

1. Governance Focus

The Aboriginal Health Committee is established under Part 5(13) (d) SWSLHD By-laws with the function described as Part 5(16).

2. Purpose

The Aboriginal Health Committee reports to the South Western Sydney Local Health District (SWSLHD) Board.

The Committee is to provide advice or other assistance to the SWSLHD Board concerning 'Aboriginal health' matters; including, but not limited to the strategic leadership and oversight of:

- the ***Strengthen and promote healthier communities*** strategic direction of the [SWSLHD Strategic Plan 2022-2028 Framework](#):
 - SWSLHD Aboriginal Health Plan
- Key Performance indicators in the [Service Level Agreement 2023/2024](#):
 - 1.4.4 - Aboriginal Procurement Policy
 - 2.1 - People are healthy and well
 - 2 - Safe care is delivered across all settings
 - 4 - Our staff are engaged and well supported
 - 6.2 - Prevention and response to violence, abuse and neglect
 - 6.2 - NSW Aboriginal Mental Health and Wellbeing Strategy 2020-25
 - 6.2 - Aboriginal Mental Health
- [Risk Register](#) – Facility/Service Department
Nil Enterprise or Strategic Risks
 - FSD616
 - FSD617
 - FSD505
 - FSD481
 - FSD509
- Ensure compliance with the relevant sections of the [Corporate Governance & Accountability Compendium](#)

Refer 1.1: Explanatory Notes
- Other matters as agreed by the Committee and reflected in the reporting matrix.
- The Committee is required to report progress / outcomes to the SWSLHD Board.

3. Guiding Principles

The Committee is committed to establishing, maintaining and promoting good governance. It recognises the robust governance standards outlined in the NSW Health Corporate Governance & Accountability Compendium, and commits to adhering to the Code of Conduct for NSW Health employees and the SWSLHD Code of Meeting Practice. Members foster the NSW Health & SWSLHD CORE values of collaboration, openness, respect and empowerment.

In particular, members promote the following principles of public sector governance¹:

- accountability — being answerable for decisions and having meaningful mechanisms in place to ensure the agency adheres to all applicable standards
- transparency/openness — having clear roles and responsibilities and clear procedures for making decisions, exercising power, and communicating outcomes
- integrity — acting impartially, ethically and in the interests of the agency, and not misusing information acquired through a position of trust
- stewardship — using every opportunity to enhance the value of the public services, institutions and assets that have been entrusted to care
- efficiency — ensuring the best use of resources to further the aims of the organisation, with a commitment to evidence-based strategies for improvement
- leadership — achieving a NSW Health wide commitment to good governance through leadership from the top.
- self-determination for First Nations Peoples – acknowledges that Aboriginal and Torres Strait Islander peoples are Australia’s first peoples and there needs to be an ongoing process of choice to ensure that they are able to meet their social, cultural and economic needs.
- cultural responsiveness – means being open to cultural difference and respectful of everyone’s backgrounds, beliefs, values, customs, knowledge, lifestyle and social behaviours. It supports the provision of care that is safe and appropriate and empowers people to manage their own health.

4. Membership

- The Chair of the Aboriginal Health Committee will be a member of and appointed by the SWSLHD Board.
- Members are appointed by the Board. Committee membership is reviewed annually by the Board (February).
- Community representatives, where appointed, is for a period of two years.
- Consistent with Board practices, any member of the SWSLHD Board may attend the meeting.

Members

- Board Members
 - Annette Houston (Committee Chair)
 - Kerrie Murphy
 - Teresa Harm
 - A/Prof Vince Roche
- *Each Board Committee Chair Member is to attend one Aboriginal Health Committee meeting annually, roster to be issued in advance by the secretariat.*

In Attendance

- SWSLHD Chief Executive
- SWSLHD General Manager, Primary & Community Health
- SWSLHD Director of Aboriginal Health
- SWSLHD Deputy Director Aboriginal Health
- SWSLHD Aboriginal Workforce Manager
- SWSLHD Director of People and Culture
- Tharawal Aboriginal Medical Service Representatives
- Gandangarra Local Aboriginal Land Council Representatives
- KARI Representative
- SWS Primary Health Network CEO
- LHD Clinician Representatives

Attendees are to attend the Committee meeting in person or via video/teleconference when offered. Committee membership may be reviewed based on:

- Attendance (failure to attend three consecutive meetings without leave/approval)
- The needs of the District and the Committee

5. Secretariat

The Secretariat of the Committee is to ensure that:

- meeting papers comply with the SWSLHD Records Management Policy
- meeting papers are distributed one week prior to the meeting
- follow up actions occur as appropriate
- the preparation of correspondence as appropriate

6. Meetings

Notice of Meetings

A Meeting Schedule will be published on an annual basis.

