

ABORIGINAL HEALTH COUNCIL OF WA

2010 MEMBERS PLANNING DAY

Member Driven Priorities for AHCWA

Presented by Marella Health Consulting

4/1/2010

The 2010 Members Planning Day was held at the Vines Resort in Perth on 23 March 2010. This report is a collection and analysis of member discussions on the future role of AHCWA, the needs of the sector, the priority issues and recommendations for future work.

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EXECUTIVE SUMMARY

Introduction

The annual Aboriginal Health Council of WA (AHCWA) Member Planning Day and Conference was held at the Vines Resort 23 March to 25 March 2010.

This is the report for the Member Planning Day. It is a record of proceedings, a synthesis of the discussions, ideas, priorities and opportunities and contains recommendations for the five year AHCWA work program.

Setting the Scene for the Day

There was a brief time allowed for Welcome to Country and important messages from the Chairperson and CEO. The Facilitator took the opportunity to discuss and agree the work group process. Participants were encouraged to utilize the Planning Day to focus on issues and ideas they believed were most important to their needs and work.

The majority of the day was to be spent in work group/table discussion around three key questions posed by the CEO followed by a priority setting process.

Welcome to Country

Ms Janet Hayden delivered the Welcome to Country message.

The Chairperson & CEO Messages

Vicky O'Donnell, the Chairperson of AHCWA gave a brief but strong message and encouraged the participants to "think long and hard and keep setting the agenda".

Craig Sommerville acknowledged he had been in the CEO position for 76 days and gave a brief overview of AHCWA activities and issues from that perspective.

He expressed his wishes to gain a clear understanding direct from Members about their ideas, priorities and expectations from AHCWA under his leadership. He also made it clear he wanted Members to end the day feeling they had genuinely participated and not simply 'talked at all day'.

There was some discussion in response to Craig's presentation and this is detailed in the body of the report.

Craig posed three Key Questions and asked participants to address these during the group work.

The Facilitator

Lisa Briggs acknowledged the participants and their organizations/regions.

Lisa encouraged the participants to consider AHCWA as their 'working arm', that AHCWA was looking to be challenged through this process, to think big and put aside funding/resource constraints for the day so as not to inhibit the best quality and strategic discussions and ideas. She posed a set of questions to further stimulate discussion and thinking during the group work. These questions are listed in the body of this report.

She informed the participants of how she had planned for the work group sessions and sought their input and agreement.

The Group Work

Participants formed themselves into four groups around tables and they ensured there was cross regional membership on each table as was requested by the Chairperson.

An AHCWA staff member provided scribing services to each group and the ideas captured by the groups were written up on wall poster sheets.

A spokesperson for each group was nominated and that person reported to all participants on the discussion and ideas captured during individual group work.

There were 62 Key Ideas put forward and these are all listed under the relevant key question in the body of this report.

The Priority Setting Exercise

The work sheets from the groups were then analysed and formed into seven Themed Priorities and one titled 'New' intended to capture ideas not yet expressed. A wall poster was created for each Themed Priority and the blank poster for new ideas and all the ideas captured from the Group Work were consolidated (many were the same or similar) into 41 key ideas which were listed on the relevant wall poster. The seven Themed Priorities with the Key Ideas listed under each one are shown in the body of the report.

Participants were then asked to choose their own top seven priorities from amongst the key ideas listed on the Themed Priority posters. Each person was given seven large sticky dots which they applied to the seven key ideas they believed should be the top seven.

Member Priorities

Of the 41 key ideas listed, participants placed dots on 29. These are presented in a table in order of the most dots to the least in the body of the report.

Analysis of Priorities

The priorities are informed from the work on the Planning Day as determined by the participant voting system. They are examined in some different ways and then cross checked against the 3 Key Questions posed by the CEO and in context with his Overview of AHCWA; with the additional ‘food for thought’ questions challenged by Facilitator Lisa Briggs and finally to the full set of 62 Key Ideas developed at all the work tables.

The Priorities

The Key Ideas which received by far the greatest number of dots/votes were housing and infrastructure, capacity growth/core funding for AHCWA and clinical governance.

A Strategic Framework

Three ‘steps’ have been taken to evolve the 7 Themed Priorities into an additional set of high level strategic categories and finally a 10 Point Strategic Framework is suggested. This 10 Point model comes directly from a full and detailed reconciliation of the full 62 Key Ideas and they are grouped under key headings . The framework is robust and comprehensive and as such may be useful as the foundation for a strategic plan and work program for AHCWA and the Member ACCHO’s going forward.

The 10 Point Strategic Framework

GOVERNANCE	COMMUNICATIONS
WORKFORCE	MEMBER SERVICES
CLINICAL SERVICES	HEALTH IMPROVEMENT
CORPORATE GROWTH/CAPACITY	SECTOR WIDE PLANNING AND GROWTH
PARTNERSHIPS, AGREEMENTS, COLLABORATIONS AND JOINT VENTURES	TRAINING

Emerging Opportunities – A Discussion

Here the underlying intention from the actual group discussions around the work tables is brought into focus in relevant areas and Strategic themes or Key Ideas are expanded upon, particularly those where there may be significant opportunities and benefits for the organization and its members.

Other Agenda Items

Section 19 (2)

The Chairperson spoke briefly to this and encouraged members to deal with this opportunity and finalize arrangements with the State and the Commonwealth before the end of the Conference to ensure the tremendous opportunities for additional local funding were not lost.

Relations between AHCWA, WA ACCHOS and NACCHO

Time did not allow for a dedicated segment for this. However, the subject came up in discussions in the group work and it was clearly understood that there needs to be more clarification about roles and linkages. There was one Key Idea suggesting AHCWA prepare a position paper dealing with this issue.

Prison Health and Statewide Aboriginal Mental Health Service updates

Time did not allow for a dedicated segment on the prison health issue and the Mental Health issues were an agenda item for the conference itself and would be discussed at that time.

Industrial Relations – New Modern Awards

Craig talked briefly to the new template/minimum standards Award currently in place to ensure all participating Members were fully informed and had opportunity to seek clarification.

Recommendations

There are 55 recommendations offered and they are grouped under their relevant strategic categories.

MARCH 2010 MEMBERS PLANNING DAY SETTING THE SCENE

Welcome To Country

A warm and heartfelt Welcome to Country was spoken by Ms Janet Hayden, Elder from the Nyoongar Community and this set the scene for a positive day of communication, sharing of ideas and networking.

Key Messages from Chairperson

Vicky O’Donnell, Chairperson of AHCWA spoke briefly and to the point. Her powerful messages were crystal clear:

- ❖ **Of the \$80 million COAG funding which has come into WA, the ACCHO sector has been able to secure 50%. Vicky acknowledged the welcome approach and commitment of the Minister for Health and noted that \$40 million was “a good start as a down payment” on more to come to close the gap;**
- ❖ **She believes the sector can take great heart from the distance it has travelled and the progress made over the last 5 years – “real inroads have been made”;**
- ❖ **She encouraged participants to use the opportunity of being together for this Planning Day to “think big, we are setting the agenda, and there is nothing stopping us”.**

Key Messages from the CEO

Craig Sommerville is the CEO of AHCWA and he acknowledged he was still relatively new to the organization having been in the job for 76 days at that time.

He gave a brief overview of AHCWAs current activities which he felt still had the advantage of being relatively objective given his newness to the organization. The table below is a summary of his talk.

LEADERSHIP & POLICY	GOVERNANCE
Listen, harness views, be your voice, advocate for services/sector, influence policy/decisions, respect for different models of service in sector, communication, publications, sector promotion.	Representative board, diversity of views, constitution, members respected, strategic alliances, focused on the future, inclusive, give value for members.
OPERATIONAL ROLES	VALUES/STYLE
Programs, projects, staff skills, technical teams – COAG, planning framework – ensuring compliance with framework values, performance reviews.	An Aboriginal way, no standing over, respectful relationships, no enemies, value performance and results.

In response, the question put to Craig was:

“are there enough Member meetings – is one each year enough?”

