

# Northern Regional Consumer Council

April 2025

<b>Context</b>	<p>The Northern Regional Consumer Council (the RCC) is one of four Councils established by Health New Zealand   Te Whatu Ora (Health NZ). The other three are in Central, Te Manawa Taki and Te Waipounamu regions.</p>
<b>Date Ratified</b>	<p>The Terms of Reference (ToR) were:</p> <ul style="list-style-type: none"><li>• Reviewed and endorsed by the RCC on 10 March 2025,</li><li>• Reviewed and endorsed by the Northern Regional Integration Team on 10 April 2025, and</li><li>• Approved and ratified by the Northern Regional Deputy Chief Executive (DCE) and the Senior Leadership Team on 14 April 2025.</li></ul> <p>The date of the next review is April 2026.</p>
<b>Role/Purpose/Scope</b>	<p>Health NZ highly values the local consumer voice and will ensure the local voice continues to be heard through RCCs, Iwi-Māori Partnership Boards, focus and working groups, feedback on initiatives and projects, and in many other ways. Local engagement is at the heart of the health system and will continue.</p> <p>Health NZ will work to ensure it meets its obligations under the Code of Expectations for Consumer Engagement. The Code places consumers, whānau and communities at the heart of design, development and evaluation of health services.</p> <p>The RCC's role regionally is as follows:</p> <ul style="list-style-type: none"><li>• Enable appropriate consumer engagement with Health NZ</li><li>• Identify and advise on issues requiring consumer, community and whānau engagement - including input into development of health service priorities and strategic direction, elimination of inequities, and enhancement of safety and quality of services to patients and whānau</li><li>• Review and advise on reports, developments and initiatives relating to health service delivery, and availability of health-related information</li><li>• Where explicitly required, engage in communication with communities and relevant consumer groups</li></ul>

	<ul style="list-style-type: none"> <li>• Link with special interest groups, as required, for special issues and problem-solving.</li> </ul> <p>This approach will strengthen consumer feedback and enable learnings to be applied consistently across healthcare networks.</p> <p>The RCC will take a whole of health system view.</p>
<b>Responsibilities and Activities</b>	<p>Health NZ will build on existing relationships with Consumer Councils and bring these into evolving regional and national structures in ways that better support consumers, whānau, staff and services.</p> <p>The RCC will provide strategic advice from a consumer and whānau perspective, to support Health NZ design, evaluation and delivery of services, directly to those requesting it, either during a meeting or (where agreed ahead of time) in follow-up communications.</p> <p>Where relevant, the RCC will provide endorsement and recommendations to the Health NZ sponsor/partner and to the relevant directorate in writing.</p> <p>The RCC will report regularly on their reviews, findings, and endorsements (or otherwise) to the Regional DCE, Northern Region, Health NZ.</p>
<b>Te Tiriti o Waitangi</b>	<p>Te Tiriti o Waitangi partnership will be embedded in the membership and in the development and prioritisation of the RCC work programme.</p>
<b>Meetings</b>	<p>Meetings will be usually online, using Microsoft Teams or similar virtual platform.</p> <ul style="list-style-type: none"> <li>• Meetings will be held monthly or six-weekly, expected to be 2 to 4 hours including preparation.</li> <li>• Members' access needs related to taking part in these meetings will be identified and worked through.</li> <li>• With the exception of Secretariat, and presenters for specific agenda items, meetings will be closed to non-members unless in agreement with the RCC and Co-Chairs.</li> <li>• At least 50% of all members not including the Secretariat are required to be in attendance for the meeting to be held.</li> </ul>
<b>Membership</b>	<p>Each RCC shall have 12-15 members, including two Co-Chairs. To reflect partnership as set out in Te Tiriti o Waitangi one Co-Chair role should preferably reflect the Māori partner and the other Co-Chair role the Health NZ partner.</p> <p>Consumer membership of the RCCs is expected to be diverse to reflect the region and include a mix of urban and rural people, Māori, Pacific peoples, people from Rainbow communities, and the disabled, with consideration given to Asian communities.</p> <p>Staff membership aside from the Health NZ Co-Chair may include other Health NZ regional leaders.</p>

