national
AGED CARE alliance

TERMS OF REFERENCE

Endorsed by Alliance members
1 November 2018

Amended
1 July 2019

Version Control

Date Endorsed	Next Review Date	Version	Summary of Changes	Responsibility
1 November 2018	October 2019	2018 – 1	• Updating as requested by members • Historical information moved to separate document • Inclusion of Aged Care Reform Information	Sponsors
16 May 2019	October 2019	2019 – 1	• Sponsors Workshop record accepted • Amended reference to founding members under Section 6 • Attachment 2 updated to include new member organisations	Sponsors
1 July 2019	October 2019	2019 – 2	• Attachment 2 updated to show Alliance Secretariat as Aged and Community Services Australia	Sponsors

Contents

National Aged Care Alliance Terms of Reference

1. INTRODUCTION

The National Aged Care Alliance was formed in 2000 by a large group of aged care stakeholders seeking to influence reform of Australia's aged care system for the betterment of older people. It comprises national representatives of aged care providers, consumer groups, unions and health professionals. The history of the Alliance can be found on the Alliance website at www.naca.asn.au.

These Terms of Reference and accompanying attachments provide information for new and prospective members and guide the operations of the Alliance. Definitions of terms in bold can be found at Attachment 3.

On behalf of the Alliance, the Sponsors (see section 6) welcome interest in the Alliance and its activities. Sponsors present an orientation session before each quarterly meeting for new member organisations and attendees.

2. VISION

Every older Australian is able to live well, with dignity and independence, as part of their community and in a place of their choosing, with a choice of appropriate and affordable support and care services when they need them. (NACA Blueprint II, June 2015)

3. PURPOSE

The National Aged Care Alliance (the Alliance) brings together members representing different stakeholders in aged care to create a positive future for older people in Australia by:
- identifying areas of common ground and agreement in relation to aged care in the context of contributing to a society for all ages;
- identifying issues of common interest to member organisations and working toward a position of **consensus** on identified issues;
- collectively developing strategies to progress identified issues and seeking to understand any differing views where consensus on identified issues cannot be reached;
- providing advice and planning and undertaking action to improve the provision of quality aged care services;
- developing agreed positions for influencing the public policy agenda on ageing issues and services, including lobbying government and political parties in relation to the aged care sector; and
- conducting and commissioning research and promoting evidence-based innovation in the sector.

4. PRINCIPLES

Members of the Alliance commit to:
- the Alliance Interaction Rules – our culture (Attachment 1);
- a philosophy of inclusiveness, fairness and equity;
- a consensus decision-making process;
- collective output;
- solidarity in negotiating and advocacy positions; and
- working for positive outcomes for the future of older Australians.

The Alliance is independent of government and political parties and will engage with such parties following Alliance agreement on the process.

The quarterly Alliance meetings (and other key meetings as agreed from time to time) are facilitated by an independent facilitator.

5. MEMBERSHIP

The Alliance has two types of membership, Full and Associate. All Alliance members (current at the date specified) and their **constituency groups** are listed in Attachment 2.

5.1 Full Membership

Full membership of the Alliance is open to **national bodies** that have a **core role and key responsibility in aged care** and fit within one of the four constituency groups.

Organisations will be nominated by Sponsors for consideration as Full members of the Alliance if Sponsors are satisfied that they:
- are working toward a positive future for older people in Australia in any aspect of the **care continuum**;
- can contribute to the Purpose, Principles and Processes of the Alliance;
- are willing to agree and adhere to the Alliance Terms of Reference, including Principles and Interaction Rules;
- are committed to consistent and regular attendance at Alliance meetings by senior organisational representatives; and
- are committed to be active members in terms of time, feedback and financial contributions, including paying for their attendance at Alliance meetings and contributing to other Alliance costs.

Each Full member organisation is deemed to have two official representatives who:
- may attend Alliance meetings;
- have decision making capacity on behalf of their organisation; and
- will receive all correspondence from NACA.

Organisations are expected to maintain continuity of representation, i.e. the same people attending consecutive meetings. It is the responsibility of the organisation to notify the Alliance Secretariat of a change in their official representative/s.

5.2 Associate Members

Organisations who do not meet the Full membership criteria may be nominated to be considered as Associate members if they:
- are national bodies;
- have demonstrated an ongoing interest or engagement in aged care;
- can contribute to the Alliance Purpose, Principles and Processes;
- are not represented by any organisations holding Full membership;
- present a perspective not otherwise represented by any organisation holding Full membership;
- are willing to agree and adhere to the Alliance Terms of Reference, including Principles and Interaction Rules;
- commit to pay for their attendance at Alliance meetings and contribute to other Alliance costs; and
- are recommended by Sponsors for Associate membership.