It was suggested that AHCWA may be having governance and corporate management process limitations placed upon them as a consequence of relying on a grant of funding which only allowed for one opportunity each year. The question was then posed:

“ could this be an example of government wedge politics to keep you apart and dilute your effectiveness in leadership and policy advocacy?”

Craig responded to this by explaining that AHCWA’s funding for its ‘core’ activities presently comes from taking an administrative ‘top slice’ off the various program grants and as such, the organization is severely financially limited. He also noted that formal submissions had been made to both Commonwealth and State government departments for funds to support the core operations of AHCWA and ensure it can satisfy Member expectations in the future.

In closing, Craig expressed his wishes to hear directly from Members through this process about their expectations of AHCWA and himself as leader in the next few years. He also wanted to ensure participants finished the day feeling they had genuinely participated and had not simply been ‘talked at all day’.

3 Key Questions for the Work Groups

He presented three key questions and asked the participants if they would focus their discussions and thinking during the group work on these areas as it would give him the guidance he was seeking from the Members. The three key questions were:

- 1) *What are you wanting AHCWA to do for you?*
 - 2) *What do you believe AHCWA does not do or do well enough for you?*
 - 3) *What are the priorities you believe AHCWA should focus its effort on?*
-

The Work of the Facilitator

The Facilitator was Lisa Briggs. In her brief discussions with the participants prior to commencement of the group work, she acknowledged the participants, provided some further ‘richness’ into the key questions in focus as ‘food for thought’ and described and sought input and agreement for the group work process.

Lisa also encouraged the participants to think big. To consider AHCWA as their ‘working arm’ and to not be constrained by limiting thoughts about funding and resource issues for this day. She left a very clear message with the group that “AHCWA are seeking to be challenged” through this process today.

The participants are listed below against their regions/services which are alphabetically listed:

Beagle Bay Community Health Service
Maria Lombardi, Pauline Murphy, Fabian Tucker, Merelda Tucker, Clive Holt, Beth Waters
Bidayadanga Aboriginal Community Health Service
Barbara White, Greg Billycan
Broome Regional Aboriginal Medical Service
Chris Bin Kali, Greg Brennan, Phillip Matsumoto
Carnarvon Medical Service Aboriginal Corporation
Lorraine Whitby, Renee Oakley, Helen Capewell
Derby Aboriginal Health Service Council Aboriginal Corporation
Ina Kitching, Vicki O'Donnell, Maxine Armstrong
Geraldton Regional Aboriginal Medical Service
Sandy Davies, Terry Brennan
Jurrugk Aboriginal Health Service Aboriginal Corporation
Jeanie Dutchie, Alex Fernandez
Kimberley Aboriginal Medical Service Council
Tony Lee, Johanna Cowdrey
Mawarnkarra Health Service Aboriginal Corporation
Daniel Brown, Joan Hicks
Ngunytju Tjitji Pirni
Tosha Sambo
Nindilingarri Cultural Health Service
Maureen Carter, Patrick Davies
Ord Valley Aboriginal Health Service Aboriginal Corporation
Dr Eric Kimaru, Myrtle Ward, Gaylene Chulung
Puntuturnu Aboriginal Medical Service Aboriginal Corporation
Chris Renshaw
South West Aboriginal Medical Service Aboriginal Corporation
Gloria Khan, Quentin Jackson, Glenda Humes
Wirraka Maya Health Services Aboriginal Corporation
Eugenia Smith, Gabrielle Peace,
Yura Yungi Aboriginal Medical Service
Comalie Manolis, Veronica Smith, Joan Bedford
Derbal Yerrigan Health Service
Leslie Nelson
AHCWA staff members
Craig Sommerville, Des Martin, Michelle Barbaro, Jenny Sala, Katherine Dann, Natasha Nannup, Karen Dunmore, Anne Marie McHugh, Sue Cristopoulos, Barbie Garlett, Patricia Butcher, Shane Turner, Nic Merson, Byron Minas, Christine Ivan, Julie Jones, Tim Leahy
DOHA
Paul Purdy, Michael Fowlie

Food for thought

The additional 'food for thought' questions posed by Lisa are listed below:

- ❖ How do you engage with AHCWA, are the communication channels clear to you?
- ❖ How do you get your priorities in focus, do you know what other priorities there are and if there are synergies or are they competing – how well informed are you?
- ❖ Who decides on priorities – are you a participant in decision making?
- ❖ How are we going influencing government/spending/actions on determinants of health?
- ❖ Are we thinking broader than just health services?
- ❖ AHCWA's capacity – how much can we do, what resources to we have/need and where from?
- ❖ Are we focused on the main events?
- ❖ Can we realistically do what is expected of us?
- ❖ The public health arm - are the benefits fully realized and where to now?
- ❖ What role should AHCWA play in terms of AMS's experiencing difficulties?
- ❖ Is AHCWA well enough positioned to 'command' automatic respect just by 'being in the room'?
- ❖ Governance for the future – where does AHCWA sit, what about NACCHO, regional bodies and relationships/linkages?
- ❖ Priority setting – are we a unified enough sector and are we taking care not to get 'wedged' by subtle 'divide and conquer' tactics?

The work process

The participants agreed to divide themselves up into four working groups around tables. Care was taken to 'mix regions' around so the tables were not dominated by single region members/views.

The groups agreed to focus their discussions and thinking on the three key questions posed by Craig in his introductory messages.

The Conference Reporter

Chris O'Farrell from Marella Health Consulting was introduced. It was explained that her role was to write a record of the day's proceedings and outcomes and provide some recommendations based on a synthesis of the discussions, ideas and priorities to assist AHCWA develop its 5 year working program.

WORK GROUP OUTPUT

Ideas from each work group

A list of the 62 Key Ideas captured by all the groups for each key question is below and on the following two pages:

What do you want from AHCWA?

- ❖ Constitutional review/broaden membership
 - ❖ Evaluate existing AMS model and benchmark as a guide for new services
 - ❖ Model an 'ideal' service budget based on per capita funding – how can we get that in WA?
 - ❖ Governance training for boards
 - ❖ Salaries and wages benchmarks to improve competitiveness
 - ❖ Member accreditation – support effort and outcomes achievement
 - ❖ Workforce development strategic plan/staff development and HI/IR support work
 - ❖ Collective negotiations with mining companies
 - ❖ Communication strategy within the sector (not spam/email)
 - ❖ Convene non government bodies involved in Aboriginal health who are accessing the same funding pool – communicate, share/joint ventures
 - ❖ Internal reviews – effectiveness, productivity, accountabilities
 - ❖ Bulk buying, food bank, nutrition – food gardens, freight costs, better access to food
 - ❖ Sector strategy for accessing a pool of Royalties for Regions funds and AHCWA control distribution within the sector
 - ❖ Advocacy and lobbying – direct in Canberra, Parliament Advocacy days,
 - ❖ More help and focus on high needs areas – support AMS staff with major issues
 - ❖ Coordinate strategic promotion of successes – regions lack time, skills and resources
 - ❖ Craig/Des get out to regions, get to know key people and community leaders, meet staff 'get in the trenches'
 - ❖ Share things that work well- CST and working programs
 - ❖ Improve Meet and Greet and PATS – weekends and afterhours, stop people getting lost
 - ❖ Embrace holistic health philosophies, visit the new and different services, stamp of AHCWA/sector approval, celebrate success, use positive PR to motivate
-

What is AHCWA not doing/well enough?

- ❖ Joint procurement, HR, Vehicles, travel and accommodation, hire cars
 - ❖ Innovative/commercially profitable business arm to increase own source revenues, for example insurance, funeral fund, superannuation, locum service/staff agency, training products, policy products and strategic options/execution management on sale to government
 - ❖ IT expertise, support, coordinate a sector wide IT/IM strategy
 - ❖ Dental services/oral health not enough on the agenda
 - ❖ Staff skills, training, sector wide needs assessment and planning
 - ❖ Sector/AMS careers – we need to look much more attractive than we do(pay and conditions, housing, workplace/worklife benefits etc)
 - ❖ Aboriginal Environmental Health Work – the agenda, the drive, advocacy, focus, create energy for this
 - ❖ Centralised accounting services and banking support
 - ❖ Youth involvement and youth leadership nurturing
 - ❖ Low cost patient and family accommodation in Perth and regions
 - ❖ Centralised services
 - ❖ Pharmaceuticals training
 - ❖ Training products and packaged based on sector need
 - ❖ Also capture and share what is working – eg vibrant workplaces, learning environment, opportunities for leadership and growth, special interest portfolios of responsibility and expertise
-

What should be priorities for AHCWA?