	<p>All RCC members need to be:</p> <ul style="list-style-type: none"> <li>• Passionate about people accessing the best possible healthcare, and skilled at amplifying the voice of whānau to drive improvement</li> <li>• Considering issues from a ‘big picture’ perspective, informed by the voices of communities</li> <li>• Have a good understanding of population health inequities, and how to address them</li> <li>• Have a good understanding of the health system including Te Tiriti o Waitangi</li> <li>• Have strong community networks and communications skills, and strategies to engage people in the work of the RCC.</li> </ul> <p>The term of a RCC member is two years and can be extended for a further term of 2 years.</p> <p>Any member may resign at any time by giving written notice to the Co-Chairs.</p> <p>Any member who is absent without reasonable excuse from three consecutive meetings shall be considered to have vacated their membership.</p>
<p><b>Members’ Responsibility</b></p>	<p>The responsibilities of Members include the following:</p> <ul style="list-style-type: none"> <li>• Uphold the principles of Te Tiriti o Waitangi and support Health NZ’s strategic goal of equity for Māori, Pacific People and those with health disparities.</li> <li>• Be aware of and abide by the expectations and pou set out in Te Mauri O Rongo   New Zealand Health Charter</li> <li>• Members of the group must perform their functions in good faith, honestly and impartially, and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest.</li> <li>• Members are expected to be punctual, polite, professional, engage in intellectual discourse and be respectful of others’ views.</li> <li>• Agenda items to be submitted to the Secretariat at least 12 working days prior to each meeting.</li> <li>• Members with conflicts of interests will need to be raised at least 3 working days ahead of each meeting to ensure non-disclosure of information to conflicted members.</li> <li>• Apologies to be sent as soon as possible to the Secretariat for quorum purposes.</li> <li>• Members can provide their input via email prior to meetings where they cannot attend.</li> </ul>

	<ul style="list-style-type: none"> <li>• Members are invited to submit edits to draft minutes, which will be finalised at the start of each meeting.</li> <li>• Undertake additional activities agreed by the group (such as reviewing for comment or attending relevant hui on behalf of). Co-Chairs' approval will be required before invoicing for these additional activities.</li> <li>• Lead/facilitate the completion of respectively owned action items within the agreed timeframes</li> <li>• Sign a confidentiality agreement</li> <li>• Exercise all due professional care and diligence in the performance of their obligations under these Terms of Reference in accordance with the standards of skill, care, and diligence normally practised by suitably qualified and experienced persons in performing services of a similar nature.</li> </ul>
<b>Conflicts of interest</b>	<p>Members must disclose all Standing Interests and Interests in a Matter along with any actual, potential or perceived conflicts of interest.</p> <p>If, upon receipt of the Agenda Outline for a meeting (to be sent by the Secretariat 5 working days ahead of each meeting), a member becomes aware that they have an Interest in a Matter in relation to that Agenda, they must disclose that Interest(s) to the Co-Chairs at least 3 working days prior to each meeting.</p> <p>Upon receipt of a member's disclosure of an Interest in a Matter in relation to an Agenda item, the Secretariat will refrain from providing any documentation about the matter to that member prior to the meeting at which time the RCC will decide, (1) whether or not the Interest creates a conflict of interest; and (2) if so, how that conflict will be managed.</p> <p>All disclosures of an Interest in a Matter in a meeting, whether it constitutes a conflict of interest and, if so, how it was managed, must be recorded in the Minutes of that meeting.</p>
<b>Confidentiality</b>	<p>All members are bound by the confidentiality agreement they have signed.</p> <p>All business of the RCCs, other than information before them already available in the public domain or intended for dissemination in the public domain, is confidential and must be treated as confidential by all members.</p> <p>Members are not to disclose any confidential information to anyone outside the group, other than to group members, without the prior approval of the Co-Chairs in consultation as appropriate with the group member (unless the matter concerns the conduct or performance of the Co-Chair) and are to treat this material with the utmost care and discretion.</p> <p>Members commenting in an external forum of any kind should not represent or imply that their views represent the Northern RCC without explicit approval from the Co-Chairs. Only the Co-Chairs, in agreement with each other, can represent</p>

