
TERMS OF REFERENCE

Aboriginal Health Community
Engagement Committee



Committee:

Approved by:

KDHS Community Governance Committee

Purpose:

To ensure appropriate health services are delivered in accordance with the Aboriginal community cultural needs.

In achieving its purpose, the Aboriginal Health Community Engagement Committee (AHC) will assist Kyabram District Health Service (KDHS) to appropriately integrate consumer and community engagement at all levels of its operations, planning and policy development.

OBJECTIVES

The Aboriginal Health Community Engagement Committee Objectives will encompass:

- Advocacy to the KDHS Board on behalf of the local indigenous community.
- Overseeing the delivery of healthcare within the purpose of *Healthy Community, Local Care*.
- Advocating on behalf of the Aboriginal community, including promotion of greater attention and sensitivity to the cultural needs of disadvantaged and marginalised consumers and communities.
- Advising the KDHS Board on the appropriate structures and processes necessary within KDHS Aboriginal Health Plan to ensure effective consumer and community participation at all levels of service planning and delivery
- Identifying and advising the KDHS Board on priority areas and issues of health needs in the local Aboriginal community.
- Facilitating two way communications between Aboriginal consumer and community groups and the Health Service.
- Development and implementation of the annual KDHS Aboriginal Health Plan aligned to the six key priorities of Koolin Balit: Strategic Directions for Aboriginal Health 2012-2022 :
 - a healthy start to life
 - a healthy childhood
 - a healthy transition to adulthood
 - caring for older people
 - addressing risk factors
 - Managing illness better with effective health services.

COMPOSITION OF MEMBERSHIP

The committee will be chaired by a Member of the local Aboriginal community.

The membership will be elected from the following representative groups

- 2 members of the KDHS Board of Directors
- 4 members of the Aboriginal community (one as Chair as elected by the Committee)

In attendance:

- KDHS Chief Executive
- KDHS Director of Clinical Services
- KDHS Quality & Safety Manager

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Other representatives as determined by the Committee.

KDHS Staff are not eligible to be members but will lend support to the committee through meeting attendance, secretarial support and reporting.

Community members shall be invited to participate for up to a two-year term, with the capacity to serve a maximum of four years. .

MINIMUM NUMBER FOR A QUORUM

Half of the membership plus one member.

FREQUENCY OF MEETINGS

To be determined by the Committee however, the AHC should meet at least 6 imonthly.

REPORTS TO

Board of KDHS through the Community Governance Subcommittee, to which the Chair, or delegate, of the AHC will be an appointee.

PERFORMANCE INDICATORS

1. Evidence of action and ratification by AHC
2. Annual review of membership attendance, aim for minimum 75% attendance
3. Annual review of Terms of Reference and Performance Indicators
4. Development of an annual Aboriginal Health Plan with clear performance deliverables.
5. Review of the annual Workplan.
6. Achievement of the performance deliverables indicated in the workplan to the satisfaction of the KDHS Board.

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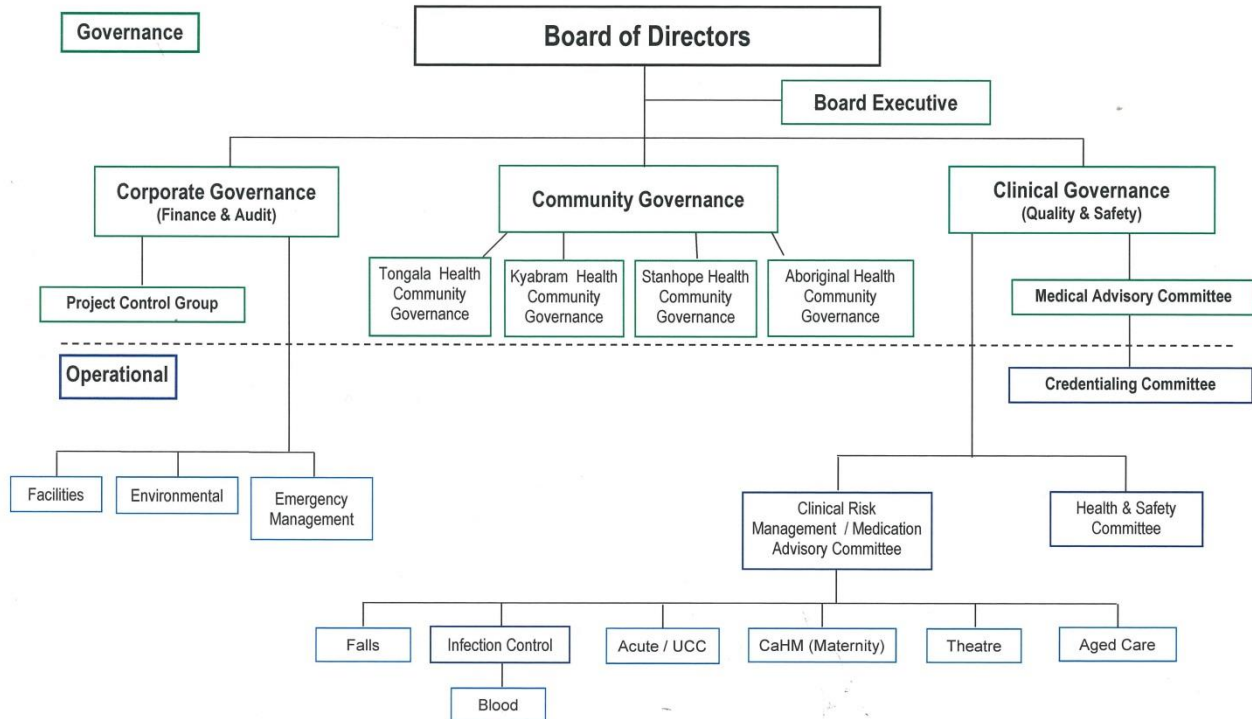
Committee:

