Social Determinants of Health Alliance

Terms of Reference & interaction rules

1. Purpose

The Alliance's purpose is to advocate to governments at all levels to lead coordinated action across sectors on the determinants of health.

2. Objective

The Alliance's objective is to improve the health and well-being of all Australians and reduce health inequity through intersectoral action on the determinants of health.

3. Principles

The Alliance is independent of all governments and all political parties, and is able to engage with governments. The Alliance operates within an informal arrangement auspiced by its members. The Alliance is committed to:

- a philosophy of inclusiveness
- a consensus decision-making process
- respecting the positions of all members
- collective output
- solidarity in negotiating positions.

4. Membership

4.1 Full membership

Full membership is open to organisations which:

- agree with the Alliance's purpose and principles
- abide by the Alliance's terms of reference
- consistently and regularly attend Alliance meetings and/or participate actively in decision-making processes.

Government entities are not eligible for full membership of the Alliance.

New members can be accepted by the secretariat, pending ratification at the next face-to-face meeting of the Alliance. Organisations seeking membership should submit a written statement to the Alliance secretariat indicating acceptance of the three conditions for membership outlined above, along with their organisational logo.   Names of members of the Alliance will be listed on the website, along with their organisational logo, following ratification of membership.

4.2 Affiliate Membership

Governments, government agencies and statutory authorities cannot be full members of the Alliance, but can become affiliate members of the Alliance. Organisations seeking affiliate membership should submit a written

statement to the Alliance secretariat indicating support for the principles and purpose of the Alliance. Affiliate members can be accepted by the secretariat, pending ratification at the next face-to-face meeting.

Names of affiliate members will be listed on the website, along with their organisational logo, following ratification of membership. Affiliate members will not have full membership rights, such as participating in Alliance meetings or decision-making processes, but will have access to communication materials such as meeting minutes and the e-newsletter.

4.3 Supporters of the Alliance

Individuals can be listed on the SDOHA website as supporters of the Alliance. Individuals seeking supporter status should submit a written statement to the Alliance secretariat indicating support for the principles and purpose of the Alliance. Individual supporters can be accepted by the secretariat, pending ratification at the next face-to-face meeting.

Supporters will not have full membership rights, such as participating in Alliance meetings or decision-making processes, but will have access to communication materials such as meeting minutes and the e-newsletter.

5.   Management committee

The management committee will comprise eight to ten organisations, including at least one organisational representative of Aboriginal or Torres Strait Islander descent. The committee membership will aim to reflect the diversity of the social determinants of health. Members of the management committee will be nominated and approved by the broader Alliance annually.

The management committee of eight to ten organisations will:
- oversee development of Alliance meetings, agendas and minutes
- facilitate and/or progress the work of the Alliance between meetings and ensure action that is consistent with the agreed position of the Alliance
- provide urgent responses to emerging issues if required, with the recognition that the issue will come back to membership for consideration at a later date
- monitor Alliance performance against the purpose

A call for nominations to fill any casual vacancies on the management committee will be made by the Chair of the Alliance.

If more nominations than vacancies are received then an election will be held and members of the Alliance will be asked to vote for their preferences. This process will be managed by the Chair of the management committee and the secretariat.

If no nominations are received for the management committee further nominations will be called for and will be received at the next scheduled face to face meeting.

6.   Costs

In order to support secretariat costs and campaign costs of the Alliance, full members will be asked to contribute a **nominated fee** as part of membership, based on the principle that those who can pay more, should pay more.

A small fee of between **$0 - $2,000** is charged per smaller member upon joining, with larger organisations asked to contribute between **$2,000 - $8,000** upon joining. The organisation itself is asked to determine the applicable fee in line with the fee structure outlined. The membership fee is to be paid when an organisation has been informed by the secretariat that its membership has been ratified at a face-to-face meeting, and thereafter at the beginning of each following financial year (on 1 July).

Funds for membership will be held by the nominated organisation performing secretariat functions (Public Health Association Australia).

Members must pay their own costs associated with participating in the Alliance, such as travel to meetings.

Occasionally, projects may be proposed which require funding in addition to secretariat and campaign costs. Should this happen, a business case will be developed and agreement on funding will be made before the project starts.

7.   Chair

Members of the Alliance will elect a Chair annually who will chair each face to face meeting and the management committee meetings.

8.   Meetings

9.   The Alliance will meet at least four times per year in a location convenient to the majority of members or as otherwise mutually agreed. **The work of the Alliance**

The work of the Alliance is to:
- develop consensus positions on agreed issues
- develop strategies to progress identified issues
- conduct, commission and promote research, good practice, or other work
- take united action on issues based on agreed positions.

10. Working groups

Working groups will be formed as required to carry out the work of the Alliance. Each working group should have at least one representative from the management committee, and will elect a. They are bound by the purpose and principles of the Alliance.

11. Development of positions and strategies

Draft policy positions and strategies will be submitted to the entire Alliance membership for endorsement. The process for doing this follows.