- ❖ Workforce development
 - ❖ Mentoring programs
 - ❖ Staff development and training
 - ❖ Performance management
 - ❖ Leadership development
 - ❖ Award terms and conditions, locum support services and staff screening
 - ❖ IR – mediation support
 - ❖ Accommodation for patients and families
 - ❖ Housing and infrastructure for staff and families
 - ❖ Communications – AHCWA get out to regions and get to know members
 - ❖ Newsletter, website, community workshops, more chances for members to workshop, network and do joint planning
 - ❖ Public relations
 - ❖ Advocacy and lobbying – higher profile, drive the agenda
 - ❖ Aboriginal involvement in GP Superclinics
 - ❖ Partnerships, GP Divisions
 - ❖ Position paper on NACCHO AHCWA
 - ❖ RTO and more training opportunities
 - ❖ Commercial arm to enhance own source income
 - ❖ An operations support unit
 - ❖ A policy unit also doing paid work for government
 - ❖ Governance strengthening – clinical and corporate
 - ❖ Planning for sector enhancement and expansion, solutions to hard problems
 - ❖ Take over Meet and Greet and PATS
 - ❖ Environmental health, FASD/ELT, renal services and drug and alcohol
 - ❖ Mental health
 - ❖ Capacity/core funding essential
 - ❖ Discussions with GPs about enrollment of Aboriginal clients
 - ❖ Food bank, nutrition gardens
-

THE PRIORITY SETTING

The Process

The work sheets from the groups were analysed and formed into seven Themed Priorities and one poster titled 'New' intended to capture ideas not yet expressed. A wall poster was created for each theme and all the ideas captured were consolidated (many were the same or similar) as key ideas aligned with the relevant theme.

Participants were then asked to choose their own top seven priorities amongst the theme sheets and lists using seven large sticky dots given to each person. There were 41 Key Ideas listed variously amongst the seven Themed Priority posters and these are shown on the table below:

CLINICAL SERVICES	PROGRAM DEVELOPMENT
Medicare income; Clinical governance;	Scopings; AHCWA Member services/profiles; Housing; Renal services; Shared strategies; Patient support services; Available funds State and Nat; Funding formulas/per capita/NT; Regional models; Environmental health; FASD/ELT;
AHCWA PROGRAMS	COMMUNICATION
Strategic WA Workforce plan; Cultural Safety Training; Accreditation; Capacity building; RTO - more support in regions;	Website; Newsletters; Publications; Media; External/Internal;
CORPORATE SERVICES	PARTNERSHIPS/AGREEMENT TEMPLATE
HR/IR - recruit/retention standards and induction; Corporate governance; Promotion of members; Member support services; Lobbying(internal); Facilitation/mediation; shared procurement; Service planning; Salary packaging; Visit ACCHOs;	Service agreements AHCWA/Members; Core Funding for AHCWA;
STRATEGIC LEADERSHIP	NEW
Advocacy & partnerships - NGOs, GP Div, State & C/Wealth, Members etc; Resourcing for Members; Membership/Constitutional; Lobbying & joint negotiations (ext); Media strategies; Housing & accommodation for staff and patients;	Nil

Member Priorities

From the above 41 Key Ideas, 29 of them were given one or more dots are shown in the table below in the order from most dots to least:

19 Core funding for AHCWA	6 Renal services	2 RTO/more onsite training
17 Clinical governance	6 Lobbying, joint negotiations/communications	2 Shared procurement
16 Housing & accommodation	5 per capita funding/formulas/NT	2 Newsletters
9 Advocacy/Partnerships	5 Ext/Int communications	2 Patient support services
9 Housing	5 Corporate governance	1 Scopings
8 Publications	5 Capacity building	1 Regional models
8 Cultural Safety Training	4 Accreditation	1 Website
7 FASD/ELT	3 Strategic workforce plan	1 Media
7 HR/IR, Recruit &Retention/induction pkges	3 Member support services	1 ACCHO/regional/community visits
6 Environmental health	3 Membership/constitutional review	

The seven Themed Priorities and the heading for new ideas are listed in the table below in the order of the overall dots assigned to the various Key Ideas listed under them as well as depicting the number of individual Key Ideas made up the dot count for each one:

STRATEGIC LEADERSHIP (44 dots x 4 Key Ideas)	CORPORATE SERVICE (18 dots x 5 Key Ideas)
PROGRAM DEVELOPMENT (37 dots x 8 Key Ideas)	CLINICAL SERVICES (17 dots x 1 Key Idea)
AHCWA PROGRAMS (22 dots x 5 Key Ideas)	COMMUNICATION (16 dots x 5 Key Ideas)
PARTNERSHIP AGREEMENT/TEMPLATE (19 dots x 1 Key Idea)	NEW (nil dots x nil Key Ideas)

ANALYSIS OF THE PRIORITIES

Arriving at priorities – a summary

So far, we have a set of identified priorities and rankings and the process used to arrive at this point is summarized below for easy reference:

- ❖ From 4 work groups;
- ❖ 62 Key Ideas in response to 3 key questions;
- ❖ 7 Themed Priorities;
- ❖ Consolidation to 41 Key Ideas;
- ❖ 164 sticky dots/votes
- ❖ 29 Key Ideas were assigned one or more dots/votes;

Context and Process of Analysis

The first component of the analysis of the priorities is to view and consider them precisely how they came off ‘the production line’ and ranked exactly in line with how they were scored on the day. This is shown in the tables in the previous chapter, summarized at the introduction to this current chapter and addressed in the first section of this analysis under the sub heading of ‘ Let the Analysis Begin’. Some further analysis is undertaken in this chapter to show how the voting system enables the Key Ideas to be ‘clustered’ into groups. This allows consideration of groups of Key Ideas and is another way to rank the various ideas.

Secondly, and a task for this chapter is to examine the prioritized Key Ideas and their dot/vote rankings in context with the framework of leading questions/challenges provided at the outset of the Planning Day, as outlined below:

- ❖ Craig’s overview of what and how AHCWA functions;
- ❖ the three key questions he put forward as the focal point for the work groups; and
- ❖ the extra questions given by Lisa as ‘food for thought’ for the work groups.

We then do a ‘re-run’ back over the details captured on the work sheets from the group work. There were some excellent ideas discussed and written down and we must ensure they have not been lost in translation. Finally, the whole body of work is examined in terms of how best to assemble the Key Ideas and create a suitable framework for future strategic planning/business purposes.

Let the Analysis Begin

Key Idea cluster analysis

By way of further analysis of the Key Ideas, there were 164 dots (votes) assigned to 29 Key Ideas and it may be useful to look at them through a slightly different ‘lens’ to see if the key messages are any different. The table below shows how the Key Ideas cluster into four clear sets based on overall numbers of dots out of the 164 total dots used. It also shows how many Key Ideas made up the dot count for each cluster. Of note is that in one cluster, the dot count is made up from a large number of dots assigned to three single Key Ideas.

Let’s look at this breakdown, shown on the table below:

31.7% (52 dots) 3 Key Ideas @ 16 – 19 dots each	40.2% (66 dots) 9 Key Ideas @ 6 – 9 dots each
<ol style="list-style-type: none"> 1. Core funding for AHCWA; 2. Clinical governance; 3. Housing & accommodation; 	Advocacy/Partnerships; Housing; Publications; Cultural Safety Training; FASD/ELT; HR/IR; Environmental health; Renal services; Lobbying & joint negotiations;
14.63% (24 dots) 5 Key Ideas @ 4 – 5 dots each	13.4% (22 dots) 12 Key Ideas @ 1 – 3 dots each
Per capita funding formulas; ext/internal communications; Corporate governance; Capacity building; Accreditation;	Strategic workforce plan; Member support; Membership/constitution; RTO/regional training; Shared procurement; Newsletters; Patient support; Scopings; Regional models; Website; Media, visit ACCHOs/communities;

31.7% Cluster - This contains the three Key Ideas which individually scored the highest number of dots.