Quorum

The quorum for the Aboriginal Health Committee shall be a minimum of two members.

If a quorum is not met, the following must occur:

- At the Chair's discretion the continuation of the Aboriginal Health Committee will be decided.
- If the meeting proceeds, all decisions will be preliminary.
- Decisions will then proceed to a quorum consensus out of session or the next meeting.

Frequency

The Committee will convene on a bi-monthly basis with extra meetings as required.

Disclosure of Interest and Acknowledgements

At the commencement of each meeting the chair will invite members to declare whether there are any matters in the agenda that they have a “direct or pecuniary interest”. This will provide members/attendees with an opportunity to discharge their obligations.

The Chair should undertake an Acknowledgement of Country.

7. Reporting & Communication

To support the Committee to deliver its purpose, reports as outlined in the *attached* matrix are received.

A copy of the minutes, together with a summary highlight/s report, will be provided to the SWSLHD Board following each Committee meeting.

8. Evaluation

The Aboriginal Health Committee will assess its performance periodically, at least annually, through a self-assessment process and report the summary results to the Board.

9. Records Management

[SWF15/31 - Sub-Committee of Governing Council / Board](#) – Aboriginal Health Board Committee

The Committee will comply with the SWSLHD Records Management Policy.

10. Document History

The Terms of Reference will be reviewed annually with any suggested amendments referred to the Board for approval.



Corporate Governance & Accountability Compendium		
Governance 2.2.1 Std 1	Establish robust governance and oversight frameworks	<p>Leadership and accountability responsibilities for Aboriginal health are built into the roles of executives and managers at all levels of the system.</p> <p>Aboriginal leadership in health decisions is embedded at a state, regional and local level to ensure programs, policies and service delivery are appropriate and meaningful, and focused on Aboriginal community priorities.</p>
Governance 2.2.2 Std 2	Ensure clinical responsibilities are clearly allocated and understood	<p>An Aboriginal Health Advisory Committee is established with representation from Aboriginal Community Controlled Organisations (ACCHSs) and/or other Aboriginal community organisations, and with clear lines of accountability for clinical services delivered to Aboriginal people.</p> <p>The Decision Making Framework for Aboriginal Health Workers to Undertake Clinical Activities is adopted to ensure that Aboriginal Health Workers are trained, competent, ready and supported to undertake clinical activities.</p>
Governance 2.2.3 Std 3	Set the strategic direction for the organisation and its services	<p>An Aboriginal Health Action Plan is developed that aligns with the NSW Aboriginal Health Plan 2013-2023. The action plan must help:</p> <ul style="list-style-type: none"> • Ensure that all relevant NSW Health policies, programs and services consider Aboriginal people as a priority population and reflect the needs of Aboriginal communities. • Recognise and strengthen the ongoing role NSW Health has in contributing to the social determinants of health for Aboriginal people through activities such as employment, resource distribution, and education/training. • Strengthen Aboriginal health governance, and build and maintain partnerships that facilitate community consultation and self-determination.
Governance 2.2.4 Std 4	Monitor financial and service delivery performance	Aboriginal health performance, service access, service utilisation and quality measures are included in all relevant service agreements.
Governance 2.2.6 Std 6	Involve stakeholders in decisions that affect them	<p>A Local Partnership Agreement is in place with Aboriginal Community Controlled Health Services and Aboriginal community services within their boundaries, which enables Aboriginal communities to lead decisions regarding the design, delivery, and evaluation of services provided to local Aboriginal communities.</p> <p>Appropriate information on key policies, plans and initiatives of the organisation is made available to the public:</p> <ul style="list-style-type: none"> • There are accountability processes in place to ensure partnerships between ACCHSs and Aboriginal community services are established, meaningful, and appropriately facilitate Aboriginal self-determination.
Governance 3.1.3.1	Appointments	Boards consist of 6 to 13 members appointed by the Minister for Health. The selection criteria for board members in the Act aim

