



Partner Agreement 2018-2020

1. Introduction

The Primary Care Partnership Strategy is a Victorian Government initiative that provides Primary Care Partnerships across the State with funding to strengthen relationships, improve service coordination, integrate health promotion activities and reduce the preventable use of hospital services. Each Primary Care Partnership represents a specific catchment within Victoria and forms a voluntary alliance with a range of service providers.

North East Healthy Communities is the Primary Care Partnership that represents the catchment which covers the local government areas of Banyule, Darebin and Nillumbik.

The main motivation for service providers to become partner members of **North East Healthy Communities** is to improve relationships, reduce duplication of services, address gaps in service provision and achieve better health and wellbeing outcomes for the community.

We are an unincorporated alliance which allows each party to maintain a separate legal, cultural and organisational identity while undertaking joint projects and activities.

By signing this Agreement, your organisation becomes a full Member of North East Healthy Communities, and you agree to fulfill your roles and responsibilities of the partnership as set-out below.

Parties to the Agreement are listed in the *North East Healthy Communities Register of Members*.

2. Who we are

We are an alliance of health and human service organisations from across the local government areas of Banyule, Darebin and Nillumbik committed to reducing preventable illness and harm.

3. Our vision

Our collective vision is a community where all people are healthy, safe and well.

4. Our purpose

In becoming a member of North East Healthy Communities, we agree to lead, connect, support and take collective action to create healthy communities, prevent illness and harm, and promote access and equity.

5. What guides us

Our work is guided by state government policy including the Victorian Public Health and Wellbeing Plan 2015-19 and Outcomes Framework, Health 2040 and statewide Primary Care Partnership directions. At the local level, we align our work with local government municipal public health and wellbeing planning. We are committed to the Ottawa Charter for Health Promotion and focus our work on its five key action areas.

6. Our strategic priorities

Our strategic priorities are shaped by our community and partners and sit within the Victorian Public Health and Well Being Plan.

7. Our collective impact approach

We are united in our commitment to utilising our diverse interests in support of a strong prevention approach. Our approach to prevention is a collective impact that incorporates:

A social model of health	We address issues that impact health and recognise that good health is created in society as a whole, not just the health system.
Equity	We focus on fairness and make sure that our work reduces inequalities and focuses on improving the health outcomes of people who experience disadvantage.
Co-design / a person centred approach	We work with community, consumers, organisations, partners and members to design solutions that are relevant and appropriate to their lives.
Partnership	We add value by working together and aim to demonstrate tangible positive health outcomes and significant lasting change as a result of our joint efforts.
A place-based approach	We pursue work in specific places to enable greater saturation of effort and increase the likelihood of measurable results in specific communities.

A focus on outcomes We focus on outcomes to deliver measurable improvements in health behaviours and conditions.

Evidence We use evidence and research to inform our choice of interventions and we collect data to evaluate our work and contribute to the evidence base.

8. How we go about our collective work

We use both design thinking and system thinking to guide our collective work. This means we are open to change based on our evaluation and learning as we go, and we use this learning to improve and sharpen our collective effort. We plan and deliver our collective effort through the following key steps:

Determine the area of focus We use evidence based data, research, information and knowledge to collectively determine the focus of our work.

Map and understand the system We use evidence based data, research, information and knowledge from the practical experience of community, partners and stakeholders to develop a map of the system that holds our challenges in place.

Choose points of intervention We consider our map of the system to determine where to intervene / act for the most impactful change.

Determine together collective and individual investment and actions We use knowledge, evidence and data to determine the most effective, efficient and innovative ways to effect change that we can carry out both together and individually. We also determine how we will co-ordinate our efforts.

Operationalise We implement our actions through collective investment and a catchment wide plan for each strategic priority. This plan identifies the initiatives and actions of each of the partners and how North East Healthy Communities adds value.

Measure and report We are committed to shared measurement and reporting on our strategic priorities. Our focus is measuring and reporting on the impact of our collective efforts and how they contribute to the impact on population health outcomes.