Core funding for AHCWA and housing and accommodation infrastructure and services were featured in discussions repeatedly at all groups/tables throughout the day, so it should be no surprise that participants scored these the highest.

Clinical governance (synonymous with safety and quality outcomes in clinical health care provision) was not particularly a focus for detailed discussions across all the groups in terms of specific elements. Nevertheless, it was given a very high ranking, indicating that individuals really grasp how important this subject is.

The housing and accommodation Key Idea was ranked third amongst those listed in this cluster. However, housing was listed again as a Key Idea in another one of the Themed Priority posters and on that sheet, it scored 9 dots. If we add these dots together, the total score for housing and accommodation is 25. This makes this issue the top scoring priority for the day.

This makes more sense of this cluster of Key Ideas. Housing and accommodation and core funding and capacity building for AHCWA (and the many subsets of issues associated with this Key Idea) were the ‘hot topics’ of discussion either directly or indirectly throughout the day. The new rankings within this cluster are now:

- ❖ **Housing and accommodation (25)**
- ❖ **Core Funding for AHCWA (19)**
- ❖ **Clinical Governance (17)**

40.2% Cluster - By moving the Housing Key Idea and its 9 dot count out of this cluster as per the above analysis we have slightly altered the values and the re-calculated table is shown below:

37.19% (61 dots) 3 Key Ideas @ 16 – 25 dots each	34.7% (57 dots) 8 Key Ideas @ 6 – 9 dots each
1. Housing & accommodation; 2. Core funding for AHCWA; 3. Clinical governance;	Advocacy/Partnerships; Publications; Cultural Safety Training; FASD/ELT; HR/IR; Environmental health; Renal services; Lobbying & joint negotiations;
14.63% (24 dots) 5 Key Ideas @ 4 – 5 dots each	13.4% (22 dots) 12 Key Ideas @ 1 – 3 dots each
Per capita funding formulas; ext/internal communications; Corporate governance; Capacity building; Accreditation;	Strategic workforce plan; Member support; Membership/constitution; RTO/regional training; Shared procurement; Newsletters; Patient support; Scopings; Regional models; Website; Media, visit ACCHOs/communities;

Remaining Clusters - There is no particular value in further analysis of this type, other than to note the reasonably clear separation of the clusters of Key Ideas according to the range of dots they were assigned. From a priority ranking perspective, the separation between the first cluster discussed and all the rest is remarkable and very instructive in informing the organization on what Members believe to be the very most important issues needing to be addressed in some way.

The separation between all the rest is perhaps not as strong a guide as the range is low (1 – 9). It could be argued there is more priority given to Key Ideas scoring 9 dots than those scoring 1 dot. For example, Advocacy and Partnerships scored 9 dots and visits by AHCWA executives to the ACCHO’s, regions and communities scored 1 dot.

However, these ideas should not be viewed as ‘mutually exclusive’ or in isolation and when using this material to develop a strategic business and work plan for AHCWA, the issues and actions can be accommodated in a variety of ways and in many cases, overlap. For example, regional visits would be done for a variety of reasons and not simply to satisfy this particular Key Idea in isolation from any of the others.

Priorities in Context

We look now to considering the ranking results in context with the Overview of AHCWA presentation from the CEO and his 3 key questions, together with the extra ‘food for thought’ questions posed by the Facilitator.

CEO's Overview and 3 Key Questions

The table depicting the framework and content of his observations is shown again here to enable comparison with the set of high level or 'themed' priorities constructed on the Planning Day:

LEADERSHIP & POLICY	GOVERNANCE
Listen, harness views, be your voice, advocate for services/sector, influence policy/decisions, respect for different models of service in sector, communication, publications, sector promotion	Representative board, diversity of views, constitution, members respected, strategic alliances, focused on the future, inclusive, give value for members
OPERATIONAL ROLES	VALUES/STYLE
Programs, projects, staff skills, technical teams – COAG, planning framework – ensuring compliance with framework values, performance reviews	An Aboriginal way, no standing over, respectful relationships, no enemies, value performance and results

If the above framework and content from Craig's Overview were overlaid onto the Themed Priorities, the 'fit' is very good. Craig has added some richness by way of strengthening the core values and style of leadership and management, highlighting the technical expertise needed to manage complex programs like COAG and the intent to listen and be a strongly respected voice on behalf of the sector.

The 3 Key Questions were specifically addressed by each work group and the Key Ideas were initially developed in alignment with each one.

The Question "What do you want from AHCWA" – a wide variety of issues was identified under this question. They broadly encompass:

- ❖ Governance
- ❖ Performance
- ❖ Administration
- ❖ Workforce
- ❖ Communications, advocacy, lobbying and sector promotion
- ❖ Influencing
- ❖ Negotiating
- ❖ Innovation

The Question "What is AHCWA not doing" – in summary the issues identified were:

- ❖ Administration programs and support/centralization
- ❖ Training for staff
- ❖ Showcasing/promoting sector successes
- ❖ Patient needs for low cost regional and Perth accommodation solutions
- ❖ Youth – leadership for the future
- ❖ Health issues – dental/oral health and environmental health work

The final Question was “What do you think should be the priorities for AHCWA” – there were 28 identified priorities. These aligned with the ideas identified in the first two Question areas. In summary, there are two ‘groups’.

One group was presented in the context of ‘actions’ to take; and examples of these are listed below:

- ❖ A mentoring program
- ❖ Take over the Meet and Greet service and PATS
- ❖ Start a Food Bank
- ❖ Get core funding for capacity growth
- ❖ Plan for sector expansion and performance improvement
- ❖ Communications – get out to regions
- ❖ Set up a Policy Unit
- ❖ Set up an Operations Support Unit
- ❖ Start a commercial arm of the business – general own source revenues

The other group was presented as priority issues needing attention but there were no specific strategies. Examples of these are listed below:

- ❖ Mental Health
- ❖ Environment Health
- ❖ FASD/ELT
- ❖ Renal services
- ❖ Drug and Alcohol rehabilitation
- ❖ Housing/accommodation infrastructure and services for staff and patients/families
- ❖ Workforce development
- ❖ Clinical governance

The main messages from this are:

- ✓ *We have substantial need for and expectations from AHCWA*
- ✓ *AHCWA is ‘our own’ working arm*
- ✓ *We value and need what they do*
- ✓ *We need more of it and especially need work in areas not yet being properly addressed*
- ✓ *We need AHCWA to have greater capacity than they currently have*
- ✓ *There are some specific strategies we think should be prioritized into the future work program*
- ✓ *There are a set of concerning health, service and corporate related priorities which require action by AHCWA*

'Food for Thought' – extra questions from the Facilitator

The additional 'food for thought' questions posed by Lisa are listed below:

- ❖ How do you engage with AHCWA, are the communication channels clear to you?
- ❖ How do you get your priorities in focus, do you know what other priorities there are and if there are synergies or are they competing – how well informed are you?
- ❖ Who decides on priorities – are you a participant in decision making?
- ❖ How are we going influencing government/spending/actions on determinants of health?
- ❖ Are we thinking broader than just health services?
- ❖ AHCWA's capacity – how much can we do, what resources to we have/need and where from?
- ❖ Are we focused on the main events?
- ❖ Can we realistically do what is expected of us?
- ❖ The public health arm- are the benefits fully realized and where to now?
- ❖ What role should AHCWA play in terms of AMS's experiencing difficulties?
- ❖ Is AHCWA well enough positioned to 'command' automatic respect just be 'being in the room'?
- ❖ Governance for the future – where does AHCWA sit, what about NACCHO, regional bodies and relationships/linkages?
- ❖ Priority setting – are we a unified enough sector and are we taking care not to get 'wedged' by subtle 'divide and conquer' tactics?

