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Australia's National Institute for Aboriginal and
Torres Strait Islander Health Research

POLICY BRIEF: NOVEMBER 2015

The Road is Made by Walking: Towards a better primary health care system for Australia's First Peoples

The Funding, Accountability and Results (FAR) project

Achieving universal access to primary health care (PHC) for Aboriginal and Torres Strait Islander communities is a long-standing goal, and a fundamental requirement for closing the gap. Government policy supports a central role for the Aboriginal community controlled health organisation (ACCHO) sector, recognising that the sector is an effective and often preferred provider for Aboriginal and Torres Strait Islander people.

Yet policy and action towards this goal seem to be stuck in ambivalent stasis. An apparent reluctance to enable systematic sector development, as a key part of the health care system, holds the sector back. But neither is any systematic alternative pursued.

The Road is Made by Walking reports on an extended observational study of reforms in the Northern Territory and Cape York Queensland that aimed to transfer PHC services to regional ACCHOs, in a partnership approach between the sector and federal and jurisdictional health departments. Progress was slow and patchy, and the goals of the reforms have not yet been achieved.

This study calls for a resetting of the relationship between the sector and government, so that it works well for both funders and ACCHOs, to enable universal access to comprehensive PHC for Australia's First Peoples.

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The study answered two questions:

1. What works for the implementation of these planned reforms?

More effective implementation in future will require:

- better authorisation, an effective auspice and sustained commitment
- enough time, money and capacity
- attention to the challenges of working across cultures, both Aboriginal and Torres Strait Islander and non-Indigenous cultures, and government and non-government organisational cultures.

2. What are the implications of the reforms for the future?

Future development of the PHC system for Aboriginal and Torres Strait Islander communities should be based on:

- a comprehensive network of regional community-controlled PHC, working in partnership with other parts of the regional health care system
- a more secure funding base, with funding pooled or bundled to enable equitable allocation and to simplify administration and enable longer-term planning and staffing
- equitable funding levels according to need
- reciprocal accountability arrangements that enable accountability to communities, manage risks for government and support high performance and quality of care.

The six 'essential elements' of change outline a regional community controlled PHC delivery system, with equitable levels of pooled or bundled funding for service delivery, supported and held accountable in an environment of coherent stewardship by government and effective regional ownership and governance by and on behalf of communities. There are several advantages to this model:

- It would provide for the first time a framework for equitable population-based funding of essential or 'core' PHC, by establishing a workable structure to receive funding to serve a regional population, and thus a pathway to more equitable access to PHC.
- With contracting reform, and more secure entrenchment of the funding programs (through legislation or other means), it could address the current situation where, compared to PHC for other Australians, PHC for Aboriginal people is more heavily reliant on contingent/insecure funding sources that can be removed, reduced or changed without reference to Parliament.
- It could allow for varying forms of regional ACCHO structures, shaped by local circumstances, history, community preferences

and relationships, and level of availability of other health services in the regional system of which the ACCHO sector would be a key part. It could also enable varying forms of community control, as decided by communities and negotiated with government on transparent agreed criteria.

- It could enable the extension of locally responsive care for small remote communities (through transfer of government-delivered services and new developments), building on the strength of existing ACCHOs, and based on existing successful models.
- Finally, it could provide the basis for a simplified accountability regime, in which government funders take responsibility for harmonising their requirements and the sector takes responsibility for governance standards, codes of practice and development, and for early support and intervention for ACCHOs in difficulty. A framework of reciprocal accountability between ACCHOs and their funders would support these arrangements, and could be used to strengthen the accountability of both governments and ACCHOs to communities for good stewardship of the system and health care outcomes.

Based on the study's conclusions, future work to develop a regional system of community-controlled PHC for Aboriginal and Torres Strait Islander communities needs to address six essential elements of substantive change, almost all of which were explicitly or implicitly included in the reforms we studied:

Element	Explanation	Status
<p>REGIONAL COMMUNITY CONTROL</p> <p>Establish regional PHC system, based on ACCHO sector and community governance</p>	<p>The establishment of a regional system of PHC would enable progress towards reliable access to the range of essential PHC services, including referrals to specialised care across the country, and ensure cultural safety. Models of regionalisation must allow for adaptation by regions and support coordination of care among all relevant regional providers. Strong community governance is essential.</p>	<p>Included</p>
<p>ENGAGEMENT</p> <p>Operating as part of the larger health system, engaged with other providers and with funders</p>	<p>Clarity of roles and coordination between mainstream and ACCHO providers would improve coordination of care for patients and access to specialised care. Engagement between funding agencies and ACCHOs in addressing issues of mutual concern is needed to improve working relationships, address systemic racism and enhance reciprocal accountability.</p>	<p>Included</p>
<p>POOLED FUNDING</p> <p>Funded through long-term pooled or bundled funding contracts</p>	<p>Reform in contracting (towards fewer longer-term contracts) is needed to support comprehensive PHC, to enable equity in funding, to enhance efficiency for both funders and providers, and to provide a more suitable basis for meaningful accountability.</p>	<p>Included, but not developed</p>
<p>GOVERNANCE AND STEWARDSHIP</p> <p>Community governance at regional level; stewardship by government</p>	<p>Attention to governance in the ACCHO sector focused on the challenges of regionalising governance; governments take stewardship responsibility for long-term development of a robust PHC system; all parties need to take a business-like approach to identifying and resolving their concerns in these areas.</p>	<p>Included implicitly; some aspects undeveloped</p>
<p>ACCOUNTABILITY</p> <p>Accountable to communities and mutually accountable with funders</p>	<p>ACCHOs need to be accountable to communities for effective care, access and responsiveness, and reciprocally accountable with funders to meet contractual obligations to each other. Governments need to be accountable for equity in funding and access to care, and the mainstream health system for ensuring equitable access to culturally competent care.</p>	<p>Included implicitly, but not addressed</p>
<p>FUNDING LEVEL</p> <p>Funded to achieve equitable coverage for Aboriginal and Torres Strait Islander people, according to need</p>	<p>Increased funding for regional Aboriginal and Torres Strait Islander PHC is needed to close recognised equity gaps, according to need and rural/remote costs. In absolute terms, the funding gap is not large, but some reallocation to regional PHC, and increases over time, are required.</p>	<p>Explicitly excluded</p>

Five reports were published by the Lowitja Institute in 2015 for the **Funding, Accountability and Results (FAR)** project.

The study background, its aims and methods, case studies, findings and conclusions, and the suggested essential elements of reform are reported in the project report and the summary report.

Two brief histories and a case study of the research partner organisations have also been prepared in order to contribute to the record of development of the broader Aboriginal community controlled health sector in Australia, to give context to the larger research study, and for the partners' own use.

	<p>Project report: <i>The Road Is Made by Walking: Towards a better primary health care system for Australia's First Peoples – Report</i> Judith Dwyer, Angelita Martini, Cath Brown, Edward Tilton, Jeannie Devitt, Paula Myott and Brita Pekarsky ISBN 978-1-921889-43-1</p>		<p><i>The Northern Territory Aboriginal Health Forum: A historical review</i> Jeannie Devitt, Judith Dwyer, Angelita Martini and Edward Tilton ISBN 978-1-921889-46-2</p>
	<p>Project summary report: <i>The Road Is Made by Walking: Towards a better primary health care system for Australia's First Peoples – Summary Report</i> Judith Dwyer, Angelita Martini, Cath Brown, Edward Tilton, Jeannie Devitt, Paula Myott and Brita Pekarsky ISBN 978-1-921889-42-4</p>		<p><i>Miwatj and East Arnhem: Case study</i> Paula Myott, Angelita Martini and Judith Dwyer ISBN 978-1-921889-47-9</p>
			<p><i>Towards a History of Apunipima Cape York Health Council, 1994–2006</i> Edward Tilton, Angelita Martini, Cath Brown and Kristy Strout ISBN 978-1-921889-45-5</p>

The Road is Made by Walking draws on other work commissioned and published by the Lowitja Institute as part of its program of research on health policy and systems.

	<p>The Overburden Report analysed the complex contractual environment for the ACCHO sector, and called for reform</p>		<p>Professor Patrick Sullivan's report <i>A Reciprocal Relationship: Accountability for public value in the Aboriginal community sector</i></p>		<p>The Planning, Implementation and Effectiveness in Indigenous Health Reform report focuses on building the evidence base</p>
<p>in government contracting and accountability methods, a call which was taken up by the national and some jurisdictional governments.</p>	<p>established the theoretical basis for further work on reform to the accountability between Aboriginal communities, governments and the ACCHO sector.</p>	<p>around best practice based on case studies of collaborative governance in relation to the National Indigenous Reform Agreement.</p>			

These publications are available from the Lowitja Institute: www.lowitja.org.au