9. Deliverables

The key deliverables that member organisations commit to are contained within the *North East Healthy Communities Strategic Directions 2017-2021*.

The North East Healthy Communities Strategic Directions have been developed and agreed to by member organisations, and are reviewed on an annual basis.

Other deliverables may also be agreed by member organisations as resources are made available, complimentary to delivery of the priorities stipulated in the Strategic Directions 2017-2021 document.

10. Term and Review

This agreement takes effect from 26 February 2018 until 30 June 2021.

A review of the operation and effectiveness of the Agreement will take place after two years.

11. Membership

North East Healthy Communities has two types of membership:

- a) Full members, who have full voting rights to select individuals represented on the Governance Group (as described below);
- b) Ex-officio members representing the role and contribution of the Department of Health and Human Services.

Members Roles and Responsibilities

Each Member organisation agrees to:

- a) Individually and collectively promote and champion the cause of North East Healthy Communities;
- b) Commit to the approach and intent of the *North East Healthy Communities Strategic Directions 2017-2021*;
- c) Collaborate fully in the design, review and implementation of the *North East Healthy Communities Strategic Directions 2017-2021*;
- d) Contribute to at least one project area of North East Healthy Communities;
- e) Comply with any relevant legal requirements, such as the Privacy Act 1988;
- f) Act reasonably and in good faith.

Becoming a Member

- a) Any organisation or entity that wishes to apply to become a Member (the applicant) must apply in writing to the Governance Group. Notification of an application for membership will be noted on the agenda of the next Governance Group meeting, and details of the application will be circulated to all Governance Group members prior to the meeting.
- b) All applicants must be providing services within the North East Healthy Communities catchment – City of Darebin, City of Banyule and Shire of Nillumbik.
- c) The Governance Group will determine whether to approve or reject the application.
- d) Once the Governance Group approves an application for membership, the Executive Officer will, as soon as practicable:
 - i) Notify the applicant organisation in writing of the approval for membership;
 - ii) Enter the applicant organisation's name and the nominated contact person in the register of Members.
- e) An applicant organisation becomes a Member and is entitled to exercise the rights of membership when they are entered into the register of Members.
- f) If the Governance Group rejects an application, the Executive Officer will, as soon as practicable, notify the applicant organisation in writing that the application has been rejected.

Register of Members

The Executive Officer will keep and maintain a register of Member organisations containing:

- a) The name and address of each Member organisation;
- b) The nominated contact person for that organisation; and
- c) The date on which each Member organisation's name was entered in the register.

The register is available to all Member agencies upon request.

Ceasing membership

- a) A Member organisation of North East Healthy Communities may resign by giving notice in writing to the Executive Officer of the intention to resign.
- b) The resigning member organisation will cease to be a member when the written notice is tabled at the next Governance Group meeting.

- c) The Executive Officer will then record in the register of Members the date of the Governance Group meeting in which the member organisation ceased to be a Member.

12. Operation of the Partnership

The Partnership operates through members undertaking individual or joint activities on behalf of the Partnership. The structure of North East Healthy Communities is described in North East Healthy Communities Structure and consists of a Governance Group, a portfolio of projects and a staff team. The key operational elements of the Partnership are as follows:

Governance

The North East Healthy Communities Governance Group will review the Governance Group Terms of Reference annually.

A Governance Group is a group of individuals selected from among member organisations to oversee and manage the affairs of the Partnership.

The role of the Governance Group is to steward the collective effort of members, including to:

- a) Champion and foster the collective impact approach;
- b) Develop and maintain regular oversight of the operations and progress of the Strategic Plan;
- c) Provide strategic guidance on the delivery of North East Healthy Communities activity;
- d) Commit to communicating with North East Healthy Communities members;
- e) Supports the development of governance systems and structures, including policies and procedures that assist effective and efficient implementation of the Agreement; and
- f) Support North East Healthy Communities staff, in particular to provide the Executive Officer an avenue to confer on matters that arise outside of the strategic plan, delegated authority or budget items between Governance Group meetings.