Although each question was not specifically addressed, the evidence shows the work groups used these 'food for thought' questions for exactly this purpose. The thinking generated from these questions 'shows up' in several Key Ideas which are listed below:

- ❖ Constitutional review/Membership
- ❖ Communication
- ❖ Convene government/other agencies
- ❖ Sector strategy for Royalties for Region 'pool'
- ❖ Strategic promotion of successes
- ❖ Policy Unit
- ❖ Capacity growth
- ❖ More meetings for joint/sector wide planning for members
- ❖ Partnerships and joint ventures/collaboration
- ❖ Strengthening governance/training
- ❖ Advocacy and lobbying

The above list shows the 'thinking links' to the 'food for thought' questions. In summary however, the impression clearly evident on the day was a sector which is demonstrating it is capable of acting locally and thinking globally.

Unification and maturity of this sector is evident and the clearest messages of all on the day were:

- ✓ *We are capable – we have great ideas, leadership, grassroots connections and a Member Services body we support and need;*
- ✓ *Don't stand in our way – rather, empower us and help us create capacity to deliver;*
- ✓ *We can do things for and with you – we understand the issues, the priorities and how to get things done in an Aboriginal Way;*
- ✓ *We are locally strong and unified as a sector.*

The Re-Run of the Group Work

The final component of the analysis is a look back over the material from the work groups. This is important firstly to ensure detail and the intent underlying some of the Key Ideas has not been 'lost in translation'. And we also look to what this final analysis tells us about a comprehensive high level strategic framework for AHCWA to work with in the future.

On re-examination, each of the 62 Key Ideas has been cross checked with the consolidated 41 listed under the seven Themed Priorities.

At the broad level, the consolidated set of Key Ideas accommodates all of the 62. However, some very specific messages from the participants risk being lost. Below is a list of the Key Ideas which have been broadly - but not specifically - encompassed in the consolidated list. These warrant being individually highlighted and ought to be specifically considered when designing the future strategic action/work plan for AHCWA:

1. Governance training – governance needs to be a match for future opportunities
2. Member planning opportunities – more momentum behind this, once per year not enough for our sector anymore (opportunities for cross sector strategies/coordinated action, more unification, greater influence)
3. Developing leaders and youth leadership
4. Mentoring for managers and leaders in isolated areas facing tough issues
5. A 'career' development approach in the sector
6. Staff development and training
7. Performance management
8. IR mediation services support
9. Improving award terms and conditions – competitiveness with other sectors and portability of entitlements throughout the sector
10. A locum support service for all clinical staff categories

11. A register of pre-selected/screened clinical staff
12. An operations support unit
13. A policy unit – developing policy for governments and private sector on contract, fee for service and/or working in partnerships (eg outposted government policy officers based at AHCWA)
14. A commercial arm of the business – generate own source revenues, build a base of own core funding
15. Centralise, share administration support services/costs – cut costs, improve efficiency and generate some ‘core funding’ capacity from within
16. Meet and Greet and PATS – taking over these services
17. Food bank, nutrition gardens and bulk buying strategies/freight negotiations

The 17 specific Key Ideas appear to fall into 4 categories and these are shown in the table below:

GOVERNANCE	CORPORATE GROWTH/RESTRUCTURING
1 – 4 Governance training; increased member planning momentum; leadership development; and mentoring, including youth for the future	12 – 15 Operations support, policy development unit in AHCWA, a commercial arm of the business generating revenue, a corporate admin overhaul improving efficiency and creating re-investable savings for the sector as a whole
WORKFORCE & CLINICAL GOVERNANCE	INNOVATION
5 – 9 Human Resource Management; and Industrial relations support; 10 -11 Clinical workforce/governance	16 – 17 Providing some or all of the Meet and Greet service and managing some of the PATS area for government

This presents us with another ‘take’ on a high level strategic framework and perhaps now is the right time to consider this together with the framework derived from the seven Themed Priorities.

Before doing so, it is worth noting here that whichever way the priority rankings are viewed, the main message is intact:

- **the three top priorities are housing, core funding and clinical governance, and all the rest are also important.**

Viewed together, the Themed Priority framework and this ‘new’ framework which presents itself from our analysis of some of the specific Key Ideas only broadly captured in the high level consolidated lists,

we can examine and consider if some blending is warranted and what the resulting framework could look like. The table below compares the two frameworks:

<p>THEMED PRIORITY (consolidated) FRAMEWORK</p> <ul style="list-style-type: none"> ➤ Clinical services ➤ AHCWA programs ➤ Corporate services ➤ Strategic leadership ➤ Program development ➤ Communication ➤ Partnerships/Agreement template 	<p>SPECIFIC (non consolidated) KEY IDEAS FRAMEWORK</p> <ul style="list-style-type: none"> ➤ Governance ➤ Workforce – HR/IR & Clinical governance ➤ Corporate growth/restructuring ➤ Innovation
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A 10 Point Strategic Framework for AHCWA

Taking the above strategy lists into account, a final framework is then enabled by grouping all 62 Key Ideas as they fit together naturally. For example there are many which all naturally fit under the heading of Workforce. Through this process, a set of *meaningful strategic headings* is created. This list or framework is created by the Key Ideas and therefore it is member driven directly from work on the Planning Day.

It may also serve as a robust and complete high level strategic business/action framework for AHCWA and its members. As such it can be used to guide further and ongoing planning, work programming and process/outcomes evaluation work.

The 10 Point strategic model has been arrived at with the benefit of detailed analysis, sufficient time for consideration and a better understanding of Member priorities.

The 10 Point framework is shown on page 24 (next page).

GOVERNANCE	MEMBER SERVICES
Constitutional review/broaden membership; Governance training for boards; Position paper on NACCHO/AHCWA/Regional bodies etc; Strengthen governance; Embrace holistic health philosophies and diversity; of service models within the sector/celebrate.	IT expertise; Member accreditation; IR mediation HR/IR support; Collective negotiations with corporates; Advocacy/ lobbying – Canberra, Parliament Advocacy Days; Assist high needs areas and AMS having difficulties Coordinate strategic success promotion Craig and Des get out to regions – in the trenches; Operations support unit; Drive profile upward and agenda forward.
WORKFORCE	TRAINING
Housing and infrastructure for staff; Competitive salaries/wages, terms & conditions; A workforce plan; A workforce development plan; Staff development and training; Mentoring Leadership and Youth leadership; Performance management; A Locum Service and staff screening; A ‘careers’ approach; Workplace vibrancy/marketing-special interest portfolios.	Own sector training needs, including clinical governance support through training; RTO expansion of training products, commercialise more; CST training – best practice, accreditation, delivery Pharmaceuticals training.
CLINICAL SERVICES	PARTNERSHIPS/AGREEMENTS/JOINT VENTURES
Strengthen clinical governance sector wide; Medicare income.	Convene NGOs dealing with Aboriginal health and competing for funds from same pool – influence and collaborate; Aboriginal involvement in GP Superclinics; Partner with GP Divisions; Discuss client enrollment with GPs.
CORPORATE GROWTH & ADMINISTRATION	HEALTH IMPROVEMENT
Capacity building/core funding; Internal reviews/performance; A commercial business arm - funeral fund, superannuation fund, insurance; A policy unit; Centralised accounting & banking Joint procurement-cars, travel, accommodation, bulk buying, freight rates; IT/IM sector wide strategy.	Food bank; Nutrition gardens; Better access to better food; Improve/takeover Meet and Greet and PATS Patient and family low cost accommodation in city and regions; Environmental health agenda; Dental and renal services FASD/ELT; Drug and alcohol rehabilitation; Mental health.
COMMUNICATIONS	SECTOR WIDE FUTURE GROWTH
Public relations; Using the media better; An internal communications strategy; Show/promote successes; Sharing what is working well; AHCWA get to know members; Newsletter; Website; Community workshops; More member meetings – joint planning, progress reviews.	Evaluate AMS model; Benchmark an ideal AMS business model based on population served; Per capita funding models – how to get this in WA; AMS growth/service and business improvements; Sector wide strategy for accessing a pool of Royalties for Regions funds and AHCWA to be ‘fund holder/distributor’; Planning for sector expansion.

