

TERMS OF REFERENCE

Indigenous Health Advisory Council

Introduction

On 1 July 2015, 31 PHNs were established across Australia. PHNs are responsible for increasing the efficiency, effectiveness and coordination of healthcare services for patients, particularly those at risk of poor health outcomes.

Murray PHN is governed by a skills-based Board. As part of the governance structure Murray PHN has established Regional Community Advisory Councils and Regional Clinical Advisory Councils to contribute community and clinical perspectives and input into strategic and operational planning.

Murray PHN is committed to ensuring there is strong Aboriginal and Torres Strait Islander representation within its governance structure. Through the Murray PHN Indigenous Health Advisory Council it will seek Indigenous health perspectives to enhance Murray PHN decision making and investment.

Objectives

The Commonwealth Government has identified national objectives and key priority areas for PHNs. This frames the focus of Murray PHN's efforts however, state objectives, local community and clinical input, will also be considered to improve outcomes in:

Commonwealth health priorities



National PHN indicators



Purpose

The Murray PHN Indigenous Health Advisory Council provides advice that contributes to decision making and investment by Murray PHN. This includes advice about:

- Best strategies and approaches to improve health outcomes for Aboriginal and Torres Strait Islander people through increased access to health services and appropriate care
- Positive commissioning approaches that influence health service design and development for Aboriginal communities
- Shared research, good practice and innovation opportunities across ACCHOs and health service networks for priority areas: chronic disease, mental health and the early years
- Showcasing case studies of Aboriginal and Torres Strait Islander people's participation in planning, data review and analysis, sharing of innovative practice and problem solving

As a representative voice for Aboriginal and Torres Strait Islander people and cultures from across the catchment, the council will provide an important engagement platform and enable meaningful input from Aboriginal and Torres Strait Islander people in the design and development of models of care and commissioning activities of Murray PHN.

Membership

The Murray PHN Indigenous Health Advisory Council membership will consist of the following participating Aboriginal and Community Controlled Health Organisations (ACCHOs):

- Albury Wodonga Aboriginal Health Service (AWAHS)
- Bendigo and District Aboriginal Cooperative (BDAC)
- Mallee District Aboriginal Service (MDAS)
- Mungabereena Aboriginal Corporation
- Murray Valley Aboriginal Cooperative (MVAC)
- Njernda Aboriginal Corporation

There are ex-officio members appointed by Murray PHN including the Board Chair as Sponsor, the CEO as key contact and at least one Executive Director. Membership on the Advisory Council may evolve over time to include ACCHOs in the Murray PHN catchment that are not currently listed as members and other stakeholders as deemed appropriate by council members.

The structure is an essential element of the Murray PHN governance structure outlined in Appendix A.

Key national principles

The Council will seek to uphold the specific principles of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 with regard to self-determination:

- Health equality and a human rights approach
- Aboriginal and Torres Strait Islander community control and engagement through the full and ongoing participation of Aboriginal and Torres Strait Islander people and organisations in all levels of decision-making affecting their health needs
- Partnership and shared ownership between Aboriginal and Torres Strait Islander people, Governments and service providers operate at all levels of health planning and delivery
- Structures are in place for the regular monitoring and review of implementation as measured against indicators of success, with processes and shared knowledge on what works.

The Advisory Council commits to the broad operational principles outlined in the National Aboriginal and Torres Strait Islander Health Plan 2013-2023:

- Continue working across governments and sectors to Close the Gap in Aboriginal and Torres Strait Islander disadvantage
- Invest in making health systems accessible, culturally safe and appropriate, effective and responsive for all Aboriginal and Torres Strait Islander people
- Support good health and wellbeing across the life course, and continue to target the risk factors at key life stages
- Targeted, evidence-based actions.

Work plan and evaluation

The Murray PHN Indigenous Health Advisory Council will develop an agreed minimum of priorities to form a work plan. This will focus of the Advisory Council on relevant, achievable goals that reflect the strategic expectations of Murray PHN.

An evaluation of the Murray PHN Indigenous Health Advisory Council will occur by June 2018 to review progress and determine future arrangements.

Indigenous Health Advisory Council meetings

Alignment with Loddon Mallee Aboriginal Reference Group (LMARG)

The Murray PHN Indigenous Health Advisory Council will hold quarterly meetings in line with scheduled quarterly LMARG meetings. The Council will meet on the first day of the LMARG meeting, in the final session. Attendance at these meetings will include Chief Executive (or nominee) of ACCHO organisations located across the Murray PHN catchment area.

Membership can extend to other Aboriginal and Torres Strait Islander groups and representatives as identified and agreed by the Council over time.

