

# Sector Strengthening Plan: Health

## Contents

Date Approved by Joint Council.....	2
Executive Summary.....	2
National Agreement on Closing the Gap .....	2
Governance of the Plan .....	3
Review of the plan .....	4
Reporting of the Plan .....	4
Sector Snapshot: key challenges; relevant data; timeframes.....	5
Key Areas for Action.....	9
<b>A. Consistent funding model</b> .....	9
<b>B. Workforce</b> .....	10
<b>C. Infrastructure</b> .....	11
<b>D. Service delivery</b> .....	12
<b>E. Governance</b> .....	12
<b>F. Peak body</b> .....	12
Beyond the health sector.....	13
Objectives of the Sector Strengthening Plan .....	13
Action Table .....	15
ADDENDUM – Engagements.....	29
ADDENDUM – Employment.....	30
REFERENCES .....	31
ACRONYMS .....	33

## Sector Strengthening Plan: Health

### Date Approved by Joint Council

Agreed in principle by Joint Council on 3 December 2021

### Executive Summary

The Aboriginal and Torres Strait Islander community-controlled health sector plays a unique service delivery and leadership role in Australia's health system. This sector is strong, broad and highly-regarded. This sector encompasses highly engaged Aboriginal and Torres Strait Islander communities; influential national peak bodies which enable, value-add and support the sector including workforce peak bodies and the Lowitja Institute for research and knowledge transfer; primary health care service providers in diverse locations and active state and territory peak bodies.

This three-year Health Sector Strengthening Plan (Health-SSP) acknowledges and responds to the scope of key challenges for the sector. This Health-SSP provides 17 transformative sector strengthening actions.

Developed through strong consultation across the Aboriginal and Torres Strait Islander community-controlled health sector and other Aboriginal and Torres Strait Islander health organisations, and through Parties signing the National Agreement on Closing the Gap, the Health-SSP is ready to be used including consideration of actions as appropriate for inclusion in future Closing the Gap Implementation Plans, acknowledging that jurisdictions need flexibility in their Implementation Plans to ensure alignment to existing strategic initiatives and policy reform using these existing strong foundations.

While not designed to commit any specific party to resources or actions not already announced, this Health-SSP is offered as a resource to be used over the next three years to prioritise, partner and negotiate beneficial sector-strengthening strategies. The long-term objective of the Health-SSP is to build a strong community-controlled sector reflecting the four sector-strengthening elements outlined in the National Agreement on Closing the Gap (National Agreement). As exemplified during the COVID-19 pandemic response, an equal partnership between the sector and governments must continue if Australia is to reduce the burden of disease for Aboriginal and Torres Strait Islander peoples, currently 2.3 times that of other Australians.

### National Agreement on Closing the Gap

The National Agreement was agreed and signed by the Coalition of Aboriginal and Torres Strait Islander Peak Organisations (Coalition of Peaks) and Australian Governments in July 2020. The National Agreement includes the following four Priority Reforms:

1. Shared decision-making: Aboriginal and Torres Strait Islander people are empowered to share decision-making authority with governments to accelerate policy and place-based progress on Closing the Gap through formal partnership arrangements.
2. Building the community-controlled sector: There is a strong and sustainable Aboriginal and Torres Strait Islander community-controlled sector delivering high quality services to meet the needs of Aboriginal and Torres Strait Islander people across the country.

## Sector Strengthening Plan: Health

3. Improving mainstream institutions: Governments, their organisations and their institutions are accountable for Closing the Gap and are culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander people, including through the services they fund.
4. Aboriginal and Torres Strait Islander-led data: Aboriginal and Torres Strait Islander people have access to, and the capability to use, locally-relevant data and information to set 4 and monitor the implementation of efforts to close the gap, their priorities and drive their own development.

There are 17 socio-economic outcomes.

The Parties committed to build strong Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. Health was identified as one of four initial sectors for joint national strengthening effort and the development of a three-year Sector Strengthening Plan.

Clause 45 of the National Agreement states that the Parties agree that elements of a strong sector are where:

- a) there is sustained capacity building and investment in Aboriginal and Torres Strait Islander community-controlled organisations which deliver certain services and address issues through a set of clearly defined standards or requirements, such as an agreed model of care
- b) there is a dedicated and identified Aboriginal and Torres Strait Islander workforce (that complements a range of other professions and expertise) and where people working in community-controlled sectors have wage parity based on workforce modelling commensurate with need
- c) Aboriginal and Torres Strait Islander community-controlled organisations which deliver common services are supported by a Peak Body, governed by a majority Aboriginal and Torres Strait Islander Board, which has strong governance and policy development and influencing capacity
- d) Aboriginal and Torres Strait Islander community-controlled organisations which deliver common services have a dedicated, reliable and consistent funding model designed to suit the types of services required by communities, responsive to the needs of those receiving the services, and is developed in consultation with the relevant Peak body.

Clause 59(d) of the National Agreement states that the Government Parties commit to implement six transformation elements within government mainstream institutions and agencies. Among these six elements, the Government Parties will increase accountability through transparent funding allocations to improve transparency of resource allocation to, and distribution by, mainstream institutions in relation to dedicated Aboriginal and Torres Strait Islander service-delivery.

### Governance of the Plan

This three-year Health-SSP was developed by the Health Sector Strengthening Plan Working Group (HSSPWG). The HSSPWG was established to develop the Health-SSP for approval by Joint Council. The HSSWG is co-chaired by National Aboriginal Community Controlled Health Organisation (NACCHO) and the Australian Government Department of Health. The HSSPWG membership includes representation from the sector, sector workforce peak bodies, and Australian, state and territory governments. The HSSPWG was established to develop the Health-SSP for approval by Joint Council.

## Sector Strengthening Plan: Health

This three-year Health-SSP is put forward as a vital resource for actions for all Parties to the National Agreement to consider and incorporate as relevant in their ongoing Closing the Gap Implementation Plans.

Joint Council is responsible for monitoring implementation of the National Agreement including progress by the Parties. Jurisdictional Closing the Gap Implementation Plans and their Annual Reports on their jurisdictional Implementation Plans as identified in Clause 118 and 119 of the National Agreement will set out specific jurisdictional actions, including any future funding commitments not already announced for sector strengthening. All Parties will report on implementation of the Health-SSP in their National Agreement Implementation Plan annual reports, which are provided to PWG and Joint Council.

In their annual reports, jurisdictions, in collaboration with relevant stakeholders, may prioritise implementation of different Sector Strengthening Plan actions at different times, depending on the requirements of the sector in a particular jurisdiction.

### Review of the plan

Progress on implementation of this Health-SSP will be reviewed annually through PWG and Joint Council consideration of progress reporting. PWG and Joint Council will consider at that time whether any updates are required to the Plan and highlight key areas where Parties can work together to achieve shared outcomes.

### Reporting of the Plan

All Governments and the community-controlled sector will report on progress against actions in the Plan in their Closing the Gap implementation plans and associated annual reporting. The template for Closing the Gap Implementation Plan annual reports includes reporting on progress of each Plan.

In line with the National Agreement, a partnership approach between the community-controlled sector and governments is critical to delivery of the Health-SSP.

