

‘Unlocking Value’ Corporate support models & Indigenous primary healthcare services

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- Thank you to the many people gave generously of their time, knowledge and expertise. They include:
- Those involved in consultations & workshops
- Members of our reference group
- Case study sites
 - Katherine West Health Board
 - Queensland Aboriginal and Islander Health Council
 - Bila Muuji Health Services Inc
 - Central Australian Aboriginal Congress
- Staff from the former Cooperative Research Centre for Aboriginal Health (CRCAH), now the Lowitja Institute



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Background

- Effective corporate functioning (eg governance, HR, finances) important for optimal performance of organisations
- Challenges in creating corporate structures that:
 - ‘Unlock value’ from limited resources
 - Best support core business (CPHC)
- Different approaches developed over 200 years (eg centralised, de-centralised, matrix models)
- There have been many (costly) restructures – some problems solved, others created
- Some in the Aboriginal Community Controlled Sector (the Sector) had done significant work in this area
- Especially as the complexity of organisations & the demand on them increased
- The CRCAH in consultation with the Sector identified a need for further work
- Became part of the CRCAH’s Primary Healthcare, Health Systems & Workforce Program



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What we did...

- Part 1
 - What are the range of corporate support needs of ACCHOs taking into account the differences between services?
 - How do different ACCHOs access different kinds of corporate support?
 - **Methods:** consultation & first national roundtable
- Part 2
 - What do the different models for corporate support look like?
 - What might be the key features of organised support for different kinds of organisations?
 - What might be some potential strategies for action?
 - **Methods:** case studies & second national roundtable