		to ensure an appropriate mix of skills and expertise to oversee and provide guidance to large, complex organisations: <ul style="list-style-type: none"> • At least one member must have expertise, knowledge, or experience in relation to Aboriginal health.
Governance 3.1.3.1	Meeting Times and Procedures	Key priority areas relating to Aboriginal health.
Governance 3.2.1	Role of the Board	Ensuring organisations adopt an outcomes-focused approach when identifying and responding to the specific health needs of Aboriginal people.
Governance 3.2.3.3	Meeting times and procedures	Board governed statutory health corporations should establish procedures for the board and each of the board approved committees, in accordance with the by-laws. The procedures should be documented and readily accessible and cover matters such as (but not limited to): <ul style="list-style-type: none"> • Key priority areas relating to Aboriginal health.
Governance 5.1.2	Clinical Excellence Commission	Following new governance arrangements in 2011, the CEC has taken on a broader role, including: <ul style="list-style-type: none"> • Developing policy and strategy related to improvements of clinical quality and safety across the NSW public health system and promoting and supporting improvement in clinical quality and safety in public and private health services, particularly for Aboriginal communities.
Governance 5.2.2	Bodies established under by-laws	Local Health District Clinical Council <ul style="list-style-type: none"> • Focusing on the clinical safety and quality of the health system for Aboriginal people.
Governance 5.3.2	Accreditation	In 2018 a new set of Aboriginal health focused actions across the standards were established. The ten National Safety and Quality Health Service (NSQHS) Standards address the following patient focused areas: <ul style="list-style-type: none"> • Standard 1: Governance for Safety and Quality in Health Service Organisations • Standard 2: Partnering with Consumers • Standard 3: Preventing and Controlling Healthcare Associated Infections • Standard 4: Medication Safety • Standard 5: Patient Identification and Procedure Matching • Standard 6: Clinical Handover • Standard 7: Blood and Blood Products • Standard 8: Preventing and Managing Pressure Injuries • Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care • Standard 10: Preventing Falls and Harm from Falls
Governance 6.1.1	Role of Local Health Districts and Specialty Networks in Planning	Local health districts and specialty networks, oversights by their Board (where established), have responsibility to undertake the following planning activities: <ul style="list-style-type: none"> • Developing plans with Aboriginal communities and stakeholders that facilitate Aboriginal health governance, and reflect needs as expressed by Aboriginal communities
Governance 6.2.5	Aboriginal Health Plan 2013-2023	The <i>Aboriginal Health Plan 2013-2023</i> was developed in partnership with the Aboriginal Health and Medical Research Council (AH&MRC) and is a 10-year commitment by the NSW Government to work in partnership with Aboriginal communities and organisations to close the gap in Aboriginal health outcomes. The Plan also recognises the continued need for strong partnerships between NSW Local Health Districts and Aboriginal Community Controlled Health Services (ACCHSs) at the local level. <p>The Plan sets the framework using six key strategic directions:</p> <ul style="list-style-type: none"> • Building trust through partnerships • Implementing what works and building the evidence

		<ul style="list-style-type: none"> • Ensuring integrated planning and service delivery • Strengthening the Aboriginal workforce • Providing culturally safe work environments and health services • Strengthening performance monitoring, management and accountability. <p>The NSW Ministry of Health has responsibility for implementing the Plan and reporting on progress. The NSW Aboriginal Health Partnership between the NSW Government and the AH&MRC will monitor progress and oversight evaluation.</p>
Governance 6.2.6	Aboriginal Health Impact Statement and Guidelines	NSW Health Policy Directive PD2007_082 <i>NSW Aboriginal Health Impact Statement and Guidelines</i> ensures the needs and interests of Aboriginal people are embedded into the development, implementation and evaluation of all NSW Health initiatives. The Impact Statement should be used as a tool to assist with appropriate consultation and engagement with Aboriginal stakeholders to ensure that any potential health impacts (of the initiative) to Aboriginal health and health services are adequately identified and addressed.
Governance 6.2.7	Keeping Them Safe	Keep Them Safe is focused on shared responsibility and intends to build on the strengths of the current child protection system. It includes actions to enhance the universal service system, improve early intervention services, better protect children at risk, support Aboriginal children and families, and strengthen partnerships with non-government organisations in the delivery of community services.
Governance 6.3.3	Specific Service Plans	Service plans may focus on a particular type of service, such as community health care; a particular category of services, such as maternity; a particular population group, such as Aboriginal people or those with chronic illness; or a particular health issue, such as drug and alcohol use.
Governance 6.3.4	Workforce Strategy Plans	In addition, each local health district, specialty health network and other NSW Health organisation is required to develop and implement a local Aboriginal Workforce Action Plan. This Action Plan is to outline actions locally to build the Aboriginal workforce in NSW Health organisations through working to achieve: <ul style="list-style-type: none"> • 1.8% Aboriginal representation across all salary bands and occupations in line with whole-of government strategy and NSW Health KPIs • Aboriginal employment of 2.6% or higher commensurate with the representation of Aboriginal people in the populations they serve, as highlighted in Good Health — Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020
Governance 7.3	NSW Health Performance Framework	To develop formal and ongoing partnerships with Aboriginal Community Controlled Health Services, ensuring that all health plans and programs developed by the Local Health District consist of measurable objectives that reflect Aboriginal health priorities as identified by Aboriginal services and communities.
Governance 8.2.1	Aboriginal Workforce Participation	There are currently two major Frameworks which guide NSW Health services in improving Aboriginal participation in the health workforce. <p><i>PD2016_053 NSW Health Aboriginal Workforce Strategic Framework 2016-2020</i></p> <ul style="list-style-type: none"> • Aboriginal employees currently make up 2.5% of the total NSW Health workforce. The NSW Government has set a target of 1.8% Aboriginal representation across all public service classifications. Corporate Governance & Accountability Compendium as at July 2020 NSW Health 8.03