Members may choose to endorse Alliance decisions, to not endorse Alliance decisions, to receive and note an Alliance decision, or to abstain from voting on Alliance decisions, and may also choose to have the way they vote recorded.

The Alliance recognises the limitations of the authority of the representatives to the Alliance of members, and the need for representatives to report back to their respective organisations. Should the ratification of Alliance decisions by the governing bodies of members be required, this should be identified by the member, and timelines for the process of endorsement and feedback agreed to.

The Alliance has a strong preference for consensus decision-making, but where time constraints (or other issues as outlined above) are a factor, majority support will be deemed sufficient to determine endorsement.

Documents or proceedings confidential to the Alliance will be clearly identified. Documents prepared for and by the Alliance remain the property of the Alliance.

10.1 Types of papers

10.1.1 Discussion papers

These papers canvas a range of issues relating to a topic. They use various sources and aim to provide balanced information on the issue being explored. They do not include an Alliance position on the topic. A discussion paper is generally prepared to assist the Alliance with the development of a position, and it can also be used to initiate broader discussion in the community or the health sector.

10.1.2 Position papers

These outline the Alliance's position on a topic and include background information, discussion on the topic, the rationale for the position taken by the Alliance and/or recommendations put forward by the Alliance.

10.1.3 Position statements

These are concise statements that describe the position of the Alliance on an issue or topic. Background information, discussion and rationale are not included.

10. 2 Preparation of papers

This process will be used as a guide for the development of Alliance papers (except correspondence and media releases). The default timelines can be adapted in times of urgency.

A **working draft** will be circulated to members of the working group only, with a default timeframe of 7 days for response.

A **circulation draft** will be circulated to all Alliance members, with a default timeframe of 14 days for response. This is the time to make substantive comments.

A **final draft** will be circulated to all Alliance members with a default timeframe of 7 days for response. At this stage, the author looking for minor mistakes and misused words only.

The **final paper** will be circulated to all Alliance members for endorsement, with a default timeframe of 48 hours for response.

At all times, if members do not respond to papers circulated within the agreed timeframe, that will be taken to be assent and, in the final stage, endorsement.

12. Dispute resolution

Members will take all reasonable steps to resolve any disputes or grievances within the Alliance. If they cannot be resolved between members, they will be taken to the management committee for consideration.

13. Alliance representation on external forums

The Alliance may be invited to or seek to be represented at external conferences and meetings, and on committees. Such representation will be subject to agreement by Alliance members.

Accepting or rejecting an invitation will be based on:

- relevance to the Alliance agenda
- whether the organisation issuing the invitation is capable of undertaking the activity
- whether the outcome contributes to the Alliance's purpose and principles.

The Alliance representative must be prepared to:

- represent the view of the Alliance
- represent the breadth of the Alliance membership
- seek input from Alliance members on issues raised
- report back to Alliance meetings.

14. Alliance representation in the media

14.1 Nominated media spokespeople

From time to time, the Alliance may choose to appoint a member(s) to speak to the media on behalf of the Alliance. That spokesperson must:

- only represent and comment on the agreed positions of the Alliance
- be identified as a representative of the Alliance.

14.2 Other media appearances

Alliance members will be free to appear in the media and express their own views and that of their organisations, while not representing their views as those of the Alliance. Membership of the Alliance in no way constrains members to provide individual comments to the media or public, or to develop formal submissions.

Members are free to acknowledge their membership of the Alliance at any time, although they should not give the impression that their views represent the views of the Alliance unless they have been appointed to speak on the particular issue.

15. Review

These terms of reference are to be reviewed by the Alliance membership every 12 months. They can be changed by consensus. The 12 monthly review will consider resourcing needs and the membership of the management committee.

Review due date: June 2015

SDOHA Interaction Rules (adapted from National Aged Care Alliance Interaction Rules)

Group Rules- Our culture – How we will do things and communicate with each other in SDOHA

Respect & Human Dignity
- accepting the imperfections of ourselves and the process and therefore being lenient with each other,
- respect for each other, and
- respecting each other's right to have a different point of view.

Being positive and looking forward
- having an optimistic approach, and
- looking for opportunities.

Being a useful participant
- keeping an open mind,
- maintaining objectivity,
- keeping a sense of perspective,
- one person speaking at a time,
- keeping interventions short,
- having confidence in the confidentiality of the forum meetings,
- being honest (but not hurtful),
- sharing concerns,
- supporting each other,
- making sure that all participants are able to feel safe in the group,
- growing trust, and
- keeping mobile phones on silent or turned off unless otherwise agreed by the meeting.

Working Hard
- <u>really</u> listening to each other,
- needing to work at understanding the position of where others are coming from,
- commitment to working at finding our common areas/goals,
- commitment to the process of trying to achieve outcomes,
- focusing on priorities,
- working hard to get consensus,
- trying to find consensus in parts if not the whole, and
- trying for consensus on what is achievable.

Recognising our limitations
- recognising the need to report back to organisations, and
- recognising the limitations of our authority as participants but trusting the outcomes we come up with and sticking to them.