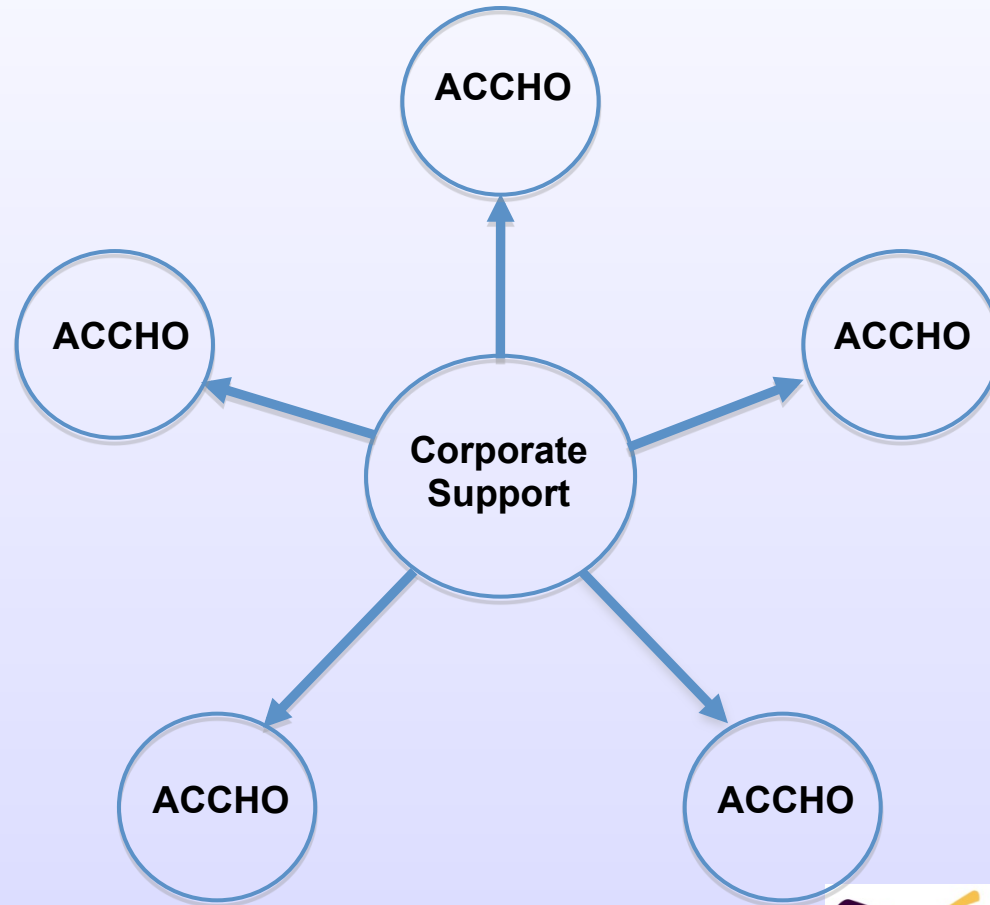


Part 2: Case studies

- Four innovative models were chosen as case studies
 - Katherine West Health Board
 - Queensland Aboriginal and Islander Health Council
 - Bila Muuji Health Services Inc
 - Central Australian Aboriginal Congress



Centrally provided support



Katherine West
Health Board
Central Australian
Aboriginal
Congress



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Centrally provided support: KWHB

- **History** – 1996 coordinated care trial, 1998 purchasing body, 1999-2001 transitioned to provider
- **Structure** – has CHCs in 7 remote communities, corporate office in Katherine
- **Governance** – reps from communities on Board, subcommittees
- **Corporate support development** – integrated into health service functions
- Fairly flat structure
- Ongoing development of IT for communication, knowledge sharing, problem solving and CQI
- Many corporate functions internal
- **Capacity building** – employment & training of local staff
- **Funding** – 20% administration fee
- **Evaluation & review** – ongoing, recent restructure process

