ABORIGINAL HEALTH COUNCIL OF WA

MEMBER'S PLANNING DAY 2011 REPORT

A FOCUS ON MEDICARE LOCALS IN WA

5/1/2011

The 2011 State Sector Member's Planning Day was held at the Rendezvous Hotel on Thursday 14 April following on from the annual Conference held over the previous two days. The proceedings were conducted in two distinct sessions. The morning program considered three topics and the afternoon session was set aside for a facilitated discussion about the progression of the Medicare Local policy in WA. AHCWA has a separate report detailing discussion in the afternoon session of the Planning Day together with the Friday 15 April Medicare Locals meeting.

Contents

INTRODUCTION AND BACKGROUND 3

THIS REPORT 3

Open and Welcome 4

Key Note Address- Des Martin, CEO AHCWA 4

Session One Topics 5

AHCWA Presentation 5

1. Roles and Responsibilities of Team Members – Des Martin, CEO of AHWCA 5

2. Executive Support Services - Michelle Barbaro 8

3. Jennifer Sala - Financial Services Management 11

4. The Workforce Development Team - Sharon Bushby 13

5. Sector Development and Member Support – Sue Christopoulos 14

NACCHO presentation on the National Health and Hospitals Reform (NHHR): Towards a Shared Approach – Proposal for a new Authority – Justin Mohamed, NACCHO Chairperson 18

A Geographical Information System for Reporting Aboriginal Health – Mimmi Carlose and Peter Sommerford, Epidemiology Branch of the WA Department of Health 22

Curtin University of Technology, Improving Links and Support for Aboriginal Health Services – Professor Sue Fyfe and Kim Scott. 24

eHealth and Information Management - Dr David Glance (UWA), Brian Dunstan (Communicare) and Ron Richards (Auditor) 25

SESSION ONE ENDED 28

INTRODUCTION AND BACKGROUND

As is the usual custom either before or after the annual State Sector Conference, the Aboriginal Health Council of WA (AHCWA) organised the 2011 Members Planning Day to capitalise on the opportunity of having so many delegates from all over the state at the venue. The Members Planning Day was conducted at the Rendezvous Hotel on Thursday 14 April 2011.

The program for this year was designed in two sessions. The first session was held in the morning. The MC was Mr Ernie Dingo who had also been the MC/Facilitator for the Conference event. The session enabled presentations and shared discussions on the following topics:

1. AHCWA senior team member presentations to broaden the understanding of their roles and responsibilities;

2. A presentation from the Chairperson of NACCHO – Justin Mohamed (presented by Ms Glenda Humes);

3. The Department of Health Epidemiology Branch presenting on the data sharing between the WA Country Health Service and the Aboriginal Community Controlled Health Organisation (ACCHO)sector;

4. Professor Sue Fyfe from Curtin University discussing opportunities for stronger links with the ACCHO sector health services; and

5. An eHealth business reform opportunity for the ACCHO sector in WA.

The afternoon session was set aside for an opportunity to develop a negotiating position on the Medicare Local (ML) policy implementation plans in WA. This was to be a pre cursor for a special meeting the following day between the ACCHO sector delegates and various stakeholders from the WA GP Network and Divisions of General Practice.

For this session, the Office of Aboriginal and Torres Strait Islander Health (OATSIH) arranged a facilitator to assist the sector to develop its position for the meeting the next day. The facilitator had also been engaged to provide the same level of assistance for the GP Network stakeholder group and was also going to be facilitating the joint meeting on Friday 15 April (the following day).

AHCWA has a separate report detailing the proceedings for the afternoon session together with a record of the discussions during the meeting on Friday 15 April with the GP Division representatives.

THIS REPORT

The report of the first session provides:

1. A detailed record of each presentation, the discussion and questions during the morning session of the Planning Day. Relevant information from the presenter power point presentation material has been incorporated where possible. Larger power point presentations containing a great deal of graphic information are noted where relevant and can be accessed via the AHCWA website.

Open and Welcome

AHCWA Chair and Derby Aboriginal Health Service CEO Vicki O'Donnell opened the session's proceedings. Vicki welcomed Members to this year's Planning Day and clarified the intentions for the two sessions.

To start the morning session off, she called upon AHCWA CEO Des Martin to give a keynote address which would give Members an overview of AHCWA and ensure that those who had not attended a Planning Day before had an opportunity to understand the bigger picture leading into today's work.

Key Note Address- Des Martin, CEO AHCWA

Des Martin commenced his introduction from his own Maori culture and spoke in his native language. He shared the story of his career development, the inspiration he got from his father and he acknowledged the people he has worked with in the past and at the present time.

He shared with the participants that his father advised him that if he wanted to make changes, he needed to get into positions where it would be possible to make a difference. Des said he has been an activist for many years and that he has seen institutional racism first hand many times.

He also told the audience how his decision to come into the CEO role in AHCWA was not an easy one for him to take. In his own words:

"Coming out of New Zealand where I was very much involved in corporate life in the Area Health Board system, my intention in coming to WA was for a life change because I felt burned out at that stage of my career. But when I came into AHCWA, my enthusiasm was reborn. I was inspired by the wonderful people I came across and from a cultural perspective I felt like though I was away from my own country and my people and family that I was once again comfortable in a cultural setting where I was accepted as one of the family.

I understand culture and language and I know what it is like to be disadvantaged. What you see is what you get with me. I am committed and passionate about the work of AHCWA.

I don't believe it is a disadvantage for a Maori to be in the CEO role in AHCWA. I am a deeply cultural man and our cultures share the common themes of racism, disadvantage, sense of family and connection to culture, to land and to eachother. From that perspective, I feel very much the right person for the job".

Des went on to acknowledge that AHCWA has had a lot of CEOs recently and that the waters had been unsettled. However, he was keen to convey the message that things have settled now and that the team is rebuilding with strength. There has been a period of internal review of the policies, systems, procedures and functions and the organisation's focus is on the core business it was initially established to be responsible for.

He said he always bore in mind something which was said to him during his interview for the Operations Director position before he became the CEO. At this interview, the board reminded him that AHCWA

was very much about what the Members want and not what the CEO sets a course for in isolation from the board.

Finally, Des advised that it is normal practice for the sector to use this special annual Planning Day to develop strategic priorities and actions and that these form the basis of AHCWA's business plan for the following year. However, it had been decided that at least half of the day ought to be set aside so Members could use the opportunity to develop a sector position on the Medicare Local policy prior to the scheduled meeting with the WA GP Network and GP Division stakeholders tomorrow (Friday 15 April).

Des stated that:

"We decided to use the time and opportunity whilst so many of you are here together to focus on the highest priority issue of concern to our sector right now – the Medicare Locals policy".

He also affirmed his commitment to undertaking a strategic planning exercise with Members at a point in the future.

Session One Topics

AHCWA Presentation

1. Roles and Responsibilities of Team Members – Des Martin, CEO of AHWCA

Presenters:

- Des Martin, CEO
- Michelle Barbaro – Manager, Executive Support Services;
- Jennifer Sala – Manager, Finance and Contracts;
- Sharon Bushby, Manager, Workforce Development;
- Sue Cristopoulos, Manager, Sector Development and Member Support.

