**Environmental Health Subcommittee**

# TERMS OF REFERENCE

### Committee Name

Environmental Health Subcommittee

### Status

The Kimberley Environmental Health Subcommittee is a Subcommittee of the Kimberley Aboriginal Health Planning Forum (KAHPF). As such:

* At least one member of the Subcommittee must be a KAHPF member;
* The terms of reference of the Subcommittee must be approved by the KAHPF;
* A report from the Subcommittee will form a standing agenda item at KAHPF meetings;
* The Sub- committee may not speak or act on behalf of the Kimberley Aboriginal Health Planning Forum without prior permission of the KAHPF. All correspondence and action made by the sub-committee must first be reviewed by KAHPF.

### Rationale for objectives of the Environmental Health Subcommittee

The overarching goal of the proposed Environmental Health SubCommittee is to deepen understanding across the Kimberley of the link between environmental conditions and health. Creation of the SubCommittee also recognises ‘environmental health services’ as a specific field with expert knowledge of environmental determinants of health, disease transmission routes and risk reduction, and the link with specific human diseases and strategies to address these determinants. Deep understanding of this connection between ‘environment and health’ will mean that:

* EH services play a more effective role in improving health in the Kimberley;
* PHC has a more effective response when seeing patients with diseases due to environmental conditions which is more than clinical management on the day;
* Community engagement will be more meaningful and holistic;
* Governments and other funding agencies allocate resources more effectively to address determinants of health

Eventually, there will be better health outcomes in the Kimberley and reduced demand on PHC as well as hospital services. Environmental health services will be established, embedded and reliable in the Kimberley. This goal will benefit all members of KAHPF and the communities they serve.

### Objectives of the Environmental Health Subcommittee

To improve the capacity of KAHPF member services to address Environmental Health by

(1) setting a strategic direction to strengthen the links between Environmental Health services and Primary Health Care (PHC) services in the Kimberley;

(2) creating more opportunities for dialogue about these links

(3) supporting KAHPF member services particularly by consulting often; offering and monitoring training opportunities; sharing resources and successful innovations; and maintaining a proactive outlook

(4) supporting ‘best practice’ across the Kimberley and learning from disease outbreaks and other epidemiological observations that require better action in EH

(5) providing expert advice to KAHPF about Key Performance Indicators (KPIs) in Environmental Health and other performance-related information about Environmental Health action;

(6) promoting evidence-based advocacy for Environmental Health issues in the Kimberley; and

(7) providing expert advice to KAHPF about resource allocation, funding opportunities, surveillance, data collection, partnerships and KAHPF’s response to any requests for letters of support.

### Values of the Environmental Health Subcommittee:

In all of its work the Subcommittee undertakes to:

1. Operate in a manner that is accessible, accountable, respectful and inclusive;
2. Operate in a collaborative manner which builds on existing structures and networks wherever possible;
3. Work to support actions and initiatives which consolidate and strengthen existing services;
4. Seek to promote effective and equitable service delivery in the Kimberley;
5. Maintain its commitment to cultural security.

### Role of the Environmental Health Subcommittee

Under the auspices of the KAHPF, the role of the Subcommittee is to:

* Establish stronger links to allow flow of Environmental Health information across government and non- government Kimberley health sectors as well as non-health services such as local government, EH specialist service providers and philanthropic organisations.
* Develop an annual workplan
* Regularly review regional Environmental Health information, including prevalence and distribution of overcrowding, health hardware, sewerage and other aspects of public utilities and infrastructure as well as data from relevant disease surveillance reports, clinic data and other sources to meet its goals and objectives
* Identify strategies to enhance ongoing development and up-skilling in environmental health of relevant workforce
* Identify opportunities for strengthening community participation in environmental health related activities including home-maker programs, community clean-ups and local employment opportunities
* Develop Kimberley protocols and guidelines if required to promote and submit these to KAHPF for consideration and sharing across the Kimberley
* Share environmental health resources, research findings or success stories developed by Kimberley services and others (NOTE: the subcommittee has no authority to impose or mandate use of specific resources other than ratified Kimberley protocols)
* Develop and support linkages with other KAHPF subcommittees
* Develop and support linkages with relevant services in the Kimberley through specific projects and working groups where required.

