Background

The Kimberley Aboriginal Health Planning Forum (KAHPF), originally called the Kimberley Aboriginal Health Plan Steering Committee, 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 are delivered through a range of Aboriginal community controlled, government and non-government services and agencies across the Kimberley. 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.

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.

Objectives of KAHPF

The collective purpose of KAHPF is captured in the KAHPF Strategic Plan 2018-2028 (the Plan) setting out the key priorities that will drive the work of the KAHPF over the next 10 years to improve health care service provision and, as a result, Aboriginal health outcomes across the Kimberley. In line with this, KAHPFs objectives are to:

- Lead the implementation of the Plan across the Kimberley region
- Identify opportunities, threats and challenges affecting Aboriginal health care for the region
- Harness strategic partnerships to improve Aboriginal health
- Identify and support appropriate sub-committees to progress implementation of the Plan
- Ensure all sub-committee Action Plans contribute to achieving the key priorities of the Plan
- Monitor and support progress of sub-committees and provide feedback
- Drive change through monitoring Regional Indicators to advance its key priorities
- Undertake a thorough evaluation at the midway and towards the end point of the Plan
- Plan, coordinate and advocate for positive change for Aboriginal people in the Kimberley

Membership eligibility

KAHPF is comprised of core and associate members. All members of KAHPF are required to state in writing their commitment to the principles and priorities endorsed in the Plan and to the KAHPF process by signing the Terms of Reference.

To qualify as a core member, organisations must meet the following four criteria:

1. Be based in the Kimberley or have a substantial regional presence;
2. Have health or health-related service delivery as their core business;
3. Provide services that address gaps rather than duplicate existing services; and
4. Demonstrate long-standing relationships with Aboriginal people in the region.

Rationale of KAHPF

KAHPF has a collaborative purpose that aims to benefit all members and the communities they serve by working together to identify strategies and activities to improve Aboriginal health. This includes:

- Looking outward and leading others to KAHPF as the ‘go to’ place for Aboriginal health
- Being a collective body for health advocacy across the Kimberley
- Achieving high-level health outcomes for Aboriginal people across the Kimberley
- Respecting, supporting and valuing every contribution from KAHPF members
- Supporting each other to achieve goals
- Ensuring efficient use of resources
- Improving co-ordination and respectful use of data
- Tracking collective progress across the region

For these reasons, there are many benefits for KAHPF member organisations in being a part of this collective approach.
Member responsibilities

KAHPF core members are responsible for the following:

• Participate in at least one sub-committee relevant to particular service provision as agreed by KAHPF
• Contribute service data into the KAHPF Regional Indicators where appropriate and as agreed by KAHPF
• Contribute via fees or in kind support to the provision of a functioning secretariat for the KAHPF and its sub-committees as required
• Contribute via fees or in kind support to the provision of venue hire, catering and other costs of effectively administering KAHPF and its sub-committees as required

Core members:

• Kimberley Aboriginal Medical Services (KAMS)
• Broome Regional Aboriginal Medical Services (BRAMS)
• Derby Aboriginal Health Service (DAHS)
• Nindilingarri Cultural Health Services (NCHS)
• Ord Valley Aboriginal Health Service (OVAHS)
• Yura Yungi Aboriginal Medical Services (YYMS)
• Boab Health Services
• Jungarn Jutjya Indigenous Corporation
• Nirrumbuk Aboriginal Corporation
• Royal Flying Doctor Service (RFDS)
• WA Country Health Services (WACHS): Kimberley region
• Ngnowar Aerwah Aboriginal Corporation
• Milliya Rumurra Alcohol and Drug Service

Each core member has one vote per organisation.

Associate members include those organisations who do not meet all core criteria, but who have a connection to primary health care service delivery for Aboriginal people in the Kimberley. These organisations’ are invited to attend meetings at the invitation of KAHPF and membership reviewed on an annual basis. Associate members must adhere to member responsibilities but do not have voting rights.

Associate members:

• Aboriginal Health Council of Western Australia (AHCWA)
• Department of Prime Minister and Cabinet: Broome, Derby and Kununurra
• Kimberley Stolen Generation Aboriginal Corporation
• Men’s Outreach Service
• Rural Health West
• The Commonwealth Department of Health
• WA Primary Health Alliance (WAPHA)

Associate member organisations do not have voting rights.

On occasion KAHPF members may invite a limited number of officers, observers or guests at KAHPF meetings, in consultation with and approved by the Chair and secretariat.

Chair and secretariat

The KAHPF is chaired by the Chief Executive Officer of the Kimberley Aboriginal Medical Services (KAMS) or their delegate, as a regional Aboriginal Community Controlled Health Service (ACCHS), providing a collective voice for a network of member ACCHS from towns and remote communities across the Kimberley region of Western Australia.

Secretariat support for the KAHPF is to be resourced by core members and includes development of agendas, meeting papers, minute taking, communication and correspondence with sub-committee and other key stakeholders, and other functions as required. The Secretariat will be responsible for circulating agenda papers to members one week prior to meetings, and the minutes and associated actions to members and sub-committee chairs within two weeks following each KAHPF meeting. Detailed information on the secretariat function is included in the KAHPF Secretariat job description.

Attendance, participation and decision making

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% core members including a representative from WACHS and one from the ACCHS sector. Decision making by the KAHPF is, wherever possible, by consensus. Core members of KAHPF will undertake a vote when consensus cannot be reached. Associate members do not count towards achieving a quorum or in voting to reach decision.
KAHPF values consistent agency representation. 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 core 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. If the reasons given are not considered acceptable to KAHPF, then the membership of KAHPF will be cancelled. If an associate member fails to attend, or to send a nominated delegate, to three consecutive meetings without an apology, then the membership of KAHPF may be cancelled.

No member may speak on behalf of the KAHPF without the mandate of the KAHPF. It should be noted that KAHPF does not have decision-making powers as an entity, and as such cannot act as an authority above or on behalf of individual health service governance and management bodies.

KAHPF agenda papers are only for members and may not be distributed or circulate without written approval from the Chair. KAHPF’s annual reports will be subject to drafts and no member should distribute any version of the report. Public release of the annual report or any other product through KAHPF will be done so through the KAHPF website: www.kaphf.org.au

Sub-committees and working groups
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 a Terms of Reference, membership reflecting KAHPF members and is responsible for the development a 3 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 meet face-to-face annually with sub-committee chairs.

Working groups differ from sub-committees in that they would normally be convened on a short term basis for a particular purpose or task. For example, to jointly develop and broadly agree on written papers before presentation to the KAHPF, or to oversee a project initiated by KAHPF.

Frequency of meetings
The KAHPF will meet face-to-face six (6) times a year, with at least three (3) meetings held in locations other than Broome.

All members are responsible for covering their own costs to attend meetings.

Review of Terms of Reference
The KAHPF may review and alter the Terms of Reference at any meeting, provided at least 14 days’ notice has been given to the Secretariat. In addition, the Terms of Reference will be reviewed and ratified every 12 months at the last meeting of each year.