

# Terms of Reference for the Expert Public Health Advisory Committee

## Introduction – Kupu Whakataki

1. As part of the health system transformation, an expert advisory committee on public health ('the PHAC' or 'the Committee') is being established to ensure that independent, public-facing, science-based public health advice is provided to the Minister of Health.
2. The PHAC will initially be established under section 11 of the New Zealand Health and Disability Act 2000 until new legislation, the Pae Ora (Healthy Futures) Bill, has been passed.

## Purpose and approach – Te Kaupapa

3. Tackling existing and future public health priorities and risks, and addressing persistent inequities in health care, requires innovative and practical thinking.
4. To support this the PHAC is expected to provide independent and strategic public health advice that:
  - recognises the special relationship between the Crown and Māori under Te Tiriti o Waitangi with a view to improve the health and wellbeing of Māori
  - prioritises equity-based approaches, particularly for Māori<sup>1</sup>
  - is informed by and reflects the perspectives of Māori and Pacific peoples and the wider community
  - considers the broader determinants of health and sectors affecting the health and wellbeing of people and communities
  - considers creative yet pragmatic options and solutions, and opportunities to drive and implement these at both a population and community level
  - ensures the public health system makes full use of public health intelligence, surveillance and knowledge.
5. In fulfilling its role, the PHAC will:
  - take a cross-government and cross-sectoral 'health in all policies' approach to ensure coordination with relevant work programmes, and the contribution of Māori and other community stakeholders
  - look for new ways of doing things or old ways given new vigour, including Māori, Pacific and disability concepts, models, values and holistic approaches
  - engage with and take account of individuals and whānau experiences
  - engage with communities experiencing inequities and support the pursuit of their aspirations for wellbeing
  - prefer solutions emphasising sustainable, enduring change and recognising the costs of change and the long-term financial sustainability of the health and disability system

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<sup>1</sup> Reference *Whakamaua: Māori Health Action Plan 2020-2025* and *Ola Manuia: Pacific Health Action Plan 2020-2025*

- consult with the health sector, other public health entities and other sectors on their ability to implement PHAC's proposals.

## **Expectations and deliverables – Ngā Mahi**

6. The PHAC is independent and reports directly to the Minister of Health and/or the Associate Minister/s of Health.
7. The PHAC will develop and agree with the Minister an annual work programme, which will include a focus on at least one major topic each year. The PHAC will also engage with the Director-General of Health, the Director of Public Health (or their delegates), the Deputy Director-General of the Public Health Agency and the Chief Executive of the Māori Health Authority in identifying this topic and the development of the work programme.
8. The PHAC will meet regularly to deliver on its annual work programme on dates discussed with and determined by the Chair.
9. The PHAC may establish subcommittees and project teams amongst its members. The PHAC may also draw on external expertise as required and may appoint expert advisors to assist in their work. These expert advisors are not board members and have no voting rights.
10. The PHAC will operate in good faith and on a 'no surprises' basis with the Minister, and is accountable to the Minister for the relevance, quality and timeliness of its advice and reports.

## **Secretariat – Ngā Ringa Hāpai**

11. The PHAC will be supported by a Budget and Secretariat operating out of the Public Health Agency within the Ministry of Health.
12. The Secretariat will provide administrative and Secretariat support to the PHAC for its meetings, including setting up meetings, arranging travel when required, preparing, collating and distributing papers and recording minutes and actions as required.
13. The Public Health Agency, within the accountabilities and constraints it operates under, will ensure that Budget and Secretariat arrangements are sufficient for the PHAC to fulfil its accountability for its work programme and advice to the Minister.
14. The Public Health Agency and Ministry of Health have an obligation to respect the independence of the PHAC and its right to give free and frank advice to the Minister. The Public Health Agency and Ministry of Health may provide parallel advice to the Minister on the PHAC's advice and may advise the PHAC on its work programme.
15. The PHAC will consult with the Director-General of Health, Director of Public Health (or their delegates) and the Deputy Director-General of the Public Health Agency in preparing advice or reports for the Minister.

