

Health Sector Co-design Group – Terms of Reference

Purpose

The role of the Health Sector Co-Design Group (HSCG) is to work collaboratively with the team undertaking the Evaluation of the Australian Government's Investment in Aboriginal and Torres Strait Islander Primary Health Care through the Indigenous Australians' Health Programme (the evaluation team) to help facilitate a robust, high-quality and influential evaluation. This role will extend through the evaluation design and implementation phases.

Key evaluation questions

The evaluation is framed by four key evaluation questions:

1. How well is the Indigenous Australians' Health Programme (IAHP) enabling the PHC system to work for Aboriginal and Torres Strait Islander people?
2. What difference is the IAHP making to the PHC system?
3. What difference is the IAHP making to the health and wellbeing of Aboriginal and Torres Strait Islander people?
4. How can faster progress be made towards improving the health and wellbeing of Aboriginal and Torres Strait Islander people?

Functions and commitments

These Terms of Reference (TOR) have been adjusted in June 2019 in the early stages of the evaluation implementation phase. Should the functions of the HSCG change again, these TOR will be adjusted in agreement with the HSCG.

The HSCG will co-design the evaluation in the following ways:

1. As **collaborators** through:
 - providing a sounding board and forum for the evaluation team to develop and test ideas and products on the evaluation design and implementation.
2. As **navigators** through:
 - Advising on wider co-design and stakeholder engagement processes to ensure effective participation.
 - Providing advice, guidance and leadership in relation to the implementation of the evaluation, including on identifying priorities.
 - Providing updates and guidance on significant policy, implementation and sector changes, including jurisdictional reforms.
 - Advising on the implications of other research and evaluation findings external to this evaluation.

- Identifying opportunities to influence decision-making on other policy development and reform processes.
3. As **advisors** through:
- Providing advice and feedback on key deliverables.
 - Advising the Department of Health (DOH) on the progress and implementation of the evaluation to support informed advice to the Minister with Portfolio responsibility for Indigenous Health.
4. As **communicators** by:
- Assisting in disseminating information to, and championing the evaluation within, their communities and networks.
 - Informing the HSCG and the evaluation team of relevant information and feedback received via their communities and networks.
 - Approving draft communiqué and other key resources as agreed.
 - Articulating the independence of this evaluation from concurrent work (e.g. development of a new PHC funding model under the IAHP).

The evaluation team will develop and maintain a workplan that clearly indicates the function it would like the HSCG to perform (i.e. co-design, navigate, advise, communicate) on aspects of the evaluation for HSCG's agreement. It will also indicate where materials or products are being provided to the HSCG for information only. The workplan is appended to this Terms of Reference to provide transparency and accountability regarding opportunities for the HSCG to undertake its functions. The workplan will be revisited and updated following each face-to-face meeting of the HSCG.

Relationships

The HSCG will collaborate with other groups or consultants undertaking related work, including but not necessarily limited to:

- The Community Co-design Group that may be established as part of the Aboriginal and Torres Strait Islander Primary Health Care Systems Evaluation (as/if appropriate)
- The health economists leading a data feasibility assessment to support a possible future economic evaluation of the IAHP.

Perspectives

Members of the HSCG are not expected to 'represent' specific agencies or organisations, geographic areas, or population groups. The aim is for members to advise based on their expertise, experience and 'place' within the health system, or on their knowledge of evaluation and research with Aboriginal and Torres Strait Islander people.

Co-chairs and members

The HSCG is to be co-chaired, with one co-chair from the government sector and the other in a non-government role, and for at least one of the co-chairs to be an Aboriginal or Torres Strait Islander person. The HSCG may agree to rotate the co-chair roles at intervals throughout the evaluation period.

The co-chairs do not have different powers to other members of the HSCG. They are to be the key point of contact for the evaluation team and for the DOH, and will help the evaluation team to facilitate strong input from all other members of the HSCG. The co-chairs own advice on key deliverables will be considered as equal to other members of the HSCG.

The current membership of the HSCG is appended to this Terms of Reference.

Acceptance of deliverables

The DOH remains responsible for accepting reports and other deliverables and making related payments to *Allen + Clarke* as the lead contracting agency.

Secretariat

Secretariat support will be provided by the evaluation team. This support includes:

- arranging meetings of the HSCG, including arranging for and paying the costs of members' travel for face-to-face meetings
- circulating meeting agenda and papers in advance of meeting
- taking comprehensive minutes and circulating these within two weeks of each meeting
- producing and disseminating a public Communiqué within two to three weeks of each meeting
- ensuring action points are followed up and information is circulated in a timely manner.

Confidentiality and conflicts of interest

The evaluation team and the DOH are to highlight any information that is shared confidentially and to remain in confidence within the HSCG. Members will be asked to declare any actual, potential or perceived conflicts of interest at each meeting.