Des Martin commenced the presentation on this first topic by giving a high level overview of AHCWA, its structure, values and strategic priorities. He said that he believes that these values are not well enough respected and that they do encounter times when others impose their own values. The non consultative approach to the Medicare Locals implementation plan in WA was a demonstration of this. He said that it seemed like it was very much about what suited other parties with little regard to the sector's views.

<u>The vision is that:</u>

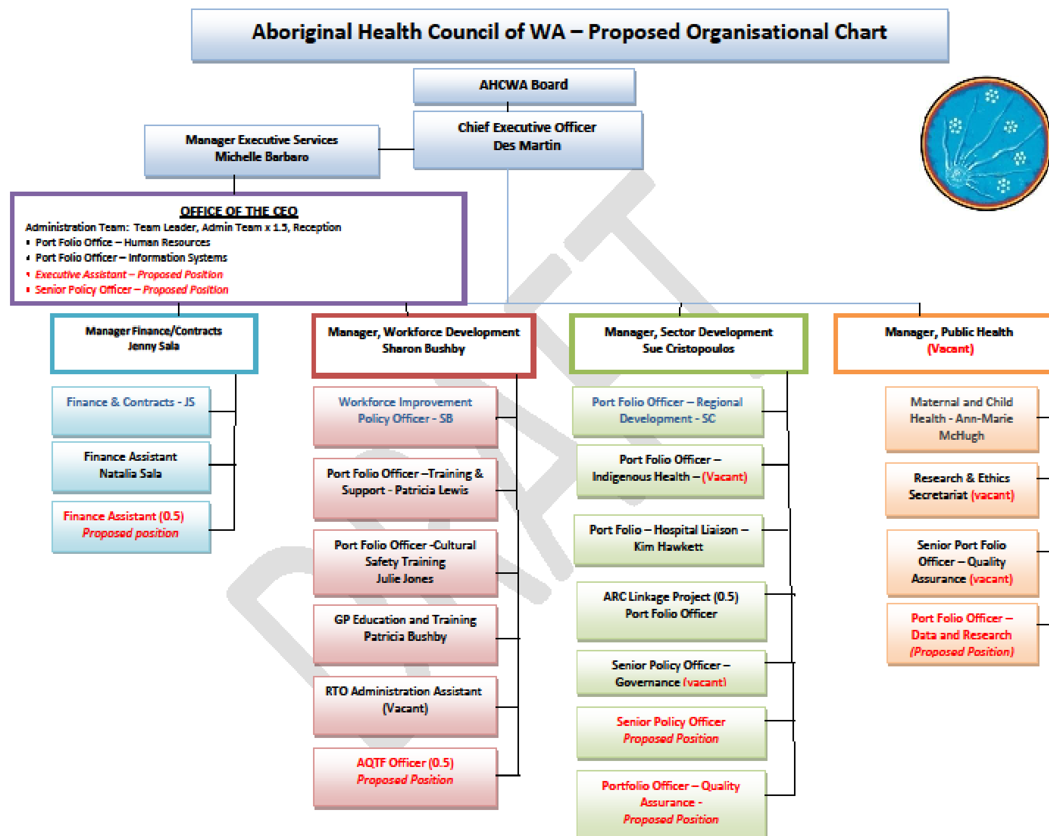
"The health status of Aboriginal people in Western Australia will be at least equal to that of the non-Aboriginal population by 2025 through the acknowledged leadership of the Aboriginal Health Council of Western Australia (AHCWA)".

<u>AHCWA values are underpinned by a strong commitment to:</u>

- Aboriginal history and culture;

- ➢ Respect for the land and for its traditional custodians and elders;
- ➢ Understanding of the effects that colonisation has had on the first people, their land and their culture;
- ➢ A belief in the basic humanity, value and contribution of all people to shape our future.

<u>The slide below outlines the organisational structure which has been developed during the internal review and planning and has now been approved by the AHCWA Board</u>



<u>The Vision and Driving Passion of the AHCWA Board</u>

AHCWA Chairperson, Vicki O'Donnell has consistently spread the key messages on behalf of the Council in several opening addresses at recent events. These are summarised as:

- We are performing progressively better;
- There is nothing we should let stop us pushing further forward;
- We are a unique, productive and powerful force for primary health care adapted to suit the cultural sensitivities of our own people;
- We are locally connected and a powerful force in unity;
- Our intentions are honorable, our processes open to scrutiny and honest;

- Our focus is right;
- We are open to learning;
- Investment in capacity will deliver benefits worth more than the money they cost; and
- We are fully committed to working in collaboration with our partners in service delivery, health policy and the organisations who invest trust and resources in our efforts.

Strategic Priorities

- To lead the development of Aboriginal health policy;
- To influence and monitor performance across the health sector;
- To advocate for and support community development and capacity building in Aboriginal communities;
- To support the continued development of Aboriginal Community Controlled Health Services; and
- To build workforce capacity to improve the health, social and emotional wellbeing of Aboriginal people in Western Australia.

2009/2010 Achievements

- ‘Closing The Gap’ funding outcomes from collaboration with the WA Government;
- The AHCWA COAG Tech Team consensus model;
- Work done by the RTO on orientation for new staff;
- Strengths and Needs Analysis done during the 2009 Maternal and Child Health Project;
- Our Beyond The Big Smoke project;
- Our Quality, Safety and Accreditation work;
- The 2010 Member’s Planning Day;
- The 25 students graduated in the Pilbara by AHCWA’s Training and Development Centre;
- The agreement by DoHA to globalise the PHCAP funding; and
- Our move into icon business premises at Dilhorn House

Des advised that AHCWA is the only ACCHO state peak body which doesn’t receive any core funding from the relevant state government. Considering this, he said that he believed that what the AHCWA board and work team has achieved is nothing short of amazing.

Des reiterated his strong message to the Members:

“You are AHCWA and we are you. We aren’t here to drive our own agenda, to pull our Members down or be distrustful in terms of your aspirations.

I know when I came to this position that there are issues and opinions about AHCWA. I don’t know if they are legitimate or just some tall poppy type of stuff. I’m not into playing games because they take up time and energy I don’t want to spend time on anything wasteful.

In my view there is plenty to do and we are one big organisation working together. My priority is to build on that relationship”.

Core Activities

- Consultative support;
- Technical support;
- Leadership;
- Strategic and policy advice;
- Partnership;
- Project management and coordination/evaluation;
- Advocacy;
- Facilitation/participation ;
- Attending meetings and functions;
- Representational services;
- Reading proposals, giving feedback and responses.

Capacity Building

- Training and orientation;
- Cultural Safety Training;
- Planning ;
- Building on our Tech Team;
- Risk management;
- Quality improvement and governance;
- Improving practice management;
- Enhancing Medicare revenues;
- Support individual Member services.

New Initiatives

- Leadership in research;
- Infrastructure enhancement;
- Corporate and procurement reform;
- Building and supporting capacity networks;
- Improving patient services management ;
- Seeking new business opportunities – project development and management, specialist consultation services, outsourced policy/planning and service growth for the sector;
- Developing mental health service solutions; and
- Developing health solutions in oral health, maternal and child health, FASD and alcohol/substance abuse.

2. Executive Support Services - Michelle Barbaro

There is no arguing that Corporate Services are the back bone to every organisation.

The role of the Manger, Executive Services is to support the CEO, The Chairperson and the AHCWA Board, providing secretariat support for the AHCWA board meetings and the WA Aboriginal Health Partnership Forum.