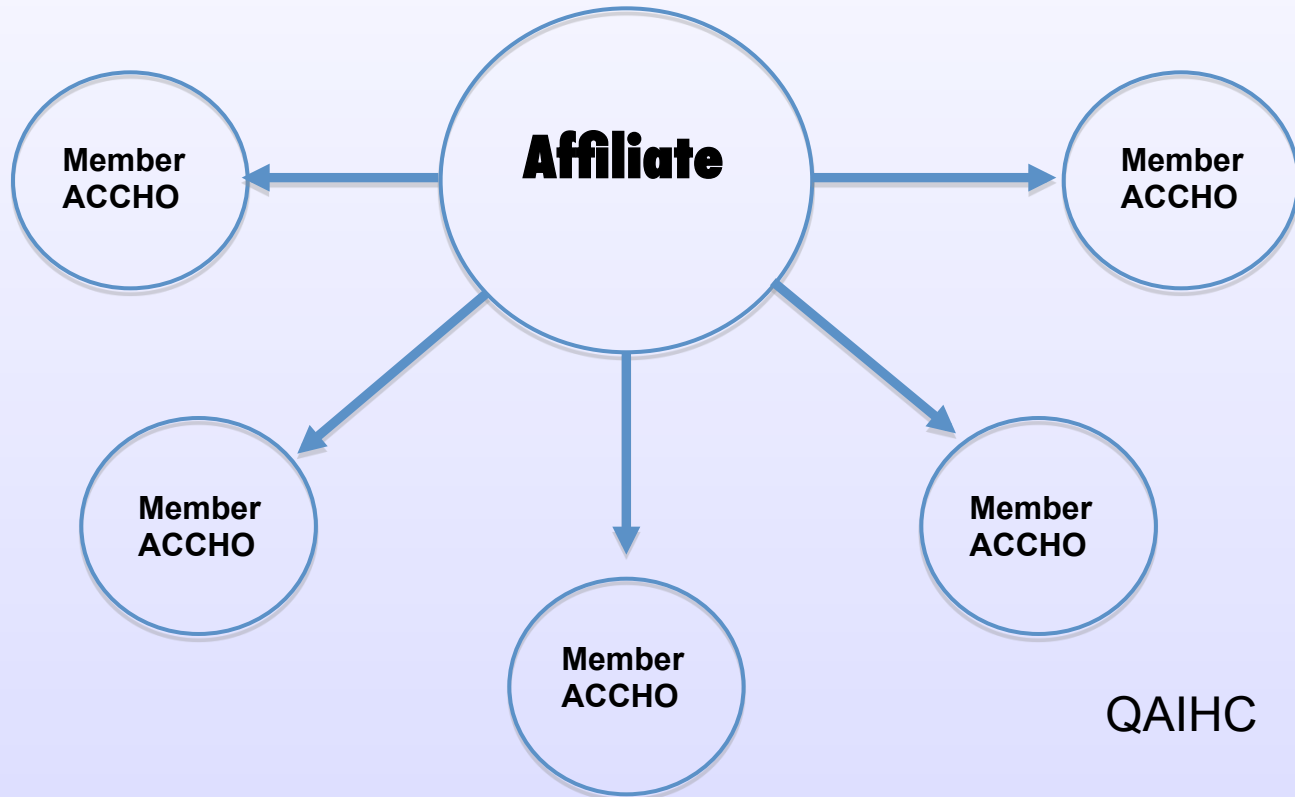


Auspice model – Central Australian Aboriginal Congress

- **History** – established in 1973, first auspicings role in 1977 – Auspicings transitional or temporary arrangement demand has grown rapidly. Currently auspice 6 services (9 communities)
- **Structure** – Congress has 10 Branches. Auspiced services part of the Remote Health Branch.
- **Governance** – Congress Board responsible for auspiced service contracts. Auspiced services have own independent boards
- **Participation** – Entering an auspicings arrangement may be funder requirement – however service often can choose auspicier
- **Funding** – 20% administration fee
- **Evaluation & review** – Recent review by external consultant



Affiliate / Peak Body support



QAIHC



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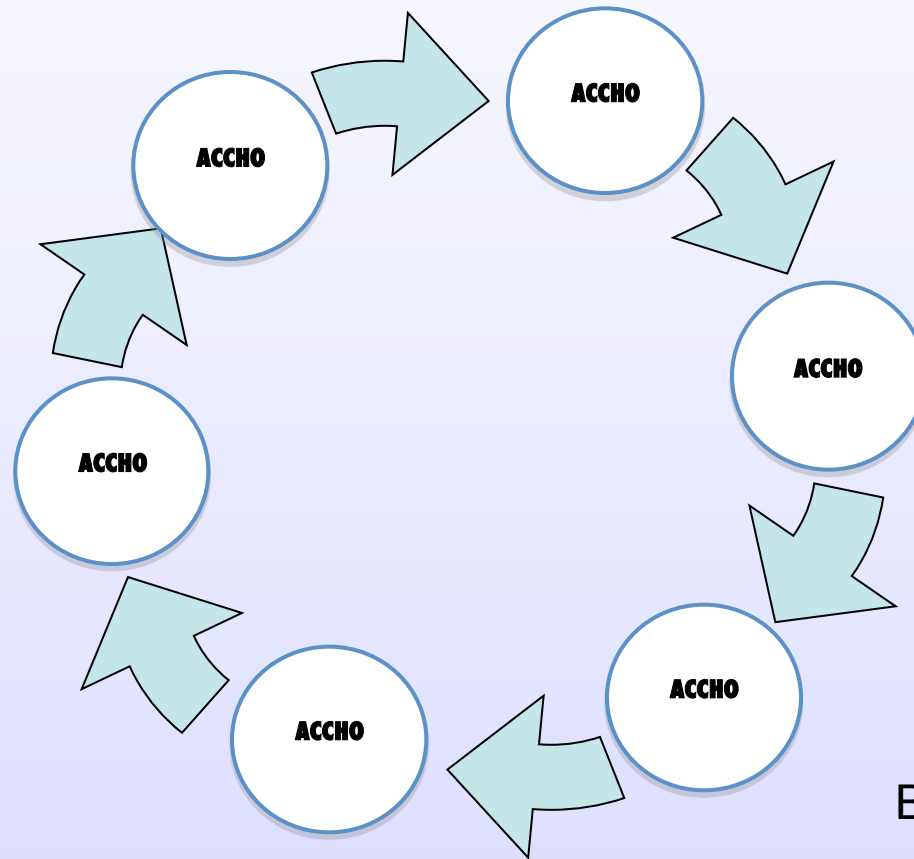