		<p><i>PD2011_069 Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health</i></p> <ul style="list-style-type: none"> This State-wide Framework outlines the learning outcomes for Aboriginal Cultural Training across the sector. By providing appropriate Aboriginal cultural training, organisations will become more culturally safe, providing better health services and improved health outcomes to the Aboriginal community. <p>Health services staff must participate in the Respecting the Difference Aboriginal Cultural Training program comprised of eLearning and face to face elements. eLearning is available online for all staff members. Health services must also, in consultation with local Aboriginal services, develop and deliver local face-to-face Aboriginal health training packages and ensure these are delivered to all health staff.</p>
Governance 8.5	Workforce Reporting	The Ministry of Health is required to report against a number of indicators in the NSW Health Annual Report. These include the number of FTE by staff grouping, the percentage of clinical staff as a proportion its total workforce, Aboriginal staff as a proportion its total workforce, equal employment opportunity and annual average sick leave per FTE.
Governance 10.1	Stakeholder Engagement	<p>Working with the Aboriginal community and ACCHSs to develop and implement strategic and operational plans.</p> <p>Engagement with Aboriginal leaders, communities and organisations should always be culturally appropriate and respectful and facilitate Aboriginal health governance and decision-making.</p> <p>Best practice principles for engaging and partnering with Aboriginal leaders, communities and organisations are as follows:</p> <ul style="list-style-type: none"> The impact of past and ongoing trauma experienced by Aboriginal communities is acknowledged The diversity, context and capacity of Aboriginal communities is understood, and that partnership and engagement practices reflect diverse and multiple Aboriginal voices Partnerships and engagement with Aboriginal communities are characterised by high levels of cultural safety, whereby engagement is culturally appropriate and respectful Partnerships that are mutually beneficial, where knowledge and expertise are shared in ways that benefit Aboriginal people and the department Capacity building through partnerships that support participatory governance and a willingness to share power Aboriginal people lead the monitoring and evaluation processes accompanying governance frameworks and strategic health plans.
Governance 12.1.1	Goal	The Government's commitment to broader community requirements such as a sustainable environment, opportunities for small to medium enterprises, aboriginal businesses, and disability enterprises participation, is to be realised.
Governance 12.1.7	Whole of Government Context Purchasing from Aboriginal Businesses	<p>Entities and Branches may procure goods and services from a recognised Aboriginal business up to \$150,000, without seeking alternate quotes/tenders, and are exempt from existing Whole of Government or Health contracts, as long as value for money can be documented.</p> <p>A 'recognised Aboriginal business' is one which:</p> <ul style="list-style-type: none"> is certified as an Indigenous business by Supply Nation (formerly the Australian Indigenous Minority Supplier Council), or

	<ul style="list-style-type: none"> • is certified as an Indigenous business by the NSW Indigenous Chamber of Commerce, or • meets the definition of an Indigenous business under the definition used in the Australian Government's • Indigenous Opportunity Policy (the Indigenous Opportunities Policy currently defines an Indigenous business as a business that has an ABN and 51 per cent Indigenous ownership).
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NSW Health Future Health – Strategic Framework	<i>03. People are healthy and well: Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.</i>
Key objective 3.5	Close the gap by prioritising care and programs for Aboriginal people.

