Health Reform Agenda for Cape York

Ms Leanne Coombe
Chief Transition Officer
Apunipima Cape York Health Council

Community Control

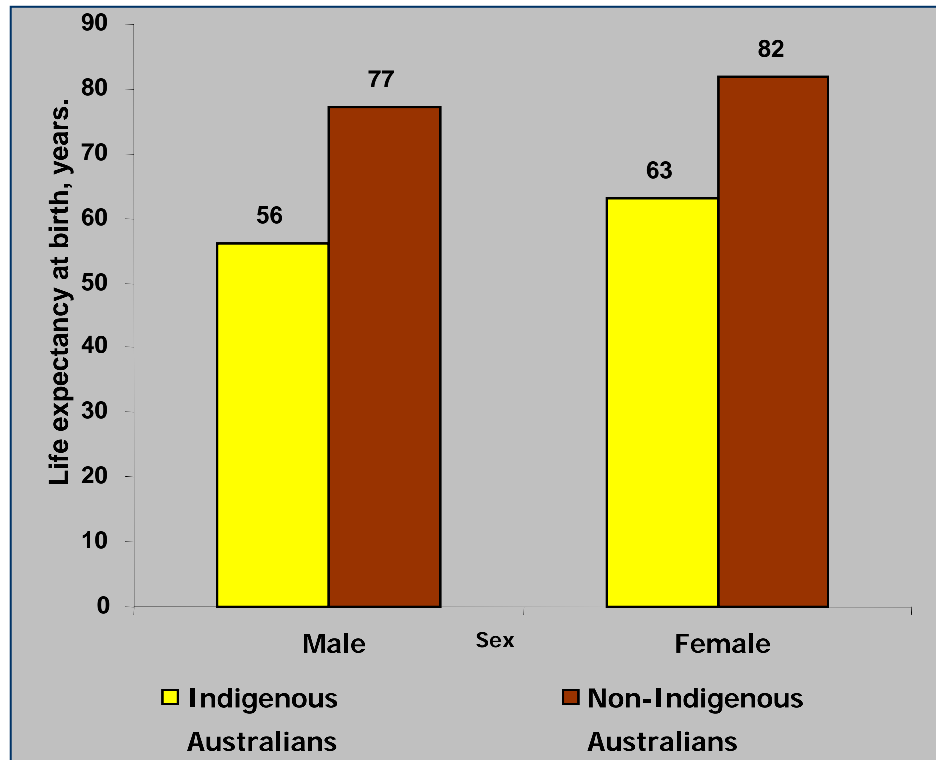
The National Aboriginal Community Controlled Health Organisation (NACCHO) says that a Community Controlled Service is:

- An incorporated Aboriginal organisation;
- Initiated by an Aboriginal community (or region);
- Based in a local Aboriginal community (or region);
- Governed by an Aboriginal body which is elected by the local Aboriginal community; and
- Delivering a holistic and culturally appropriate health service to the community that controls it.

Community Control is an organisation developed by the community for the community and owned by the community

Apunipima
Cape York Health Council

Why The Need For Community Control?



Approximately 20 year difference

Source: ABS (2002) Deaths 3302.0, 2001

The Overseas Experience

Other Indigenous Peoples

Canada's Life Expectancy (2000)

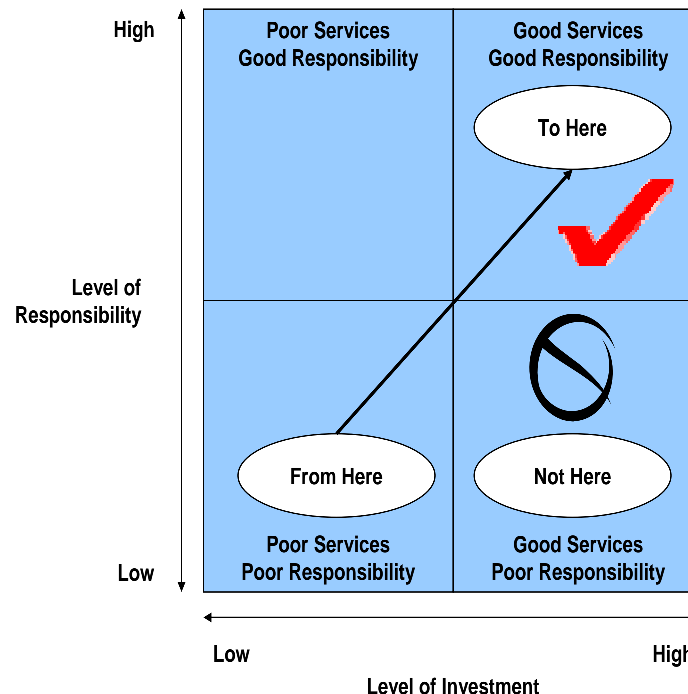
- 69.0 years (males)
- 73.2 years (females)

