COAG Health Council  
2014 Terms of Reference

<table>
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<tr>
<th>Chair</th>
<th>Chair rotates annually through each of the State and Territory member governments.</th>
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<tr>
<td>Membership</td>
<td>Commonwealth, State, Territory and New Zealand Ministers with responsibility for health matters, and the Commonwealth Minister for Veterans’ Affairs</td>
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<td>Operations</td>
<td>The Council will meet at minimum twice a year. Further work is able to be conducted out of session or by calling an extraordinary meeting if required. The Council will make decisions on the basis of consensus wherever possible, unless specific voting rules are included in relevant governing instrument(s). Where necessary, the principle of one vote per jurisdiction would apply. Other operational arrangements are to be made by the Ministerial Council and do not require COAG endorsement.</td>
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| **Scope of Council responsibility** | The Commonwealth, State and Territory governments have a shared intention to work in partnership to improve health outcomes for all Australians and ensure the sustainability of the Australian health system. The Health Council will provide a forum for continued cooperation on health issues, especially primary and secondary care, and consider increasing cost pressures. As well as that the Council will:  
- fulfil regulatory/governance obligations that fall within the health portfolio in the areas of national registration and accreditation;  
- ensure that the responsibilities given to Ministers with responsibility for health matters in various COAG agreements and decisions are met; and  
- consider matters reported to the Council by relevant advisory groups. The Council’s work will cover the following broad themes:  
  - Hospitals and related Health Services  
  - National Partnership Agreements  
  - Local integration of local hospital and primary care networks  
  - Better integration of acute care and primary health care pathways for patients  
  - Better coordination of care for people with chronic and complex conditions  
  - eHealth  
  - Health workforce  
  - Cancer care  
  - Mental health reform  
  - Closing the Gap |
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- Aged care
- Safety and quality
- Health and medical research
- Population health, health promotion and prevention
- Health protection
- Rural health
- National health information.

The Council will work actively to ensure: all mainstream and Indigenous-specific policy, program and service delivery improves outcomes for Indigenous people; performance information is in place to monitor the outcomes; and data gaps are addressed; specifically:

- work to achieve comparable health outcomes between Indigenous and non Indigenous Australians; and
- focus on Indigenous suicide prevention and support, including mental health support.

In pursuing its priority actions for the next 18 months, the Council will consider the impact of regulation on individuals, community organisations and business and identify opportunities to reduce or remove this burden, wherever possible.

This Council’s work program will include, where relevant, its existing responsibilities under Commonwealth and State legislation, National Agreements, National Partnerships and any other governance arrangements.

Legislative and Governance Responsibilities

Responsibilities under the following instruments:

- Health Practitioner Regulation National Law (as in force in participating state and territory jurisdictions)
- National Blood Agreement 2003
- Australian Red Cross Blood Service Deed of Agreement 2006
- Australian National Preventive Health Agency Act 2010
- Personally Controlled Electronic Health Records Act 2012

Policy oversight for the following bodies:

- National Health Performance Authority
- Independent Hospital Pricing Authority
- Administrator of the National Health Funding Pool
- National Health Funding Body
- National Blood Authority
- Australian Commission on Safety and Quality Health Care
- Australian Institute of Health and Welfare
- Health Workforce Australia
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| Specific actions to progress Council responsibilities in the next 18 months |
| In the implementation of National Health Reform Health Ministers will place high priority on: |
| - ensuring outstanding implementation and policy matters are on track for resolution, and escalating them to COAG when required; |
| - considering the progress of implementation of key milestones six months before commencement timeframes, and providing advice to COAG if necessary; and |
| - annually reviewing the Three Year Data Plans published by the IHPA, NHPA and NHFB. |
| Finalisation of the eHealth Business Case and refreshed eHealth Strategy. |

- Australian Health Practitioner Registration Agency
- National E-Health Transition Authority
- Australian National Preventive Health Agency.

The Council commits that by July 2016, specific references to the former Ministerial Councils in the above governing instruments will be changed to refer instead to the ‘Ministers responsible for health’.

Note that the Australian Health Workforce Ministerial Council (AHWMC) will continue to meet, under the auspices of this Council, to discharge its legislative and governance obligations under the Health Practitioner Regulation National Law, until such time as specific references to this former Ministerial Council are changed. The AHWMC membership comprises the Commonwealth Minister and Ministers from participating jurisdictions with portfolio responsibility for health.

Responsibilities under the following National Agreements, National Partnership Agreements and Intergovernmental Agreement:

- Australian Commission on Safety and Quality in Health Care Intergovernmental Agreement
- National Healthcare Agreement
- National Health and Hospitals Network Agreement
- National Health Reform Agreement
- National Partnership Agreement on Preventive Health
- National Partnership Agreement on Indigenous Early Childhood Development
- eHealth Memorandum of Understanding
- National Partnership Agreement on Health Services
- National Partnership Agreement on Health Infrastructure
- National Partnership Agreement on Essential Vaccines
- National Partnership Agreement on Improving Public Hospital Services
- Intergovernmental Agreement for a National Registration and Accreditation Scheme for the health professions.
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<th>Development of a Commonwealth, State and Territory agreement to replace the eHealth MOU which ceases on 30 June 2014. Development of a whole of governments’ response to the Healthcare Identifiers Act and service review. Initiation and consideration of the findings of an independent review of the National Registration and Accreditation Scheme, in line with the requirements of the InterGovernmental Agreement. Consideration of current and future workforce pressures, including training and distribution, and continuation of current collaboration with both Government and private sectors in identifying and addressing workforce issues. Support of collaborative approaches to strengthening the primary health care sector through the adoption of innovative integrated and coordinated care strategies Agreement to a national Patient Contact Protocol for high risk implantable medical devices. Finalisation of the ACQSHC 2016-17 Work Plan and Budget; Closing the Gap: • Monitor progress against the target to close the gap in life expectancy and in child mortality and programmes to support these goals. • Agree to policy action to increase the rate of improvement in order to meet the target to close the life expectancy gap by 2031. Agreement of the National Framework for Action on Dementia 2013-17.</th>
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<td><strong>Review and reporting</strong></td>
<td>The Council will be reviewed annually by COAG against its priorities, including whether there is a continuing need for the Council. The Council will report to COAG as required on its progress. The Council is able to refer matters to COAG for its consideration, noting that these will be matters genuinely requiring First Ministers’ attention (such as major decisions and intergovernmental agreements). The Council can also advise COAG on an exception basis, especially when its priorities are not progressing satisfactorily.</td>
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