Election of Governance Group members

The Governance Group will be elected by Members every year at the June meeting, with the first term expiring in June 2019. Terms will be staggered, with two positions vacated every year.

The Auspice Agency is exempt from elections and its CEO is an automatic member of the Governance Group.

Criteria for Governance Group selection is as follows:

North East Healthy Communities Partner Agreement

- Is the CEO or senior representative for the service listed on the North East Healthy Communities Register of Members; and
- Is prepared to attend 75% of meetings per annum.

Members of the Governance Group are those representatives from member organisations who have signed the Partnering Agreement and whose application has been accepted by the Governance Group.

Nominations for the Governance Group will be called for 21 days before the June Governance Group meeting and will close seven days before the June Governance Group meeting.

If insufficient nominations are received to fill all vacancies, the candidates nominated will be deemed to be elected and the vacancy will be re-advertised and considered at the next meeting of the Governance Group

If the number of nominations received is equal to the number of vacancies to be filled, the persons nominated will be deemed to be elected.

If the number of nominations exceeds the number of vacancies to be filled, a membership vote will be held.

All votes will be counted by the Chair and the results endorsed by the group on the day.

Governance Group vacancies

The Governance Group position becomes vacant if:

- a) The person's member organisation ceases to be a Member of North East Healthy Communities; or
- b) The person resigns from office by notice in writing given to the Executive Officer; or
- c) The person does not attend 75% of Governance Group meetings annually or fails to attend three meetings in succession.

Removal of a Governance Group member

The Governance Group may by resolution passed with at least 50% plus 1 of filled Governance Group positions, vote in favour remove a member of the Governance Group who has failed to attend three consecutive meetings or 75% of meetings annually.

The Auspice

The auspice receives and oversees funding, administrative and legal matters and obligations on behalf of the Partnership, including risk management and the employment of the Executive Officer, staff and volunteers.

The auspice agency will be elected every four years in line with the partnership's Strategic Planning and Partnership Agreement review processes. The auspice agency may relinquish its role by giving not less than

two months' notice in writing to the Governance Group, but shall not withdraw within the period of the financial year. As soon as practicable thereafter, the Governance Group will appoint a new auspice agency. In the case of a change of auspice agency, an audit of the Partnership funds may be undertaken at the discretion of the Governance Group. All assets and unspent funds will be transferred from the relinquishing auspice agency to the new auspice agency. The relinquishing auspice agency will ensure that the new auspice agency is fully informed of all matters relating to the management of Partnership funds and assets.

Working Groups and Steering Committees

Working groups and steering committees can be established by the Governance Group when deemed appropriate.

Bi-annual Forum

North East Healthy Communities will host a bi-annual forum where all members can come together and showcase the North East Healthy Communities and members' work.

Executive Officer

An Executive Officer and team is employed to assist the collaborative and collective work of the partnership as described above. The Executive Officer provides high level leadership to achieve North East Healthy Communities' objectives as set out in the *North East Healthy Communities Strategic Directions*. The position provides ongoing executive support to the North East Healthy Communities Governance Group and has responsibility to ensure reporting requirements are submitted and the DHHS Funding and Service Agreement is adhered to. Full description of the roles and responsibilities of the Executive Officer are set-out in the *Executive Officer's Position Description*.

The Executive Officer's work is overseen by the Governance Group.

13. Financial Management

- a) Funding for the operations of the North East Healthy Communities will be auspiced by one of the member organisations as agreed to by the Governance Group.
- b) An end of financial year audit of North East Healthy Communities will occur each year. This report will be tabled at North East Healthy Communities Governance Group for endorsement and kept by the Executive Officer in the North East Healthy Communities records.
- c) Bi-Monthly cost centre reports by the funds holder will be made available by the Executive Officer to the Governance Group bi-monthly.

- d) Any agency receiving or holding North East Healthy Communities Project funds will be required to provide bi-monthly finance reports to North East Healthy Communities Governance Group.

