



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 (IAHP Yarnes) to help facilitate a robust, high-quality, and influential evaluation. This role will extend through the evaluation design and implementation phases.

Document status

These Terms of Reference (TOR) were originally prepared during the design phase of the evaluation (July 2018), updated in June 2019 (confirmed Sept 2019) in the early stages of the evaluation implementation phase. This latest update (March 2021) reflects the addition of key evaluation question 5 and changes in the evaluation relationships.

Should the functions of the HSCG change again, these TOR will be updated in agreement with the HSCG.

Key evaluation questions

The evaluation is framed by five 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?
5. How well are the methodological approaches used in the evaluation achieving its aims?

Functions and commitments

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 (the Department) 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 annually and updated as required.

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 Department 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 Department 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 Department 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 Membership

Name	Role and organisation
Ms Melinda Turner (Co-chair)	Assistant Secretary, Policy, Partnership and Performance Branch, Indigenous Health Division, Department of Health
Dr Mark Wenitong (Co-chair)	Strategic Advisor
Dr Dawn Casey	Deputy Chief Executive Officer, National Aboriginal Community Controlled Health Organisation
Ms Angela Young	Director Aboriginal and Torres Strait Islander Engagement, Children's Health Queensland
Mr Karl Briscoe	Chief Executive Officer, National Aboriginal and Torres Strait Islander Health Worker Association
Mr Rob McPhee	Deputy Chief Executive Officer, Kimberly Aboriginal Medical Services
Dr Tomoko Sugiura	Director, Research, Data and Performance Section, Policy, Partnership and Performance Branch, Indigenous Health Division, Department of Health
Ms Kim Grey	Senior Adviser, Information and Evaluation Branch, Indigenous Affairs, Department of the Prime Minister and Cabinet
Ms Jessica Watson	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
Ms Janine Mohamed	Chief Executive Officer, Lowitja Institute
Ms Sandy Gillies	Chief Executive Officer, Western Queensland PHN