It is expected that jurisdictions will engage early with Peaks and community-controlled organisations as part of their annual report preparation and budget processes and that the views of community-controlled organisations are reflected in these reports. The Coalition of Peaks also prepares an annual report, which may include more in-depth analysis of any community-controlled sector views on Sector Strengthening Plan implementation.

Consideration of the key areas of action in this Health-SSP will support all Parties to meet their obligations under the National Agreement. Governance mechanisms for monitoring and reporting progress need further consideration by the Partnership Working Group. In this Health-SSP, each key action has been assigned at least one lead responsible for implementation and reporting (see Responsibilities column in Section 10 Key Areas for Action). This does not preclude others from contributing to the achievement of any action. In addition, the Health-SSP recognises and intersects with a range of existing policies, frameworks and programs at both the jurisdiction level as well as the national level in order to build on current initiatives and maximize collaboration. The key actions presented in this Health-SSP are priorities and are not designed to be implemented in sequence. It is also acknowledged that an integrated approach between each of

## Sector Strengthening Plan: Health

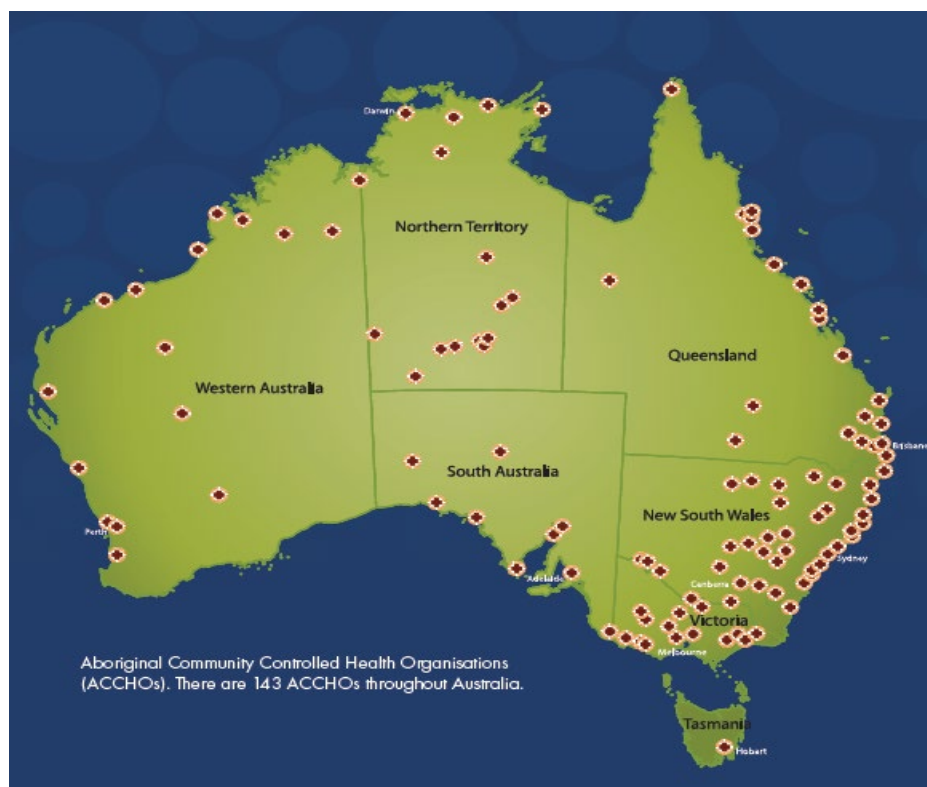
the other Sector Strengthening Plans (Early Childhood Care and Development, Housing and Disability) will enhance implementation and impact.

### Sector Snapshot: key challenges; relevant data; timeframes

The Aboriginal and Torres Strait Islander community-controlled health sector plays a unique service delivery and leadership role in Australia's health system. This sector is strong, broad and highly-regarded. It encompasses highly engaged Aboriginal and Torres Strait Islander communities, their community-controlled health services and influential community-controlled peak bodies.

Specifically, four workforce sector peak bodies enable, value-add and support the sector namely the Australian Indigenous Doctors Association (AIDA); Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM); Indigenous Allied Health Australia (IAHA) and National Association for Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP). The sector also includes the Lowitja Institute that works for the health and wellbeing of Aboriginal and Torres Strait Islander peoples through high impact quality research, knowledge translation, and by supporting Aboriginal and Torres Strait Islander health researchers.

At the frontline of direct service delivery, there are now more than 143 Aboriginal and Torres Strait Islander community-controlled health services (ACCHSs) and more than 500 clinics. As a result, the entire Aboriginal and Torres Strait Islander community-controlled health sector holds a unique and valued place in Australia's health system, implementing models of care and achieving outcomes that others seek to emulate. This includes the introduction of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners as standalone professions. This workforce is renowned as a vital and reliable community resource critical to the health and wellbeing of Aboriginal and Torres Strait Islander people. Evidence directly connects their roles to improved health across the life course.



## Sector Strengthening Plan: Health

This 'snapshot' highlights the need across Australia for further improved access to culturally safe public health and clinical health care irrespective of location. Through an integrated approach with the other Sector Strengthening Plans, effective and simultaneous action will also address the critical social determinants of health. Addressing the social determinants of health is key to achieving health equity for Aboriginal and Torres Strait Islander people. This approach requires action across a range of areas including, but not limited to, ensuring strong early childhood foundations, education, economic prosperity, opportunity and access to housing that meets building codes and healthy housing standards. The cultural determinants of health are the protective factors that have a direct influence on broader social determinant outcomes. These include connection to Country, family, kinship and community, beliefs and knowledge, cultural expression and continuity, language, self-determination and leadership.

As described below, the burden of disease for Aboriginal and Torres Strait Islander peoples is currently 2.3 times that of other Australians (AIHW 2020a). It is acknowledged that the financial investment in Aboriginal and Torres Strait Islander community-controlled health sector is growing. However, it is still inadequate to meet the need. High rates of preventable hospitalisations and other downstream health costs place increasing pressures on government budgets. Effective investment in the Aboriginal and Torres Strait Islander community-controlled health sector will assist to overcome this inefficiency. This Health-SSP provides a set of priority actions to further strengthen the sector ready to be used including consideration of actions as appropriate for inclusion in future Closing the Gap Implementation Plans, acknowledging that jurisdictions need flexibility in their Implementation Plans to ensure alignment to existing strategic initiatives and policy reform using these existing strong foundations.

'Aboriginal and Torres Strait Islander health' is not just the physical wellbeing of an individual but includes the social, emotional and cultural wellbeing of the whole community. Where individuals are able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a 'whole-of-life' view and includes the cyclical concept of life-death-life. As described in the sector's *Core Services and Outcomes Framework* (NACCHO 2021), community-controlled comprehensive primary health care integrates culturally safe clinical practice with community-based health promotion and community development led by local Aboriginal and Torres Strait Islander people.

An Aboriginal and Torres Strait Islander community-controlled health service (ACCHS) is a primary health care service initiated and operated by the local Aboriginal and Torres Strait Islander community whose health is directly affected by the scope and quality of its services. ACCHSs are incorporated entities, must be based in an Aboriginal and/or Torres Strait Islander community, and governed by a majority Aboriginal and/or Torres Strait Islander board which the community elects. The terms Aboriginal Community Controlled Health Organisation (ACCHO) and Aboriginal Medical Service (AMS) are often used interchangeably with ACCHS. In some regions, such as in Victoria, these services are also known more broadly as Aboriginal Community Controlled Organisations (ACCO). While this Health-SSP will use the abbreviation 'ACCHS', this is intended to be inclusive of services across the community controlled health sector.