Each Associate member is deemed to have one representative who may attend Alliance meetings.

Associates may participate in the NACA consensus decision making and endorsement process that leads to policy position papers, correspondence or creation of documents, but may elect not to. Where an Associate chooses not to participate in a process they must advise the Secretariat. Associates do not have the right to veto a paper, part paper or correspondence.

Associates will not be allocated to a Constituency Group and therefore may not participate in Advisory Groups, unless specifically invited or requested to do so. Associate members may participate in Alliance Working Groups and Special Interest Groups but do not have the right to veto papers or correspondence. Refer to Section 10 for further information about Alliance groups.

5.3   Applying for Alliance Membership

Organisations seeking to join the Alliance should apply in writing to the Alliance Secretariat indicating which of the two membership categories they are seeking, and which constituency group they consider they belong to (for Full membership only). The application must include evidence sufficient to satisfy the Sponsors that the organisation meets the membership criteria.

Sponsors will then review the application and, if they are satisfied that the organisation meets the criteria, will make a recommendation to the members. This will occur either by taking the application to the following Alliance meeting or by circulating the application to members electronically for endorsement, depending on timing of the next meeting.

If approved by the Alliance and relevant fees paid, the organisation will be invited as a member to the next meeting of the Alliance. If not accepted for membership, by Sponsors or the Alliance, the Secretariat will write explaining the decision.

5.4   Maintaining Membership

To maintain membership a Full member or Associate must always abide by the Alliance Terms of Reference and Interaction Rules and not bring the Alliance into disrepute.

The Alliance meets face-to-face for two days on a quarterly basis but has set a minimum requirement of two meetings per year. Alliance members pay their own travel, accommodation and incidental costs to attend Alliance meetings.

In addition, if an Alliance member misses two consecutive meetings and/or is ninety days overdue in paying accounts associated with meeting attendance, or agreed voluntary contributions, membership status will be reviewed by Sponsors. The Secretariat will follow up with the relevant member to clarify status. Where a member is unable to pay their fees, special consideration may be made after discussion with the Sponsors.

5.5   Costs of membership

Members of the Alliance agree to pay an annual membership fee as a contribution towards the costs of operation of the Secretariat. The contributions for Full and Associate members for the following financial year will be proposed by Sponsors and endorsed by the Alliance at each November meeting. Where a member organisation has undertaken to host the Secretariat, the Sponsors may include 'in-kind'

contributions from that organisation in lieu of a financial contribution when determining their annual membership fee.

The annual amount will be billed with meeting costs on a quarterly basis. New member organisations will be invoiced for the annual fee on a pro rata basis following the first meeting they attend as a member.

All members pay for their own travel and accommodation costs for attendance at Alliance meetings.

All member organisations, regardless of attendance, contribute to meeting costs. Meeting costs include facilitator expenses, room hire, audio visual, website, teleconference and Secretariat costs not covered by the annual membership fee. The costs will be shared equally between all member organisations. Catering at meetings (morning and afternoon teas and lunch) will be charged based on attendance. Catering costs will be charged for the organisation's representative/s unless the Secretariat is notified of the intention not to attend two weeks prior to the meeting.

Decisions about how any other costs are met, including the cost of work undertaken or commissioned by the Alliance, will be made by the Alliance when such work is agreed. Any proposal involving additional costs must include a budget. By agreeing to a proposal, the Alliance authorises the Secretariat to incur costs up to the limit of the budget. Cost sharing arrangements will be based on the principle that contributions by participating organisations will be voluntary and be determined by the individual participating organisation according to their means, in a spirit of fairness and equity.

6. SPONSORS

Sponsors are Full members of the Alliance who have undertaken to provide core funding or in-kind support that allows for the ongoing work of the Alliance, and are delegated by the Alliance to:

- oversee the Secretariat function for the Alliance, with priority to organisation of Alliance meetings including agenda setting and delivery of actions agreed at meetings;
- make decisions to facilitate and progress the work of the Alliance between meetings, such as considering membership applications and recommending fee structures;
- identify strategic opportunities and monitor Alliance performance against the purpose;
- act in a leading and proactive way to mediate and resolve differences between members; and
- brief the independent facilitator before each meeting of the Alliance and, when appropriate, seek advice from the facilitator about agenda and process issues.