I act for and on behalf of the CEO during periods of absence from the office as necessitated by travel and other commitments.

As well as providing administrative support to the CEO and Chairperson, I often act as the first point of contact with external stakeholders.

It is important to develop and maintain effective collaborative partnerships and strategic alliances with key external stakeholders, in particular funding organisations, services and non government organisations.

I work with the CEO and Management Team right across operational management of the organisation.

The Team
Tash Nannup is our Publications and Administration Coordinator.

Tash coordinates the "AHCWA News" newsletter. AHCWA produces quarterly editions each year.
The 'ACHWA News' has been a great resource to keep our ACCHS's and Government bodies up to date with the latest news happening at AHCWA.

Some of the topics that are covered in the Newsletters include:
- Updates on Cultural Safety Training;
- RTO updates;
- Beyond the Big Smoke updates;
- Reports on the various workshops & conferences held by AHCWA throughout the year; and
- What's happening in and around our Member services.

On top of the quarterly newsletter, Tash is also responsible for coordinating and designing the Annual Report. Tash has helped other Project Officers with design aspects for their projects, including Patient Brochures for several of our Members to help them gain Accreditation. She is also the person you will see running around taking the photos at workshops and conferences.

Another part of Tash's role is to coordinate the administration team on a day to day basis.

Rekisha Eades is our Administration Officer.

Rekisha's role mainly consists of organising workshops/conferences and travel for AHCWA staff.

The organisation of AHCWA's workshops and conferences is a massive task. Rekisha liaises with venues to organise conference space, accommodation, and catering. She is also responsible for informing and liaising with our Member services to ensure their attendance at the events. On the day of the event she will be the first person you see and is then often behind the scenes making sure the event runs smoothly and incident free.

Rekisha also books all of AHCWA's staff travel, which includes dealing with travel agents to book flights, accommodation and car hire.

Some of Rekisha's other duties include assisting Project Officers with printing resources, collating board papers, researching information for budgets and general administration support.

Katherine Dann is our Secretariat Support Officer.

Her role involves minute taking of the following meetings:

- WAISHAC;
- Senior Management Team;
- Finance;
- And, occasionally board meetings.

Part of her position is also as the Secretary for WAISHAC, which involves more in depth work than the other meetings. Katherine is responsible for sending out invites, organising and preparing papers for the meetings, contacting the organisations with reminders of the upcoming meeting and then of course, taking minutes at the meeting and following up with a complete minutes from the meeting.

Katherine is often found sitting at her desk typing up extensive minutes from very long meetings, as well as juggling general administration work when required.

Katherine also has another hat to wear at AHCWA, with a small part of her time being utilised for the ARC Linkages Project.

Grace Caine is our Receptionist.

Reception is maintained by Grace and she is generally the first face you will be greeted by when you arrive at AHCWA.

Grace is responsible for informing the staff member you have come to see of your arrival as well as maintaining the switchboard. If the person you need to speak to is not available, Grace will ensure your message is communicated to them.

Grace is always on hand, and available to assist all staff members with various tasks when required. She is also a member of the valuable OH&S committee.

Mitesh Patel is one of our Senior Portfolio Officers and he is responsible for our IT support.

Mitesh is responsible for managing all three AHCWA websites, our own, the RTO's and CST's.
He is also responsible for correcting any problems that arise on our computers and for creating new employee accounts when a new staff member comes on board.

Christina Cristopoulos is another Senior Portfolio Officer responsible for Human Resources.

Christina will also be working closely with the Chamber of Commerce and Industry to ensure AHCWA is compliant with all legislative changes and requirements. This information will be disseminated to the Sector.

Any new staff positions, advertisements or changes will all be handled through Christina. She is also available to support all AHCWA staff with training, grievances or any other issues that may arise.

In closing, Michelle said that she hoped this brief outline will assist Members by putting a face to a name for the people who work to support Members and make it easier in future if they are visiting or calling the office, or see us at the various sector functions coordinated through AHCWA.

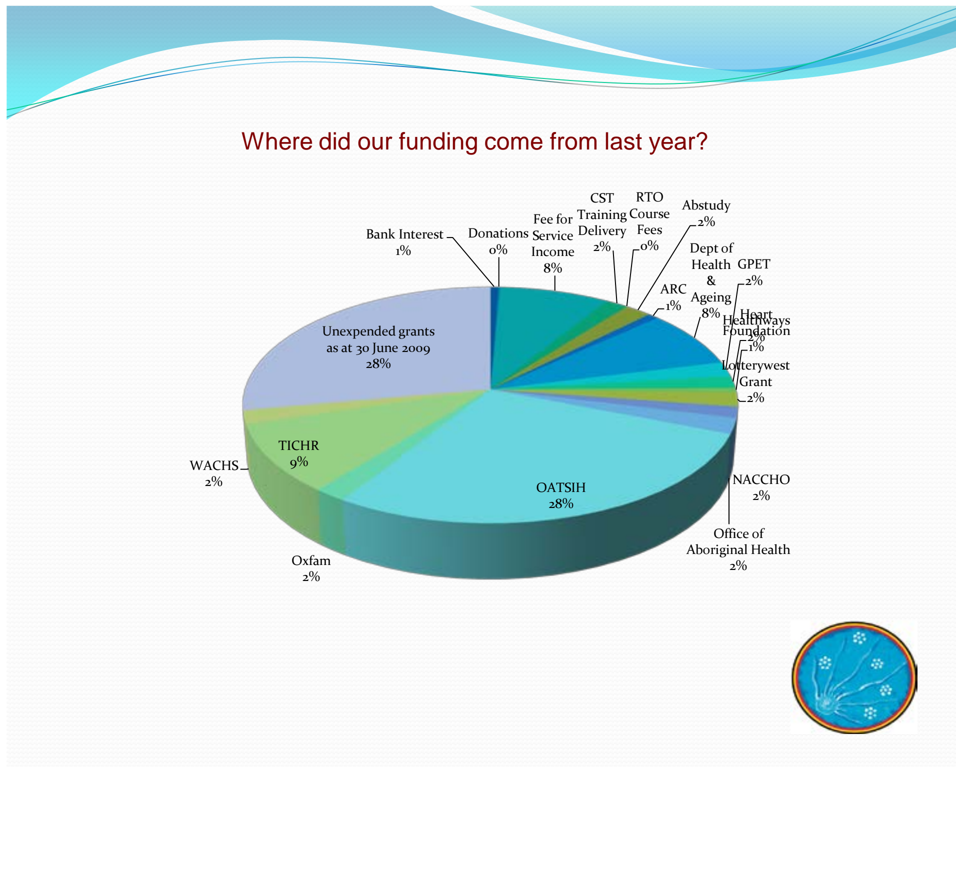
3. Jennifer Sala - Financial Services Management

Jenny addressed the roles and responsibilities of the finance team in AHCWA. She said:

"The finance team is responsible for maintaining and reviewing the overall financial position of the organisation".