These major headings/groupings are not entirely mutually exclusive and it is arguable that communications and training should or could be encompassed under other headings or that they form part of a 'next order' of strategy. Training for example is intrinsically linked into governance, clinical governance, workforce and leadership and communications.

However, the message was very clear from the Planning Day that members consider these two aspects of AHCWA business as crucially important and as such, they ought to be considered in both ways:

- as an essential element of business in any of the strategic categories; as well as
- deserving to be singled out for particular attention at the strategy/action level.

The issue of training also has two clear aspects to it for AHCWA. Firstly is the training need within the sector for its own needs. Secondly is the potential to capitalize a lot more on the RTO and provide a range of training and training related services and products for other sectors/agencies on a commercial business basis. Considered together, training is a big strategic issue for AHCWA and the sector.

Another important observation is in the area of clinical services. It is suggested that the wording 'clinical governance' be considered not as two simple and non defined words, but rather in its expanded context – a policy, standards, management and action framework. It is worth repeating – these two simple words, whilst lacking in any listing of descriptive elements on the Planning Day attracted amongst the highest number of member votes. This clearly signals that members view it as crucial to the business.

Clinical governance is also linked into several other strategy themes. Using the same rationale as for training, it is defensible to have a clinical services category which contains the clinical governance Key Idea and that this category be expanded as required to capture other high priority clinical service issues in the future.

EMERGING OPPORTUNITIES – A DISCUSSION

The March 2010 Planning Day has proven to be an excellent investment thus far. Sector members and AHCWA staff have shown themselves and their sector to be advanced, unified and standing ready to embrace the future with all of its inherent known and unknown challenges and opportunities.

There is a further body of detailed and strategy planning work to be done following on from the Planning Day. AHCWA has a very substantial set of member needs and expectations to serve. It is clear that the most pressing priority is to source and/or create the capacity and resources to make such an enormous work agenda and set of crucially important outcomes to be possible at all.

Some specific aspects of the strategic framework are discussed with a view to presenting opportunities or ideas for progressing them. From this discussion/chapter, some recommendations will be presented at the conclusion of this report.

Governance

The sector has expressed a strong desire to be well governed and positioned to deliver and cause to be delivered (by others) better results in health care and health status of Aboriginal people. This translates to mean an internal focus on doing well and an ability to influence the decisions and actions of other parties. Governance therefore is a balance of inward and outward focus. Governance training was specifically identified as a need.

It seems an ideal time to examine the current model of governance, look to where there are governance models which could benefit and strengthen the sector and develop boards and members accordingly.

Workforce

There were many individual Key Ideas comprising this category and they generally cover the range of workforce related issues from high level planning to HRM and training/development. As such, there appears to be a clearly expressed need for a comprehensive workforce plan which encompasses all the elements, including housing and infrastructure. This final point was one of the top three priorities identified on the Planning Day.

Attracting and retaining the best clinical and professional staff is a challenge for every health organization and there is nothing on the future horizon to suggest this is going to get any easier.

Becoming and staying competitive in a tough market is crucial. A workforce strategy must be focused on winning and actionable measures and encompass all the determinants of whether or not staff will apply for and accept sector jobs and remain on the payroll. A sector wide approach seems to be supported by member organisations. There is potentially far more leverage available to the sector working in a unified

way on workforce solutions and there doesn't seem to be anything stopping some highly innovative thinking. One possible advantage the sector has over the government health sector is that it is less constrained by the red tape and inertia which often strangles bureaucracies. There is also the element of general support the sector enjoys politically, from the media and from unions and professional associations. Whereas these stakeholder groups are more likely to stonewall innovations within the government service sector due to the magnitude of real or perceived threats to power bases, there is typically far more lenience shown to innovations within smaller and less power threatening sectors.

This aspect should be fully exploited to the benefit of the sector.

Clinical Governance

As discussed briefly in the previous chapter, the term 'clinical governance' breaks down into a vast body of systems for governance and management. It is partly encompassed in the workforce category as it involves selection/recruitment – screening, credentialing; performance management and constant attention to skills and training.

There is also a quality/safety systems aspect to the clinical governance framework and this may need to be examined in detail. Clinical policies and guidelines, incident reporting, easy access to the necessary equipment and resources at the point of care for clinicians, risk management/feedback, client complaints management and interdisciplinary clinical communication systems are all key elements.

The interaction and communication with clients is another component of the clinical governance agenda, as is safety in the domains of culture/client needs. There is also a significant overlap of clinical governance and corporate governance in the areas of building and equipment safety, environmental safety and occupational safety and health, corporate support and communication systems and general policies and guidelines.

Corporate Growth/Administration

There are several very important ideas expressed in this category and each warrants particular attention going forward. Capacity and resources were one of 3 'hot topics' on the day.

Essentially, the ideas can be viewed as two parts/or solutions to the one 'problem'. The 'problem' was seen to be capacity constriction of AHCWA and the need for core funding. The ideas which have come from the Planning Day provide some direction. Firstly there are some ideas which are potentially about creating capacity from within. For example, 'internal reviews, efficiency, productivity, shared services, centralizing, joint procurement, bulk buying'. Viewed from a whole of sector perspective and considering how much each small organization is doing independently, there may be considerable capacity for consolidation of a substantial body of administrative work centrally and for the sector as a whole to generate re-investable capacity/resource savings as a result. This would require a great deal of organization maturity as it brings into question some challenges and therefore the need to carefully balance the independence of member ACCHOs with some degree of productive and business like sector

wide administration systems. A useful way to think of this is the 'the better the business, the more we achieve our mission'. This mantra serves the not for profit religious sector very well – in order to deliver on their particular mission - such as serving disadvantaged people - they actually do very uncompromising and sharp business to get the end result they are after. It is suggested AHCWA and their members give some consideration to adopting a similar 'mission and business' philosophy.

Secondly, there are ideas which are focused on developing some business for the organization/sector which generates 'own source' revenues. The 'mission and business' philosophy also underpins this strategy.

One possibility is expansion of the member base and generating revenues from a range of membership benefit/service packages structured around appropriate levels of eligibility and priced accordingly. This is assuming that people will pay for something of value and that they will receive something of value for their membership investment.

A business arm of the organization has been suggested and some ideas about services and products to be developed for profit were a funeral fund, an industry superannuation fund, insurance products, training products and Aboriginal health contextualized policy products for governments/corporate entities. This last point was the intention behind the idea to establish a policy unit within AHCWA.

It may be well worthwhile looking to a full consideration of potential product/services sales to generate revenues. Likewise in this strategic theme, there appears to be nothing to stop the organization being as creative as possible and looking into every potential avenue to acquire funds and resource capacity.

It is always a 'good look' when requesting funding from external parties to have a business plan which shows there is potential and commitment to doing good business internally and looking to all possible revenue sources in creative ways. In this way, the impression is created that the organization and its aspirations are worth investing in and that there is some healthy and reassuring self reliance evident.

As a unified sector, AHCWA and its member organizations have a Unique Value Proposition. It is worth fully developing and exploiting.

Health Improvement

As outlined previously, many of the Key Ideas were framed in terms of clear actions which could be implemented. Others were statements of health or program concerns and at this stage these are not defined in terms of actions. Perhaps it can be read as meaning that members know these matters are high priority but are looking to have some 'work done' on them to try to find workable strategies, breakthroughs, directions, answers and so on.

There are some, such as drug and alcohol rehabilitation, FASD/ELT, Aboriginal Environmental Health, dental services and renal services where it was expressed that there simply is not enough being done – insufficient action, resources, services and so on.

Other issues such as low cost accommodation solutions were discussed as needing further action as existing programs and services had many gaps and problems causing frustration and difficulty at the service/client level. There may be an ideal opportunity for AHCWA to develop solutions for and possibly take over provision of Meet and Greet and some PATS administration from WACHS. A business plan/proposition for WACHS may be worth considering in this area.

There were some innovative/breakthrough ideas worth further consideration if resources permit in the area of better food and better access to food – nutrition gardens and a food bank.