There are currently ten Sponsors who include the four founding members of the Alliance with others drawn from the constituency groups.

If a Sponsor withdraws for any reason, the remaining Sponsors, in collaboration with the constituency groups, will review the need, then seek and nominate a suitable replacement that maintains the balance of the group. The nomination will be taken to the next Alliance meeting for endorsement. The position will remain vacant until the Alliance endorses a replacement.

In progressing the work between meetings, Sponsors will work by consensus and are bound by the decisions of the Alliance. Where circumstances have changed that would impact on a decision made by the Alliance, or where Sponsors are required to make new decisions between meetings and they are unable to reach a consensus position, they may seek guidance from the members via email outlining the issue and providing a timeframe for response.

Where there is no consensus there is no action.

Sponsors are expected to regularly attend Sponsors' teleconferences (at least one before and after each meeting), Sponsors' face to face planning meetings (one per year) and Alliance meetings. Sponsors contribute their time and own costs relating to these activities. When they are unable to participate, they are expected to send a proxy who regularly attends Alliance meetings, who is well briefed and who has the authority to make decisions. A Sponsor's status may be reviewed if their contribution does not meet reasonable expectations for the role.

7. DISPUTE RESOLUTION

Sponsors will take all reasonable steps and act in a leading and proactive way to resolve any disputes or grievances within the Alliance.

8. OBSERVERS

Sponsors may grant observer status to an additional individual or organisation for one meeting. For example, organisations indicating an interest in becoming an Alliance member may be granted observer status prior to being considered as a member. If an organisation is granted observer status, the catering costs incurred for that meeting will be included as a meeting cost to be covered by Alliance members.

9. CO-OPTING EXPERTISE

Sponsors may invite organisations with specific expertise to attend Alliance meetings, participate temporarily in NACA Working Groups or participate in drafting processes where such expertise will contribute to the understanding of particular issues and/or the quality of Alliance positions, papers or actions. Alliance members may recommend to Sponsors where expertise is required and nominate individuals or organisations to co-opt. If an organisation is co-opted to attend a meeting, their catering costs incurred for that meeting will be included as a meeting cost to be covered by Alliance members.

10. PROGRESSING THE WORK OF THE ALLIANCE

The purpose and principles of the Alliance are progressed through a number of steps and processes.

10.1 Quarterly meetings of the Alliance

The regular face to face meetings of the Alliance are an opportunity and mechanism to inform, discuss, debate and reach consensus on matters that are of importance and concern to the Alliance. Meeting protocols include the following.
- Meetings will be conducted in accordance with the Alliance Interaction Rules (Attachment 1).
- Member organisations must commit to consistent and regular attendance by senior representatives of the organisation and, wherever possible, maintain continuity of representation, i.e. the same people attending consecutive meetings.
- The Alliance recognises the limitations of the authority of member organisation representatives to the Alliance and the need for representatives to report back to their respective organisations.
- If it is agreed by the Alliance that a document should be developed, any variation from the standard Alliance process for the development of documents (refer 10.4 and Attachment 5) shall be agreed to at the meeting and recorded in the Minutes.

- Where the endorsement of Alliance policy positions, documents or decisions by the governing bodies of member organisations is required, this should be clearly identified by the member organisation, and timelines for the process of endorsement and feedback agreed to with the Alliance Secretariat.
- Documents or proceedings that are confidential to the Alliance will be clearly identified.
- Where documents are provided to the Alliance by external organisations based on confidentiality, they are to be accessed only by the member organisation's identified representatives (or official proxies) unless specifically identified as available for internal consultation.
- Intellectual property commissioned by or prepared for and by the Alliance remains the property of the Alliance.
- Working Groups and Special Interest Groups may be established for advancing the work of the Alliance. Such Working Groups and Special Interest Groups will function according to the same Interaction Rules, processes and principles as the Alliance.

10.2   Working Groups

Alliance Working Groups will be formed as required to execute the work of the Alliance and will be judicious regarding the papers, positions and submissions the Alliance writes with a view to being proactive rather than reactive. Each Working Group should, where possible, have at least one representative from each of the four constituency groups, with one member of the Working Group being from a Sponsoring organisation. Each Working Group established will have an agreed purpose and/or Terms of Reference that is recorded in the Alliance Minutes. A chair shall be elected by the members for each Working Group, or appointed by the Alliance at a quarterly meeting, to assist in completing the Alliance's objectives for the Working Groups. Membership of Working Groups is open to all members of the Alliance. At the first meeting of each Working Group, the group's purpose and Terms of Reference will be confirmed and/or fleshed out if required.

