

Terms of Reference

Background

The Kimberley Aboriginal Health Planning Forum (KAHPF), originally called the Kimberley Aboriginal Health Plan Steering Committee, formed in 1998 with the task of developing a Kimberley Regional Aboriginal Health Plan. Over time, the role of the KAHPF has subsequently expanded.

The KAHPF is the peak regional health forum for improving health outcomes for Aboriginal people in the Kimberley region of Western Australia.

Primary health care services are delivered through a range of Aboriginal community-controlled, government and non-government organisations across the Kimberley. While these organisations each play a pivotal role in contributing to improved and sustainable health outcomes for Aboriginal people in the Kimberley, the KAHPF has always acknowledged the importance of collective investment, partnerships and accountability to each other. Accordingly, the KAHPF provides a collective voice for the regional planning, coordination and advocacy of key actions required to deliver high quality comprehensive, culturally responsive primary health care services to Aboriginal people in the Kimberley. In addition, a unifying view about the role of the cultural determinants of health and social determinants of health is needed.

In October 2018 the KAHPF Strategic Plan 2018-2028 *'Together in Wellness'* (Strategic Plan) was developed and endorsed by the KAHPF. The Plan outlines the key priorities to drive improvements in health outcomes for Aboriginal people in the Kimberley and was developed by KAHPF members in consultation with Sub-committees and a time-limited working group of the KAHPF. The KAHPF takes ultimate responsibility for overseeing its implementation through its members and Sub-committees.

Rationale

The KAHPF has a collaborative purpose that aims to benefit all members, and the communities they serve, by working together to identify strategies and activities to improve Aboriginal health. This includes:

- Looking outward and leading others to the KAHPF as the 'go to' place for Aboriginal health.
- Being a collective body for Aboriginal health advocacy across the Kimberley.
- Achieving high-level health outcomes for Aboriginal people across the Kimberley.

- Respecting, supporting and valuing every contribution from KAHPF members.
- Supporting each other to achieve goals.
- Ensuring efficient use of resources.
- Improving coordination and respectful use of data.
- Tracking collective progress across the region.

For these reasons, there are many benefits for KAHPF member organisations in being a part of this collective approach.

Objectives

The Strategic Plan outlines the key priorities to drive improvements in Aboriginal health outcomes across the Kimberley. In line with this, the objectives of the KAHPF are to:

- Leading the implementation of the Strategic Plan across the Kimberley region.
- Identify opportunities, threats and challenges affecting Aboriginal health care for the region.
- Harness strategic partnerships to improve Aboriginal health.
- Identify and support Sub-committees to progress the Strategic Plan through implementation and monitoring of their Action Plans.
- Drive change through monitoring Strategic Plan Regional Indicators to advance its key priorities.
- Undertake a thorough evaluation of the Strategic Plan at the midway and end points.
- Plan, coordinate, and advocate for positive change for Aboriginal people in the Kimberley.

Membership

The KAHPF is comprised of core member organisations and associate member organisations. All members are required to commit to the key priorities of the Strategic Plan.

Members are to nominate representatives with the authority to discuss, endorse and make decisions on behalf of their organisation.

An organisation may request to become a member of the KAHPF through a written request via the Co-Chairs.

Core Members

To qualify as a core member, organisations must meet all the following four criteria:

1. Be based in the Kimberley or have a substantial regional presence.



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2. Have health or health-related service delivery as their core business.
3. Provide services that address gaps rather than duplicate existing services.
4. Demonstrate long-standing relationships with Aboriginal people in the region.

Core membership includes representatives of the following organisations:

- Kimberley Aboriginal Medical Services
- Broome Regional Aboriginal Medical Services
- Derby Aboriginal Health Service
- Nindilingarri Cultural Health Services
- Ord Valley Aboriginal Health Service
- Yura Yungi Medical Service
- Boab Health Services
- Nirrumbuk Environmental Health and Services
- Royal Flying Doctor Service
- WA Country Health Service, Kimberley
- Milliya Rumurra Aboriginal Corporation
- Bidyadanga Aboriginal Community La Grange
- Lions Outback Vision

Associate Members

Associate members are organisations that do not qualify for core membership but have a connection to primary health care service delivery for Aboriginal people in the Kimberley.

Associate membership includes representatives of the following organisations:

- Aboriginal Health Council
- Council of Aboriginal Services Western Australia
- National Indigenous Australians Agency
- Kimberley Stolen Generation Aboriginal Corporation
- Marninwarntikura Women's Resource Centre
- Mens Outreach Service Aboriginal Corporation
- Rural Health West
- Australian Government Department of Health and Aged Care
- WA Primary Health Alliance
- St John WA
- Australian Government Department of Social Services
- Department of Communities

Guests

On occasion KAHPF members may invite a limited number of officers, observers or guests, in consultation with and approval of the Co-Chairs (via the Secretariat).