Through their community-elected boards, communities set priorities, identify strategies and hold their own health service to account. In 2019-20, ACCHSs provided three million episodes of care per year for about 380,800 people across Australia. More than 923,000 episodes of care were provided to Aboriginal and Torres Strait Islander people in remote and very remote regions (AIHW 2021). Aboriginal and Torres Strait Islander-led service delivery models are valued and held in high

## Sector Strengthening Plan: Health

regard. Evidence shows that when Aboriginal and Torres Strait Islander people have culturally safe, appropriate primary health care, they have better health outcomes.

The first Aboriginal community controlled primary health care service, Redfern Aboriginal Medical Service, opened in Sydney in 1971. This sector has 50 years of collective experience, setting many benchmarks in service delivery, clinical outcomes and population health. The Aboriginal and Torres Strait Islander community-controlled health sector has a proud history of accomplishments. Its broader achievements in promoting and protecting the health and wellbeing of Aboriginal and Torres Strait Islander peoples in the face of significant challenges are incalculable.

At the national level, NACCHO plays a critical role as the leadership body for its member ACCHS. NACCHO influences policymaking through strategic partnerships with government and the mainstream health sector. It advocates for culturally safe and responsive care developed by the community; Aboriginal and Torres Strait Islander decision-making and prioritisation of health care through ACCHSs. NACCHO also has a long history, stretching back to a meeting in Albury in 1974. NACCHO's work is expansive including:

- support for structural reform to achieve shared decision-making,
- support for its members and other organisations on health and wellbeing policy and planning,
- the provision of expert advice relating to health service delivery; and
- more broadly, health information, research, public health, financing and health programs.

Eight state and territory Sector Support Organisations also represent ACCHSs and support sector development in their jurisdictions. These play a pivotal role in health system leadership and partnership across each state and territory. They offer a wide range of coordination and support to their members including advocacy, governance including the emergence of sector self-regulatory frameworks and the delivery of state, territory and national primary health care policies.

Through effective partnerships and co-design, examples of innovative collaborations with the Australian, state and territory governments are already underway in response to jurisdictional priorities such as co-designed COVID-19 pandemic responses, service commissioning, outcomes-based funding, preferred provider status for the sector and substantial workforce initiatives. With appropriate flexibility and responsiveness, these activities can support sector-strengthening activities considered in the Health-SSP.

ACCHSs can be large multi-functional services employing many medical and other health professionals including Aboriginal and Torres Strait Islander Health Workers and Health Practitioners, providing a wide range of services. ACCHSs can also be small services which rely on Aboriginal and Torres Strait Islander Health Workers/Practitioners and/or nurses to provide the bulk of primary care services, prioritising prevention, and health education. Collectively, the sector employs about 7000 staff, 54 per cent of whom are Indigenous, making it the third largest employer of Aboriginal and Torres Strait Islander people in the country (AIHW 2021; Coles n.d; Woolworths Group Limited 2021).

## Sector Strengthening Plan: Health

NACCHO, Sector Support Organisations and member services have worked collaboratively with governments, stakeholders and representatives from other community-controlled health organisations to develop a common vision:

*Aboriginal and Torres Strait Islander people enjoy long, healthy lives centred in culture, with access to services that are prevention focused, culturally safe and responsive, equitable and free of racism.*

This vision provides a unifying direction for policy and program alignment in the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* and the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* under development (as at November 2021). Both of these plans were written in partnership in line with the National Agreement. Available baseline data have been shared with the sector. As shown in Productivity Commission’s July 2021 Closing the Gap Annual Data Compilation:

- life expectancy targets for Aboriginal and Torres Strait Islander men and women have increased from baseline year but neither are on target against trajectory
- healthy birthweight target is on track to be met subject to caveats
- 51 percent of the Aboriginal and Torres Strait Islander population is employed
- 79 percent of Aboriginal and Torres Strait Islander people live in appropriately sized housing although 145,340 live in overcrowded dwellings (PC 2021).

While the absolute gap in burden of disease between Aboriginal and Torres Strait Islander peoples and non-Indigenous peoples in Australia decreased between 2003 and 2018, the gap in non-fatal burden increased by 6.6% over this period (AIHW 2021a).

The Australian Institute of Health and Welfare (AIHW) also produces online reports about key trends in process and outcome indicators using data from the Indigenous Australians’ Health Programme (IAHP) funds to Indigenous-specific services. In July 2021, its online report showed that:

- five out of six maternal and child health indicators have improved
- six out of ten individual preventive health factors have improved
- nine out of 13 chronic disease management indicators have improved (AIHW 2021b).

The sector’s model of primary health care integrates health promotion, community development and social action with clinical services and individual health care including health care for Aboriginal and Torres Strait Islander people with disabilities (NACCHO 2021). Up to half of Australia’s Aboriginal and Torres Strait Islander people go to a community controlled primary health care service when seeking front-line health care for both acute problems and chronic disease management.

The sector’s longevity, connectedness and resilience enabled the strong and proactive response to the COVID-19 pandemic in the face of considerable vaccine hesitancy. Recognition of the importance of the sector by the Prime Minister and National Cabinet was a significant enabler to Australia’s national response. Critical to success in the COVID-19 response was the allocation of funds in a way that allowed flexibility, which enabled programs and initiatives on the ground to be designed to meet the needs of the community at the local level.

This Health-SSP acknowledges and responds to the scope of key challenges for the sector. As exemplified during the COVID-19 pandemic response, an equal partnership between the sector



## Sector Strengthening Plan: Health

and governments must continue if Australia is to reduce the burden of disease for Aboriginal and Torres Strait Islander peoples, currently 2.3 times that of other Australians (AIHW 2020a). Cancer is now the leading cause of death for Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people have a higher rate of cancer diagnosis and are approximately 40 percent more likely to die from cancer than non-Indigenous Australians. The highest cancer incidence rates are for lung cancer, breast cancer, colorectal cancer and prostate cancers (AIHW 2020b).

Other significant challenges for the sector in meeting the health needs of Aboriginal and Torres Strait Islander peoples include mental health and suicide, road safety fatalities and non-communicable diseases like heart disease. For example, 11% of all emergency department presentations for mental health reasons across the country are made by Aboriginal and Torres Strait Islander people who comprise only about 3% of the total population (ACEM 2018). In 2010, suicide was 2.6 times more likely to be the cause of death than for non-Indigenous Australians. It is significantly higher for males under 25 years of age (AIHW 2015).

The number of Aboriginal and Torres Strait Islander people involved in road accidents and fatalities is disproportionately high. Aboriginal and Torres Strait Islander people are 2.7 times more likely to die, and 1.4 times more likely to suffer serious injury because of a motor vehicle crash compared with non-Indigenous Australians (AIHW 2019).

These key challenges have been acknowledged in designing the Health-SSP by Key Area for Action.

### Key Areas for Action

#### A. Consistent funding model

In its *2018 Report Card on Indigenous Health*, the Australian Medical Association (AMA) noted that health spending per capita for Aboriginal and Torres Strait Islander people was less than for non-Indigenous people despite their higher disease burden, describing this as ‘untenable national policy that must be rectified’ (AMA 2018).