10.3   Special Interest Groups

Special Interest Groups may be formed when three or more members wish to engage collectively on a topic of mutual interest that is also of potential benefit to the work of the Alliance and the formation of a Special Interest Group is agreed to by the Alliance. Each Special Interest Group established will have an agreed purpose and/or Terms of Reference that is recorded in the Alliance Minutes. A chair shall be elected by the members of each Special Interest Group. Membership of Special Interest Groups is open to all members of the Alliance. At the first meeting of each Special Interest Group, the group's purpose and Terms of Reference will be confirmed and/or fleshed out if required.

Should a Special Interest Group determine that the development of positions or papers in relation to such topics would advance the work of the Alliance, an approach through the Alliance Secretariat will be required to present to the next Alliance meeting. Alliance agreement would result in changing the format to a Working Group (with representatives from all constituencies) for the purposes of developing a position paper.

10.4   Development of papers

The work and advocacy of the Alliance is supported and progressed through the development of policy positions and policy papers. There are four types of papers used to advance Alliance purposes.
- *Discussion papers* are papers prepared by the Alliance to canvas a range of issues relating to a designated topic. These papers 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 be used to initiate some broader discussion in the community or the aged care sector.

- *Position papers* outline the Alliance's position on a topic and include some background information, discussion on the topic, the rationale for the position taken by the Alliance and/or recommendation put forward by the Alliance.
- *Position statements* are concise statements that designate the position of the Alliance on an issue or topic. Background information, discussion and rationale are not included. Such statements may be made in a variety of formats including correspondence.
- *Advisory papers* may be prepared to provide formal written advice on an area where the Alliance has been engaged in consultation. In this case all endeavours will be made to find sector wide common ground. Where common ground is not possible advice will be produced to reflect the differing views within the Alliance.

The Alliance has agreed on the following process as a guide for the development of Alliance documents. Apart from correspondence and media releases, documents produced and endorsed by the Alliance will follow this process, which aims to provide maximum time for discussion and circulation among member organisations prior to endorsement. Timeframes may be adjusted depending on the purpose of the paper. See Attachment 5 for the paper development process and timelines in table format. All papers used during the stages of development will be version controlled.

Comments on draft documents must be made to the author (or Aged Care Reform Team) within the specified time frame. Comments received after the due date will not be considered. The author will amend the document in line with comments received in a way that maintains the purpose and clarity of the paper. The Aged Care Reform Team will make the final decision on paper content. Papers generally go through the following stages and timelines wherever time allows. *Working draft* – circulated to members of the working group or advisory group only for review to ensure it is a robust and balanced draft prior to it being distributed for formal review. The consultation period is agreed to by the members of the group.

- *Preliminary draft* – non-final document circulated to all members of the Alliance and the consultation period will be at least five working days where practicable. The aim of this draft is to ensure that the paper encompasses all key concepts and issues relevant to the topic and to confirm that it is of sufficient quality that it can be circulated more widely for consultation purposes.
- *Circulation draft* – circulated to Alliance members for broad consultation for a period of at least 30 days where practicable. The prime purpose of the circulation draft is to finesse the draft, ensuring it is comprehensive, balanced in its approach and a high quality document.
- *Final draft* – the final proof circulated to Alliance members to identify minor mistakes and misused words only. The consultation period will be at least 10 working days where practicable.
- *Endorsement* – the final document is circulated to members with a 72-hour turnaround time. No additional changes to the document are sought. If no indication otherwise (e.g. non-endorsement) is received by the Secretariat by the due date this will be taken as endorsement of the document.

10.5 Advisory Groups

Aged Care Reform Advisory Groups are formed as required when there is agreement between the Alliance and the Department of Health of the need to provide advice to Government on a particular area of aged care reform. Advisory Groups are Alliance groups and operate using the Alliance Interaction Rules but are not auspiced in the same manner as Alliance working groups and may include participants (by invitation) who are not representatives of Alliance member organisations.

The terms of reference and membership for each group are negotiated with Government by the Aged Care Reform Team (see Section 12 for more information) and signed off by Sponsors. Any discussion leading to advice or draft positions will not be considered Alliance advice until formally signed off or endorsed by the Alliance. A schedule for the consultation and endorsement process for Advisory Group papers is included in the table at Attachment 5.

