

Health Providers Partnership Forum

Terms of Reference

1. Purpose

The purpose of the Department of Veterans' Affairs (DVA) Health Providers Partnership Forum is to promote and support collaboration and partnerships between the Department and peak bodies representing the health sector.

The role of the Forum is to collaborate on health issues to consider how veteran health services may be improved, including through effective policy and service delivery.

2. Term

These Terms of Reference (TOR) are effective from 04/2018, and are reviewed at least annually with a comprehensive formal review every three years.

3. Membership

The Forum is structured to allow for broad health sector participation, and DVA's health sector stakeholder database is regularly reviewed to ensure appropriate representation.

Guest speakers and DVA advisers are invited to attend Forum discussions as appropriate, and Peak Body association representatives may nominate to attend meetings relevant to their area of interest. The ex-service organisation (ESO) and veterans' perspective is provided by a representative from a DVA National Consultation Framework forum. The Forum includes the following standing members from DVA and the ESO community:

- **Chair:** First Assistant Secretary, Client Engagement and Support Services Division
- **Deputy Chair:** Assistant Secretary, Provider Engagement and Management Branch
- Chief Health Officer
- Deputy Commissioner Vic
- Assistant Secretary, Wellbeing Policy Branch
- Assistant Secretary, Client Access and Rehabilitation Branch
- Executive Director, Client Programs
- ESO representative: Peter Eveille, Chair of the National Veterans' Affairs Committee (NVAC), Returned and Services League of Australia (RSL)

4. Roles and Responsibilities

The Forum is a consultative forum and is accountable for providing advice through the Chair to the Deputy Secretary Policy and Programs on collaborating and assisting DVA to develop responses to health issues which will maintain and enhance veteran's wellbeing and quality of life.

The Forum's considerations will be guided by an annual work plan developed jointly by DVA and peak bodies. It will also be informed by health sector input, discussion with DVA, and findings from other groups. For example, technical/listing advisory and relevant project groups. The Forum will also provide input into the Department's research and review program.

Forum considerations do not preclude direct discussion between individual professional associations and DVA.

Forum participants will commit to:

- Attend all scheduled Forums relevant to their interests.

- Ensure they are able to represent the position of their organisation to enable informed and non-speculative discourse.
- Ensure familiarity with agenda topics and background papers prior to meeting attendance.
- Circulate relevant information from Forums to their association's constituents (subject to any confidentiality constraints).
- Ensure any confidential information provided is used only for the purpose it was made available, and to safely secure and manage information storage and disposal in accordance with the *Privacy Act 1988* and any relevant records management policies applicable to their professional circumstance.
- Direct any media requests for comment about Forum meetings and items discussed to the Chair.
- Observe the 'Chatham House Rule' and the confidentiality of sensitive discussions during Forum meetings.
- Disclose or take reasonable steps to avoid any conflict of interest (real or apparent) in connection with their participation in the Forum. Any conflicts real or perceived should be disclosed to the Chair at the start of each Forum meeting.

DVA will provide secretariat support for all Forum meetings including:

- Call for agenda items and prepare draft meeting agendas.
- Circulate draft Minutes and actions items, within three weeks of each meeting.
- Publish an executive summary from each meeting to the Forum webpage and within DVA Provider News.
- Act as a point of contact for all Forum queries.
- Provide administrative support to Forum meetings including making travel arrangements.

5. Meetings

All Forum meetings will be chaired by the First Assistant Secretary Client Engagement and Support Division, DVA. If the Chair is unable to attend a Forum meeting, including part, the Deputy Chair (Assistant Secretary, Provider Engagement and Management Branch) will facilitate the meeting.

Decisions of the Forum are made by consensus. If this is not possible, the Chair will make the final decision.

Meeting attendee lists are collated from peak body associations on DVA's health sector database and held approximately four times per calendar year, subject to work program demands.

Additional meetings, including establishment of time limited project groups, involving specific provider organisations drawn from within and outside the Forum to provide specific advice may be scheduled by the Chair as deemed necessary. Project groups will report back to the Forum on their outcomes.

6. Sitting fees, travel, accommodation and associated expenses

Representatives or proxies attending meetings who are not employees of their association and who will not be paid by their association to attend the Forum, will be paid a sitting fee as per the relevant Remuneration Tribunal Determination in force at the time meetings are held:

Remuneration Tribunal's Determination, remuneration and allowance for Holders of Part-Time Public Office, for a Member.

An invoice for the sitting fee (stating inclusive of GST) must be submitted by the representative or proxy attending within 30 days of the meeting.

DVA will book and pay for air travel and accommodation through its contracted travel provider, in accordance with the normal travel provisions operating in DVA for Non-Senior Executive Service staff. Accommodation will only be offered where flight schedules do not accommodate planned meeting times.

Other expenses, including taxi fares, toll fees and parking, will need to be agreed with the Forum Secretariat prior to attendance at meetings.

DVA will provide catering for each meeting.

7. Secretariat Contact Details

Any correspondence and invoices should be sent to providerengagement@dva.gov.au OR:

Department of Veterans' Affairs
Attention: Sector Engagement
GPO Box 9998
Canberra ACT 2601

8. Attachments

- A. Work Program
- B. Document amendment history
- C. DVA Provider Engagement Model

Work Program

1. **Topic:** Implementation of the 2018-19 Budget measure 'Improved Dental and Allied Health'

Document amendment history

Date	Changes made
12/04/2018	Revised draft Terms of Reference (ToR) considered by the Forum participants, agreed to by the Chair and published to the Forum webpage.
8/06/2018	The Forum's Annual Work Program (Attachment A) was updated to table the three items discussed at the 8 June 2018 meeting.
30/07/2018	ToR revised to reflect a change in standing member and reporting arrangements following DVA's organisational restructure from 1 July 2018.
10/09/2018	ToR revised to reflect a change in standing member, from DC Qld, to DC Vic.
7/12/2018	ToR revised to reflect a change in standing member, from Assistant Secretary Client Programs and Mental Health Branch, to Executive Director Client Programs.
18/12/2018	ToR revised to reflect the ESO representative standing member position is 'vacant'.
14/02/2019	ToR revised to reflect the new ESO representative standing member, Peter Evielle, Chair NVAC, RSL.
27/02/2019	The Forum's Annual Work Program (Attachment A) was updated to remove two items as discussed at the 27 February 2019 meeting.
6/05/2019	ToR revised to reflect changes to DVA standing members and reporting arrangements following DVA's organisational restructure from 6 May 2019.

DVA Provider Engagement Model

Chair, HPPF, First Assistant Secretary
Client Engagement & Support
Division

Deputy Chair, HPPF, Assistant Secretary
Provider Engagement & Management
Branch

STRATEGIC FOCUS – DVA HEALTH PROVIDERS PARTNERSHIP FORUM (HPPF)
3-4 meetings per year

Technical/listing groups

- RPRC
- Aids & Appliances Advisory Group (RAP)
- 2 per year

Project Group
e.g. CVC WG

Time limited

Project Group
e.g. CVC WG

Project Group
e.g. CVC WG

Time limited

1 to 1: for e.g., HEALTH POLICY, CLIENT PROGRAMS & MENTAL HEALTH Health Programs, Community Program Integration, Hospitals & Transport, Clinical Advice Management

1 to Many: Sector Engagement

Individual Portfolio, Peak bodies & Associations

One on one meetings between DVA program manager/s and individual associations as required

The HPPF does not preclude ongoing regular contact through the usual channels

Contract Management & Assurance

Individual Entity / Providers

Communication Channels

Face to face, Video conference, Telephone, Newsletters, Email/Letter, Webinar & Workshops