Reliable, sustained funding proportionate to community health need ensures the Aboriginal and Torres Strait Islander community-controlled health sector can accelerate progress in health improvement at population level. When fully operational, primary health care saves preventable demand on the rest of the Australian health care system evidenced in rates of avoidable hospitalisations (Ma and Ward 2020). A needs-based funding model that enables the sector to deliver its full potential is yet to be developed and endorsed by all Parties to the National Agreement. There are also opportunities to develop commissioning policies, outcomes-based contracting and other shifts in where and how dedicated Aboriginal and Torres Strait Islander health program funding currently allocated to mainstream organisations could be redirected.

Under the National Agreement, all governments are required to produce implementation plans for delivery against the requirements of Clause 59(d) by November 2022. More effective community-controlled health service delivery is contingent on an integrated approach being better enabled and secured in government policy. The Aboriginal and Torres Strait Islander community-controlled health sector is regularly engaged in efforts on the ground in communities to ‘re-integrate’ services that have become disintegrated through siloed funding initiatives or other program design features.

## Sector Strengthening Plan: Health

Strategies in this Health-SSP reflect the definition held across the Aboriginal and Torres Strait Islander community-controlled health sector that health is a holistic concept. As one of the submissions made to the HSSPWG stated, there is considerable opportunity to consolidate all government funds earmarked for Aboriginal and Torres Strait Islander health to fund the sector holistically and cost-efficiently without incurring additional net expenditure. The cost benefit of ACCHSs per dollar spent is \$1.19. In remote areas, this cost benefit can be fourfold. The lifetime health impact of interventions delivered by ACCHSs is 50 per cent greater than mainstream health services (Vos et al 2010; Ong et al 2012). All ACCHSs are not-for-profit. All revenue is re-invested into clinics and communities.

### B. Workforce

There are, as previously mentioned, four workforce sector peak bodies which contribute significantly to the sector, namely AIDA, CATSINaM, IAHA and NAATSIHWP. Across Australia, it is estimated that there are only about 300 Aboriginal and Torres Strait Islander medical practitioners, fewer than 1000 Aboriginal and Torres Strait Islander allied health professionals, and only about 2500 Aboriginal and Torres Strait Islander nurses. There are significant opportunities for clinical placements and pathways for Aboriginal and Torres Strait Islander health professionals in the ACCHS sector. More needs to be done to develop career pathways to secure additional Aboriginal and Torres Strait Islander doctors, nurses and allied health professionals. Despite the sector's success in Aboriginal and Torres Strait Islander employment and the strong preference of some Aboriginal and Torres Strait Islander health professionals to work in the sector, the challenge to recruit enough staff and keep pace with staff turnover persists.

Another challenge for the sector is the high number of vacancies across all service locations, particularly in remote and very remote regions, including non-Indigenous health staff. In times of global pandemic and plans for national COVID-19 vaccination, it is all the more critical to ensure that ACCHSs are fully operational and staff vacancy rates as low as possible. Many services struggle with the recruitment and retention of suitably qualified staff, and there are gaps in the number of professionals working in the sector. Continuing development of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* is welcome. A long-term plan for building the specific workforce capabilities of the Aboriginal and Torres Strait Islander community-controlled health sector is also overdue. In addition, there are new and expanding service delivery areas for some ACCHSs including mental health, Social and Emotional Wellbeing (SEWB), disability, access and inclusion, renal dialysis closer to home and aged care. While work in a proposed Aboriginal and Torres Strait Islander Human and Community Services Workforce Framework has not yet commenced, this proposed Framework is intended to have an important role in bringing together all workforce strategies across the human and community services sectors.

Expanding the number and capacity of Aboriginal and Torres Strait Islander community controlled organisations to function as Registered Training Organisations (RTOs) will assist to stabilise and secure workforce supply. RTOs are the sole entity for training of Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners who are essential contributors to an effective, culturally safe multidisciplinary primary health care team. RTOs are also the only vocational training entities for Indigenous environmental health. At 30 June 2021, there were only 821 actively practising Aboriginal and Torres Strait Islander Health Practitioners (NACCHO unpublished). Furthermore, this workforce is growing only slowly and is being outpaced by population growth so it cannot currently meet demand (Wright et al 2019).

Linkages between community-controlled RTOs offering courses for the entire suite of health-related roles and the community-controlled health sector for training experience needs to be

## Sector Strengthening Plan: Health

strengthened. This includes stronger interface between the needs of 'industry' (in this case, the Aboriginal and Torres Strait Islander community-controlled health sector) and training institutions. Pathways that enable completion of vocational education and training courses by Aboriginal and Torres Strait Islander students in high school are strongly supported but not yet embedded as widely or as securely as they should be. Training and career pathways from unqualified entry level positions to tertiary-level degree qualifications and executive positions are not always clear. Opportunities to recruit and train local community members through options offered through Aboriginal and Torres Strait Islander community-controlled RTOs would increase access to and completion of supported training pathways through to graduation and meaningful employment.

In 2017, environmental health emerged as a significant priority during the 'My Life My Lead' consultations conducted to inform the *National Aboriginal and Torres Strait Islander Health Plan 2021-2031* (DoH 2017). States and territories vary in their responses to persistently high rates of environmentally attributable disease. Some have focused on single diseases such as trachoma or rheumatic heart disease to augment environmental health programs; others have focused on water quality and control programs; others have invested in community-controlled organisations to deliver a full scope of Aboriginal and Torres Strait environmental health programs including authority to act as delegated public health officers.

This diversity of 'starting positions' and policy readiness and capability impedes national achievement in preventable disease control. Community-led and integrated approaches encompassing ACCHSs, social housing organisations and environmental health service providers are crucial to overcome poor health outcomes for families and individuals. However vocational education and training is not always in line with community requirements, including the diversity of contexts, needs and local capacity of Aboriginal and Torres Strait Islander communities requiring environmental health services. Job prospects in Aboriginal and Torres Strait Islander environmental health are patchy across the nation despite evidence of high need and benefit from holistic service delivery.

### C. Infrastructure

Investment is required to address significant issues with seriously deteriorating or non-existent health infrastructure for many ACCHS through improved infrastructure. This encompasses both new and renovated health clinics, and associated housing for staff. Funding is needed to provide information technology infrastructure to support improved connectivity, data security and increased remote consultations using telehealth. Point-of-care testing and other diagnostic and therapeutic innovations are highly suitable for uptake in ACCHSs.

In August 2021, the Prime Minister and Minister for Indigenous Australians announced that the Australian Government's Closing the Gap Implementation Plan included an additional \$254.4 million towards infrastructure to better support ACCHSs '*do their critical work, and on their terms*' (Prime Minister and Minister for Indigenous Australians 2021). A greater investment in infrastructure development will stimulate local economies and boost employment. A greater investment in ACCHS infrastructure will also support ACCHS to generate their own funding. For example, a lack of consulting rooms and derelict infrastructure severely limits the sector's ability to function effectively. Overall, it has been estimated that infrastructure in the Aboriginal and Torres Strait Islander community-controlled health sector is in the order of \$1.0 billion. Development of renovated and new staff accommodation may, in some instances, require the involvement and investment of respective state and territory governments.