Advisory groups include members from each of the four constituencies (providers, unions, professional associations and consumers) wherever possible. It is the responsibility of the members of the advisory groups to ensure they engage with and provide feedback to their relevant constituency, while fully complying with any confidentiality requirements. Members need to be competent in the advisory group area and will be appointed by the Alliance (or the Sponsors where required to meet timeframes).

A chair will be appointed from the Alliance members for each group. The chair must manage meetings in a fair and equitable manner according to normal meeting procedure while still being able to represent their own constituency. Should a chair consider something substantive is being discussed that may impact on their capacity to chair in an impartial manner, they should consider stepping out of the chairing role for the duration of the discussion.

10.6   Alliance Representation on External Committees, Groups and Forums

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

Acceptance of invitations will be based on relevance to the Alliance agenda, whether the organisation issuing the invitation can undertake the activity, and whether the outcome contributes to the Alliance vision, purpose and principles.

Alliance representatives should be selected based on which constituency/constituencies are most appropriate (e.g. consumer, provider, union, or professional association), who else is represented, the projected workload and the cost of participation, including how such costs will be met.

Alliance members who are selected to represent the Alliance on external forums (including the Aged Care Reform Team) need to ensure they represent the views of the Alliance as a whole and not their individual constituency groups, unless sufficient numbers of representatives can allow for at least one representative per constituency group.

In some cases, membership for external groups is the result of a formal invitation process, including by ministerial appointment.

Examples of non-NACA groups include the Aged Care Sector Committee (ACSC) and its sub-groups, and the Australian Aged Care Quality Agency (AACQA) Quality Agency Liaison Group, Quality Indicators Technical Advisory Group and Standards Guidance Reference Group. The Alliance is also represented on the Aged Care Complaints Commissioner's Consultative Committee. Reports from meetings of any of these groups are included in the Aged Care Reform Monthly Updates and quarterly meeting reports where possible.

11.   ALLIANCE/NACA SECRETARIAT

The role of the Alliance Secretariat (often referred to as NACA Secretariat) is to coordinate Alliance meetings, Sponsors teleconferences and all relevant papers, maintain the website and support the smooth running of the Alliance. Membership applications are processed through the Alliance Secretariat.

The Sponsors are responsible for ensuring the continued provision of Secretariat services through a cost effective and transparent process. Where the Secretariat is hosted by a member

organisation the Sponsors will ensure that there are appropriate 'firewalls' between the hosting organisation and the Secretariat.

12.   NACA AGED CARE REFORM TEAM

The Aged Care Reform Team was created when the work of the Alliance was recognised, and the Alliance was supported to undertake a leadership role in the initial Living Longer Living Better reforms with a three-year (2012 to 2015) funding agreement with government. COTA Australia, as one of the Sponsor organisations, holds this contract on behalf of the Alliance and has now secured two subsequent contracts that see the aged care reform work continuing to at least the middle of 2020, demonstrating multi-partisan support for the Alliance's ongoing role.

The aged care reform work undertaken by the Aged Care Reform Team, funded by government, sits separately from other Alliance activity funded by member contributions and covered in the Alliance Terms of Reference.

The Aged Care Reform Team will ensure that relevant records and documentation of work undertaken on behalf of the Alliance are properly handed over to the Alliance Secretariat if funding for the Team comes to an end.

A more detailed explanation of the roles, functions and operations of the Aged Care Reform Team can be found at Attachment 4.

NACA INTERACTION RULES

GROUP RULES – OUR CULTURE
How we will do things and communicate with each other in NACA

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 & FORWARD LOOKING
- ♣ 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.

These Interaction Rules guide the operation of all Alliance activities including Working Groups, Special Interest Groups and Advisory Groups.

Attachment 2 – Alliance Members

ALLIANCE MEMBERS – Current at 1 July 2019
Sponsors are marked *

FULL MEMBER ORGANISATIONS
Providers

- Aged and Community Services Australia* (Alliance Secretariat)
- Anglicare Australia
- Australasian Services Care Network
- Australian Community Industry Alliance
- Australian Community Transport Association Ltd
- Australian Healthcare and Hospitals Association
- Baptist Care Australia
- Catholic Health Australia*
- Home Modifications Australia
- Leading Age Services Australia*
- Lutheran Aged Care Australia
- PHN Cooperative
- Presbyterian Care Australia
- Retirement Living Council
- The Salvation Army Aged Care Plus
- UnitingCare Australia*