The mental health domain seems to be one with fresh opportunities for the sector. There are COAG funds available and the reforms to the Mental Health portfolio in state government should provide an excellent opportunity for the sector to position itself well as a major player at planning, policy and service delivery levels in the future. As such, some quality planning for unique sector driven service models tailored to meet state government outcome expectations in the next 6 – 12 months appears to be a very high priority for AHCWA action.

The ideas in this and several other strategic categories ultimately align with the area of Member Support as the responses to most of them entail advocacy and lobbying, planning, negotiation, business case development or a corporate/action of some sort and dealing with governments/departments collaboratively.

This simply strengthens the argument for capacity growth and core resources to structure AHCWA adequately to undertake such a large body of work in the future.

OTHER AGENDA ITEMS

Section 19 (2)

The Chairperson spoke briefly to this and encouraged members to deal with this opportunity and finalize arrangements with the State and the Commonwealth before the end of the Conference to ensure the tremendous opportunities for additional local funding were not lost.

Relations between AHCWA, WA ACCHOS and NACCHO

Time did not allow for a dedicated segment for this. However, the subject came up in discussions in the group work and it was clearly understood that there needs to be more clarification about roles and linkages. There was a specific Key Idea from the group work suggesting a position paper be developed on this topic by AHCWA and further action would evolve from that point.

Prison Health and Statewide Aboriginal Mental Health Service updates

Time did not allow for a dedicated segment on the prison health issue and the Mental Health issues were an agenda item for the conference itself and would be discussed at that time.

Industrial Relations – New Modern Awards

Craig talked briefly to the new template/minimum standards Award currently in place to ensure all participating Members were fully informed and had opportunity to seek clarification.

RECOMMENDATIONS

These recommendations are offered based exclusively on discussions and ideas from the Planning Day and without the benefit of a clear understanding of exactly how the organization or the sector as a whole does its governance and business work. Therefore, some of these recommendations may be things which are already in place fully or to some extent.

There are 55 recommendations and they are grouped under the relevant strategic category.

Governance

1. Explore governance board models designed for similar organizations and engage board members in extensive discussions about the best future governance system.
2. Develop a value set, make it the linchpin of the unified sector.
3. Ensure the governance structures are adequate to guide and monitor risk management, strategic management and performance, workforce and capital, and voluntary performance reviews and audits aimed at learning and improvement across the sector.
4. Consider centralized Chief Finance Officer and Chief Information Officer roles for the sector as part of the member services, performance and governance agenda.
5. Strive for power, authority and influence and create 'brand' value – for the purpose of attracting media, political, corporate business respect and commercially profitable sponsorships.
6. The ANF and AMA are useful models to study and learn from with respect to successfully executed media profile strategies. Routinely TV, radio and print press journalists go to the ANF and the AMA for an opinion on practically every issue related to Health. The ACCHO sector, through its governance and leadership structures should aim to have key individuals on their automatic 'contact for an opinion' call lists.
7. Consider a broader membership base and subscription/fee based memberships designed and packaged on eligibility/levels or types of memberships and priced accordingly. There should be a commitment to giving a valuable suite of products and services in return for paid membership and much of it should be accessible easily through a website with exclusive member only access as per member type. ACCHO members should be given the highest membership ranking and suite of services and products.
8. The sector consider doing some co-sponsoring deals with corporates and providers of service products (financial, insurance, health, careers, mortgage, investing, travel, accommodation, supplies etc) to promote eachother's services and brands mutually and offer discounts for members and staff.

9. Consider a 'glamour' program to be owned/driven by the unified sector/governance body in the area of Aboriginal Youth Development – this could package education and training, career guidance/support, life coaching, financial and physical health and well being (financial planning, saving, superannuation, health insurance, building personal wealth, family planning, children's education etc). The possibilities for this are extensive and substantial corporate sponsorship and public fundraising support may be possible.
10. Training for board members should be a basic member service and there should be a professionally designed and delivered training/learning program using easy access technologies in addition to value added elements like mentoring, coaching, constructive performance audits and the like.
11. The sector must decide if it is willing to take its own poor performers to task and carry out whatever intervention is required to resolve problems and stabilize services. This was raised in discussions during the Planning Day. There may be potential for a greater share of corporate resources from OATSIH if AHCWA and the sector demonstrated a willingness to address governance/management issues negatively affecting service delivery from within.

Workforce

1. A sector wide strategic workforce plan should be developed.
2. The plan should encompass all the major determinants of attracting, recruiting and retaining good skilled staff.
3. It should also have an element dealing with competency maintenance and enhancement, performance management/improvement and career progression and opportunities.
4. A careers approach should be a feature to attract staff into ACCHO's – one which accommodates the individual's changing needs as life circumstances evolve – children, schooling, additional training, promotion, financial needs etc. This approach should also market the fun, vibrancy, learning and leadership opportunities available in ACCHO workplaces.
5. Members recommended standardized terms and conditions throughout the sector and salaries and other award conditions and employee benefits sufficient to make an AMS job or career more attractive and genuinely and mutually rewarding.
6. A solution to staff housing and infrastructure is required. This will be a major rate limiting issue if not addressed, especially as government progressively catches up with modern housing needs for its staff. In the absence of a major injection of capital funds from government departments of health, the only other substantial source of funds are big corporates (mining giants) in the mining regions. It is suggested however that some thought be given to approaching some of the Native Title Trust corporations in relevant areas. These Trusts have come in for some negative publicity and political attention recently as they have been accused of

'sitting on' large amounts of money intended to deliver benefits. There may be some appetite to invest some of the funds in housing infrastructure for ACCHOs in areas where the Trust members/communities derive some direct benefit from it by way of medical service security.

Clinical Services

1. A robust and comprehensive sector wide clinical governance system be developed and rolled out in a planned phased implementation timeframe. This should be a standing item on the board agenda to monitor progress. The board/s may consider setting up a sub-committee of the board to monitor clinical governance progress sector wide and this should report directly to the board.

Corporate Growth/Capacity

1. There should be a dual focus on creating internal capacity and freeing up resources as well as energetically pursuing commercially inspired business to generate a supply of 'own source revenues'.
2. There were good Key Ideas suggesting internal reviews, centralising administration services and doing some streamlining/restructuring to improve performance, support members better and do better business for less money. Some consideration to a sector wide Chief Finance Officer, Chief Information Officer and Human Resource Management director/consultant type roles is suggested to galvanise direction and effort in finance, IT and information and workforce planning and development.
3. An upfront/seed funded investment in a business development 'unit' should be considered and a business case submitted to Commonwealth and state governments. The process should involve an energetic exploration of every ethical and possible source of generating cash flow and additional income to create some degree of financial independence and self determination. Some examples are: government grants and funds for joint appointments (such as a shared policy unit), corporate sponsorships and grants, products and services sold commercially (such as through the RTO/training); paid memberships (as mentioned in the section on governance); innovative products in funeral funds, insurance, salary packaging, financial planning advice, life coaching and mentoring, superannuation and the like.
4. Sponsorships for special initiatives including capital works for housing and infrastructure offering high profile promotions and branding to the sponsoring company/entity should be explored aggressively.
5. The possibility of attracting investment from Native Title Trust funds in health related initiatives is another possibility.
6. A web shop selling branded products and useful tools for staff, members and clients may be worth exploring. It may also be possible to arrange affiliate sales procedures

with a carefully selected suite of ‘culturally inoffensive’ products/brands for web based sales. This makes the website a highly useful tool for users as they can browse a large number and range of products meeting their needs and purchase online. The organization could therefore pick up a constant stream of revenue through sales commissions. The AMA have been very entrepreneurial and developed a successful products and services sales list and shop front and this would be worth exploring from a learning/ideas perspective.

