

## Terms of Reference

### COORDINARE Aboriginal Health Councils

<b>Approval date</b>	April 2024
<b>Review frequency</b>	Every 3 years
<b>Review date</b>	April 2027
<b>Approved by</b>	COORDINARE Board of Directors
<b>References and legislation</b>	Constitution of COORDINARE Limited COORDINARE Board Charter
<b>Policy Sponsor</b>	CEO / Director, Community & System Collaboration

#### 1. BACKGROUND

The key goals of Primary Health Networks (PHN) are to improve the efficiency and effectiveness of health services for people, particularly those at risk of poor health outcomes; and to improve the coordination of health services, to increase access and quality support for people. PHNs undertake to work together with skills-based boards, GP-led clinical councils, and community advisory committees, ensuring that the decisions we make are influenced by community representatives, are aligned with local care needs and expectations, and better integrate local health care systems.

The *National Agreement on Closing the Gap* was released July 2020 signaling a very clear intent and policy direction which is supported by COORDINARE. The National Agreement sets out four priority reform areas and 16 socio-economic targets which commit all levels of government to work in partnership with Aboriginal organisations to design and deliver on priority areas. The priority reform areas include strengthening shared decision-making, building the community-controlled sector, transforming government agencies to improve accountability and eliminate inherent racism, and improving and sharing access to local disaggregated data.

#### 2. PURPOSE

COORDINARE strives towards fostering healthier communities in our region with a focus on improving simplicity of access and equity. COORDINARE supports primary care in making improvements in quality and system integration. We prioritise those members in our communities facing the greatest health disparities. COORDINARE seeks to support primary care within South Eastern NSW to be:

- person-centred
- accessible
- safe and high quality
- comprehensive
- population oriented
- coordinated across all parts of the health system.

COORDINARE engages in a perpetual cycle of assessment of the health needs of our communities. This involves reviewing evidence from multiple sources, identifying groups of people who are more at risk of poor health than others, mapping existing health services, and identifying gaps or inefficiencies within existing primary health services. A crucial part of this process is the consultative framework we have put in place with our advisory councils, which encourages the development of tailored solutions which meet local needs and address community priorities.

The purpose of COORDINARE's **Aboriginal Health Council** ('the Council') is to consider the unique needs of the Aboriginal communities across the northern and southern regions of COORDINARE's geographical boundaries, and to advise COORDINARE in its role to address the priority reform areas by:

Providing a forum for local Aboriginal leadership, knowledge, expertise and experience to have strategic input into the design and evaluation of targeted approaches and strategies implemented by COORDINARE across the South Eastern NSW Region:

- Supporting, advising, and guiding the COORDINARE Board to understand locally relevant Aboriginal perspectives in relation to their unique health needs including access to primary health services and service gaps.
- To provide culturally safe and responsive advice to the COORDINARE Board from the Council membership.
- The establishment of the Council confirms the strategic intent of COORDINARE to partner with the local Aboriginal Community Controlled Health Services (ACCHS), to seek innovative and sustainable solutions to agreed priority issues in collaboration with other relevant health and human services.

### 3. RESPONSIBILITIES / FUNCTIONS

COORDINARE's Advisory Councils advise the Board on a range of strategic opportunities for targeted engagement and communication with consumers and local communities to progress implementation of COORDINARE's organisational strategic priority areas.

The Aboriginal Health Councils:

- Provide advice to the Board on matters relating to Aboriginal health strategies being discussed, implemented, and evaluated across sectors, including implications for program design, service approaches and professional development.
- Provide advice to support interpretation of local health data, about the health and service needs of the community.
- 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 SENSW PHN region.
- Provide strategic advice to the Board to ensure a culturally safe and competent critique on matters relating to the design, development, and commissioning of services for Aboriginal people.
- Provide advice / review relevant policy documents with respect to cultural safety / appropriateness.
- To advise COORDINARE on strategies to assist the uptake and adoption of best-practice models of care to provide Aboriginal communities with better access, utilisation and engagement with mainstream provider networks and services.

The councils 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.

COORDINARE's Aboriginal Health Councils act in accordance with COORDINARE's guiding principles and policies at all times. These are available at [www.COORDINARE.org.au](http://www.COORDINARE.org.au).

### 4. MEMBERSHIP

Each Aboriginal Health Council will comprise up to 12 members.

The geographic boundaries for each Aboriginal Health Council are as per the Illawarra Shoalhaven LHD, and Southern NSW LHD:

- Northern – Dharawal Nation (Wollongong, Kiama, Shellharbour, and Shoalhaven Local Government Areas).
- Southern – Yuin, Ngarigo, Ngunawal, and Gundungurra Nations (Eurobodalla, Bega Valley, Snowy Monaro, Queanbeyan-Palerang, Goulburn Mulwaree, Upper Lachlan Shire, and Yass Valley Local Government Areas).

Membership includes:

- Aboriginal health clinicians who are working within primary health clinical practice (members to be recognised as experts in their fields (Maximum of three) e.g. general practitioner, psychologist, Aboriginal health worker).
- Chief Executive Officer or delegate from *local* Aboriginal Community Controlled Health Organisations (up to four).
- Chief Executive Officer or delegate from *other* Aboriginal Community Controlled Health Organisations (up to three).
- Chief Executive Officer or delegate from the Aboriginal Health & Medical Research Council of NSW.
- COORDINARE Director/Board Member as Chair of the Aboriginal Health Council (Aboriginal and or Torres Strait Islander identified position).
- Members of the Aboriginal and Torres Strait Islander community.

