

Kimberley Aboriginal Health Planning Forum Sexual and Reproductive Health Sub-committee Terms of Reference

Revised June 2023

Background

The Kimberley Aboriginal Health Planning Forum (KAHPF), originally called the Kimberley Aboriginal Health Plan Steering Committee, was 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 now the peak regional health forum for improving health outcomes for Aboriginal people in the Kimberley.

Primary health care services across the Kimberley are delivered by a range of Aboriginal community controlled, government and non-government services and agencies. While these services each play a pivotal role in contributing to improved and sustainable health outcomes for Aboriginal people in the Kimberley, KAHPF has always acknowledged the importance of collective investment, partnerships, and accountability to each other. Accordingly, KAHPF strives towards being the 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 social determinants in health is needed. The Aboriginal Community Controlled model of care utilised in the Kimberley considers the importance of culture, spirit, country, family, community and language on the physical health and social and emotional wellbeing of Aboriginal people.

In October 2018 the KAHPF Strategic Plan 2018-2028 was developed and endorsed by the KAHPF. This 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 KAHPF. KAHPF takes ultimate responsibility for overseeing its implementation through its members and sub-committees.

Sub-committees

KAHPF may identify and establish sub-committees and working groups to support and progress key activities to improve Aboriginal health in the Kimberley region. Sub-committees are the engine room of KAHPF and focus on issues requiring co-ordinated planning and action. They are established by KAHPF as needed, in consideration of regional health need and aligned to KAHPF key priorities. Each subcommittee has Terms of Reference, membership reflecting KAHPF members and is responsible for the development a three-year action plan for endorsement by 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 review sub-committees' progress, results and barriers annually. Sub-committees may not speak or act on behalf of KAHPF without prior permission of the KAHPF.

Rationale of Sexual and Reproductive Health Sub-committee

The SRHSC has a collaborative purpose that aims to benefit all members and the communities they serve by working together to identify strategies and activities to:

- Establish stronger links to allow flow of sexual and reproductive information across government and non-government Kimberley health sectors



- Develop and monitor implementation of a regional sexual health and blood borne virus action plan
- Regularly review regional sexual health information, including prevalence and distribution of sexually transmitted infections, data emerging from regional sexual health research, and ongoing regional planning and best practice service delivery
- Identify strategies to inform ongoing development, expansion and up-skilling of the regional sexual health workforce
- Identify opportunities for strengthening community participation in regional sexual and reproductive health planning, particularly for those groups at risk
- Develop and support linkages with other KAHPF subcommittees to ensure sexual and reproductive health priorities are considered in the other aspects of regional planning, including workforce development, research, maternal and child health and other KAHPF subcommittee priority areas.
- Coordination and review of the STI and BBV Clinical Protocols

Aim of Sexual and Reproductive Health Sub-committee

The aim of the SRHSC is to:

- Improve the sexual and reproductive health of priority populations
- Reduce STI and BBV rates
- Ensure better health outcomes for young people living in the Kimberley through coordinated regional planning and development of sexual and reproductive health programs and services
- Develop an Action Plan and progress activities that contribute to achieving the key priorities of the Plan
- Identify key barriers and enablers to achieving progress on the Action Plan
- Provide regular reports to the KAHPF on progress against the agreed Action Plan
- Meet face-to-face with the KAHPF annually, via the Chair, to seek feedback and discuss progress, challenges, results and barriers to progressing Action Plans

Membership

The SHRSC is comprised of representatives (or their delegates) from KAHPF member organisations who have a key role in KAMS and KPHU. The Chair is responsible for maintaining an up-to-date member list and providing a copy to the KAHPF secretariat as changes occur.

Current Membership includes:

- Medical Director, KAMS
- Public Health Medical Officer, KAMS
- Sexual Health Regional Facilitator, KAMS
- Sexual Health & Wellbeing Officers, KAMS
- STI Clinicians (ESR), DAHS, OVAHS, YYMS, KAMS remote services
- Women's Sexual Health Promotion Officer, Nindilingarri CHS
- Sexual Health Officer AHP, BRAMS
- Consultant Public Health Medicine, KPHU
- Clinical Nurse Specialist-Public Health-STI, KPHU
- Clinical Nurse Specialist – Public Health-BBV, KPHU
- Health Promotion Coordinator, KPHU
- Health Promotion Officer (male and/or female), KPHU
- Youth Advocate, Headspace
- Medical Director/Educator, Sexual Health Quarters

- SHBBV Representative, Department of Health SHBBV Program
- RFDS Primary Health Nurse
- WACHS STI/generalist community health nurses- Broome, Derby, Halls Creek, Kununurra, Fitzroy Crossing

On occasion the sub-committee may invite a limited number of officers, observers or guests relevant to the agenda items being discussed.

Chair and secretariat

The sub-committee will be co-chaired by KAMS Sexual Health Regional Facilitator and Clinical Nurse Specialist – Public Health for a period of 12 months. Co-chairs will also provide secretariat for a period of 12 months. The responsibilities of the co-chairs and secretariat includes development of agendas and meeting papers, minute taking, following up outstanding actions, communication with KAHPF and other key stakeholders, meeting venue booking, and other functions as required.

Attendance and participation

Members are encouraged to attend meetings in person whenever possible. Where this is not possible video conference or teleconference link ups will be available. A quorum requires attendance by a minimum of 51% (9) core members, including one representative from WACHS and one from the ACCHS sector.

KAHPF values consistent agency representation across the sub-committees. If the usual delegate is unable to attend, members are encouraged to send proxy representatives with authority to discuss, endorse and make decisions on behalf of their organisation to the meeting. If a member fails to attend or to send a nominated delegate to three consecutive meetings without an apology the Secretariat will enquire into the reasons for their non-attendance. This will be reported back to KAHPF and continuing organisational membership will be considered. The subcommittee will aim to meet at least once a year out of Broome.

Sub-committees may not speak or act on behalf of KAHPF without prior permission of the KAHPF.

Frequency of meetings

The sub-committee will meet a minimum of 4 times a year. Sub-committees should align their meetings so that they occur in the month between each KAHPF meeting to ensure workflow and reporting between KAHPF and sub-committees. All members are responsible for covering their own costs to attend meetings.

Review of Terms of Reference

The terms of reference will be reviewed every 12 months with substantial changes to be submitted to the KAHPF for endorsement.

Date endorsed by SRHSC: June 2023

Date endorsed by KAHPF: 31 August 2023