Murray PHN may request the advice and consultation of the Indigenous Health Advisory Council outside the quarterly meetings on specific issues, key questions or potential proposals. When this arises Murray PHN staff will liaise with the council chair.

Chairperson

The role of Chairperson of the Murray PHN Indigenous Health Advisory Council will be a rotating role with a 12-month position. The council members will appoint a Chair from the council membership. The chair will:

- Convene and chair meetings/workshops, preparing agendas and seeking input from group members
- Ensure meetings/workshops are run purposefully and efficiently in accordance with the agenda and all members are treated with courtesy and respect
- Organise meeting records and action items within two weeks following a meeting/workshop.

Reporting and communication

Secretariat support will be provided to the council by Murray PHN. The secretariat will support the Chair to develop and distribute meeting papers to members at least five days prior to meeting.

Minutes and papers will be provided to the Murray PHN CEO who will provide a report to the Murray PHN Board on a quarterly basis highlighting key issues and opportunities. The CEO will be the conduit of information flow between the Murray PHN Board and the Indigenous Health Advisory Council, notwithstanding Board discretion to liaise with the Indigenous Health Advisory Council as required. The Indigenous Health Advisory Council will liaise with the CEO before liaising with the Board.

Relationships with other Murray PHN Advisory Councils

Murray PHN will be the conduit of information between the Indigenous Health Advisory Council and other Murray PHN Advisory Councils. Information will be shared on an as required basis with key issues and opportunities for collaboration identified by Murray PHN. The Indigenous Health Advisory Council Chair and their delegate will be members of the Murray PHN Catchment Council. The Catchment Council's membership is formed through the Chair and their delegate of each regional council, with Board Directors who are sponsors and Executive Directors in attendance. It is chaired by the Chair of the Board.

The Population Health Planning Council is an appointed Council with membership drawn from the six universities that have research activity within the Murray PHN catchment. It is chaired by a Board Director.

Conflicts of interest

It is noted that members of the Indigenous Health Advisory Council, as CEOs of their respective Aboriginal Community Controlled Health Organisations will have a vested interest in all Murray PHN work. Participation and membership in the Indigenous Health Advisory Council does not prevent members from submitting proposals and tenders for Murray PHN commissioned work. Murray PHN does not believe that participation in the Advisory Council will provide an unfair advantage to members and Murray PHN will show no bias towards members. Similarly, members of the Indigenous Health Advisory Council will observe Murray PHN's Conflict of Interest Policy.

Functioning

The Indigenous Health Advisory Council will meet on a quarterly basis and a quorum is to be 50% plus one of the appointed members. If members are unable to attend meetings they must notify the Chair as soon as practical. The agenda for the meeting will be developed by Murray PHN and the council chair and distributed at least five days prior to the meeting. The Indigenous Health Advisory Council is to maintain formal minutes with the support of Murray PHN.

The Indigenous Health Advisory Council is not required to vote on issues or resolutions. It can either develop a consensus view or note the range of views on an issue and that there was not a consensus within the council.

Expectations of members

Members are expected to undertake meeting preparation activities (e.g. reading distributed documents and requested research) to enable full contribution to meeting/workshop discussions/agenda items.

Members will be responsible for gaining broader advice and information from their community and local service providers that will inform the Advisory Council's work plan.

Limitations

- The Indigenous Health Advisory Council or its individual members are not authorised to commit or expend funds on behalf of Murray PHN.
- The Indigenous Health Advisory Council or its individual members shall not direct the effort of any Murray PHN staff member/s.
- The Murray PHN Advisory Councils are advisory committees providing non-binding advice to the Murray PHN Board in relation to consumer and community views that need to be recognised and reflected in strategy, service planning and delivery, and policy development.
- The Indigenous Health Advisory Council is informal in nature.
- The Indigenous Health Advisory Council does not have the authority to vote on corporate matters, nor does it bear any legal or fiduciary responsibilities in relation to Murray PHN.

- The Indigenous Health Advisory Council operates in accordance with its Terms of Reference as well as the Code of Conduct supplied to and agreed by Indigenous Health Advisory Council members.
- Indigenous Health Advisory Council members must also ensure they perform their role consistent with the position and role description and comply with Murray PHN Confidentiality and Conflict of Interest agreements.
- Indigenous Health Advisory Council members are not covered under the Murray PHN's Directors and Officers insurance policy, as members are acting in an advisory role and not making any 'management decisions' on behalf of Murray PHN. Indigenous Health Advisory Council members are not deemed to be 'officers' of Murray PHN and as such Directors and Officers coverage is not required.

Review date: December 2018

Appendix A

Murray PHN Advisory Structure