	<p>the views of the Northern RCC externally. Members will direct all media inquiries they receive on the work of the Northern RCC to the Co-Chairs.</p>
<p><b>Proposal Process, Decision Making and Escalation</b></p>	<p><b>Submission process</b></p> <p>The process for submitting papers to the RCC will differ based on whether the paper is seeking advisory input or seeking endorsement for development or implementation within Health NZ.</p> <p>Papers intending to seek advice or acknowledgement will be submitted using a standardised template to the Secretariat.</p> <p>For papers seeking endorsement for local or regional consumer engagement and whānau voice initiatives within Health NZ, a more comprehensive process may be required.</p> <p>Initially, these will be screened by the Secretariat and prioritised for discussion based upon need and urgency.</p> <p>All papers/presentations are expected to have a Health NZ partner/sponsor, who may be asked to be part of the presentation (i.e. on behalf of a clinical or operational service supporting the paper).</p> <p><b>Decision making</b></p> <p>The RCC will strive for decision-making based on consensus for all proposal submissions. A consensus is defined as an agreement reached by more than half of the members present. All members present will have the ability to contribute to the consensus.</p> <p>Members who are absent from the meeting will not be able to contribute to the consensus.</p> <p>All decisions should first be attempted to be resolved through discussion and mutual agreement.</p> <p>In cases where the vote is neutral, the Co-Chairs will have the final decision.</p> <p>In instances where consensus or vote is not achieved, the nature of the disagreement and the reasons provided by the dissenting members will be documented.</p> <p>The minutes of the meeting will clearly reflect the discussion, including all viewpoints expressed, and the rationale behind the final decision or the lack of consensus.</p>
<p><b>Reporting</b></p>	<p>Advice, recommendations, and endorsements will be reported to the Regional DCE.</p> <p>A summary of advice, recommendations or approvals will be made publicly available as appropriate.</p>

<p><b>Secretariat Responsibility</b></p>	<p>The Office of the DCE will provide the secretariat function for the RCC. The responsibilities of the Secretariat include the following:</p> <ul style="list-style-type: none"> <li>• Ensuring any identified access needs of members are worked through.</li> <li>• Circulate draft minutes and actions within two weeks of the meeting.</li> <li>• Screen papers received and prioritised for discussion based upon need and urgency.</li> </ul> <p>Circulate agenda items at least 5 working days ahead of each meeting to allow for members to raise conflicts of interest.</p> <p>Circulate agenda pack at least 3 working days ahead of each meeting to allow for reading time. For members with conflicts of interest, specific agenda documents will not be provided for the specific item.</p> <ul style="list-style-type: none"> <li>• Maintain a Conflicts/Declaration of Interests Register</li> <li>• Maintain a current action list</li> <li>• Provide information for reporting</li> <li>• Ensure payment processes are correctly completed for consumers reimbursement for all meetings and activities</li> <li>• Arrange all scheduled meetings and track attendance</li> <li>• Arrange room bookings, travel, equipment and other resources needed for any scheduled face-to-face meetings and activities</li> </ul>
<p><b>Fees and Expenses</b></p>	<p>Fees are not paid to salaried public servants who undertake work for the RCC in their official capacity (ex officio).</p> <p>Health NZ will reimburse RCC members for reasonable expenses in attending scheduled RCC meetings and working groups.</p> <p>RCC members are paid into a bank account for preparation, attendance and (where applicable) travel in relation to scheduled RCC meetings and working group meetings:</p> <ul style="list-style-type: none"> <li>• Meeting and preparation time \$60 per hour, \$70 per hour for a Chair or Co-Chair role</li> <li>• Reimbursement of certain out of pocket expenses (e.g. parking)</li> <li>• Meeting Fees are categorised as honoraria and as such are subject to withholding tax pursuant to Schedule 4 Part B of the Income Tax Act 2007 No 97.</li> </ul>

	Any non-scheduled meetings and any meetings involving accommodation and travel must be agreed by Co-Chairs and arranged by Health NZ.
--	---