

Terms of Reference

Aboriginal Chronic Conditions Network (ACCN) Executive

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|-------------------------|---|--------------|-------------------------------|
| Reports to: | Aboriginal Chronic Conditions Network Manager | | |
| Reporter: | Co-Chairs | | |
| Co-Chairs | TBA | | |
| Terms of office: | 2 years | | |
| Secretariat: | Aboriginal Chronic Conditions Network Manager | | |
| Endorsed by: | ACCN Executive | Date: | 5 th December 2017 |
| Next review: | 2 years from Network Executive commencement | | |
| Review Process | The purpose, membership and performance of the ACCN will be reviewed every two years from commencement against the Terms of Reference and the Network work plan | | |

Role of ACI Networks:

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better health care for NSW. The ACI provides expertise in service redesign and evaluation, specialist advice on healthcare innovation, initiatives including clinical quality guidelines and models of care, implementation support, knowledge sharing and continuous capability building.

Background:

The Aboriginal Chronic Conditions Network (ACCN) has evolved from a less formal network of LHD and SHN Aboriginal chronic disease coordinators and health managers responsible for the implementation of local Aboriginal chronic care initiatives. This 'Aboriginal Chronic Care Coordinators' group, convened by the Chronic Care for Aboriginal People team, held bi-monthly teleconferences to discuss and share issues regarding the delivery of Aboriginal chronic care services.

Purpose:

The ACCN will work to improve the experience and delivery of healthcare for Aboriginal people with chronic conditions in NSW. To achieve this, the ACCN will support the process of evidence-based reform by promoting new initiatives, frameworks and models of care that are identified and developed by clinicians and consumers. It will do this by enhancing and supporting the integration

of care for Aboriginal communities accessing chronic care services in NSW in accordance with ACI values.

The ACCN will collaborate to respond to the priorities identified by Network members and key stakeholders including the NSW Ministry of Health.

Functions:

- To establish and maintain a Network consisting of clinicians, consumers, community members, health managers, researchers and other key partners and ensure members are engaged in Network activities.
- To draw on the skills and expertise of members to inform the development of evidence-based tools, guidelines and pathways that assist with addressing chronic conditions in Aboriginal communities.
- Develop a workplan of priorities and initiatives.
- Work in consultation and collaboration with NSW Ministry of Health.
- To provide a platform to share learnings and best practice in Aboriginal chronic condition initiatives across NSW.
- To identify opportunities to integrate services between mainstream and Aboriginal specific programs.

Responsibilities:

Executive member responsibilities and expectations are to:

- Contribute to an inclusive and collegial Network ethos in keeping with NSW Health's Core Values and ACI's Values and Behaviours Guidelines
- Attend 50% of the Network Executive meetings in person or by teleconference
- Complete actions as per noted responsibility within the nominated timeframe
- Communicate opportunities for strategic partnerships within and external to the Network
- Support and promote achievement of the workplan initiatives
- Participate in Working Group activities, as expertise and time allow
- Represent the ACI and its functions as able

The responsibilities of the Network Co-Chairs are to:

- Provide leadership and guidance for the Network on issues that are raised by its members
- Approve the agenda and minutes before distribution
- Liaise regularly with the Network Manager and provide advice on the directions of the Network
- Chair Executive Meetings, maintaining decorum and keeping meetings focused on the agenda
- Alternate chairing of the meetings as determined by availability
- Ensure, with the support of the secretariat, that all action points from the meeting are followed up
- Provide guidance and leadership to the Chairs of Working Groups as required
- Attend all Executive meetings wherever possible, within the constraints of clinical practice and leave arrangements
- Report and represent the work of the Network as required to the Director, Primary and Chronic Care Services, ACI and the ACI Executive

Membership:

- Members for the ACCN Executive Committee will be sought from the general network membership via an EOI process.
- The Executive will represent the range of the Network membership including clinicians, consumers, and managers from different sectors and geographical locations.
- To ensure that decision making and discussions are driven by Aboriginal knowledge and experience, it is expected that at least 75% of Executive Committee members are Aboriginal.
- Executive Committee members will have a term of two years.
- The ACI Chief Executive and Director, Primary Care & Chronic Services will have standing invitations to this Committee.

Frequency of meetings:

- The ACCN Executive Committee will meet face to face at least quarterly, with teleconferences scheduled in between.
- The Executive may agree to increase or decrease the frequency of meetings in line with current objectives and workplan.

Quorum:

- Quorum will be based on 50% of membership attendance plus one, including at least one Co-Chair. At least 75% of the attendees must be Aboriginal to make the quorum.
- Members will receive electronic communications of meetings. All members will receive electronic communication of meeting agendas and will have the opportunity to attend by teleconference/videoconference, and to provide input in advance if unable to attend scheduled meetings.

Chair Arrangements:

Two interim Co-Chairs will be selected for the first three Executive meetings. Thereafter, two Co-Chairs will be elected from the Network Executive. The Co-Chairs term of office is two years, with an option of re-election for a further term of one year. It is preferable that both Co-Chairs do not change at the same time to facilitate continuity.

Reporting committees:

The ACCN may also establish time-limited, task-oriented Working Groups to progress key activities identified by the Network or the ACI Executive. Any Working Group established should have a minimum of 75% Aboriginal people as members.

Conflict of Interest

Executive members are required to bring to the attention of the Co-Chairs any conflict of interest or potential conflict they may have with any item on the Network's agenda. If a committee member is deemed to have a real or perceived conflict of interest in a matter that is being considered at a meeting, he/she will be excused from discussions and deliberations on the issue.

Method of evaluation:

The purpose and performance of the ACCN will be reviewed at least every two years against the Terms of Reference and work plan.

Executive Members:

| Name | Role | Organisation |
|-------------------------------------|--|--|
| Alison Barnes* | RN | |
| Anthony Franks* | Aboriginal Chronic Care Officer | Northern NSW LHD |
| Bob Davis* (Interim Co-Chair) | CEO | Maari Ma Health Aboriginal Corp |
| Fadwa Al-Yaman | Head of Indigenous Health | Australian Institute of Health & Welfare |
| Jackie Caton* | Aboriginal Health Program Coordinator | South West Sydney Primary Health Network |
| Kath Keenan | Principal GP | Redfern AMS |
| Kellyann Johnson* | Manager Aboriginal Health, Northern Sectors | Western NSW LHD |
| Kim Whiteley* | Manager Aboriginal Health Programs | Western NSW Primary Health Network |
| Leeanne Cutmore* | Aboriginal Health Worker, Toomelah | Hunter New England LHD |
| Linda Soars | Director Integration Partnerships & Enablers | Western Sydney LHD |
| Matt West* | Associate Lecturer and Clinical Educator | University of Newcastle |
| Nathan Jones* (Interim Co-Chair) | Director Aboriginal Health | South Western Sydney LHD |
| Scott Winch* | Discipline Leader Indigenous Health | University of Wollongong |
| Sharon Trindall* | Nurse Manager | Waminda Aboriginal Corp |
| Vicki Wade* | Cultural Leader | Rheumatic Heart Disease Australia |
| Kiel Hennessey* | ACC Network Manager | Agency for Clinical Innovation |

* denotes Aboriginal members