Member Responsibilities

Core members are responsible for:

- Participating in at least one Sub-committee relevant to service provision.
- Contributing data to the Strategic Plan Regional Indicators where appropriate.
- Contributing via fees for the provision of a functioning secretariat and administrative costs for the KAHPF.

All members are responsible for:

- Actively contributing to discussions at meetings.
- Serving as a communication conduit within their organisation regarding actions, protocols, and new developments of the KAHPF as appropriate, noting any confidential information may not be shared.
- Providing constructive feedback on actions, protocols and new developments, when requested.
- Declaring, at the outset of a meeting, any conflict of interest they might have with a matter on the agenda.
- Contributing, via in-kind support, to the provision of Sub-committee secretariat and administrative support as able.
- Arranging their own travel and covering their own costs to attend meetings.

Chair and Secretariat

The KAHPF will be Co-Chaired by the Chief Executive Officer of the Kimberley Aboriginal Medical Services and the Regional Director of WA Country Health Services, Kimberley.

Kimberley Aboriginal Medical Services will provide executive and secretariat support to the KAHPF. This includes:

- Coordination of agendas and supporting documentation which are due no later than three weeks prior to each meeting.
- Development of agendas and supporting documentation for approval by the Co-Chairs; and distribution to members one week prior to each meeting.
- Drafting of minutes and actions for approval by the Co-Chairs; and distribution to members within two weeks following each meeting.



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- Drafting of a communique for approval by the Co-Chairs within two weeks following each meeting; and distributing this to members, Sub-committee Chairs, and publishing on the KAHPF website.
- Directly communicating actions and decisions, as relevant, to Sub-committee Chairs.

Attendance, participation and decision-making

Attendance

The KAHPF values consistent member representation – if the usual delegate is unable to attend, members are encouraged to send a proxy representative with appropriate authority.

Members are encouraged to attend meetings in person whenever possible or otherwise via MS Teams.

If a member fails to attend or to send a nominated delegate over a 12-month period, without an apology, the Secretariat will enquire into the reasons for their non-attendance. If the reasons given are not considered acceptable to the KAHPF, the membership of the KAHPF may be cancelled.

Quorum

A quorum requires attendance by a minimum of 51% of core members, including one representative of the Aboriginal Community Controlled Sector and one representative of WA Country Health Service. Associate members do not count towards achieving a quorum.

Should a quorum not be present, the KAHPF may still meet, however all decisions must be approved at the subsequent meeting with a quorum present.

Decision-making

Decision making by the KAHPF is, wherever possible, by consensus. Core members will undertake a vote when consensus cannot be reached. Each core member has one vote per organisation. Associate members do not count in voting to reach decision.

Out-of-session decision-making is conducted by exception and with approval by the Co-Chairs.

The KAHPF does not have decision-making powers as an entity, and as such cannot act as an authority above or on behalf of individual health service governance and management bodies.

Representations

No member may make representations or speak on behalf of the KAHPF without the mandate of the KAHPF.

Confidentiality

KAHPF meeting papers are only for members and may not be distributed or circulated without written approval from the Co-Chairs.

Sub-committees

To support and progress the Strategic Plan, the KAHPF has established Sub-committees (refer Governance Structure, attached), some of which have formed additional groups.

Sub-committees are the “engine room” of the KAHPF and focus on issues requiring coordinated planning and action. They are established by KAHPF as needed, in consideration of regional health need and aligned to the Strategic Plan. Each Sub-committee has a Terms of Reference, a membership reflecting KAHPF membership, and a three-year Action Plan (which are all endorsed by the KAHPF). These Action Plans enable KAHPF to monitor progress and provide feedback to advance its key priorities.

Sub-committee reports will form a standing agenda item at KAHPF meetings, reporting on progress against the endorsed Action Plans. In addition, KAHPF will meet face-to-face annually with sub-committee chairs.

Working groups differ from Sub-committees in that they would normally be convened on a short-term basis for a particular purpose or task.

Meetings

The KAHPF will meet face-to-face up to six times a year, with at least three meetings to be held in a location other than Broome where practicable.

Resources

The KAHPF may review and alter the Terms of Reference at any meeting, provided at least 14 days' notice is given to core members. The Terms of Reference will otherwise be reviewed and ratified on an annual basis.



Kimberley Aboriginal Health Planning Forum