## Sector Strengthening Plan: Health

### D. Service delivery

Many Aboriginal and Torres Strait Islander people have little trust in mainstream service providers and government-run agencies. Many of these providers do not retain Aboriginal and Torres Strait Islander clients and do not achieve optimal outcomes in Aboriginal and Torres Strait Islander communities (Emerson et al 2015). The less control people have over their lives and environment, the more likely they are to suffer ill health, with powerlessness being a risk factor for health and social and emotional wellbeing. Transitioning government-run clinics to ACCHSs will ensure better outcomes for Aboriginal and Torres Strait Islander people (Myott et al 2015). ACCHSs are 23 per cent better at attracting and retaining Aboriginal and Torres Strait Islander clients than mainstream providers (Ong et al 2012; Campbell et al 2017; AHMAC 2017).

At the current pace, it will take a long time to transition all government-run clinics to community control. Yet most government-run clinics are in remote settings which means that, under the ACCHS model which delivers a fourfold cost benefit compared to the mainstream service in remote areas (Vos et al 2010; Ong et al 2012), the efficiencies gained would be significant. Additional career pathways and professional development opportunities will become available in clinical and non-clinical roles. Leadership pipelines and succession planning should be as visible and reliable in this sector as in the mainstream health sector.

### E. Governance

The Aboriginal and Torres Strait Islander community-controlled health sector is mature, used to leading, has a long-term vision, and partners transparently, respectfully and effectively with mainstream services and governments.

From 2021 to 2031, the Aboriginal and Torres Strait Islander community-controlled health sectors aims to contribute significantly to the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* and the developing *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*. To do so, the sector needs to function at peak corporate and clinical performance.

Key challenges include strengthening corporate governance capacity in communities and embracing leadership development including emerging leaders. Due to inequitable access to community-controlled health services, not every Aboriginal and Torres Strait Islander person has this choice. Transitioning existing government-run clinics to community control is an effective way to broaden this choice and maximise health impact. Ensuring a valid method to identify locations where new community-controlled health services are required is another vital challenge in achieving Priority Reform 2. A review of peak bodies was undertaken in 2016 that proposed a new model where the Australian government now shares information early about ‘services of concern’ with NACCHO and the relevant state/territory peak body. Early governance support reduces the costs of administrators or other external assistance. Strengthening deep and enduring capacity in communities for self-determination prevents the risk of ‘services of concern’.

### F. Peak body

There are longstanding and effective partnerships in place between NACCHO and other Aboriginal and Torres Strait Islander health workforce peak bodies. In addition, state and territory community-controlled health peaks also known as Sector Support Organisations are diverse organisations that are generally funded by both the Australian Government and their respective state/territory governments.

## Sector Strengthening Plan: Health

To achieve Priority Reform 1 through effective partnerships and shared decision-making, high-performing sector peak bodies are required at every jurisdictional level. Sector Support Organisations have a key role in providing tailored support to build the capacity of ACCHSs in their jurisdiction to deliver high quality comprehensive primary health care on a sustainable basis.

ACCHSs have indicated continuing capacity need, particularly requesting support to deliver better clinical care and preventive health activities, including workforce development and data capability. In building sector capability, one of the key challenges identified by ACCHSs is for support to be equitable across metropolitan, rural and remote/very remote ACCHSs (Nous 2016). An additional challenge in the context of the National Agreement is the need for structural reform including progress in achieving permanent, high-level and qualified representation on mainstream decision-making bodies whose deliberations affect the health and wellbeing of Aboriginal and Torres Strait Islander people. These representatives must be appointed through agreed processes determined by the sector.

### Beyond the health sector

Closing the Gap on Aboriginal and Torres Strait Islander health and disadvantage will never be achieved until Aboriginal and Torres Strait Islander people are afforded their rights to live in safe and secure housing; their children flourish through early childhood programs and are ready for and participate in school, and throughout their lives everyone can access culturally safe and trusted early intervention, preventive and wrap-around services to meet their psychological, social, emotional and spiritual needs. This holistic approach means that successful implementation of this Health-SSP rests on an expectation that the PWG maintains a clear line of sight across all sector strengthening plans to ensure synergies and cross-linkages. In turn, the Joint Council should expect progress across all 17 socioeconomic targets it has identified. Lack of progress in any one of these will compromise achievement in many of the others.

### Objectives of the Sector Strengthening Plan

This three-year Health-SSP presents 17 transformative sector strengthening actions. Through strong consultation across the Aboriginal and Torres Strait Islander community-controlled health sector and other Aboriginal and Torres Strait Islander health organisations, and through state, territory and Australian governments, the Health-SSP is ready to be used as a resource for partnership actions including consideration of actions as appropriate for inclusion in future Closing the Gap Implementation Plans, acknowledging that jurisdictions need flexibility in their Implementation Plans to ensure alignment to existing strategic initiatives and policy reform using these existing strong foundations. Jurisdictional Virtual Funding Pools have also been announced by each jurisdiction and represent opportunities to support actions presented here. Jurisdictions retain decision-making authority for the use of funds they allocate to their Virtual Funding Pool. Actions presented in this Health-SSP can be considered for support through these Virtual Funding Pools although not exclusively if other resources can be identified. The long-term objective of the Health-SSP is to build a strong community-controlled sector reflecting the four sector-strengthening elements outlined in the National Agreement.

The four design principles applied by the HSSPWG in determining strategies are:

- Align with existing co-designed strategies:** Sector-strengthening strategies must align with co-designed health frameworks and strategies including the National Agreement on

## Sector Strengthening Plan: Health

Closing the Gap, the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031*; the developing *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*; Joint Council priorities and sector frameworks and policies.

- ☑ **Affirm community-controlled efforts:** Sector-strengthening strategies must augment work valued by the Aboriginal and Torres Strait Islander community-controlled health sector and other stakeholders that is already underway in each state and territory.
- ☑ **Grow equity:** Implementation of sector-strengthening strategies must not exacerbate inequity in the sector.
- ☑ **Support self-determination and co-design:** Identification, implementation and refinement of sector-strengthening strategies throughout the three-year period of the Health-SSP should reflect and accommodate the widest possible consultation with the sector, evidence of need and effective partnerships to enhance the community-controlled health sector and benefit Aboriginal and Torres Strait Islander peoples.

This Health-SSP is an enabling, outcomes-focused plan that clearly distinguishes sector-strengthening activities from program budgets and other initiatives. It is strategic, innovative and forward-thinking.

Considerable effort has also been made to ensure that the strategies in this Health-SSP have potential to create permanent, highly-skilled, meaningful jobs for Aboriginal and Torres Strait Islander people in community-controlled organisations, including both community-controlled primary health care services as well as other community-controlled organisations providing social and economic services.

The HSSPWG affirms that this Health-SSP provides a national framework for a joined-up approach to build a strong Aboriginal and Torres Strait Islander community-controlled health sector. By design, this Health-SSP encompasses a broad range of initiatives, based on wide consultation and informed decision-making grounded in the needs and priorities of Aboriginal and Torres Strait Islander peak bodies and community-controlled services. In turn, these reflect their direct accountability as organisations to Aboriginal and Torres Strait Islander peoples.