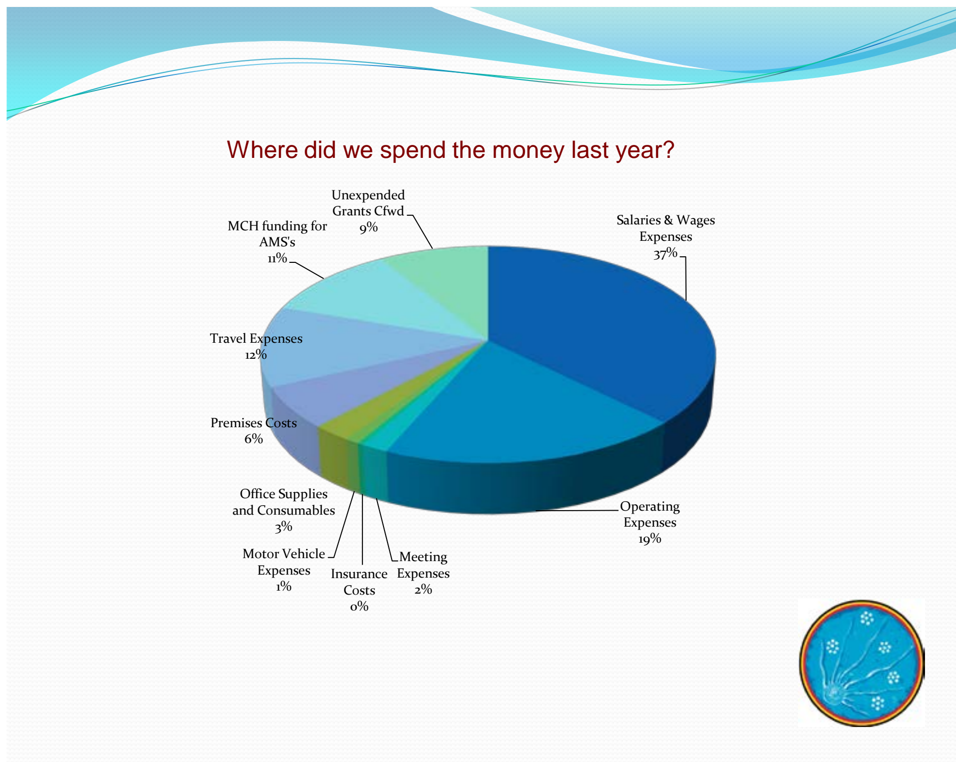
She said that they examine the following and report back to the board regularly:

- Did we have any money left at the end of the year?
- Did we spend the money we were given to run programs?
- What is AHCWA worth, in dollar terms?
- Is AHCWA financially strong for moving forward into the next year?
- Where did the money come from?
- Where did we spend all that money?
- Is AHCWA keeping good accounts?



Jenny showed the above slide to help Members understand the various funding sources that AHCWA manages. It can be seen that the majority of funds were derived through OATSIH and that there was also a significant proportion of the overall funds last year from grant funds not yet expended.

The next slide showed a graphic overview as to where funds were spent in the same year.



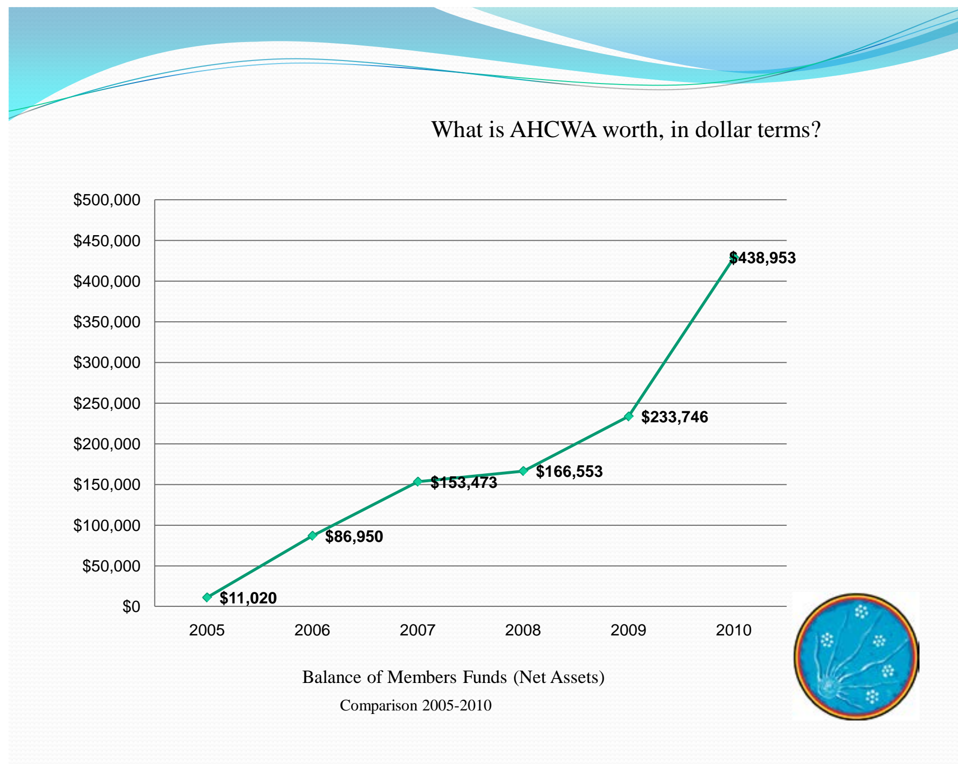
<u>The Finance Team must always be able to address the question:</u>

"Is AHCWA in a strong financial position moving forward?"

They ensure:

- The organisation's financial standing is known, that there is good risk management and compliance;
- Good accounts are kept;
- Monthly and quarterly reporting regimes are well served;
- Creditors and staff are paid properly; and
- Effective financial and contract administration systems are in place and comply with auditor requirements.

Jenny's final slide gives a graphic presentation of AHCWA's equity position as it has changed over recent years.



4. The Workforce Development Team - Sharon Bushby

Sharon presented the members of her work team, noting that two of them were not available to attend today because of training commitments. The team comprises:

Patricia Bushby – GP Education and Training and Workforce Issues Policy Officer;
Patricia Lewis – Senior Portfolio Officer for the Registered Training Organisation;
Julie Jones – Cultural Security Training and Health Promotion;
Codee Sariago – RTO Administration Assistant.

GP Education and Training

The last 12 months:

- Developing information packages for medical students;
- Information sessions for the medical students and GP registrars ;
- Site visits – with 3 IHTP's.

Upcoming work:

- Participate in the national research project to determine barriers and enablers to registrar training;
- Applied to be CST provider for AGPET staff;
- Attempt to increase the number of ACCHO IHTP's.

Cultural Safety Training

The past 12 months:
- Completed the WAGPN contract;
- Reviewed the package;
- Reaccredited the course for RACGP CPD points;
- Began the 6 trial sites for WACHS.

Upcoming work:
- Complete the WACHS trial sites;
- Apply for the NACCHO national endorsement against the national standards;
- Negotiating with Justice Department to deliver Module 1 & 2 to health teams with the prisons.

Training and Development

The last 12 months:
- Graduated 6 Certificate IV students;
- Commenced 2 Certificate III groups;
- Developed and delivered ATSIOW orientation;
- Took on the BtBS training skill set.

Upcoming work:
- Complete the Certificate III groups and start Certificate IV;
- Deliver orientation 1 – 2 more times;
- Establish a PD calendar for AHW's;
- Assist regions without RTO's to deliver training in their regions.

Workforce Issues Policy

The last 12 months:
- CST standards committee;
- Promoting membership to the national association;
- Participated in the discussions around AHW registration.