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Appendix 1

GOVERNANCE and COMMITTEE STRUCTURE



As at January 2015

The overarching document that supports functional governance of this committee is the Community Governance Committee Terms of Reference (see appendix 1)

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Appendix 2

Committee: Community Governance Committee

Reports to: Board of Directors

POLICY STATEMENT

Kyabram District Health Service has relationships with many stakeholders. These relationships are critical for the successful planning, delivery and acceptance of KDHS services and their outcomes. The Board of Directors is committed to having open, accountable and informed relationships with patients, residents, clients, community groups and health and government agencies in the delivery of its work.

Additionally, the Board authorises opportunities for consumers and community members to participate in the planning, improvement and advocacy of services.

Community Governance is valued as a strategy to improve consumer health outcomes and satisfaction with services; a mechanism to ensure organisational accountability, reputation and support, and an important democratic right.

SCOPE

Community Governance is concerned with the effectiveness of the organisational activities of population health planning, community participation, consumer satisfaction and feedback, and communication and marketing support i.e. sponsorship, fundraising etc.

STAKEHOLDERS AND ENGAGEMENT

Stakeholders refers to individuals and groups with a stake in the success of Kyabram District Health Service. Community is the geographically located group residing in and around the towns of Kyabram, Tongala and Tongala.

Open, accountable and informed relationships are built upon community engagement activities tailored to particular groups, their roles and needs. These activities include one way communication or information delivery, research and consultation, collaborative decision making, and empowered action in informal groups or formal partnerships.

Engagement is therefore a planned process with the specific purpose of working with identified groups of people.

Consumer participation in particular occupies a prominent place in community governance. "Consumers" refers to people who either directly or indirectly make use of our health service.

ROLE

The main focus of the Community Governance Committee is to ensure that Kyabram District Health Service undertakes a comprehensive and consistent approach to informing the community of the effectiveness and value of its work and providing opportunities for consumers and community members to shape the development and improvement of policy and strategies that influence the way in which services are planned and delivered.

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HEALTH SERVICE

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COMMUNITY AND STAKEHOLDER CHARTER

- Develop, monitor and review of the Community Participation Plan.
- The plan will be based on three key actions:
 - listening to the community and finding out what they need
 - building capacity for participation and support
 - working together to make it happen.
- Develop, monitor and review the KDHS Strategic Communication Plan.
- Consistent, credible and timely reporting of KDHS priorities and outcomes
- Be responsive to future health and well being needs of the community through timely population health research and planning
- Ensure opportunities for involvement of consumer and community members from the planning stage through to evaluation and monitoring of services, systems and strategy.
- Ensure an environment of welcoming and accessible services for the diverse members of our community.
- Ensure communication involves consumers and carers in decision making.
- Promote the importance of consumers and carers providing feedback to improve services.
- Develop, monitor and review of the KDHS Fundraising & Marketing Plan.

MEMBERSHIP

The committee will consist of:

- At least three members of the Board (one as Chair as elected by the Board)
- Chair, or delegate, Stanhope Health Community Governance Committee
- Chair, or delegate, Tongala Health Community Governance Committee
- Chair, or delegate, Aboriginal Health Community Governance Committee
- No less than two members of the Kyabram District Health Service catchment community.
- Any other invited member as co-opted.

In Attendance

- Chief Executive Officer.
- Director of Clinical Services
- Quality & Safety Manager
- Executive Minute taker

Kyabram District Health Service holds that the community is best represented by individual consumers who are committed not only to representing their own perspectives and experiences, but are:

- Also able to establish and represent the views of other users of health services.
- Prepared to be accountable for the positions that they take.
- Prepared and able to report back to those in the wider community that they represent.

Community members shall be invited to participate for up to a two-year term, with the capacity to serve a maximum of four years. .

Expressions of Interest for the community positions should be sought in a manner similar to Board appointments.

MEETING FREQUENCY

Quarterly

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HEALTH SERVICE

QUORUM

50% of members in attendance including community members with at least two Board members in attendance.

REVIEW

Annual review of terms of reference and member performance.