Affiliate/peak provided support: QAIHC

- **History** – Affiliate est 1990, Business Support Unit 2004/05, now Sector Development Unit (SDU), QAIHC has 26 members
- **Structure** – provides direct support from 3 locations, help desk, facilitates statewide training, facilitates specialist networks, organises information sharing (conferences) & has worked with sector to develop Business Quality Centers
- **Participation** - voluntary – except some services in difficulty
- **Governance** – SDU governed by QAIHC Board, member organisations have own independent boards
- **Funding** – ‘Retainer fee’ paid each year depending on services required – formalised in written agreement
- **Evaluation & review** – benchmarks performance against strategic & business plans, has KPIs around activity, feedback from services, formal review every 2-3 years



Peer Support Network



Bila Muuji



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Peer support network – Bila Muuji

- **History** – Est 1995 by CEOs, originally 6 members now have 10, based in Western NSW
- **Structure** – CEO network, meets bimontly
- **Governance** – CEOs of member orgs make up the Board, member orgs have own independent boards
- **Corporate support** – identify & address issues of common concern, organise for likely changes in service system, work collaboratively on joint initiatives for service development, share skills & expertise, provide one on one and joint peer support, apply for joint funds for collaborative work, joint training
- **Organisations in crisis** – support CEO and/or managers, but 'not a watchdog'
- **Funding** – Member orgs pay an annual fee (two tiers)
- **Evaluation & review** – ongoing at meetings