There is also provision to allow for invited guests such as LHD Aboriginal Health Managers, or people with specialist/subject matter expertise to attend meetings as required.

## 5. APPOINTMENT AND TERM

Members will be appointed for a three-year term. Appointment is by approval by the COORDINARE Board, ensuring a diversity of expertise and relevant experience is accounted for. The Board withholds the right to recruit specifically to identified gaps.

If any member is absent without the agreement of the Chair for two or more consecutive meetings, then that member shall be deemed to have resigned from the Council. In the event of a member being obliged or electing to resign during the term of the Council, the Board will seek nominations for a replacement member.

Recruitment to vacant positions will be transparent and open, with calls for EOIs promoted to the relevant sectors (including general practice teams/ provider networks/ primary care providers in the regions). Where applicable, the specific experience and skills being sought will be identified.

At the end of a members current term COORDINARE may offer a renewal of a one, two or three year term. Maximum membership term is 6 consecutive years.

Nominees for council membership will be sought via a formal Expression of Interest (EOI) which will be initiated and publicised by COORDINARE if and when deemed appropriate and required.

Selection will be based on the following criteria:

- Aboriginal and Torres Strait Islander persons from the South Eastern NSW region
- demonstrated knowledge about and experience in Aboriginal health and/or community development organisations and activity in the region
- organisational capability
- strength of networks and influence to support the 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 local region.

Applications for membership will be reviewed and assessed on merit, and appointments will be approved and offered by the COORDINARE Board via the Aboriginal Health Council Chair and the COORDINARE Chief Executive Officer.

Regular attendance and active commitment to the roles and functions outlined in these Terms of Reference is expected.

## **6. CHAIR ARRANGEMENTS**

The Aboriginal Health Councils is chaired by the identified Aboriginal Director on the COORDINARE Board.

The Chair is responsible for approving meeting agendas (to be developed with support of the secretariat) and for facilitating meetings. The Chair provides the conduit between the Board and the Council and will ensure that the views of Council are appropriately represented. The Chair will support the flow of information and decisions between the COORDINARE Board and the Council.

## **7. FREQUENCY OF MEETINGS**

Each Aboriginal Health Council will meet quarterly for two hours each meeting. Meetings may be face to face, via video, teleconference or webinar as mutually agreed by the Council and COORDINARE. Two of the quarterly meetings will be locally relevant (Northern and Southern) per annum. Annual participation in the 'whole of advisory group' meetings (with Board/CC/CAC/AHC) are expected.

## **8. QUORUM**

A meeting quorum will be 50% plus one of the current council membership. Decisions require a majority of the Aboriginal Health Council. Any contentious issues or conflicts of interest which cannot be resolved by a majority vote of the committee will be escalated to COORDINARE's Board.

## **9. SECRETARIAT**

COORDINARE provides secretarial support for the Councils. The agenda and meeting papers will be distributed to members by email at least one week prior to the meeting. The minutes of the meeting will be distributed to members by email within two weeks of the meeting. The minutes will also be distributed to COORDINARE's Board to update on its activities and provide recommendations.

## **10. REPORTING**

The Aboriginal Health Council may receive specific requests for advice from and will provide expert advice to the COORDINARE Board through the Chair. A report is provided to the COORDINARE Board after each meeting.

## **11. CONFLICT OF INTEREST**

A register of interests shall be maintained, and Committee members will declare potential conflicts at the start of each meeting as per the organisation's policy regarding Conflict of Interest. The Councils will determine how any potential conflict should be handled, including whether that member should remain present and have speaking rights or not for the item concerned.

**12. CONFIDENTIALITY**

Matters discussed at COORDINARE's Council meetings may be of a confidential nature and must be treated as such by members. Meeting papers and other materials must only be used or disclosed for the purpose of the Council function, unless as otherwise advised by the Chair of the Aboriginal Health Council and/or COORDINARE's Board.

**13. EXTENT OF AUTHORITY**

COORDINARE's Aboriginal Health Council is an advisory body and does not have authority to:

- make decisions without prior approval
- convene without prior approval
- speak on behalf of COORDINARE without prior approval.

The Aboriginal Health Council reports directly to the Board and is authorised through the Chair to seek any information they require relevant to the work of this Council and Terms of Reference. The Council has authority to provide advice to the COORDINARE Board on matters related to the Terms of Reference, purpose and aims of the Council.

**14. REIMBURSEMENT**

With the prior consent of COORDINARE, Council members participating in a non-employee capacity are members may be eligible for reimbursement for their time contributing to the meetings as per COORDINARE's relevant stakeholder participation policies (GP Reimbursement Policy and Paid Participant Policy) or an alternative arrangement.

Members who are funded by another organisation, group or council, to represent that organisation in engagements with COORDINARE are not deemed eligible.

With the prior consent of COORDINARE, all Council members may be entitled to reimbursement of reasonable travel expenses for attendance at meetings. Members will be reimbursed in accordance with the relevant policies, within 21 days from receipt of evidence substantiating travel expenditure.

**15. EVALUATION**

The purpose and performance of the COORDINARE Aboriginal Health Councils shall be reviewed bi-annually against the Terms of Reference and will incorporate a self-assessment by the members of their own engagement and performance. From time-to-time COORDINARE may implement an external evaluation.

**VERSION HISTORY**

Date	Version No.	Approved by	Reason for update
April 2024	1	Board	New Terms of Reference Document