Consumers

- Association of Independent Retirees Limited
- Carers Australia*
- COTA Australia*
- Dementia Australia
- Elder Abuse Action Australia
- Federation of Ethnic Communities Councils of Australia
- Legacy Australia
- National Aboriginal Community- Controlled Health Organisation
- National LGBTI Health Alliance
- Older Persons Advocacy Network
- PICAC Alliance

- Returned and Services League Australia

Professional

- Allied Health Professionals Australia
- Audiology Australia
- Australian Dental Association
- Australian and New Zealand Society for Geriatric Medicine
- Australian Association of Gerontology*
- Australian Association of Social Workers
- Australian College of Nursing
- Australian Physiotherapy Association
- Australian Psychological Society
- Dental Hygienists Association of Australia Ltd
- Dietitians Association of Australia*
- Diversional Therapy Australia
- Exercise & Sports Science Australia
- Occupational Therapy Australia
- Palliative Care Australia
- Speech Pathology Australia
- The Pharmacy Guild of Australia

Unions

- Australian Nursing & Midwifery* Federation
- Health Services Union*
- United Voice

ASSOCIATE MEMBER ORGANISATIONS

- Australian Red Cross
- Macular Disease Foundation Australia
- National Rural Health Alliance
- Public Sector Residential Aged Care Leadership Committee
- The Royal Society for the Blind
- Vision Australia

Attachment 3 - Definitions

DEFINITIONS – of terms in **bold**

Consensus
Consensus depends on participants having shared values and goals, working collaboratively and on having broad agreement on specific issues and overall direction. Consensus at NACA implies that everyone at an Alliance meeting makes decisions in accordance with the spirit of the Vision, Purpose and Principles of the Alliance. That is, decisions are made in the best interest of achieving the NACA vision and purpose. Accordingly, it is acknowledged that on some occasions an Alliance decision may not be the current preference of a particular member or constituency. In coming to consensus at NACA members either accept and support the decision and understand the reasons for making it or they at least can live with the decision and not 'die in a ditch' over it or 'white-ant it'.

National bodies
National bodies are organisations, regardless of legal classification, that have members and/or supporters in every State/Territory of Australia.

Core Role and Responsibility in the Aged Care Sector
Bodies whose constitutions and/or registration documents require the organisation to be involved in the aged care sector or whose strategic document has a strategic objective requiring active and widespread involvement in the aged care sector. Examples of organisations that would meet these criteria are peak bodies representing aged care providers or consumers, unions with Members who work in the aged care sector, other groups providing advocacy on behalf of organisations, individuals or groups of individuals with a specific interest in the aged care sector and groups and associations open to health and allied health practitioners and professionals that have a significant presence in the aged care sector.

Constituency group
Full member organisations will be allocated to a constituency group based on their role in the aged care sector. There are four constituency groups: providers, consumers, unions and professional associations. Memberships of Working and Advisory Groups are drawn from these constituency groups.
    Aged Care Providers
    Organisations that represent providers of community, home care or residential aged care services (but are not professional associations).
    Consumers
    Organisations representing the interests of individual older people, groups of older persons (e.g. cultural or language groups) or other people within the ordinary sense of consumers of aged care services (e.g. families and informal carers of older people). Organisations that provide advocacy services on behalf of individuals are included in this constituency group.
    Professional Associations
    Organisations that represent individuals engaged in research, development or providing professional services (such as medical, nursing or allied health services) to older people, carers and/or aged care services.
    Unions
    Registered organisations of workers with members working in aged care who together seek to achieve common goals, generally the maintenance or improvement of employment conditions.

Care Continuum/ Continuum of Care
A concept encompassing a system that offers a comprehensive array of aged care, health and support services spanning all levels and intensity of care, including concepts of wellness and reablement.

Attachment 4 – Aged Care Reform

AGED CARE REFORM ROLES AND OPERATIONS – REVISED OCTOBER 2018

1. Background

The National Aged Care Alliance (the Alliance) worked tirelessly to achieve reforms of the aged care sector and systems. As a result of this work, the Alliance was supported to undertake a leadership role in the initial Living Longer Living Better reforms with a three-year (2012 to 2015) funding agreement with government. COTA Australia, as one of the Sponsor organisations, holds this contract on behalf of the Alliance and has now secured two subsequent contracts that see the aged care reform work continuing to at least the middle of 2020, demonstrating multi-partisan support for the Alliance's ongoing role.

The aged care reform work sits separately from other Alliance activity funded by member contributions and covered in the Alliance Terms of Reference. This summary of the work of the Aged Care Reform Team has been added as an attachment to maintain the emphasis on the separate nature of the work.