Proxies

Ideally no proxies (stand-ins for members) are to be used, but the HSCG will also be respectful of, and flexible regarding, members' circumstances. By exception, the HSCG will decide if it is agreeable for a stand-in at a particular meeting. Part of the process for accepting a proxy is that the proxy member will be fully briefed in advance of the meeting.

Remote attendance will also be utilised where possible, when members are unable to attend in person.

Use of videos and photographs

Permission will be sought from the HSCG or members as appropriate, when videos of activities and/or photographs are taken during the meeting. These are not to be used for purposes other than recording events and information for the evaluation team to use in designing and implementing the evaluation, unless permission is sought and given. If other uses are proposed

(e.g. for public communications about the HSCG and the evaluation), permission will be sought from the HSCG and/or affected members as appropriate.

Inclusion of HSCG membership in communications

The HSCG has given permission to share the names of HSCG members in communications about the evaluation on the proviso the wording is checked with the HSCG beforehand.

Fees and expenses

Members will not receive sitting fees, but travel and accommodation expenses will be provided as appropriate.

Appendix A: HSCG Workplan

Date	Co-design	Navigate	Advise	Communicate	FYI
Dec. 2017 (HSCG 1)		Defining the design challenge or problem. Role and function of the HSCG. Evaluation parameters – what’s being evaluated, what else is occurring in sector, who are intended users. How evaluation engages with wider community in design phase.		Communiqué 1	Project plan
Apr. 2018 (HSCG 2)	Evaluation framing – evaluation scope, KEQs Site selection criteria and principles	Evaluation framing –methodological approach	HSCG TOR for approval. Stakeholder and community engagement strategies for feedback.	Communiqué 2	Update on stakeholder engagement, communications, economic evaluation. IAHP theory of change.
May 2018			Feedback on M&E Design report		
Jun. 2018			Advise on approval of M&E Design report		
Feb. 2019 (HSCG 3)		Evaluation framework – discussion on high level approach. Reflection of HSCG role and functioning. DFA – input on approach and metrics. Guidance on site selection and site engagement processes.		Communiqué 3	Update on strategic policy context, planning for Phase 2, ethics, site selection process
Apr. 2019					Phase 1 ethics application
Jun. 2019		Feedback and guidance on approach to evaluation framework			Six-month report

Date	Co-design	Navigate	Advise	Communicate	FYI
Jun. 2019 (HSCG 4)	Framework table – what matters, why, indicators, priorities	Guidance on site Participation Agreements and communications materials. Guidance on community co-design.	HSCG TOR for approval	Communiqué 4	Update on strategic policy context and evaluation workstreams
Jul. 2019					DFA Plan
Aug. 2019			Evaluation framework, v1		
Sep. 2019			Feedback on DFA report		Phase 2 ethics application
Oct. 2019 (HSCG 5)	Analysis of Year 1 progress and findings				
Nov. 2019			Feedback on draft annual evaluation report 1		
Oct. 2020 (HSCG 7)	Analysis of Year 2 progress and findings				
Nov. 2020			Feedback on draft annual evaluation report 2		
Oct. 2021 (HSCG 8)	Analysis of Year 3 progress and findings				
Nov. 2021			Feedback on draft annual evaluation report 3		

Appendix B: HSCG Membership

Name	Role and organisation
Kate Thomann (Co-chair)	Assistant Secretary, Primary Health Data and Evidence Branch, Indigenous Health Division, Department of Health
Dr Mark Wenitong (Co-chair)	Senior Medical Advisor, Apunipima Cape York Health Council
Dr Dawn Casey	Deputy Chief Executive Officer, National Aboriginal Community Controlled Health Organisation
Angela Young	General Manager, Policy and Research, Queensland Aboriginal and Islander Health Council
Karl Briscoe	Chief Executive Officer, National Aboriginal and Torres Strait Islander Health Worker Association
Dr Chris Bourke	Strategic Programs Director, Australian Healthcare and Hospitals Association
Rob McPhee	Deputy Chief Executive Officer, Kimberly Aboriginal Medical Services
Dr Mike Mays	Director, Primary Health System Improvement, Primary Health, Data and Evaluation Branch, Indigenous Health Division, Department of Health
Kim Grey	Senior Adviser, Information and Evaluation Branch, Indigenous Affairs, Department of the Prime Minister and Cabinet
Jessica Yamaguchi	Adviser, Information and Evaluation Branch, Indigenous Affairs, Department of the Prime Minister and Cabinet
Dr Fadwa Al Yaman	Head, Indigenous and Children's Group, Australian Institute of Health and Welfare
Professor Jeanette Ward	Nulungu Research Institute, Nirrumbuk Aboriginal Corporation and Health Perspectives
Nicki Herriot	Chief Executive Officer, Northern Territory PHN
Janine Mohamed	Chief Executive Officer, Lowitja Institute