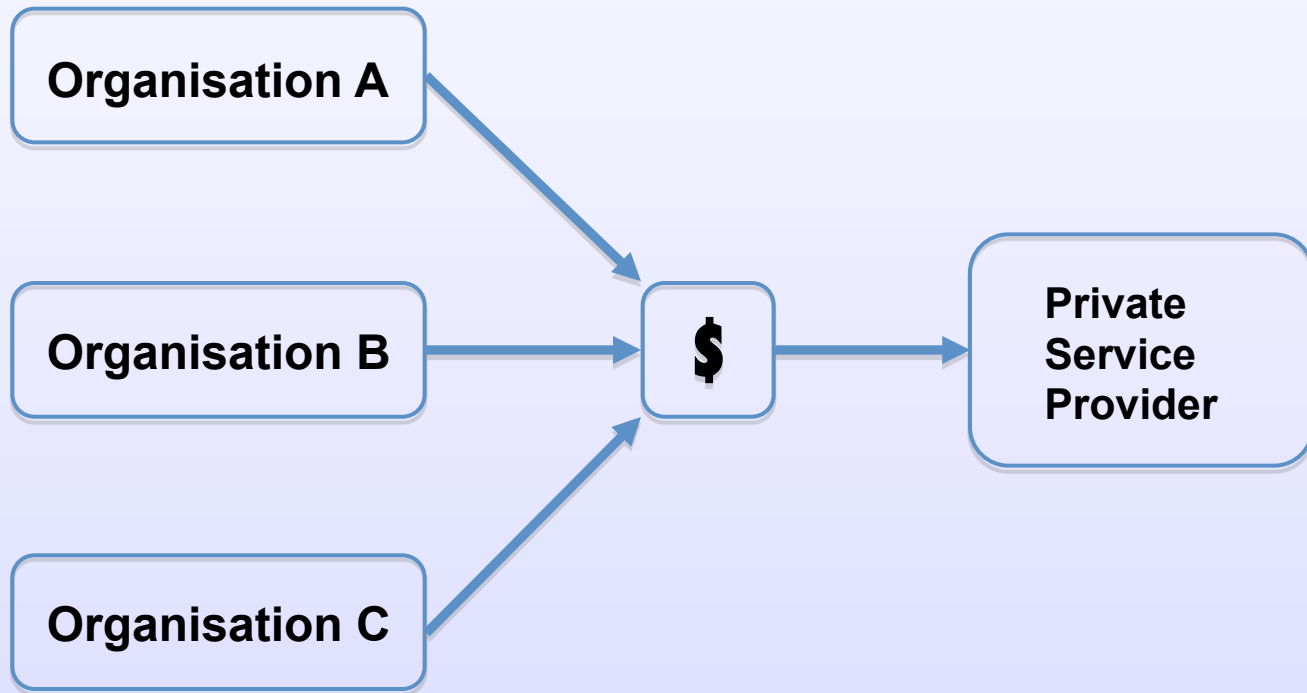
More models

- ACCHOs getting support in many ways – often using multiple mechanisms

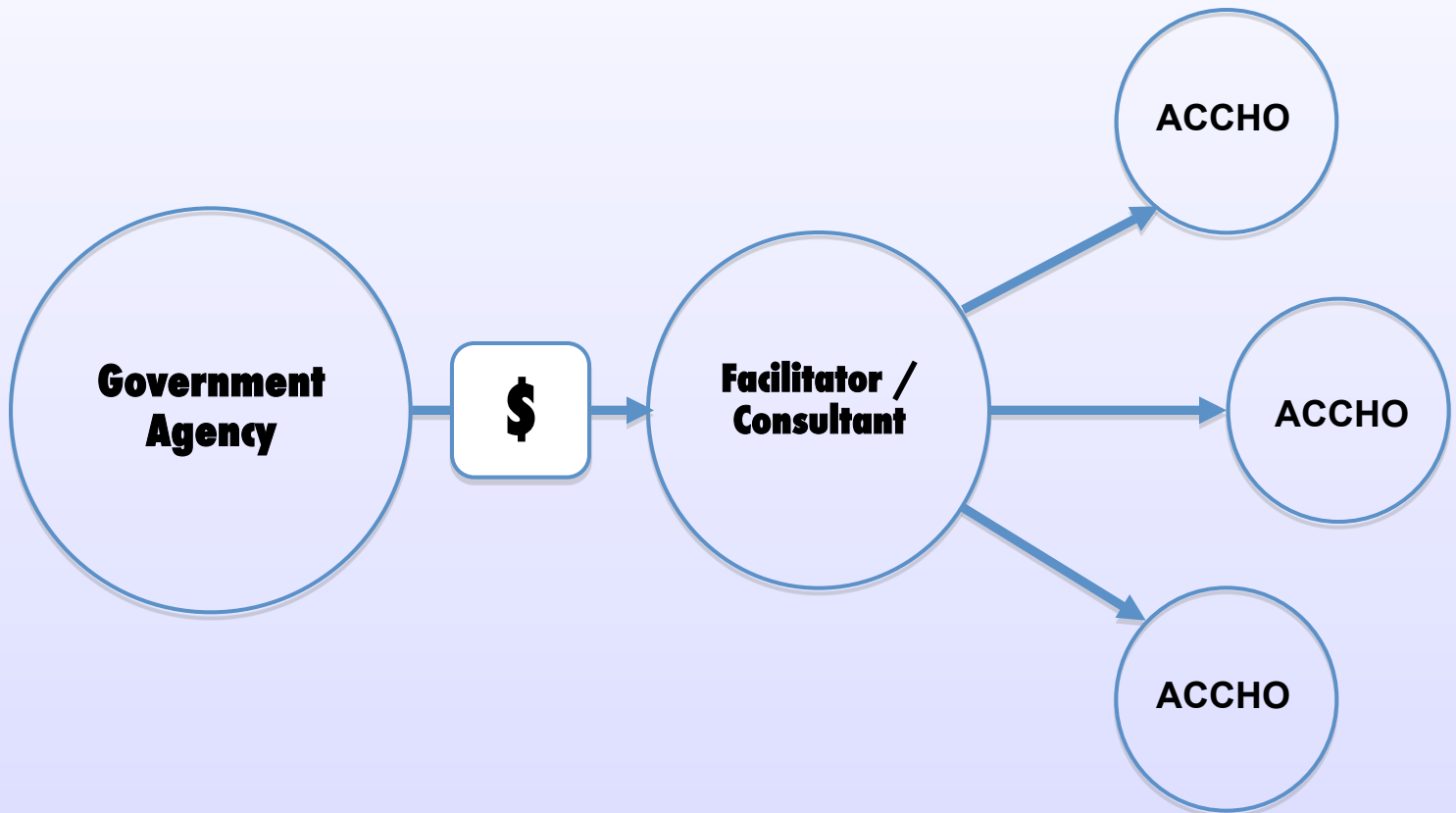


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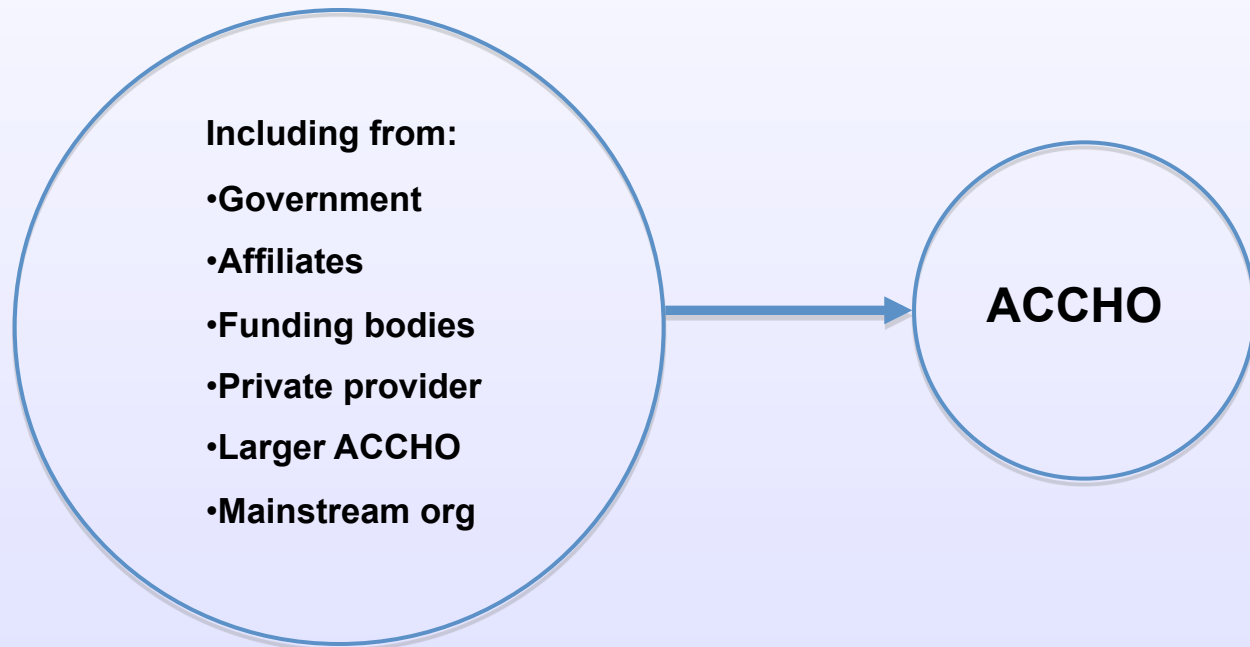
Joint outsourcing to the private sector



Government funded facilitator / consultant



Direct Support



What are the advantages of having a more structured approach to corporate support?

- Economies of scale
 - Maximising value for each dollar spent
 - Reduced duplication of effort
 - Developing responses to common issues
 - Access to high quality, timely, specialist advice
- Capacity for increased revenue generation, resource pooling, skills and staff sharing, joint projects
- Capacity for service development & continuous improvement
 - Sharing knowledge about good practice
 - Supporting each other through change management
 - Development of consistent business practices across services
 - Support framework for smaller or transitioning organisations
- Enabling services to focus on their 'core business'



What might some of the risks & challenges be?