Upcoming work:
- Ensure accurate information regarding AHW registration is provided to AHW's on the ground;
- Develop a statewide strategy to implement the new ATSI Workforce Strategic Framework.

In conclusion, Sharon and her team expressed their thanks to the ACCHS, boards, CEOs and staff for their ongoing support. She said that they also wished to thank the other staff within ACHWA who have supported them and their work.

5. Sector Development and Member Support – Sue Christopoulos

Sue explained to the Members that she had been in her role now for seven months and that the team is very small with 2.4 staff FTE. She said that she had given a lot of thought to the strategic direction and how it might be achieved.

In terms of her own background, she comes from the Greek culture and indeed her first language to the age of five years old was Greek. She grew up in Melbourne then went to Kalgoorlie as an adult and married woman with her husband where they stayed for twenty five years.

Her working career developed firstly through cooking in restaurants and cake shops, then as a publican before she found her way into a corporate role in Bega.

This rather different pathway into a corporate position has made her wonder what she was really doing and where she was heading. Sue shared with the Members that:

"In business, you work to make money. In this job there seemed to be another reason to work".

Sue also shared her story about being offered a job through a temp agency as receptionist filling in at Bega. The agency told her that they were having trouble filling the temp job because it was for an 'Aboriginal organisation'.

She said that working at Bega made her really aware of Aboriginal people.

She said that she started to really look around and she noticed that even though there is a big Aboriginal population in Kalgoorlie, there was no integration and mixing going on between Aboriginal people and non Aboriginal people.

She said she started to become very aware that the Aboriginal people didn't participate and were often not included in many of the community events.

She had always known that Kalgoorlie had a reputation as a racist town but for the first time she began to see and feel that through the eyes of the Aboriginal people.

She began to enjoy the spirit of the organisation and the people she was working with. The little temping job opened up a whole new reason for working for Sue and unlike her previous work within the hospitality private business sector, her work was not simply about money.

All this had bought to mind her own cultural experiences when she was a child growing up as a Greek person in Melbourne and not speaking English. As a very young child she didn't think too much of this because her family stayed within an enclave of Greek people in the main and her Mother shopped in Greek shops and used banks where Greek people worked. But as she grew older and more aware, she said that she saw and felt her mother being subjected to snickering and racism because she was from a different 'foreign culture' and could not speak English.

Sue spoke of the irony of the situation as it stands now. People from Greek backgrounds are now very well integrated and accepted in society but there are newer national groups now being exposed to this all over again as they go through the long process of adapting and becoming integrated.

She has been able to relate her own cultural adjustment issues now with what she has learned about the issues and ongoing racism affecting Aboriginal people for so long.

This concluded the presentation from the ACHWA team and there was a general discussion amongst the Members. The details of this are summarised below.

Danny Brown, CEO of Mawarnkarra Aboriginal Medical Service said that he really appreciated the opportunity to have days like this. He thanked the AHCWA team. He said:

"***Your stories are fantastic. I wish my staff were here to get such a great orientation about what AHCWA does and who the people are".***

Danny also shared with participants that there had been times when his staff had asked for an ability to have Aboriginal only staff meetings and that he had declined this. He said:

"I really encourage them to talk with and involve all the people in ours and other organisations and learn to appreciate other views and share their own. When I ring AHCWA, it is like talking with my own staff. They are so service oriented to us and it is fantastic".

Danny also said that they had some 'dinosaurs' to clean up in his own organisation and one of them was improving the financial management systems. For this reason, he said he really appreciated the talk from Jenny Sala.

He also said that his health service struggled a bit with accreditation processes and they would appreciate some help. Sue Christopoulos responded positively to his request for her assistance.

Lorraine Whitby lamented that there was a fairly small audience present and that she found this annoying given that their health service wanted to bring other people and were declined by AHCWA.

Vicki O'Donnell explained that the Conference and Member's Planning Day were fully subscribed and they had no choice. However, she also expressed her view that it was disappointing – albeit beyond AHCWA's control- that people then elected not to attend.

Chips Bin Kali, CEO of the Broome Regional Aboriginal Medical Service stated that ORIC were funding some governance training and that he thought that training on governance from AHCWA was a very good idea as well. He asked if AHCWA would consider doing business management training for the CEOs. Des Martin agreed to look into this.

Chips also talked about the costs being borne by the ACCHS for WAGPET Registrars. Sharon Bushby offered that the research they have talked about will give them a strong evidence base to put to WAGPET that the cost to services needs to be kept low to make the training strategy work more viably for all parties.

Ernie Dingo took this opportunity to express his personal views about the 'welcome to country' ceremonies. He said that:

"When we started this off back in the 70's it was meant to be a symbolic 'knock on the door'- just like you do when you go into someone's house. I'm from the desert and when we go into country we light fires so the local mob knows we are there.

The thing is getting out of hand and people shouldn't ask for a fee to do a 'welcome'. It is like letting people come into your house. It is important to invite people in and to say there is no conflict. It is my personal opinion that asking for money to make people welcome into your house is wrong and it doesn't sit well with me.

I don't like it being a bit like 'welcome to my hotel' because when you go to a hotel you can steal the soaps! But when you go into someone's house you don't do that. I don't really like the 'welcome' being commercialized.

Forums like this are so important to get together to knock the rough edges off things and take them back in better shape.

We have all heard good stuff over last two days. Strong stuff I have learned from all regions here I didn't know. We are one people and this is one organisation for Aboriginal health. We must share what has been learned and put it to good use everywhere.

There are only two types of people in Australia – salt water people and freshwater people!"

Sandy Davies, Chairman of the Geraldton Regional Aboriginal Medical Service board took the floor. He explained that he had to leave the meeting to attend to other business but wanted the opportunity to express a few messages before he left. Sandy started by saying:

"Danny Brown – you are a legend son. I am embarrassed that in all the years I have been coming to these things I have never bought our key team along from the staff. And next year I think we should turn this on its head and follow your lead. Without good quality AHWs there would be no Aboriginal medical services and you showed us that Brother.

Our AHWs don't get cars and phones and rent assistance and they are mostly on a basic wage. Yet they turn up and work for us every day. We should be making them the central focus."

Sandy also shared his thoughts about some sessions during the Conference on the two previous days. He recalled that Dr Simon Towler told the Conference why things can't be done because no one can make doctors go places they don't want to go. He said it made him feel like it was all about more non Aboriginal people rocking up to keep telling our sector negative stuff.

He said he thought the best thing that happened over whole two days was Danny's presentation. He said that this really sent him a message that we must change how we do business in future and get rid of the domination by the unhelpful messages coming from public servants.

In relation to Minister Snowden's address to the Conference on Day Two, Sandy said that this proved two things to him. Firstly he said that he (the Minister) had misled the Conference when he advised that "if AHCWA say they weren't informed about Medicare Locals and funding arrangements that it was their own fault". Secondly, he said that "he" had quarantined ACCHS money so it didn't get tied up with Medicare Local funding. Sandy said that in his view, he is clearly not the Minister with any control over such decisions because Nicola Roxon is the responsible Minster. He also noted that a Canberra contact had said to him today that Minister Snowden won't be making any of the decisions as he is not involved in the decision making regarding Medicare Locals or quarantining of funds.

He reported also that the adviser he spoke with did confirm that funding was "intended" to be quarantined for ACCHS.