7. Fund raising is another stream of potential income for special and high profile initiatives likely to generate public and corporate support. The RFDS have developed fund raising to a very high level and they do it constantly and well. It would be worth studying and replicating some aspects of their model – they have a dedicated fundraising arm within their organisation and they engage public relations/fund raising experts with excellent corporate networks and skills in staging fundraising programs and events. Some careful consideration of the ‘pitch’ of fundraising efforts would also be essential and expert ‘marketing’ advice should be obtained.
8. Offering implementable service solutions to government to take on services/programs on an outsourced or collaborating/joint venture basis should be explored. The Meet and Greet service and some aspects of PATS management were discussed specifically at the Member Planning Day.
9. Opportunities exist to offer up solutions in mental illness management and mental health promotion/early intervention in the near/medium term.
10. Every other possibility should be explored with a view to presenting government with better solutions for work it needs done but is struggling to do for one reason or another. The focus here should be what the sector, with its ‘Unique Value Proposition’ can offer and which provides a benefit (as opposed to a disadvantage) to that department.
11. A strategic plan/work program for sector wide advancement and health improvement should be presented as the basis of a smart and business based submission to both governments/departments seeking a 2 to 3 year funding grant to enable the corporate capacity/performance growth in the short term. The business ‘pitch’ should be to ‘market’ the intention that core funding submissions beyond that timeframe are intended to be modified in accordance with the achievements AHCWA and its member ACCHOs have made in terms of creating some internal capacity and establishing some sustainable streams of own source revenues.

Communications

1. A dynamic website is a major communication and interactivity tool for the organisation’s members, staff, clients, stakeholders and supporters and business partners. It can be used for access to special member and staff services and products, it can be monetized for selling things, it can handle affiliate selling of co-

branded and discounted products and it is a store for training resources, policy and guideline manuals, information resources and clinical tools and so on. Continued investment in a website enabled for expanding business and core member/staff support services and tools is strongly recommended.

2. A communications strategy is clearly highly desired as expressed on the Planning Day. The strategy should accommodate the organization's communications within the sector, with staff, clients, stakeholders/partners, business clients and potential staff.
3. A media strategy is recommended as a means for the sector to gain and maintain a high profile as a leading authority on Health generally and Aboriginal health specifically. Some outstanding successes are visible in Perth (AMA, ANF) and these would be worth studying to learn from.

Member Support Services

1. A skilled operations support unit is recommended and it should be capable of providing appropriate supporting responses to member organizations seeking help. It should also develop and execute a range of broadly endorsed proactive performance improvement measures based on a shared commitment to learning and constant improvement. The unit should be able to respond quickly and appropriately to requests or signals for assistance/intervention. Its focus should be HR and IR support, mediation, recruitment and selection and staff performance management support and management advice.
2. Members also require executive support for advocacy and lobbying – the question was posed at the Planning Day “should we be content with NACCHO as our advocate/lobbyist or should we use the American model and hire a professional lobbyist instead?” There is further discussion needed around this question beyond the scope of this report and it should be dealt with in the proposed position paper.
3. It is recommended the menu of member support services be expanded with further planning. In particular, if Membership does become fee based in return for services/product packages, the expectations for support with prompt services and products will increase.

Training

1. A training needs assessment should be undertaken if not already done.
2. A training plan designed around the needs of the organization should be developed and the implementation strategy prepared.
3. A system based competency training and development model should be employed and training achievements should all be recorded on staff files as an element of performance management and clinical governance.

4. Training should cover all the essential basic competencies staff are expected to know and maintain skills such as basic/advanced life support, manual handling where relevant, annual staff update on fire and safety, clinical quality, risk management, incident reporting and particular clinical skills. It should also offer training packages for advanced skills. Self directed learning packages are one method – once the self learning component is complete, the staff member submits their test/assignment and then they are booked in for the next possible lecture or workshop covering the practical teaching and testing elements. As much as possible, the system should be web enabled using a training portal on the website.
5. Training is also a core business product for AHCWA as it is a registered RTO. As such, the commercial benefits of this should be fully exploited both in terms of what training packages it can design and sell or design/purchase and deliver on a fee for service basis targeting external client needs. Web accessible and downloadable training packages, tools, courses should also be considered – if these are professionally made and high quality, the effort is a one off and the investment return is highly leveraged as sales increase off the website. Web conference styled training seminars and podcasts could also be explored and a special benefit for financial members could be the ability to access these off an archive of recorded past seminars.
6. In the area of CST, there is also some consideration warranted in regard to accreditation/standards of CST training by other organizations. Some questions for discussion are proposed here: Can AHCWA and the members set/dictate a quality standard and if so, would it provide trainer support kits and learning tools on sale and/or conduct fee for service based ‘train the trainer’ teaching sessions on a scheduled or demand basis? Can CST be fully or partly recorded/filmed so one professional effort can be leveraged many times over, or is it essential all or most of the training be provided with the personal touch every time?

Partnerships, Agreements, Joint Venture Collaboration

1. There is huge potential in this strategic domain to bring additional resources, support and leverage into core business, building a positively influential power base and /or generating capacity and resource growth. As such, it is recommended that some significant attention be given to the ideas it encompasses and perhaps more to come as thinking expands.
2. The first task is to create value – the organization and the wider sector must be a widely respected authority which is good value to be associated with in a variety of ways.
3. There is a good foundation to work off, and more leg work is needed by the executive to engage with the major players, actual and/or potential partners, stakeholders, funder/supporters and business partners.

4. It is recommended that a relationship building strategy is developed and implemented and this would encompass a range of approaches and activities designed to bring key people and leaders together to debate, to contribute, to learn, and share. The opportunity exists for AHCWA to take a lead role in this strategy which is aimed to creating strong impressions of high value. One suggestion is to sponsor mini debates, panels, breakfast seminars, leader groups and the like as a way to get to know people, let them hear from you and you from them and engage them in going forward by providing them with opportunities.
5. To do business with you, they ultimately will make a judgment about 'what is in it for them?' This is where it becomes important that they see 'value' in AHCWA and that there is some form of 'value' for them by working with you or doing business with you. The early stages of engagement and relationship building should be based on demonstrating leadership, ideas, and the unified strength and commitment from the sector as a whole. AHCWA should develop a suite of innovative initiatives to keep 'on the shelf' ready to match up with a sponsor and be rolled out with appropriate launching fanfare, co-branding and acknowledgements.

Sector Wide Planning and Future Growth

1. Work needs to be undertaken to evaluate the AMS models and design the ideal criteria as a template guide for future AMSs.
2. There should be a focus on improving existing AMSs where they are experiencing chronic governance and/or management challenges.
3. There is a strong view that growth in the sector through new AMSs is necessary and that AHCWA should be undertaking detailed planning to determine the priority areas, the service model, best practice, financial and operational feasibility and resources, staffing and infrastructure requirements.
4. The Medicare funding model should be examined and there should be some exploration of alternative per capita funding models taking into account health status, service needs and operational cost disabilities.

Health Improvement

1. There should be a feasibility study on the food bank idea, bulk buying food, freight deals and nutrition garden initiatives to improve access to better and more affordable food.
2. Strategy papers and associated business plans should be developed for Aboriginal Environmental health, mental health, dental health, renal services, FASD/ELT and drug and alcohol rehabilitation.
3. These should be used in conjunction with potential collaborators/joint venture parties, funding from government and corporate companies in a 'ready to rollout' format assuming a source of funds will become available at some stage in the

future. It would be a useful approach for AHCWA to have their 'shelves well stocked' with ready to go health improvement initiatives. These can be offered to sponsors and funding partners so they can select initiatives which fit best with their own organization culture, goals and locations.

4. Where these programs overlap with WACHS or other area health services, there should be work done to build partnership intent and commitment and some exploration of the desirability, benefits and feasibility of WACHS outsourcing some or all programs and services to the sector via AHCWA should be considered.
5. The policy unit Key Idea is encompassed within the Corporate Growth/Capacity strategy area. However, it is recommended it also be considered in this area of Health Improvement. It could be the primary vehicle through which policies, plans and strategies are developed in collaboration with WACHS and other government departments and/or providers. It is recommended that a business case proposal be submitted jointly to WACHS and DOHA with a view to co-funding or outsourcing planning and policy resources and staff. In undertaking the policy work, AHCWA would be required to address the policy expectations of the funding bodies in conjunction with their own views. As such, it would be truly collaborative work with potentially high value to all three parties.