- Getting agreement about the model – governance, decision making, functions, funding, ensuring equitable benefit to all participants
- Resources & time to setup & maintain support structures
- Diminished community and/or organisational ownership
- Creation of power-bases with limited representativeness
- Might be seen as opportunity to reduce funding
- Divisions between different organisations with different agendas
- Ensuring local capacity is built
- Members opting out





Features, lessons, observations about existing models



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Leadership & process

- Sector driven – to respond to identified issues & support delivery of CPHC
- Visionary leadership – developing new ways of thinking and working, leading processes of change which can be step wise and long term
- **Good process is critical** (more important than having a model to apply)
 - No 'one size fits all'
 - All potential participants should be involved
 - Ownership issues
 - Rules
 - Identifying how different needs will be met
 - Careful planning
 - Setting realistic goals consistent with stage of development
 - Allowing time to build structures slowly and carefully
 - Allowing time for organisations to change and adapt
 - Developing review processes to ensure structure remains relevant & accessible



Functions – internal or external

- Each organisation needs to make decisions about what functions they want done internally & what might be outsourced or shared
- For each organisation this will be influenced by:
 - Capacity to identify strengths & weaknesses in corporate functions
 - Extent to which corporate functions need to be integrated with health service delivery functions
 - How much organisations want to maintain direct control over aspects of their service
 - Availability of skills locally
 - Organisational capacity to train and/or employ relevant staff



Governance, principles, structures & agreements

- Governance – participating organisations should be represented
- Principles – to underpin joint work should be clearly articulated. Eg
 - Supporting self determination & community control
 - Strengthening capacity of organisations
 - Transparency & accountability
 - Commitment to broader CPHS approach
- Develop, define & refine structures and integrate them into every day operation (to reduce reliance on individual relationships)
- Formal agreements
 - What can be provided?
 - How will it be provided?
 - What will it cost
 - When will it be reviewed?



Support providers

- Highly skilled staff
- Capacity building approach
- Number of mechanisms for support provision
 - Local, regional, statewide levels
 - Eg – while most support might be direct, could also have conferences, advocacy, sector wide infrastructure development, function-specific networks (eg finance) etc.



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Funding & accountability

- All models required contribution from participants/ members
 - Administration fee
 - Fee-for-service
 - Membership fee
- Accountability
 - Governance
 - Written agreements
 - Feedback & review
- Demonstrating benefits important to success

Conclusion

- Collaboration can provide organisations with flexibility & enable capacity to maximise opportunities when they arise
- Risks of collaboration for corporate support include:
 - Continuous change means organisations will often be in transition & may need different kinds of support while they change and develop
 - The purpose of support structures can change without associated review of governance & operation
 - High & increasing demands for support and high staff workloads
 - Can overwhelm alternative functions when support provider has alternative primary role
 - Limited funds & resources
- Highlights capacity of the sector to develop innovative solutions
- **Developing an on-line tool to assist with decision making**



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Recommendations

1. Define a **'core' set of corporate functions** and a set of **standards or benchmarks** for these
2. Develop **monitoring and accountability** mechanisms for **support providers**
3. Improve **processes for supporting organisations experiencing difficulty**
4. **Review government data** to identify lessons about and early indicators of risk
5. **Streamline government processes and requirements** on ACCHSs to reduce administrative load
6. Ensure ACCHSs are **appropriately funded** to undertake corporate functions
7. Maintain the role of **state/territory peaks as providers of support** to their sector, rather than as regulators of it
8. **Develop a 'tool bank'** to improve access to existing tools and materials for business improvement
9. **Progress work on governance** to address complexities of community control
10. Ensure any **development of shared corporate support models is appropriately resourced, that participation is voluntary and that benefits accrue to organisations involved**
11. Develop **national, state/territory and/or regional processes for sharing and further developing sector knowledge** about corporate support functions.

