

Terms of Reference Aboriginal Health Council

Western NSW Primary Health Network

1. Purpose of Group

The purpose of the Aboriginal Health Council (AHC) is to contribute to the improvement of the health and wellbeing of the Aboriginal and Torres Strait Islander people of the Western NSW PHN region and to work together to close the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians within a generation.

- a) providing a forum for leadership, knowledge, expertise, experience and strategic evaluation of new approaches and strategies within the Western NSW PHN Region.
- b) support, advise, and guide the Western Health Alliance Limited (WHAL) Board in its work in Aboriginal Health.
- c) to provide culturally safe and responsive advice to the WHAL Board from the AHC membership.

The establishment of the AHC confirms the strategic intent of the WNSW PHN to build innovation, sustainability, and collaboration with the Aboriginal Community Controlled Health Services (ACCHS), mainstream health sectors and other health and human services. The aim is to assist the development of a locally responsive person centred system of primary health care in partnership that will deliver better outcomes for the communities of the WNSW PHN region and specifically recognise the needs of Aboriginal people.

2. Role and Function *Key Responsibilities:* Looking outward:

- To provide advice to the WHAL Board on matters relating to Aboriginal health strategy being discussed, implemented, and evaluated across sectors, including in its implications for program design, service approaches and professional development.
- To assist in identifying gaps, barriers, strengths, and opportunities for improvement in the provision of primary health care to Aboriginal Communities in the localities of the WNSW PHN region.
- To support the WHAL Board to leverage, plan and attract additional resources, programs, and funding opportunities to be applied through participating ACCHS networks within the catchment.
- To provide strategic advice to the WHAL Board to ensure a culturally safe and competent critique on matters relating to the design, development, and commissioning of services for Aboriginal people.
- Develop a comprehensive, long-term plan of action, that is targeted to need, evidence-based and capable of addressing the existing inequalities in health services, in order to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non- Indigenous Australians by 2030.
- Ensure the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.

Addressing the PHN's immediate roles and processes:

- To support the WNSW PHN in efforts to assist the rapid uptake and adoption of best-practice models of care to support Aboriginal communities with better access, utilisation and engagement with mainstream provider networks and service

- To assist the scale and spread of innovation and leadership throughout the ACCHS organisations and regional networks and improve the durability and performance of ACCHS networks.
- To enable two-way exchange of information about primary health care between WHAL Board, WNSW PHN and ACCHS.
- To provide an Aboriginal consumer and community-based service provider perspective in the review of areas linked to commissioning models of care, and other redesign issues undergoing significant change.
- to develop a Succession Plan for the AHC membership.

The Role of the Board Liaison Director

The AHC Board Liaison Director's role is to support the flow of information and decisions between the WHAL Board and the AHC. This requires maintaining regular contact with the AHC Chair and the WNSW PHN General Manager, Aboriginal Health & Wellbeing, and attendance at all AHC meetings.

The Board Liaison Director/s will be Aboriginal directors, on the WHAL Board

3. Authority

The AHC is an advisory Council and reports directly to the WHAL Board and is authorised to seek any information they require through the designated Council Coordinator and secretariat support staff. The AHC has a direct authority to provide advice to the WHAL Board on matters related to the Terms of Reference, purpose and aims of the AHC.

4. Relationships with other forums / entities

The AHC is a regional structure established to assist the WHAL Board by performing its duties as outlined by the Terms of Reference. Members of the AHC will bring experience and networks with other Aboriginal health and community development structures. The AHC through the Chair will have the direct authority to initiate discussion with other PHN Councils and Committees on matters of shared interest as approved by the council members.

5. Membership

All voting members of the AHC must be Aboriginal or Torres Strait Islander peoples from the WNSW PHN region. The Membership will include at least one (1) from each of the two LHDs (Western & Far Western LHDs), one (1) from each of the Alliances (Murdi Paaki & Three Rivers Regional Assemblies), one (1) from National Indigenous Australians Agency (NIAA), one (1) from Bila Muuji and one (1) from Aboriginal Affairs NSW, all with seniority and decision-making authority. The remaining Aboriginal members to be experts in their fields, also ensuring a gender and youth balance, from the WNSW PHN region.

There will be at least two Ex-Officio members who may be Aboriginal people or non-Aboriginal people and are subject matter experts with an active connection to the region or from the WNSW PHN region. The Ex Officio members do not have voting rights.

The AHC seeks to maintain a membership which has a current knowledge of Aboriginal health and community development organisations and activity in the WNSW PHN region, as well as independent members with relevant skills, knowledge, and networks to contribute to the AHC.

The AHC, via the Chair, may invite other individuals or organisations to attend meetings as and when necessary for specific purposes, or to provide expert advice or information to the group.

Membership requires regular attendance and active commitment related to the Terms of Reference Roles and Functions. The Chair is to monitor attendance of members at the meetings and respond accordingly.