The Alliance (also abbreviated to NACA) originally developed this summary in late 2015 to address changes to the aged care reform work following revised parameters for advisory groups that are established by NACA in conjunction with government.

After a formal review of the work of the NACA Aged Care Reform Secretariat in late 2017, this document has been revised to help clarify the roles and functions of the re-labelled NACA Aged Care Reform Team. NACA membership and Department of Health structures and personnel have changed significantly and there is agreement that this revised document will help achieve a collective understanding regarding roles, responsibilities, duties and processes of the Aged Care Reform Team to address items such as:

- Clearly defined processes for the scheduling of advisory group meetings with forward planning of meetings where possible;
- Clear and confirmed timelines for preparation and distribution of meeting papers for the both the Department of Health and the Aged Care Reform Team;
- Clearly defined roles of NACA Advisory Group Chairs (to provide an impartial chairing of meetings, representative of the diverse NACA membership;
- Clarification of defined member roles (representing their NACA constituency as opposed to any particular organisation); and
- Defining the role of the Aged Care Reform Team (including impartiality, facilitation and a clear indication where the Team acts as a conduit for Alliance members (e.g. Aged Care Sector Committee by Ministerial appointment).

2. Aged Care Reform Team Support to Constituency meetings

Alliance constituencies have identified a greater desire to discuss and collaborate within their groups in between meetings. To assist with this collaboration, the Aged Care Reform Team is available to facilitate one meeting per constituency in between Alliance meetings upon invitation from the constituency. This may be by using the Aged Care Reform teleconference facility or organising a meeting space on the sidelines of Alliance meetings.

3. NACA Terms of Reference

The Alliance has always used Working Groups, and on a less regular basis Special Interest Groups, to undertake tasks such as research and policy development to inform the development of Alliance positions. These groups are described in the Terms of Reference which apply to all Alliance activities.

4. Aged Care Reform Engagement with Government

4.1 Advisory Groups

Aged Care Reform Advisory Groups are formed as required when there is agreement between the Alliance and the Department of Health of the need to provide advice to Government on a particular area of reform. Advisory groups are Alliance groups but are not auspiced in the same manner as Alliance working groups and may include participants (by invitation) who are not representative of Alliance member organisations.

The terms of reference and membership for each group are negotiated with the Department of Health by the Aged Care Reform Team and signed off by Sponsors. Any discussion leading to advice or draft positions is not considered Alliance advice until formally signed off or endorsed by the Alliance. A revised schedule for the consultation and endorsement process for advisory group papers can be found in the table at Attachment 5.

Advisory groups include members from each of the four constituencies (providers, unions, professional associations and consumers) wherever possible. It is the responsibility of the members of the advisory groups to ensure they engage with and provide feedback to their relevant constituency, while fully complying with any confidentiality requirements. Members need to be competent in the advisory group area and will be appointed by the Alliance (or the Sponsors where required to meet timeframes).

A chair will be appointed from the Alliance members for each group. The chair must manage meetings in a fair and equitable manner according to normal meeting procedure while still being able to represent their own constituency. Should a chair consider something substantive is being discussed that may impact on their capacity to chair in an impartial manner, they should consider stepping out of the chairing role for the duration of the discussion.

4.2 Roles in NACA Aged Care Reform Advisory Groups

In addition to the guidance provided by the Alliance terms of reference, this clarification is designed to further define the roles of chairs, members and the Aged Care Reform Team in relation to NACA Advisory Groups.

- *Chair*
  While chairs are members of the group formed from the Alliance constituencies, it is important that the chair manages meetings in a fair and equitable manner according to normal meeting procedure. Chairs will still fulfil their representational role, noting that any comments will be identified as outside the chairing role. As part of the chairing role, chairs will devise a system of recognising members to speak and communicate this system at the beginning of each meeting to ensure meetings are conducted in an orderly manner.

- *Members*
  Members of NACA Advisory Groups are representatives of their individual constituency groups (provider, professional, union or consumer) and need to balance the confidentiality of some meeting papers with the need to broadly consult with their constituency to be aware of holistic issues the advisory group should discuss. Members should provide feedback on the outcomes and discussions of the advisory group, as they affect the individual constituency to their members, noting that some discussions and most meeting papers are confidential.