He said the facts are that at this point in time, the Medicare Local package hasn't been finalised, that Canberra are looking to lock in existing funding for ACCHS but that future funding is still not decided. On this basis, Sandy's own interpretation of all this was that the sector "may" be required to bid for funding along with everyone else.

Sandy concluded his discussion by reiterating that he was not happy about what he believed was misinformation for the Conference. He was concerned some people were talking as if they know what is decided when the final decisions are not made. He said there was obviously a lot of misunderstanding and misinformation and on this basis he was also concerned that neither Chris Pickett nor Gavin Mooney was properly informed when they also addressed the Conference about their perspectives on the Medicare Local policy.

NACCHO presentation on the National Health and Hospitals Reform (NHHR): Towards a Shared Approach – Proposal for a new Authority – Justin Mohamed, NACCHO Chairperson

Glenda Humes conveyed apologies to the participants on behalf of Justin Mohamed who was unable to attend due to a family bereavement.

Glenda addressed this presentation and started with the observation that since the launch of the Aboriginal Medical Service movement almost fourty years ago and also following from the release of the National Aboriginal Health Strategy some twenty years ago, the sector has looked for the best ways to support the ongoing development of services. She also noted that the sector's services are still very much subject to various forms of government direction and control.

She noted that there is no independent monitoring and evaluation of outcomes and that the life expectancy gap is a crude measure of health. Therefore, there is still so much about lifestyle and life quality that this and other measures do not capture. She said:

"To close the gap, we need to track the gap"

She also noted that we are now around the fifth year of the Close the Gap campaign.

Glenda also expressed the view that whilst governments 'nod along' with the idea, our sector – through our peak national body - has not put up an agreed model as yet. Both the sector and our partners struggle with a preferred model to give us strategic policy grunt.

She observed also that NACCHO have been involved with various 'think tanks' intended to explore options for an effective model to monitor and measure impact and results and that the Commission have been looking closely at our ideas. She said that they recommended a health funding authority with

a fund holder function, which government walked away from because they thought it would limit community control. So nothing came out of consultations or the Commission's report. Glenda said that:

"Whilst we appreciate the government's concern for the principle of community control, once again, hospital deals with the states steal attention and the blame games continue. Meanwhile the health needs for our people and the interests of our community controlled service sector are interwoven with the big ticket items. Aboriginal health and the community controlled health sector were an 'afterthought' yet again in the government's announcements of primary health care reforms and the Medicare Locals policy."

In spite of all this, NACCHO continues to advocate for an Aboriginal Health Authority as we believe it is the missing piece in the national health reform strategy. NACCHO has explored the concept of a new Authority differing to the previously proposed fund holding model. This new idea would be underpinned by both community control and independence.

At this stage of the development of this idea, NACCHO wants to talk you our members about it and gather feedback and more ideas on how it could work. We are seeking your help and expertise to flesh it out more.

A power point presentation supported this presentation and provided an outline of the proposed new Authority. A summary of the presentation is provided below.

The work of the Authority is to be guided by the following principles:

- Equitable access to community controlled and comprehensive primary health care for Aboriginal and Torres Strait Islander peoples that delivers better health outcomes;
- Recognition and reinforcement of a human rights based approach consistent with Australia's signed commitments to UN declarations;
- Recognition of Aboriginal Community Controlled Health Services as a leading model of successful comprehensive primary health care;
- Decisions are driven by evidence of effective comprehensive primary health care; and
- Recognition and reinforcement of a commitment to reconciliation across the nation.

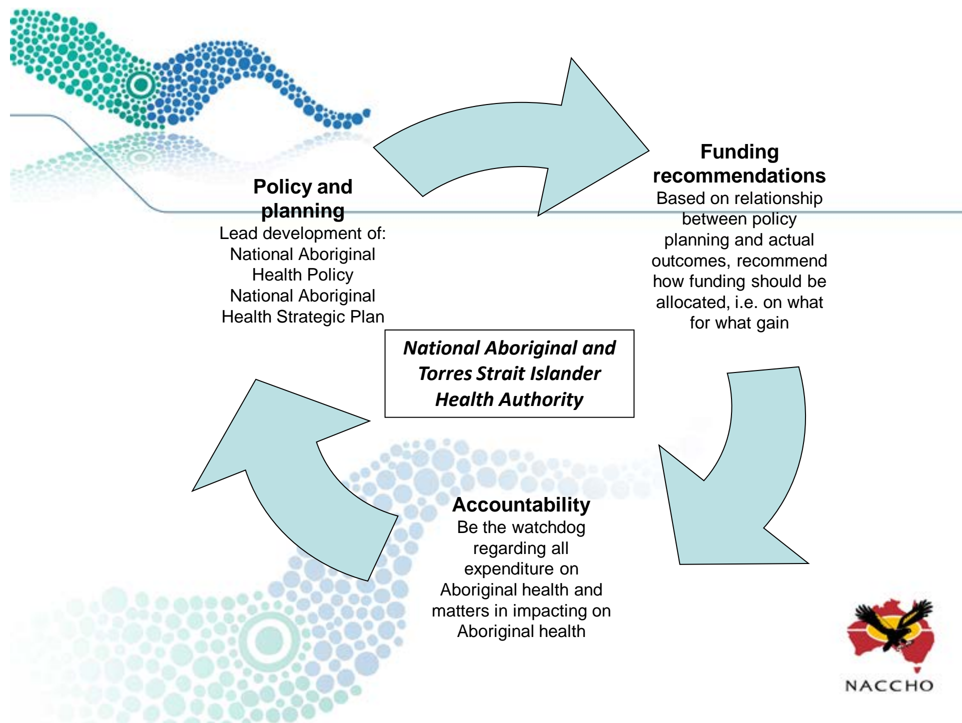
Main functions

- Policy and planning:
  - To lead development of a National Aboriginal Health Policy
  - To lead development of a National Aboriginal Health Strategic Plan utilising available evidence
- Make funding recommendations to COAG based on performance outcomes;

- Accountability for expenditure and reporting this to COAG.

Structure

- Be administered by a skills-based board of Aboriginal & Torres Strait Islander peoples;
- Be a member of the COAG Ministerial Council on Health and report directly to COAG;
- Be a Statutory Authority of the Commonwealth, to be operated as a Government Business Division.



Benefits

- Delivering better health outcomes for Aboriginal peoples and closing the gap on life expectancy;
- Continuity over a long period of time & successive governments;
- Direct monitoring and measurement of outcomes, including targets set in the "Close The Gap" health agenda, enabling readjustment of programs and priorities;
- Capitalise on the reform agenda;
- Continuity of the "Close The Gap" health agenda after first round of funding is finished;

- Implement behavioural change in the administration of health services across the country.

Key Questions to be addressed

- Where does NACCHO fit with this proposed new structure?
- What does it mean for each AMS?
- What does this mean for particular States and Territories?
- How do we decide who are the Board members of the Authority?
- Which existing bodies or departmental units might be absorbed into the National Authority?

Engagement and Advocacy

- Building support from other Aboriginal health stakeholders on concept of National Authority;
- Building support from other mainstream health organisations;
- Engaging with media, including Aboriginal media and key commentators to win endorsement;
- Building endorsement of plan with state and territory Governments;
- Building awareness and understanding with health bureaucracies at both state and federal levels and expanding on concept from their input;
- Building political support at Federal level across the political spectrum.

