

COORONG COMMUNITY HEALTH ADVANCEMENT & ADVISORY COMMITTEE Terms of Reference

1. Name

The name of the Committee is the Coorong Community Health Advancement & Advisory Committee (the “Committee”).

2. Establishment

2.1 The Committee was established at the Council meeting held on 21 October 2025 (minute 293/25).

2.2 The Committee shall dissolve:

- If, and when, determined by resolution of Council.

3. Definitions

“Acute Care” means short-term treatment for severe or urgent conditions, generally delivered in a hospital setting.

“Allied Health” means qualified health professionals (other than medical and nursing staff) who provide diagnostic, therapeutic or support levels. This includes (but is not limited to), physiotherapy, occupational therapy, psychology, speech pathology, dietetics and podiatry.

“Community Health Services” means preventative, rehabilitative or chronic-condition management services offered in a community or outreach setting.

“Continuity of Care” means the consistent and coordinated management of a patient’s health across time and providers, ensuring seamless, connected treatment experiences.

“Health and Wellbeing” means issues, initiatives and services concerning (but not limited to): physical activity, healthy eating, mental health, allied services, childcare, emergency management and community recovery.

“Health Services” mean services relating to the promotion, maintenance, monitoring or restoration of physical, mental or social wellbeing. Includes clinical, primary health, allied health, preventative health, emergency and acute care services.

“Independent Community Membership” means the appointment of individuals from the community who are not elected members, employees or representatives of the appointing organisation (Council). Independent members are selected for their ability to provide impartial perspectives, contribution of relevant skills and/or experience and active representation of community interests.

“Health Service Provider” means an organisation or individual delivering health care (ie. hospital, clinic).

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“Model” (Service Delivery) means different ways in which health services may be structured, funded and provided. Examples include:

- Public-private partnerships
- Shared services models
- Multi-disciplinary clinics
- Co-located service hubs
- Mobile or outreach programs
- Telehealth supported primary care
- Regionalised service networks

“Outreach” or “Visiting Services” means health services delivered by practitioners who travel into the district on a scheduled or ad-hoc basis.

“Public Health” means services that are delivered and/or coordinated by the State Government to protect and improve the health of populations through the prevention of disease and promotion of healthy lifestyles.

“Public Health Provider” means an organisation or service funded, operated or administered by the State or Commonwealth Government to provide health services to the public. This includes (but is not limited to), SA Health Local Health Networks, public hospitals, Country Health Connect, community health services, public mental health or population health programs.

“Primary Health Care” means first-contact, accessible, community-based health care services that address the majority of personal health needs, emphasising disease prevention and health promotion.

“Private Health Provider” means a non-government organisation, clinic, business or individual practitioner that delivers health or medical services on a fee-for-service, private billing, mixed billing or contract basis. This includes (but is not limited to), General Practice (GP) clinics, private specialists, private hospitals or aged-care providers or contracted locum services.

“Service Availability” refers to the extent to which health services are physically present, accessible, adequately staffed and operating at a level that meets community needs.

“Service Decline” means a measurable reduction in the availability, quality, frequency, staffing or scope of health services previously provided in the Council district.

4. Purpose

The Committee is established as a Section 41 Committee of the Coorong District Council, pursuant to the Local Government Act 1999, for the purpose of:

- 4.1 Investigating the declining provision of Commonwealth & State Government and privately funded health services within the Council area;
- 4.2 Providing advice to Council on outcomes that achieve better healthcare options within the district (with a particular focus on continuity of care).

5. Functions

The Committee shall:

- 5.1 Investigate the provision, accessibility and quality of health services across the Coorong Council area.
- 5.2 Actively consult across the Council district to identify gaps, challenges and opportunities for improvement in healthcare delivery.
- 5.3 Establish collaborative partnerships between Council and stakeholders that enhance community health and wellbeing.
- 5.4 Develop recommendations and advice to Council on strategies, initiatives or partnerships that enhance healthcare services and continuity of care.
- 5.5 Provide a forum that facilitates open communication and supports improved coordination of service delivery, programs and initiatives.
- 5.6 Advance ideas, proposals and plans for Council's consideration (in alignment with Council's strategic direction, relevant policies and budget availability).