- *Aged Care Reform (ACR) Team*
  The ACR Team is the key point of contact for the Department, chairs, advisory group members and broader Alliance members about the activities of all advisory groups.
  The ACR Team prepares agendas for the meetings, in conjunction with the Department and chair, records action items from the meeting and prepares a report as part of the Aged Care Reform Monthly Update for the Alliance members. The Team also provides quarterly reports to each Alliance meeting.
  As stated in the NACA Terms of Reference, views discussed by members at the advisory groups do not constitute formal advice by the Alliance. On rare occasions, advice from an Advisory

Group will be drafted into an Alliance position by the ACR Team for sign off and endorsement by the Alliance. Amended timeframes for consultation and endorsement specific to aged care reform documents can be found in the table at Attachment 5.

4.3 Alliance Representation on External Committees, Forums and Events

As noted in the terms of reference at 10.5, the Alliance may be invited or seek to be represented at external conferences, meetings, and committees. Such representation is subject to discussion and agreement by Alliance members wherever possible. In some cases, membership for external groups is the result of a formal invitation process, including by ministerial appointment.

Invitations from Government departments relating to aged care reform may be directed to the Aged Care Reform Team and accepted on that basis. Such acceptance will still be based on relevance to the Alliance agenda, whether the organisation issuing the invitation can undertake the activity, and whether the outcome contributes to the Alliance vision and purpose.

Where members of the Aged Care Reform Team represent the Alliance on external forums they represent the views of the Alliance as a whole. As for any Alliance member representing the Alliance, engagement is usually based on the terms of reference established by the auspicing body or structure.

Reports from any of these meetings are included in the Aged Care Reform Monthly Update and quarterly meeting reports where possible.

5. Aged Care Reform Team Role in relation to Working Groups

Unlike advisory groups, Alliance working groups generally have no restriction on numbers of member participants. Any member may propose at an Alliance meeting that a particular working group be formed. If approved by a consensus of NACA members, the Aged Care Reform Team will facilitate the creation of such a group. Generally, working groups are not serviced by the Aged Care Reform Team.

Members represent their individual organisations and at the first meeting members will elect a chair to oversee the work of the internal working group and report back to the Alliance. Alternatively, a chair may be appointed at a meeting of the Alliance.

Special Interest Groups may be formed when three or more members wish to engage collectively on a topic of mutual interest that is also of potential benefit to the work of the Alliance so there is no membership or nomination process, and no role for the Aged Care Reform Team.

Attachment 5 – Process for the Development of Papers

DEVELOPMENT, CONSULTATION AND ENDORSEMENT PROCESS FOR ALLIANCE PAPERS

The process for the development of papers through Alliance working groups and advisory groups is outlined earlier in the terms of reference.

The table below shows the consultation stages for all papers and documents as well as the standard timeframes for refining positions and reaching endorsement. Given the very tight timeframes often involved in the reform process, the ideal timeframes have not always been practicable or achievable.

The Aged Care Reform Team will always endeavour to give as close to these time frames as possible and will make relevant deadlines clear. The Alliance has agreed that the usual timeframes can be modified as shown below when timing is limited and requires abbreviation of the normal process and timelines.

All types of papers: Discussion papers, Position papers, Position statements, Advisory papers	Usual Alliance Timeframes	Reform Timeframes
Working Draft – draft document is circulated to members of the working group or advisory group only for review to ensure it is a robust and balanced draft prior to it being distributed for formal review. The consultation period is agreed to by the members of the group.	Time frame decided by the working group or advisory group	Time frame decided by advisory group
Preliminary Draft – a non-final document is circulated to all members of the Alliance and the consultation period will be at least five working days where practicable. The aim of this draft is to ensure that the paper encompasses all key concepts and issues relevant to the topic and to confirm that it is if sufficient quality that it can be circulated more widely for consultation purposes.	5 working days where practicable	A specific period for this step is only allowed if there is time
Circulation Draft – circulated to Alliance members for broad consultation for a period of at least 30 days where practicable. The prime purpose of the circulation draft is to finesse the draft, ensuring it is comprehensive, balanced in its approach and a high quality document.	30 days where practicable	A standard of 10 working days is the aim, but exact time may vary according to deadlines
Final Draft – Final proof document circulated to Alliance members to identify minor mistakes and misused words ONLY	10 working days where practicable	A standard of 5 working days is the aim, but exact time may vary according to deadlines
Endorsement – Final document circulated to Alliance members with a 72-hour turnaround time. No additional changes are sought. If no indication otherwise (e.g. non-endorsement) is received by the Secretariat by the due date this will be taken as endorsement of the document.	72 hours where practicable. On occasion this may need to be reduced to 48 hours.	A standard of 48 hours is the aim, but may on occasion be reduced to 24 hours