Strategies for Engagement and Advocacy

- **National Advocacy Day: Tuesday 31st May 2011**

  A coordinated program across the country of meetings/presentations to state and territory premiers and ministers, federal government members and opposition/independents with every affiliate involved.

- **National Aboriginal & Torres Strait Islander Health Symposium on 11th & 12 August 2011**

  Bringing all key health organisations, advocates, academics and other peak bodies together to discuss the concept of a National Aboriginal Health Authority, develop a structural model for the proposed Authority, outline divisions, tasks and processes and prepare a formal submission to federal, state and territory governments by end of August 2011.

At this point, Wayne Johnson, CEO Bega advised the participants that he had the privilege to be at the meeting in Adelaide where this idea was conceived.

He offered some comments to build on Glenda's coverage of the background and the proposal for the new Authority. He said there appears to still be concerns about risks to community control or to the

strength of the Aboriginal voice. He said that in his view, the meeting agenda had been 'hijacked' and that this issue became the focus from quite a negative perspective.

Wayne said this was to the point where:

"The meeting overlooked further focus and discussion on how the model could work to address this and other concerns and the positive benefits it would provide. The new model would mean that to some extent the Aboriginal Medical Services would have to subjugate our accountability for performance. But this wouldn't stop services developing and growing locally because of the powerful connections to the communities and the predominant role we have in the 'Close the Gap' strategy."

He also said that he believed that:

"The proposed model is very important in terms of accountability and stronger discipline in our overall system Australia wide. If we want to be taken really seriously and have immutable power and strength, this is an ideal model to examine with great care.

It doesn't detract at all from local affiliates and NACCHO, but it adds value because our services would develop to a higher level of functionality. It is a model we think will protect the sector and Aboriginal health policy decision making a lot more in the future from the 'whims' of government".

A Geographical Information System for Reporting Aboriginal Health – Mimmi Carlose and Peter Sommerford, Epidemiology Branch of the WA Department of Health

Peter Sommerford explained to participants that the idea he wanted to present today stemmed from the Data Sharing Agreement between the WA Country Health Service (WACHS) and the ACCHO sector in WA.

In support of this initiative and the Technical Working Group involving WACHS and AHCWA staff, Peter explained that his section in the Department's Epidemiology Branch has been looking at data and reporting systems best suited to support the work and the shared information goals.

He advised that the Branch does have a strong geographical information and spatial epidemiology capability. They also have a survey group – Computer Assisted Telephone Survey Information (CATSI) - which has been running for more than ten years. He explained that this had ensured they have a strong, multiyear series of unique data. He did acknowledge that this doesn't capture the Aboriginal population very well if at all.

<u>Instant Atlas</u>

Peter showed participants a video demonstration of a software product (Instant Atlas) purchased off the shelf. This enables health data to be examined comparatively region to region and in terms of variables such as Aboriginal/non Aboriginal, statewide compared to regional and so on.

He said that they intend to use this software on the Department's website in the near future in order to make its functionality freely available to anyone interested. He reported that it is already quite widely used on websites around the world. The Department is keen on providing such a system where the software is available for use locally by various groups. The Branch would be very interested in developing skills and providing support in various ways.

Health Tracks

Health Tracks is another product which had been developed with help from a consortium of experts designed to improve the Epidemiology Branch's response capacity to the increasingly heavy demands for data and information to suited to its many clients. It is a powerful, more costly and functional application than the Instant Atlas product.

Area imagery and mapping are available, there is also a good search facility and it is well suited to drill down to Area Health Service level information. There are various overlays of additional information or ways of presenting and examining information. For example, using geographical boundaries, specific health conditions, population demographics, hospitalisation rates for various conditions and socio economic status. On an area basis, several maps can be visible at one time and there is a good toggling function to support further comparisons for the user's requirements.

It is possible to upload service level data into the software and it can also be printed to hard copy maps and graphs.

Peter said they believe it is a very powerful and easy to access data base. There had also been a great deal of collaboration involved in its development.

He did acknowledge that as yet there are no Aboriginal service data and for this reason the next step is to work the sector as partners to make these sorts of valuable tools a reality for as many groups as possible.

Health Tracks is only available inside the Department of Health at the present time. However, given its power and utility, they do want to look at wider end user applications with partners such as the ACCHO sector.

Peter and Mimmi showed several slides on a power point presentation which provided information about the Epidemiology Branch and its functions and also some schematic slides about Geographical Information System software generally. They also showed some video clip material about the two software products they talked about in their presentation. Members interested in viewing the power point presentation can access this from the AHCWA website.

There was some discussion with participants at this point.

Lorraine Whitby, Chairman of the Carnarvon Aboriginal Medical Service asked about confidentially, security and identity protection for patients. She also asked about data sharing in circumstances where

the same patient went between an AMS, the hospital and possibly other local community health services and would therefore show up many times statistically.

In answer to this, it was offered that every occasion of service is what is counted in service level statistics. Many people use services repeatedly and often access services from different providers. It is only 'double counting' if the same episode is counted more than once.

The identifiers keep the data separate from a medical record and only research projects with ethics clearance are able to re-associate the data with the patients.

In both applications, no data are published about the number of actual cases of a particular health condition in a particular area. Only rates are provided as compared to other regions or statewide.

It was offered that the Epidemiology Branch would be pleased to assist if services were interested in using the software. They advised that they were showing participants the platforms they are developing and how they may be of use. They stressed that their aim was not getting access to your data. Rather, it is about making sure you are aware that there are some very good tools available as options for you to use with your own data. In terms of data sharing, there is already a process established between the WA Country Health Service and the sector's peak body AHCWA.

Vicki O'Donnell affirmed the MOU with WACHS and also offered that ACCHS have Healthy for Life funding and was obliged to provide data through to Menzies who then sends reports back to the services. She also reminded participants that in every other state in Australia, the ACCHS and the hospitals have already agreed to provide specific data designed to measure indicators. In WA, she said that the sector doesn't currently share data even with eachother and nor does it currently share data with WACHS. Therefore, it won't be possible to get the complete picture on some agreed key indicators statewide and in regions unless these barriers are overcome.

Another participant asked if the data held by the Department takes into account cross boarder flows. In response, it was affirmed that the data were WA service data only. It was also stated that restricting the data to WA only postcodes would mean that about 30% of the service utilisation by people from outside the state would be missed.

Curtin University of Technology, Improving Links and Support for Aboriginal Health Services – Professor Sue Fyfe and Kim Scott.

Kim Scott opened this talk in her own Aboriginal language. She explained that in translation, her message was that "*It is good to be here today on Nyoongar land talking to you. I grew up in Albany and lived in Coolbellup. Now I live in Ravensthorpe. I introduce myself to you respectfully today.*"

Professor Sue Fyfe shared a recent experience of her own which had strengthened her commitment to improving the University's performance in the Aboriginal health arena. Whilst visiting a physiotherapist

for a back injury and noting the practitioner was a recent graduate from Curtin she took the opportunity to ask about the extent of Aboriginal health learning during his studies. He replied that they had only been given one lecture on the subject in the entire course.

She shared with him that they have now introduced a new policy that every Health Faculty student has to take an Indigenous health Unit and he said that he and many of his fellow students would have welcomed that during their studies.