## **Membership and recognition – Ngā Mema me te Utu**

16. The PHAC comprises a minimum of five up to a maximum of seven members, including the Chair and Deputy Chair.

17. The PHAC, including the Chair and Deputy Chair, is appointed by Ministerial letter. The PHAC or any of its members may be removed or suspended by the Minister on written notice, after consultation with the Chair.
18. Members are to be appointed for a term of up to three years, renewable for one further term with a maximum of six years, unless an additional period of up to 12 months is confirmed by the Minister of Health to allow for continuity of projects.
19. Collectively members of the PHAC are expected to demonstrate the following expertise and attributes:
  - knowledge of and expertise in the obligations of the Crown under the Te Tiriti o Waitangi, Pae Ora (healthy futures) and of Māori expectations and aspirations
  - knowledge of and expertise in the role of the health and disability sector in achieving equity and improving health outcomes for Māori, Pacific peoples and other populations experiencing inequity
  - an understanding of population health needs (including the determinants of health) and population health approaches and interventions that can affect real change to meet current and future demands, including community aspirations for wellbeing
  - knowledge and expertise in core public health functions (including prevention, promotion and protection), commissioning and service delivery
  - an ability to think creatively to provide solutions that are not constrained by traditional health and disability sector and governmental professional boundaries or current service delivery models and which are likely to be financially sustainable.
20. The PHAC does not need to formally vote on matters and may decide by consensus or majority view. Should the Chair determine that differences of view or other specific decisions should be put to a vote, all PHAC members have full voting rights (subject to conflict-of-interest requirements).
21. The attendance of at least half the members, including the Chair, or Deputy Chair in the Chair's absence, constitutes a quorum.
22. Fees for the Chair, Deputy Chair and members are set according to the *Fees Framework for Members Appointed to Bodies in which the Crown has an Interest* (the Fees Framework) and are outlined in the letter of appointment. Members are also entitled to reimbursement for reasonable and actual expenses under the Framework for carrying out work on behalf of the PHAC.
23. The Minister may alter or reconstitute the PHAC, discharge or reappoint any member, or appoint new members in response to any changes to the key tasks that are being addressed.
24. A member may tender their resignation at any time by advising the Minister in writing.

### **Performance of members duties – Ngā Haepapa**

25. Members of the PHAC must act in good faith, with reasonable care and with honesty and integrity when exercising their powers or performing their duties on behalf of the Minister and the PHAC.
26. Members must ensure that independent views of other members are given due weight and consideration and:

- ensure fair and full participation
  - regularly review their own and the PHAC's performance
  - act in accordance with the principles of Te Tiriti o Waitangi.
27. Members are appointed for their knowledge, expertise and connections to communities, to advance the public health system. The PHAC should not assume that a particular group's interests have been considered or consultation is complete because a member is associated with a particular group and their view is included in advice to the Minister.
28. A member of the PHAC (in accordance with section 90(4) of the New Zealand Public Health and Disability Act 2020) is not liable to the Ministry or the Crown for any conduct in their capacity as a member of the PHAC. This is with the provisos that they have acted in good faith, and with reasonable care, in pursuance of the role specified for the PHAC in these terms of reference.

### **Confidentiality and communication of information – Ngā Mōhiohio**

29. Members must ensure that the confidentiality of the PHAC's business is maintained. Members must be clear about what matters are permitted to be discussed with people that are not PHAC members and, in doing so, should be familiar with the information that is publicly available about the PHAC's work.
30. The Secretariat provides assistance in responding to requests for information in conjunction with the Chair.
31. Queries about the PHAC and its advice should be directed in the first instance to the Chair. The Chair will discuss any response with the Minister or the Minister's office, where appropriate.
32. The Chair is authorised to comment publicly on the affairs and policies of the PHAC and, where appropriate, may delegate the making of comments to other members.
33. The Chair will notify the Deputy Director-General of the Public Health Agency and the Minister of Health before making media statements.

### **Conflicts of interest – Ngā Whakapiringa Tāhapa**

34. PHAC members must avoid conflicts of interest and any conduct likely to impair their impartiality as members of the PHAC.
35. Any PHAC member who has a conflict of interest or likely conflict of interest must, as soon as practicable after becoming aware of this, bring it the Chair's attention and record it in an interests register maintained by the PHAC Secretariat.
36. A member must not take part in any discussions, decisions or quorum of the PHAC relating to a matter in which they have an interest unless permission is granted allowing the member to take part. Any such permission granted will be recorded in the minutes with the reasons for this, together with the member's comments regarding the interest.
37. The Office of the Auditor-General has produced the following general guidance on conflicts of interest, their identification, disclosure and management: *Managing Conflicts of Interest: A Guide for the Public Sector*. See following Link:  
<https://oag.parliament.nz/good-practice/conflicts-of-interest/conflicts-resources>