It should be noted that:

* The Subcommittee does not have decision-making powers as an entity which cut across the authority of individual health service or non-health service governance and management bodies;
* The Subcommittee does not have any mandate to grant ethics approvals or support research for research being proposed in the region (the former is the role of AHCWA and the latter the role of the KAHPF Research SubCommittee).

### Environmental Health Subcommittee Structure, Powers and Membership

Membership of the Subcommittee is by nomination from core members of the KAHPF and subcommittee members will include aboriginal environmental health services:

***Environmental Health services sector:***

* Nirrumbuk Environmental Health & Services
  + CEO
  + Manager, Strategy & Contracts
* **Nindilingarri CHS**
* **Environmental Health Coordinator**

***Primary Health care services sector***

* KAMS
  + Medical Director
  + Senior Manager, Nursing & Health Worker Services
  + Manager, Population Health
* ACCHS
  + Derby AMS – TBA
  + BRAMS - TBA
  + Yuri Yungi AMS – TBA
  + **Ord Valley Aboriginal Health Service - TBA**
  + **Nindilingarri CHS (primary healthcare)**
* Kimberley Population Health Unit
  + Public Health Programs Manager
  + Manager, Environmental Health
  + Consultant, Public Health Medicine

The SubCommittee can invite guests to participate in meetings. The SubCommittee can also convene stakeholder groups for specific projects and initiatives including local councils / shires and other government departments as appropriate.

The Subcommittee will elect a Chairperson and Secretariat from its members on an annual basis.

No member may speak on behalf of the Subcommittee without the mandate of the Subcommittee given at a Subcommittee meeting.

Subcommittee members who act outside the Terms of Reference may be asked to leave the Subcommittee.

Attendance at the EH Sub-Committee by Proxy is to be approved through the Chair, in advance of each meeting.

### Business Agenda of the Subcommittee

As the Subcommittee is a forum, members are free to raise any matters of concern related to the improvement of Environmental Health or any related matters of concern that affect service providers in the Kimberley.

Major matters for discussion at meetings should be communicated to the Secretariat for listing as agenda items. The Subcommittee member proposing agenda items should provide written papers where appropriate and these papers should be circulated at least one week prior to the meeting.

### Frequency of meetings

The SubCommittee will meet a minimum of 4 times a year, preferably two weeks before KAHPF to assist communication, exchange of information and reporting against the annual workplan.

Meetings may be face to face or via video or phone conferencing.

Representatives’ employer agencies are responsible for the cost of their own staff to attend meetings or videoconferences unless a specific offer is made by an agency / department to cover an agency or service’s costs.

Wherever possible meetings should be aligned to the timing and business of Kimberley Aboriginal Health Planning Forum to enable key issues to be tabled at the KAHPF meeting for discussion and/or endorsement.

### Role of the Subcommittee Secretariat

The Secretariat will:

* Prepare the agenda for each meeting, in consultation with members;
* Forward agendas and papers to all members at least one week before each meeting;
* Organise the meetings, including dates, venues and catering;
* Take minutes;
* Distribute first draft minutes to the Chairperson no later than one week after each meeting;
* Distribute final draft minutes to all members no later than two weeks after the meeting for confirmation at the next subsequent meeting;
* Draft any correspondence the Subcommittee wants sending out/circulating for endorsement/arranging for the Chair to sign;
* Circulate any incoming correspondence;
* Store all documentation.

### Review of Terms of Reference

The Subcommittee may review and recommend alterations of the Terms of Reference at any meeting, provided at least 14 days notice has been given to Group members of the intention. Any recommended change to the Terms of Reference must be endorsed by the Kimberley Aboriginal Health Planning Forum.

If there is no consensus on the proposed changes, the matter will be determined by majority vote. In this case, a majority is seventy five percent (75%) of members present. Note that affiliated members are ineligible to vote.

The terms of reference will be reviewed every 2 years.

These terms of reference were endorsed at a meeting of the Kimberley Aboriginal Health Planning Forum on 9 February 2015 held in Broome.

As approved by KAHPF on 9 February 2015

For revision February 2017