SWSLHD Strategic Direction	<i>Strengthen and promote healthier communities</i>
Objectives	<p>Close the gap for Aboriginal people and communities to improve equity of outcomes.</p> <p>Improve equity of outcomes for all priority populations including our culturally and linguistically diverse communities.</p> <p>Build capability in our communities and partner to create social and physical environments that promote health and wellbeing.</p> <p>Engage our communities in prevention, screening and early intervention programs.</p> <p>Enhance mental health and wellbeing of individuals and communities.</p> <p>Support people of all ages to live a meaningful and functional life, ensuring the best start in life and promoting healthy ageing.</p>

SWSLHD Aboriginal Health Plan to 2027	<i>To work in partnership with Aboriginal people to achieve the highest level of health possible for individuals, families, and communities.</i>				
Priorities	Leading a culturally responsive organisation	Social Equity	Child, Youth and Family Health	Chronic Disease Prevention and Management	Mental Health and Wellbeing
Aims	To provide strong Aboriginal Health leadership across all SWSLHD facilities and services to foster a culturally responsive organisation for patients and staff	To improve social equity outcomes through partnering with Aboriginal people and other agencies to address the social determinants of health	To improve the opportunities available to Aboriginal children and young people through providing the best start to life and building family and cultural connections	To reduce the prevalence and impact of chronic disease in Aboriginal people, through improved access to preventative health programs, screening and early detection services and the delivery of integrated chronic disease management programs	To support Aboriginal people to develop and maintain mental wellbeing and provide a comprehensive range of culturally responsive mental health services across the lifespan
Priorities	Substance Use	Strong and Safe Families	Hospital-Based Care Pathways	Workforce	Research
Aims	To minimise harm from alcohol and	To improve the opportunities	To improve the accessibility and	To provide a culturally safe	To undertake translational

	other drugs through the delivery of culturally responsive services that focus on the treatment of and recovery from addiction	available to Aboriginal children and young people through providing the best start to life and building family and cultural connections	responsiveness of hospital-based care for Aboriginal people	workplace where Aboriginal people can establish and develop both clinical and non-clinical careers	research projects in priority areas to support closing the gap in Aboriginal health outcomes
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Service Level Agreement	1.5.4	Aboriginal Procurement Policy <ul style="list-style-type: none"> The NSW Government supports employment opportunities for Aboriginal people, and the sustainable growth of Aboriginal businesses by driving demand via government procurement of goods, services and construction. NSW Government agencies must apply the Aboriginal Procurement Policy to all relevant procurement activities.
	2	Mental Health: Acute Post-Discharge Community Care – Follow up within seven days Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation Mental Health: Acute readmission – within 28 days Discharge against medical advice for Aboriginal in-patients Incomplete emergency department attendances for Aboriginal patients.
	3	Smoking During Pregnancy – At any time Children fully immunised at one year of age Children fully immunised at five years of age Aboriginal paediatric patients undergoing Otitis Media procedures.
	3.5 and 3.6	NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025. The Organisation will deliver and report annually to the Ministry on: <ul style="list-style-type: none"> Continue implementation of the NSW Aboriginal Mental Health and Wellbeing Strategy in line with its implementation plan Close the gap by prioritising care and programs for Aboriginal people Establish a key point of contact and a process to respond to urgent requests from Stolen Generations Organisations to escalate health concerns from Survivors and their families Recruit an (Executive) Director role (Health Manager Level 6 recommended) for Aboriginal health that reports to the Chief Executive, participates in Executive leadership decision making structures and is appropriately resourced Develop shared workforce models/resources with Aboriginal Community Controlled Health Services to support outreach and clinical pathways Address racism by ensuring accountability structures for reporting and addressing racism are culturally safe and hold all staff to account Increase the number of Aboriginal specialists and clinicians, including supporting training and development.
	4	Aboriginal Workforce Participation – Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations. Employment of Aboriginal Health Practitioners.
	6	Social and sustainable procurement <ul style="list-style-type: none"> Spend and contracts with Aboriginal businesses Achieve and report on a minimum 1.5% Aboriginal participation for contracts valued >\$7.5m through the Department of Customer Services (DCS) reporting portal (unless an exemption applies).

Risks - Strategic	FSD616	FSD617	FSD505	FSD481	FSD509
Risks – Facility / Service / Department	Inability to recruit and retain Aboriginal staff.	Aboriginal patients not completing treatment in Emergency Departments.	Effective partnerships with Aboriginal community based opportunities.	Unplanned readmission rates for Aboriginal patients	Maintain a culturally safe environment for Aboriginal patients



Aboriginal Health Committee

Standing Reports	
Aboriginal Health Plan	Bi-mthly
Closing the Gap Report Card	June and December
Integrated Reporting – Strengthen & promote healthier communities <ul style="list-style-type: none"> – SWSLHD Strategic Plan – Risk Report – SLA KPIs 	April and October April and October Bi-monthly
Other Reports <ul style="list-style-type: none"> – Aboriginal Workforce – Aboriginal Health KPI Dashboard – Status of Partnership Agreements – Research Update – Service Development Priorities 	Bi-mthly February and August April and October June and December April and October
Committee Reports to Board	
– Minutes and Referral Note (Highlights)	Bi-mthly
– Annual Self-Assessment	Annually