## Sector Strengthening Plan: Health

### Action Table

In 2021, the Joint Council identified six Key Areas for Action to structure each Sector Strengthening Plan. This Health-SSP identifies 17 action areas under the headings. The actions are not designed for sequential implementation. Any additional detail that may be required is available in supplementary information available from the HSSPWG.

#### A. Consistent Funding Model

**OUTCOME: The Aboriginal and Torres Strait Islander community-controlled health sector is further strengthened through reliable funding streams to provide holistic, evidence-based and culturally safe services.**

No.	Action	Description	Responsibilities	Resources	Timelines
A1	<b>Develop</b> a needs-based funding model in partnership with the Aboriginal and Torres Strait Islander community-controlled health sector	<b>Develop</b> a needs-based funding model that is reliable, sustainable, accommodates flexibility and provides funding for comprehensive service delivery and continuing in-service and professional development of multidisciplinary teams to ensure a fully operational Aboriginal and Torres Strait Islander community-controlled health sector effective in achieving Aboriginal and Torres Strait Islander health improvement	NACCHO  Australian Government <sup>1</sup>  State and Territory Governments <sup>1</sup>	Nil additional financial cost to develop the model <sup>2</sup>	Year 1  Funding model calculations finalised    Year 2 Funding model commences 23/24FY budget
A2	<b>Re-prioritise</b> Aboriginal and Torres Strait Islander health program funds being directed to mainstream non-government organisations, towards the Aboriginal and	<b>Review</b> funding arrangements from all agencies supporting Aboriginal and Torres Strait Islander health programs	Australian Government <sup>1</sup>	Nil additional financial cost	To be determined

## Sector Strengthening Plan: Health

No.	Action	Description	Responsibilities	Resources	Timelines
	Torres Strait Islander community-controlled health sector. This includes current and new investments in mental health, drug and alcohol, aged care and emerging health priorities for Aboriginal and Torres Strait islander people	<p><b>Identify and implement</b> appropriate opportunities to redirect Aboriginal and Torres Strait Islander health and wellbeing funds to the Aboriginal and Torres Strait Islander community-controlled health sector</p> <p><b>Identify and implement</b> appropriate opportunities to redirect mainstream funds to the Aboriginal and Torres Strait Islander community-controlled health sector</p> <p><b>Develop</b> processes in partnership with the Aboriginal and Torres Strait Islander community-controlled health sector to support commissioning and other funding mechanisms such as preferred provider status for the sector to assist governments in meeting their commitments under the National Agreement</p>	State and Territory Governments <sup>1</sup>		
A3	<b>Optimise</b> utilisation of Medicare in the Aboriginal and Torres Strait Islander community-controlled health sector	<p><b>Strengthen</b> organisational systems in ACCHSs to further deliver high quality, responsive and culturally safe services whilst also capitalising on MBS by:</p> <ul style="list-style-type: none"> <li>• improving access to training resources, Sector Support Organisation advice and data</li> </ul>	<p>Australian Government Department of Health</p> <p>NACCHO</p>	\$3.7 million (estimated)	To be determined



## Sector Strengthening Plan: Health

No.	Action	Description	Responsibilities	Resources	Timelines
		<ul style="list-style-type: none"> <li>• educating corporate and clinical staff about the Medicare system</li> </ul>	Sector Support Organisations		

1. Commonwealth, state and territory governments implementing their commitments under the National Agreement including their respective jurisdictional Implementation Plans
2. This process to develop the model is funded through the Indigenous Australians Health program and will identify gaps, funding shortfalls and potential sources of funding

## Sector Strengthening Plan: Health

### B. Workforce

**OUTCOME:** The Aboriginal and Torres Strait Islander community-controlled health sector achieves its own workforce targets including for recruitment and retention in clinical and non-clinical positions in conjunction with implementation of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031.

No.	ACTION	Description	Responsibilities	Resources	Timelines
A4	<b>Invest in</b> a permanent, highly skilled, and nationally credentialed Aboriginal and Torres Strait Islander Environmental Health workforce	<p><b>Develop</b> a roadmap for Aboriginal and Torres Strait Islander environmental health workforce by:</p> <ul style="list-style-type: none"> <li>identifying practical and effective strategies including existing and previously defunded training courses to increase the number of Aboriginal and Torres Strait Islander people who wish to become qualified and employed in environmental health services.</li> <li>identifying scope of practice in diverse contexts, career pathways, career advancement, retention and professional development including leadership and community development skills.</li> <li>modelling costs for a national environmental health workforce based on population need</li> </ul>	<p>NACCHO</p> <p>Sector Support Organisations</p> <p>Australian Government<sup>1</sup></p> <p>State and Territory Governments<sup>1</sup></p>	To be determined	To be determined
A5	<b>Build</b> community-controlled RTO capacity and improve the quality of RTO training within or linked to community-controlled health organisations	<p><b>Conduct</b> a comprehensive baseline situational analysis of current RTO registrations for VET courses relevant to health careers, identifying current and potential community-controlled RTOs with capacity for growth</p>	<p>Australian Government<sup>1</sup></p> <p>State and Territory Governments<sup>1</sup></p>	To be determined	To be determined

## Sector Strengthening Plan: Health

No.	ACTION	Description	Responsibilities	Resources	Timelines
		<p><b>Produce</b> an implementation plan in response to findings of the situational analysis and co-design recommendations</p>	<p>NACCHO</p> <p>Workforce peak bodies</p>		
A6	<p><b>Convene</b> a Clinical Workforce Taskforce to analyse and systematically address the full range of pertinent industrial, professional, socio-economic and employment impediments affecting the Aboriginal and Torres Strait Islander community-controlled health sector.</p>	<p><b>Initiate</b> a national scoping process with regional and place-based analyses to identify practical and effective strategies in collaboration with government and other non-government agencies to increase the availability and retention of Aboriginal Health Practitioners, General Practitioners, nurses and mental health professionals for the Aboriginal and Torres Strait Islander community-controlled health sector matched to place-based and community-identified needs especially in new and emerging health areas including mental health and aged care</p> <p><b>Partner</b> with a wide range of stakeholders to develop a national implementation plan to respond to the findings of the national scoping process</p> <p><b>Explore</b> the benefits, barriers and enablers to standardise the scope of core practices for Aboriginal and Torres Strait Islander Health Practitioners registered with the Australian Health Practitioner Regulation Agency</p>	<p>Australian Government Department of Health</p> <p>NACCHO</p> <p>Sector Support Organisations</p> <p>Workforce peak bodies</p>	To be determined	To be determined

## Sector Strengthening Plan: Health

No.	ACTION	Description	Responsibilities	Resources	Timelines
A7	<p><b>Resource</b> permanent health career pathways co-designed in jurisdictions through partnerships between the Aboriginal and Torres Strait Islander community-controlled health sector, its Sector Support Organisation, relevant national Aboriginal and Torres Strait Islander health workforce peak bodies, governments, the Australian Health Practitioner Regulation Agency, and vocational training/tertiary institutions.</p>	<p><b>Develop</b> a program for place-based health career pathways securing commitments from all relevant institutional partners including the local ACCHS with the specific objectives of introducing and institutionalising systems-level changes that will lead to satisfying career pathways for Aboriginal and Torres Strait Islander people</p>	<p>Australian Government<sup>1</sup></p> <p>State and Territory Governments<sup>1</sup></p> <p>NACCHO</p> <p>Sector Support Organisations</p> <p>Member services and partners as negotiated</p>	<p>To be determined</p>	<p>To be determined</p>