6. Appointment

Following a process of selection and assessment through the AHC, the AHC members will make recommendation for proposed member(s) through the WNSW PHN Governance Committee to the WHAL Board.

Selection will be based on the following criteria:

- ☐ Aboriginal and Torres Strait Islander persons
- ☐ demonstrated knowledge about and experience in Aboriginal health in the WNSW PHN region.
- ☐ organisational capability
- ☐ strength of networks and influence to support the WHAL Board at a strategic level.

The criteria supports the importance of achieving a 100% Aboriginal membership and the appointment of Aboriginal people with standing in health from the WNSW PHN region.

The AHC will make recommendations to the Board for the appointment of a Chair for the AHC. The Chair will be appointed for a period of two (2) to three (3) years with the option of re-appointment.

7. Duration of Membership

The WNSW PHN Board will appoint AHC members for a period of two (2) to three (3) years with the option of re-appointment. Representative organisations will nominate replacement members as required.

Membership will be suspended by the WHAL Board on the advice of the AHC Chair for any breach of the Terms of Reference and/or the WNSW PHN Code of Conduct.

8. Roles and responsibilities

The WNSW PHN organisation will:

- Provide the assistance of the Council Coordinator and secretariat for the AHC.
- Schedule meetings at times that suit the majority of members.
- Report to members on strategic activity undertaken by the WNSW PHN
- Consult with AHC members on significant health reform, projects or other issues that impact on programs and support for Aboriginal communities.
- Respond to requests for information and access to evidence sought from the AHC, through the AHC Chair.
- Prepare timely meeting minutes, actions, and reports for provision to the AHC Chair, other Advisory Councils and the WHAL Board.
- Maintain culturally safe and responsive engagement with the AHC through its Executive Manager, Aboriginal Health & Wellbeing and the AHC Chair in accordance with the Terms of Reference.

- Support the role of the Executive Manager, Aboriginal Health & Wellbeing as the subject matter expert in regard to the coordination and management of the AHC activities as per the Terms of Reference.

Aboriginal Health Council members will:

- Provide advice to the WHAL Board on Aboriginal health issues to assist with better health systems and outcomes within the WNSW PHN region.
- Objectively communicate the views and health issues affecting consumers and members of any networks they may represent.
- Contribute resources and information as appropriate.
- Where relevant, seek feedback or input from their networks.
- Where relevant, provide feedback regarding meeting outcomes and decisions to Aboriginal health networks.
- From time to time, contribute to out-of-session consultation, held as face-to-face sessions, if possible, as approved by the AHC Chair.

9. Privacy and Confidentiality

AHC members are expected to maintain confidentiality and operate in accordance with the WNSW PHN Confidentiality Agreement. It is the responsibility of the Chair and the member raising the issue to identify matters of a confidential nature. Members will be asked to sign a WNSW PHN Confidentiality Agreement.

10. Probity and Conflict of Interest

Members have obligations for declaring any actual or potential Conflicts of Interest, including financial, professional, and personal.

11. Meeting Frequency and Schedule

The AHC will meet a minimum of four times per year in Dubbo or at alternate locations as required.

It is the expectation that members will attend face-to-face meetings where possible with Video and Teleconference facilities available if required.

12. Quorum

A quorum is considered 50% of membership plus one member in attendance.

13. Operational Support

Support for meetings is provided by the WNSW PHN Council Coordinator and secretariat. It includes:

- Liaising with the Executive Manager, Aboriginal Health & Wellbeing, and the Chair of the Aboriginal Health Council
- Circulating meeting papers and background information one week before meeting date.
- Circulating the draft meeting minutes and actions within seven working days of the meeting date.
- Arranging meeting venues and / or teleconference enablement.

- Facilitating communication between the Aboriginal Health Council, the Community Advisory Councils, and the Clinical Advisory Councils.
- Providing relevant reports and other resources that assist the AHC to fulfil its role

14.Meeting Procedure

All members have equal rights to list items on the Agenda for any AHC meeting. Agenda items for each meeting will be requested by the Councils Coordinator three weeks prior to the scheduled meeting.

15.Endorsement and Review

The Terms of Reference will be reviewed at the completion of the first year of the Councils two- or three-year term.

16.Evaluation

The performance of the AHC will be evaluated by the WHAL Board against the Terms of Reference every twelve months and each year thereafter.

17.Reimbursement of Expenses and Sitting Fees

When attending meetings or workshops AHC members will be eligible for reimbursement of appropriate travel expenses involved in attending meetings. Sitting fees will be paid to members, except in the case where their attendance is part of their current responsibilities for another organization, in line with WNSW PHN policy.

18.Related Documents

- WNSW PHN Confidentiality Agreement
- WHAL Councils and Other Meetings Remuneration Policy.
- WNSW PHN Cultural Safety Framework
- Closing the Gap Strategy/Close the Gap
- Murdi Paaki Health Accord
- Three Rivers Health Accord
- WNSW LHD Accord
- Bila Muuji Strategic Plan

