



**Ngayundi  
Aboriginal Health Council**

## **Ngayundi Aboriginal Health Council**

### **Terms of Reference**

**Note: Throughout these terms of reference Aboriginal refers to Aboriginal and Torres Strait Islander people**

#### **1. ROLE**

To provide a forum for members of the Bundjalung and Yaegl Nations in Northern NSW, and for Aboriginal people from other Nations who reside in the area, to participate in and provide advice on health service planning, development, delivery, evaluation and prioritisation with a view to attaining equality of health status and life expectancy for Aboriginal communities.

#### **2. OBJECTIVES**

- Provide an informed community perspective on the health issues and needs of Aboriginal communities to the Northern NSW Local Health District (NNSWLHD) and North Coast Primary Health Network (NCPHN) and the Northern NSW Aboriginal Partnership.
- Support and inform efforts to close the 17-year life expectancy gap between Aboriginal and non-Aboriginal people within a generation.
- Support and advise to:
  - Make prevention everybody's business
  - Create better experiences for people using health services
  - Strengthen primary health and continuing care in the community
  - Build regional and other partnerships for health
  - Make smart choices about the costs and benefits of health services
  - Build a sustainable Aboriginal workforce
  - Be prepared for challenges and ready to seize opportunities
- Provide nominees when requested for planning groups, working parties and special project committees, and other activities.
- Provide comment on relevant policy documents, statements and other material, provided adequate time is available for commentary.
- Seek comment from the wider community on specific matters and identify opportunities to improve the community's capacity to participate, especially members of isolated communities.
- Receive information and documents for general information and assist to ensure flow-on of information to the broader community.
- Advocate and lobby to positively influence health decision-making.

- Participate and co-host with local community an Annual Aboriginal Awareness Bus Trip to be held in a different geographic location each year.

### **3. MEMBERSHIP**

Meetings are open to all Aboriginal people with special attention directed to those who live in the area where the meeting is being held.

Also in attendance at meetings:

Northern NSW Local Health District

- Chief Executive (one meeting per year)
- NNSW LHD Board Representatives
- Manager of Aboriginal Health or representative
- Manager Community and Clinical Engagement
- Senior Aboriginal Health Education Officers (where meeting is located in their area)
- Executive Director Tweed/Byron Health Service Group or representative ((where meeting is located in their area)
- Executive Director Richmond/Clarence Health Service Group or representative ((where meeting is located in their area)
- Aboriginal health workers ((where meeting is located in their area and supported by relevant manager)
- Others by invitation

North Coast Primary Health Network

- Manager Aboriginal Health
- Others as appropriate

Aboriginal Medical Services

- Chief Executive Officer or representative
- Others as appropriate

Meetings will be chaired by the appointed Chairperson

### **4. MEETING FREQUENCY**

Four community meetings per year – March, May, August, and November. Generally community meetings will be scheduled from 10 – 3pm and lunch will be provided. Meeting venues will be rotated across Northern NSW.

### **5. MEETING FORMAT**

Meetings will commence with a 'Welcome to Country' from a local Elder and be followed by a minute's silence or prayer to honour those who've gone before. The agenda will be structured to allow local community members to talk about local issues.

## **6. NGAYUNDI EXECUTIVE**

An Executive of geographically dispersed people will be recommended by Ngayundi members at a meeting once every two years.

The Executive will appoint a Chairperson and Deputy.  
The Executive will meet in February, April, June, September and December.

Community membership of the Executive requires regular attendance at community meetings. Absence from 3 consecutive Executive meetings will necessitate replacement.

## **7. SECRETARIAT SUPPORT**

NNSW LHD Manager Community and Clinical Engagement

*To be reviewed by Ngayundi Executive February 2016 for taking to Ngayundi Community Meeting March 2016 for endorsement.*

Under review