6. Membership

- 6.1 The Committee shall comprise four (4) Elected Members, including a Chairperson to be appointed by Council. The Committee shall also comprise:
 - up to four (4) independent community members, selected by Council for their experience, knowledge or interest in healthcare and community wellbeing
- 6.2 Independent community membership is voluntary and members are expected to actively contribute to the work of the Committee.
- 6.3 The Committee may co-opt additional non-voting individuals with relevant expertise to attend meetings, as required.

7. Committee Member Roles & Responsibilities

- **Chairperson:** Response for presiding over meetings, ensuring orderly conduct and facilitating discussion.
- **Elected Members:** Represent Council's interests, provide strategic guidance and contribute to deliberations.
- **Independent Community Members:** Provide expert or local knowledge, community perspectives and advice to inform recommendations.
- **All Committee Members:** attend meetings regularly, contribute to discussions, review materials and assist with community engagement initiatives.

8. Quorum

The quorum required for the transaction of business at a meeting of the Committee shall be 50% (ignoring any fraction) plus one (1) member. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all requirements of the Committee.

9. Voting

- 9.1 Decisions of the Committee will be by consensus.
- 9.2 Proxy votes are not permitted.
- 9.3 Any Committee member may partake in a meeting via telephone, video conference or in person. If via telephone or video conference, the Committee member must verbalise their vote to enable the Chairperson to clarify and record the vote.

10. Meetings

- 10.1 The Committee shall meet a minimum of four (4) times per year on days and at a time determined by the Committee.
- 10.2 Meetings will be scheduled by the Chairperson in consultation with the Chief Executive Officer.
- 10.3 Meetings shall be conducted at venues as agreed by the Committee.
- 10.4 Meetings can be held electronically by way of operation of section 90(7a) of the Local Government Act 1999, which supports meeting by telephone or electronic means.
- 10.5 The Chairperson, in consultation with the Chief Executive Officer, may cancel a meeting due to lack of business.
- 10.6 Minutes of each meeting shall be recorded and provided to Council for noting.
- 10.7 With permission of the committee, audio recordings of meetings may be made to enable the minute taker to reference as required. Audio recordings will be saved only until the minutes of the relevant meeting have been endorsed by Council.

11. Meeting Procedures

Procedures at meetings will be guided by the Local Government (Procedure at Meetings) Regulations 2013, these Terms of Reference and Council's Code of Practice – Proceedings of Council and Committee Meetings.

12. Reporting Responsibilities

- 12.1 The Committee shall report to Council; providing advice, recommendations and updates on investigations and findings.
- 12.2 Reports shall include recommendations that reflect Council's strategic objectives (particularly regarding continuity of care and the improvement of healthcare services in the district).

13. Delegations

- 13.1 The Committee may act informally in seeking information and conducting investigations to fulfil its purpose and, under the direction of Council, has the power to advance ideas and plans. Administration staff will support these functions by coordinating communication, maintaining accurate records and facilitating community engagement activities to ensure all statutory and organisational requirements are met.
- 13.2 The Committee has no direct decision-making power and will provide recommendations to Council on matters for consideration.
- 13.3 No delegations are provided to the Committee to expend Council funds.
- 13.4 Council delegates the Committee such authority as is necessary to achieve its goals and aims as approved by Council, including engagement with stakeholders and access to relevant information.
- 13.5 The Committee does not have the power to make binding decisions on behalf of Council. All recommendations shall be referred to Council for consideration.

14. Administrative

The Chief Executive Officer will:

- Provide administrative resourcing to the Committee
- Co-opt an independent specialist consultant or professional to provide technical expertise/knowledge, objectivity and impartiality

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The Committee shall have access to reasonable resources to enable the carrying out of its duties, subject to budgetary implications/allocations.

15. Document History

These Terms of Reference shall be reviewed annually, or as required, by Council, to ensure they remain relevant and effective.

Version	Adopted	Minute No	Description of change
1	27 January 2026	007/26	Coorong Community Health Advancement & Advisory Committee established. Terms of Reference adopted.