1. Commonwealth, state and territory governments implementing their commitments under the National Agreement including their respective jurisdictional Implementation Plans

## Sector Strengthening Plan: Health

### C. Capital Infrastructure

**OUTCOME: Provision of health care by Aboriginal and Torres Strait Islander community-controlled services occurs in modern, accredited physical facilities equipped to offer telehealth and other digitally enabled services irrespective of location or socioeconomic status of the community.**

No.	ACTION	Description	Responsibilities	Resources	Timelines
A8	<b>Fund</b> major and medium-size capital and physical infrastructure including permanent clinic builds and large-scale renovations, mobile clinics, maintenance, repairs and extensions to ensure facilities meet building codes and accreditation standards	<p><b>Assess</b> the Aboriginal and Torres Strait Islander community-controlled health sector’s infrastructure needs for clinics and service delivery</p> <p><b>Deliver</b> new and renovated Aboriginal and Torres Strait Islander community-controlled health clinics designed in line with building standards incorporating geographic location and function, and accounting for diverse needs, including those of people with disability</p>	<p>Australian Government<sup>1</sup></p> <p>State and Territory Governments<sup>1</sup></p>	<p>\$254.4 million over four years (as announced)<sup>2</sup></p>	<p>Year 1 2021-2022</p> <p>Year 2 2022-2023</p> <p>Year 3 2024-2025</p>
A9	<b>Fund</b> staff accommodation required to ensure regional and remote communities have the stable health workforce they require with equitable access to staff accommodation for local Aboriginal and Torres Strait Islander health workforce	<p><b>Assess</b> the Aboriginal and Torres Strait Islander community-controlled health sector’s infrastructure needs for staff accommodation</p> <p><b>Deliver</b> additional staff housing designed in line with accessible building standards and accounting for diverse needs.</p>	<p>Australian Government Department of Health</p> <p>WA Government<sup>3</sup></p>	<p>\$254.4 million over four years includes funds for clinical staff accommodation only (see A8)</p> <p>Non-clinical staff – to be determined</p>	<p>Year 1 2021-2022</p> <p>Year 2 2022-2023</p> <p>Year 3 2024-2025</p>
A10	<b>Fund</b> reliable IT capacity and connectivity for electronic clinical information systems, telehealth,	<b>Provide</b> IT infrastructure to support improved connectivity, data security and	Australian Government	\$254.4 million over four years (see A8)	Year 1 2021-2022

## Sector Strengthening Plan: Health

No.	ACTION	Description	Responsibilities	Resources	Timelines
	community engagement, and client connection with their community-controlled health service in every region (urban, regional and remote) and equitable access to other technological and digital innovations to improve culturally safe, cost-effective service delivery.	increased consultations remotely using telehealth	Department of Health		Year 2 2022-2023  Year 3 2024-2025

1. Commonwealth, state and territory governments implementing their commitments under the National Agreement including their respective jurisdictional Closing the Gap Implementation Plans
2. Prime Minister’s announcement <http://www.pm.gov.au/media/commonealths-closing-gap-implementation-plan>
3. WA Government Department of Premier and Cabinet. Closing the Gap Jurisdictional Implementation Plan: Western Australia (page 137)

## Sector Strengthening Plan: Health

### D. Service Delivery

**OUTCOME:** The Aboriginal and Torres Strait Islander community-controlled health sector continues to lead, innovate, expand and excel in delivering services to Aboriginal and Torres Strait Islander peoples.

No.	ACTION	Description	Responsibilities	Resources	Timelines
A11	<b>Rectify</b> overburden of activity reporting to governments to allow the Aboriginal and Torres Strait Islander community-controlled health sector to focus on outcomes while maintaining accountability.	<p><b>Review</b> reporting frameworks for government funding provided to the Aboriginal and Torres Strait Islander community-controlled sector including but not limited to the Indigenous Australians' Health Programme to identify opportunities to minimise and/or streamline reporting requirements (where appropriate).</p> <p><b>Use</b> this review to produce an outcomes-focussed program and implementation plan to adjust and permanently retain better reporting arrangements in line with the National Agreement</p>	All jurisdictions <sup>1</sup>	Nil additional financial costs (and release of resources currently diverted to unnecessary reporting)	Year 1  Consultation on new reporting requirements
A12	<b>Develop</b> a national Aboriginal and Torres Strait Islander research agenda led by Aboriginal and Torres Strait Islander community-controlled organisations to secure funding for evidence generation the sector has prioritised	<p><b>Develop</b> an ongoing system to identify and communicate research needs of the Aboriginal and Torres Strait Islander health sector</p> <p><b>Co-design</b> avenues for funding community research priorities with potential funding agencies such as Medical Research Future Fund and the National Health &amp; Medical Research Council, academic partners and stakeholders</p>	NACCHO  Sector Support Organisations	To be determined	To be determined

## Sector Strengthening Plan: Health

No.	ACTION	Description	Responsibilities	Resources	Timelines
		<b>Develop</b> funding criteria, data sovereignty and knowledge transfer requirements to ensure high quality research is supported with capacity growth in the Aboriginal and Torres Strait Islander community-controlled health sector for Aboriginal and Torres Strait Islander researchers			
A13	<b>Leverage</b> buying power and economies of scale in the Aboriginal and Torres Strait Islander community-controlled health sector nationally with minimum procurement targets to increase purchases /contracts from Aboriginal and Torres Strait Islander businesses and enterprises which train and employ Aboriginal and Torres Strait Islander people.	<p><b>Analyse</b> opportunities to enhance purchasing power and deliver economies of scale across the Aboriginal and Torres Strait Islander community-controlled health sector such as a business case for a remote locum agency and bulk purchases of insurance and indemnity policies, equipment and consumable supplies, vehicles and fleet management</p> <p><b>Respond</b> through consultation and support of the Aboriginal and Torres Strait Islander community-controlled health sector to practical opportunities with agreed cost-benefit</p>	<p>NACCHO</p> <p>Sector Support Organisations</p>	To be determined	To be determined
A14	<b>Fund</b> health workforce leadership development programs and initiatives for Aboriginal and Torres Strait Islander staff working in or aspiring to work in the Aboriginal and Torres Strait Islander community-controlled health sector to maximize service impact and health outcomes	<p><b>Develop</b> a national health workforce leadership program to deepen leadership learning and capacity in the Aboriginal and Torres Strait Islander community-controlled health sector</p> <p><b>Develop</b> executive training opportunities to strengthen Chief Executive Officer (CEO) succession planning</p>	NACCHO	To be determined	<p>Year 1</p> <p>Curriculum developed through co-design and extensive consultation</p>



## Sector Strengthening Plan: Health

No.	ACTION	Description	Responsibilities	Resources	Timelines
		<p><b>Develop</b> resources for CEO independent performance reviews tailored to service size and scope,</p> <p><b>Support</b> youth leadership initiatives</p>			<p>Year 2</p> <p>Programs and initiatives available</p>

1. Commonwealth, state and territory governments implementing their commitments under the National Agreement including their respective jurisdictional Implementation Plan

## Sector Strengthening Plan: Health

### E. Governance

**OUTCOME:** The Aboriginal and Torres Strait Islander community-controlled health sector meets the highest standards of corporate, fiduciary and clinical governance.