14. Reporting

- a) The Executive Officer will be responsible for coordinating reporting on progress against the Strategic Plan key deliverables. A report will be provided bi-monthly to the North East Healthy Communities Governance Group.
- b) Member organisations receiving North East Healthy Communities funding will provide progress reports as agreed against targets set out in their Project Plan with North East Healthy Communities.
- c) The Executive Officer will be responsible for reporting against the North East Healthy Communities Funding and Service Agreement.
- d) Issues arising from reports will be a standard agenda item at North East Healthy Communities Governance Group bi-monthly meetings.

15. Publications & publicity

- a) Members must not publish information or make announcements regarding North East Healthy Communities except in a manner approved by the Governance Group.
- b) All collaborative North East Healthy Communities initiatives are to be identified as North East Healthy Communities Projects and include branding with the North East Healthy Communities logo. Approval of use of North East Healthy Communities logo is given by the Governance Group via the Executive Officer.

16. Communications and Information Sharing

The Governance Group will oversee the development of a Communications Strategy to support the communication and information sharing activities of North East Healthy Communities.

Each Member agrees that it will not communicate, publish or release, or permit the communication, publication or release of any confidential information except:

- a) As is necessary for the Members to perform their obligations under this Agreement;
- b) As required by Law; or
- c) As is permitted under this agreement or otherwise agreed in writing by the parties.

17. Intellectual property

- a) Members agree that intellectual property rights in material developed in the course of North East Healthy Communities activities will vest as determined by law, including but not limited to the *Copyright Act 1968* (Cth).
- b) Each Member that contributes any material to the North East Healthy Communities activities in which it owns the intellectual property rights grants to each other Member a non-exclusive right to use, reproduce, amend and adapt such material for the purposes of the North East Healthy Communities activities.
- c) The Members acknowledge that intellectual property rights in material developed in the course of North East Healthy Communities activities may be affected by the Funding Agreements and agree to comply with any relevant provisions of the Funding Agreements relating to intellectual property rights.

18. Dispute resolution

North East Healthy Communities exists because member organisations recognise the strategic and systemic value of collaboration and collective effort.

Members are encouraged to openly express and discuss their concerns and hesitations seeking consensus and agreement as part of the overall information sharing, planning, co-ordination and decision-making processes.

North East Healthy Communities recognises and values the diversity of its Members and seeks to anticipate and resolve differences in this spirit.

Where a dispute occurs within a Work Group / Network and cannot be resolved by the Chairperson of the relevant Work Group, the matter will be referred to the Governance Group for resolution.

The Governance Group will ordinarily determine the course of action to be taken in relation to dispute resolution. Where the matter is unable to be resolved within ten working days by the Governance Group, the Governance Group will decide on whether the issue is to be referred to:

- i) The CEOs of the respective organisations or appropriate line manager in the organisation;
- ii) DHHS Regional Office initially through the responsible DHHS Program Manager or;
- iii) Another appropriate course of action, such as an independent mediator, dependent on the nature of the dispute.

In a situation whereby the dispute involves the North East Healthy Communities Governance Group, an appropriate independent mediator will be used.

19. Conflict of interest

See *North East Healthy Communities Conflict of Interest Policy*.

Each Member organisation warrants that at the Commencement Date, to the best of its knowledge, having made all reasonable inquiries, no conflict of interest exists in relation to this Agreement or is likely to arise during the period of this Agreement. Each Member will inform the Governance Group as soon as it becomes aware of any matter that may give rise to a conflict of interest during the currency of this Agreement.

20. Maintenance of Individual Identity

In undertaking joint projects and activities as part of this Agreement, each party maintains separate legal, cultural and organisational identity. This includes any insurances, liabilities, etc.

21. Changes to the Agreement

Changes to the Agreement may be required from time to time. Any proposed changes to the Agreement will be managed by the Governance Group in accordance with decision-making procedures outlined above.

22. Wind up of North East Healthy Communities

In the event of the winding up of North East Healthy Communities, the North East Healthy Communities Governance Group will direct the designated funds holder to return all un-allocated monies and assets acquired by North East Healthy Communities to the Department of Health and Human Services or other relevant fund holder.

Organisation:

Title:

Name:

Signature:

Date: