be adopted and that the by-line include the word “voice”.  **Key Actions:**   1. Endorsed - Health Consumers Tasmania with the bi-line to include “building a Consumer Health Voice in Tasmania”. |
| **Item 3.**  Board Recruitment  **Attachment:** Building a constitution  **Decision:** | Board recruitment process was briefly discussed.  Agreed that the current Executive Officer and Policy Advisor provide administrative support to a selection panel but be separated from the Board recruitment decision making.  It was the expectation of the Consumer Health Forum in Canberra that a number of IAG members would apply for the inaugural board to maintain continuity.  A recruitment processes to include public advertisements for the Board positions.  **Key Actions:**   1. Members of the IAG to volunteer to form a selection sub-committee or recruitment panel to recruit the inaugural Board 2. CHF to be approached to provide a representative on the Selection Panel. |
| **Item 4**  Other Business | No other business tabled |
| **Item 5**  **Next Meeting** | Next meeting to be confirmed. |