No.	ACTION	Description	Responsibilities	Resources	Timelines
A15	<b>Transition</b> government-managed primary health clinics in Queensland, Northern Territory and Western Australia to community-controlled comprehensive primary health care services, and identify locations in all jurisdictions where new community-controlled primary health care services are required to meet the needs of Aboriginal and Torres Strait Islander people.	<p><b>Establish</b> a collaborative timeline to transition government-managed primary health clinics to community-controlled primary health care</p> <p><b>Identify and address</b> barriers, success factors and common support requirements, and develop where required a national framework, readiness criteria and support mechanisms for transition</p> <p><b>Develop</b> a collaborative process to identify and prioritise locations where new community-controlled primary health care services are required</p> <p><b>Develop</b> guidance to support unencumbered handover of physical facilities that are fit-for-purpose from government to community-controlled ownership where required</p>	<p>Australian Government Department of Health</p> <p>NACCHO</p> <p>Sector Support Organisations</p>	To be determined	<p>Year 1</p> <p>Timeline released</p> <p>Communities aspiring to community control identified</p> <p>Year 2</p> <p>Transitions commenced as per timeline</p> <p>Criteria released for identifying locations for new services</p>
A16	<b>Fund</b> Board corporate governance programs including needs assessment, capability development and support including independent expertise where required for CEO recruitment and essential criteria for CEOs across the Aboriginal and Torres Strait Islander community-controlled health sector	<p><b>Develop</b> a corporate governance program by:</p> <ul style="list-style-type: none"> <li>assessing gaps and priorities for corporate governance in the Aboriginal and Torres Strait Islander community-controlled health sector</li> </ul>	<p>NACCHO</p> <p>Sector Support Organisations</p>	To be determined	To be determined

## Sector Strengthening Plan: Health

No.	ACTION	Description	Responsibilities	Resources	Timelines
		<ul style="list-style-type: none"><li>developing resources, guidelines and mentoring options for CEO recruitment and other agreed priorities</li></ul>			

## Sector Strengthening Plan: Health

### F. Peak Body

**OUTCOME:** Increased representation and shared decision-making through structural reform to ensure Aboriginal and Torres Strait Islander peak bodies function as equal partners with governments to improve Aboriginal and Torres Strait Islander health and wellbeing.

No.	ACTION	Description	Responsibilities	Resources	Timelines
A17	<b>Expand</b> independent Aboriginal and Torres Strait Islander representation on government and non-government bodies and other decision-making entities whose decisions affect the health of Aboriginal and Torres Strait Islander peoples.	<p><b>Explore</b> how the new formal Collaborations that report to Health Chief Executives' Forum can include expanded membership of Aboriginal and Torres Strait Islander experts in Aboriginal and Torres Strait Islander health and wellbeing.</p> <p><b>Develop</b> mechanisms to monitor progress and impact of structural reform in the Australian health system to increase independent representation selected by the sector to enhance influence of Aboriginal and Torres Strait Islander perspectives and lived experience in high-level health policy and resource allocation decisions</p>	<p>Australian Government Department of Health</p> <p>NACCHO</p> <p>Sector Support Organisations</p>	To be determined	To be determined

## Sector Strengthening Plan: Health

### ADDENDUM – Engagements

Multiple sources have been used to map priorities for sector strengthening strategies to build the Aboriginal and Torres Strait Islander community-controlled health sector to deliver the outcomes of the imminent (not yet released) *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* and the developing *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*.

Initial sources included findings put forward in the Needs Assessment workshop facilitated by the Coalition of Peaks and the National Indigenous Australians Agency in January 2021 which led to Joint Council support for (1) increasing the capacity of the sector to provide comprehensive services, particularly in regional and remote areas, and (2) supporting the sector’s engagement in and implementation of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* including clinical and non-clinical workforce areas of high demand and need.

NACCHO created a Sector Reference Group which met prior to each HSSPWG meeting. Government representatives on the HSSPWG consulted within their own jurisdictions, across departments and with the respective community-controlled health Sector Support Organisation and directly with community-controlled health services. To support consultations and engagement, the HSSPWG released a 12-page Issues Paper in July 2021 which set the scene for its work, timelines and requirements. This also contained an initial list of strategies for review. NACCHO distributed this Issues Paper widely throughout the sector. Written sector and government input in response to this Issues Paper was collated, as were verbal suggestions and comments in consultation forums including discussions at two sector webinars facilitated by NACCHO on 30 July 2021 and 3 August 2021 respectively.

Once outcomes and design principles were agreed by HSSPWG, strategies were worked up through collaborative groups, exchanges and consultations. This diverse input was then assembled in a draft Consultation Table with 17 action areas widely circulated in September 2021. Additional webinars were held with the sector in September and October to further socialise these actions. Feedback was requested and received during September and October by an extended deadline date. NACCHO distributed a revised set of 17 action areas to the sector on 13 October 2021. The Aboriginal Co-Chair of the HSSPWG also met regularly with the Aboriginal and Torres Strait Islander Co-Chairs of the other Sector Strengthening Plan Working Groups (Early Childhood Care and Development, Housing and Disability) to facilitate exchange and joined-up efforts to build the community-controlled sector.

Parties to the National Partnership agreed that building strong community-controlled sectors to deliver Closing the Gap services and programs requires national effort and joined up delivery against all sector elements in agreed priority areas. Further details including correspondence, chronologies and records of meetings are available from NACCHO.

## Sector Strengthening Plan: Health

### ADDENDUM – Employment

The HSSPWG considered the importance of creating meaningful employment for Aboriginal and Torres Strait Islander people through implementation of the Health-SSP but has been unable to estimate with confidence how many jobs will be created and the type of employment security to be offered. Baseline measures for 2017-2018 for the numbers (FTE) of Aboriginal and Torres Strait Islander people employed in ACCHSs are available in Figure 3.12.3 of the latest Indigenous Health Performance Framework (2021). Under data development to support Priority Reform 2, the parties to the National Agreement have agreed to explore options to measure and report the proportion of Aboriginal and Torres Strait Islander people employed in community-controlled organisations including health (p. 18).

## Sector Strengthening Plan: Health

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## Sector Strengthening Plan: Health

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## Sector Strengthening Plan: Health

### ACRONYMS

ACCHO	Aboriginal and Torres Strait Islander Community Controlled Health Organisation
ACCCHS	Aboriginal and Torres Strait Islander Community Controlled Health Service
ACCO	Aboriginal Community Controlled Organisations
AMS	Aboriginal Medical Service
AIDA	Australian Indigenous Doctors Association
CEO	Chief Executive Officer
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
FTE	Full Time Equivalent
Health-SSP	Health Sector Strengthening Plan
IAHA	Indigenous Allied Health Australia
IAHP	Indigenous Australians' Health Programme
IT	Information Technology
MBS	Medicare Benefits Schedule
NACCHO	National Aboriginal Community Controlled Health Organisation
NAATSIHWP	National Association for Aboriginal and Torres Strait Islander Health Workers and Practitioners
RTO	Registered Training Organisation
SEWB	Social and Emotional Wellbeing
ToR	Terms of Reference
VET	Vocational Education and Training