In terms of the reason for their attendance at the Planning Day, Sue explained that a few months ago they visited Des and Vicki at AHCWA to ask what the Faculty could do to be helpful to the sector. On the strength of that meeting, we have been given the opportunity to come today and widen the conversation. Their brief in the Faculty is research, teaching, developing relationships and attracting and retaining Aboriginal students.

They have Indigenous lecturers and they also have a Maori woman as part of their broader international focus on Indigenous Studies. Sue explained that their model also creates a pathway for experienced Aboriginal people to come in and be developed as Course Lecturers and that this is one of the ways they have tried to improve their authenticity.

She said that they also want to improve the way Curtin interacts with Aboriginal communities and people and they work closely with Marr Mooditj to help them with this.

Sue said that their specific purpose for this Planning Day was to introduce themselves and put a question to the sector:

"If you think about your services and staff, what are the three top things we could do at Curtin which would help them to develop skills, capacity and ability? "

Sue asked if people could put their ideas in writing and provide them so they can develop responses.

Vicki O'Donnell asked participants to provide their ideas in writing to Kim and Sue and advised that they had arranged for another meeting with AHCWA to hear about the ideas and options from Curtin once they have considered all the feedback.

eHealth and Information Management - Dr David Glance (UWA), Brian Dunstan (Communicare) and Ron Richards (Auditor)

The item for discussion was a merger of MMEX and Communicare. The presenters showed a power point presentation. Members may access this from the AHCWA website if required.

Dr David Glance explained that they were looking to move Communicare and MMEX into a new, not-for-profit company which they are proposing could be set up under the control of the Aboriginal Community Controlled Health Organisation sector in WA. The reason for this approach was to ensure that the

proposed company's focus is never shifted away from Aboriginal health and sector interests. Dr Glance also offered that they believed merging the two initiatives into a single organisation would create something with a lot of strength.

He said that the aim is to set up the company so that ICT support for the Communicare and MMEX products and users is secured and that it also to caters for the broader and evolving range of ICT support and development needs s for the sector. He explained that the 'working title' for the proposed company/model is AMSOFT at the present time. Some key points covered during the discussion were:

- Communicare is used very widely by Aboriginal health services and hospitals throughout Australia;
- MMEX on the other hand has been developed by UWA and is only used by the ACCHO sector in WA;
- Other modules would be integrated into Communicare and it would have integrated functionality;
- Synchronised records will mean multiple providers can interact on the record at the same time;
- There would be Mobile platforms, eg iPads for remote services and ability to capture then upload data back at base;
- Both platforms would be merge into one;
- The Department of Health plan to call the merged product they will use 'SHARE' (not CHER!);
- If the company is owned by the ACCHS it could be Australia wide or alternatively WA sector only owned;
- R&D project support must be capable of responding to various service needs in a global way so there are standardised products, data rules and reports developed/provided;
- Communicare have indicated they are willing to be paid over a period of time for the purchase;
- Any profits from the sale of MMEX would be generated into research at UWA in health infomatics;
- The purchaser would be getting all the IP and goodwill associated with Communicare and MMEX;
- This involves taking the two separate and sustainable businesses which are both profitable now, putting them together into a not-for-profit (but still profitable) ownership model and developing it from that point to greater potential, functionality and range of benefits;
- Data would still be owned by 'input parties' only;
- Information sharing is a benefit but is still a choice/decision to be made by the various parties;
- Aggregating data for reporting is a very powerful functionality available to all should you allow data use for various purposes;
- UWA are data custodians (not owners) of data on MMEX at the present time.

Ron Richards addressed the Members. He said that in his opinion:

"This is an exciting proposal. I suggest:

- ***You get an external specialist to hold your hand during the negotiations to support your needs;***
- ***This should be someone who is skilled at assessing your risks from your perspective. Indigenous Business Australia (IBA) comes to mind as this is a business investment. Perhaps they would assess the risks and might finance a purchase loan;***
- ***An advantage for your sector is the ability to move quickly and certainly faster than government is able to do;***
- ***Structure is critical to you as it will determine who has the power for direction and policy;***
- ***Directors of the company would have very hands on role in the benefits realization".***

Chips Bin Kali, CEO of BRAMS asked if AHCWA purchased the merged products and set up the new company on behalf of the ACCHS, would WACHS be part of it.

In response, it was stated that

"***WACHS is a mystery! What we do know is that they have spent money planning the move of their version of the software. We don't doubt their sincerity in getting this moved but we don't know really know the full scope of their intentions within their system. At this stage from what we can tell, it seems they intend to roll out the Kimberley platform. In Warmum, for example, where they lost all the records in recent floods, they have agreed to allow eRecords from now on. We had all the medications data because they were held on MMEX and now we will build up all the other functions for them."***

It was also affirmed that WACHS should be involved and that they and the ACCHS should use the same system ideally so the users don't have to work around barriers to working together.

" Ideally they should be involved in the conversations and the developments".

Chris Renshaw, CEO of Puntukurrnu Aboriginal Medical Service offered that he believed the 'holding hands' is a great way forward of course. In terms of the overall proposal, he said he believed it was an excellent way for the sector to position itself 'at the front of the game'.

A Carnarvon Member asked if they would we get help to migrate out of existing platforms onto the newly merged platform. The answer was, "definitely yes".

Vicki O'Donnell said they should agree in principle and set up a working party to do the discussion and develop the benefits, risk profile, issues etc. She said they would need finance and IT expertise to assist in the process and well as business management expertise.

Wayne Johnson offered that business management expertise would be needed and a feasibility study may also be in order. He also said there should be a timeline to get all this completed.

Phillip Matsumoto, Chairman of the BRAMS board said they would agree in principle so long as a working party was set up to work up all the details.

Kevin Cox, Area Director for Aboriginal Health, WACHS encouraged the sector not to wait around for WACHS to make up its mind or lead the way and that it would be "unsafe to do so". He said:

"Personally, I think you should go with this in the community sector".

Graeme Cooper, CEO of the Ord Valley Aboriginal Health Service said:

"This is stunning stuff - brilliant and exciting. It is reflective of what WA ACCHS are all about. Could I suggest that instead of 'agree in principle', that we agree to get the technical working group together and a business specialist as Ron Richards has suggested, give it a short timeframe and put it to the sector for a 'Yes or No' decision in the shortest possible time?"

Vicki O'Donnell put to the Members that along the lines of Graeme's suggestion that AHCWA drives the process with a four week timeframe for the technical team to start working on the details. She said that a detailed report should go to boards and it should also explain to them what this is all about and how the detail would be addressed. Vicki summarised these points again and put them to the Members:

- The Technical Working Group will start up in four weeks time (mid May 2011);
- They will liaise with key personnel in services to capture and ensure they address all the issues;
- There will be a process to ascertain consensus from the service boards;
- Based upon this, our sector will give you a definitive response to the proposal.

At this point, Ron Richards encouraged the sector not to lose this valuable opportunity. On this basis, he urged the Members to actually agree in principle to a "yes" answer which would be subject to business analysis. He also urged that they should get a business/project manager in the shortest possible time.

Outcome:

1. The proposition was agreed in principle by the Members;
2. AHCWA were assigned to organise the next steps:

   - Commission a business risk assessment and contact IBA;
   - Prepare detail and advice for ACCHS boards; and
   - Set in place a process for gathering feedback on consensus (or otherwise) from the boards.

SESSION ONE ENDED