New Zealand's Life Expectancy (2000)

- 68.9 years (males)
- 76.6 years (females)

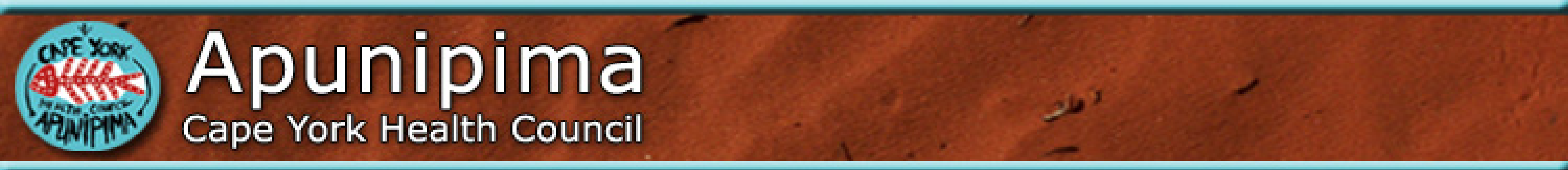
30 years ago,
both were at the same level as ours

The Answer Lies In Increasing Community Responsibility And Increasing Resource Levels



Source: SCATSIHSIMC (2006) A Statistical Overview of Aboriginal and Torres Strait Islander Peoples in Australia. Published online at: http://www.humanrights.gov.au/social_justice/statistics/index.html

- Apunipima Cape York Health Council was established in 1994 from a community meeting in Pajinka where leaders identified how health issues will be addressed in the future.
- Apunipima means *United all in one.*
- 17 member communities.
- Population of region is 14,628.
- Mostly remote communities that are difficult to access for approximately 5 months of the year during the wet season.



VISION

Cape York communities own solutions to live long healthy lives through strengthening our culture and regaining our spirit

MISSION

We aim to:

- Eliminate health inequalities;
- Strengthen community control of health outcomes;
- Increase access to culturally appropriate services;
- Educate better;
- Advocate for communities; and
- Influence social issues that impact on health.

Approach

IMPROVE ABORIGINAL & TORRES STRAIT ISLANDER HEALTH

SOCIAL ENVIRONMENT

ACCESS TO SERVICES

HEALTH ENVIRONMENT

Transition Project Background

- The Cape York Institute undertook a project to identify how to reform the health services in Cape York to ensure better health outcomes and more appropriate health services.
- It was recommended that a Cape York Health Board and a community controlled health service for Cape York be established to deliver PRIMARY HEALTH CARE SERVICES.
- Apunipima was identified as the most appropriate candidate to transition into this role.
- A transition team was established to provide the capacity to build the model described and to undertake the detailed implementation planning needed to work through the transition arrangements.

Deed of Commitment Signed

In August 2006, the members of the Cape York Regional Health Forum agreed to a number of important principles, including:

- A commitment to maintain their current level of resourcing in health care, and put any new funding towards the priorities identified in the Cape York Health Strategy;
- An agreement that existing OATSIH funded programs in Cape York would be transferred to the Cape York Health Board (transformed version of Apunipima once capacity is built); and
- An agreement to a “pooling” approach towards funding by government agencies and departments (broader than health portfolios), and a commitment to explore this approach further as part of the transition.

Overall Aim: Governance Model

① Funders

QLD Health → Aust Govt → Governing Council

- Develop Funds Pool to be controlled by Cape York Health Board
- Outcomes to be negotiated with QH and DoHA/AG

② Board/ Governance

Governing Council → Executive Board ← Experts

- Develop Cape York Health Board
- Establish Group of Experts (non-voting role)

③ Service Providers

Executive Board → Services Provided by Apunipima; Services Purchased from Existing Providers

- ACYHC to either purchase services or deliver services

④ Communities

Services Provided by Apunipima / Services Purchased from Existing Providers → Community Clusters

- Develop Cluster Teams to assist local staff

⑤ Health Action Teams

Community → Community Clusters

- Making decisions about health in community
- Setting priorities and monitor efforts to improve health

Linkages between Council and HAT/G

Shire Council

Community Health Action Team/Group

Possible Formal MOU and delegation of responsibility for Social & Health Affairs to the Health Action Team/Group

Councillor with Health Portfolio sits on Committee

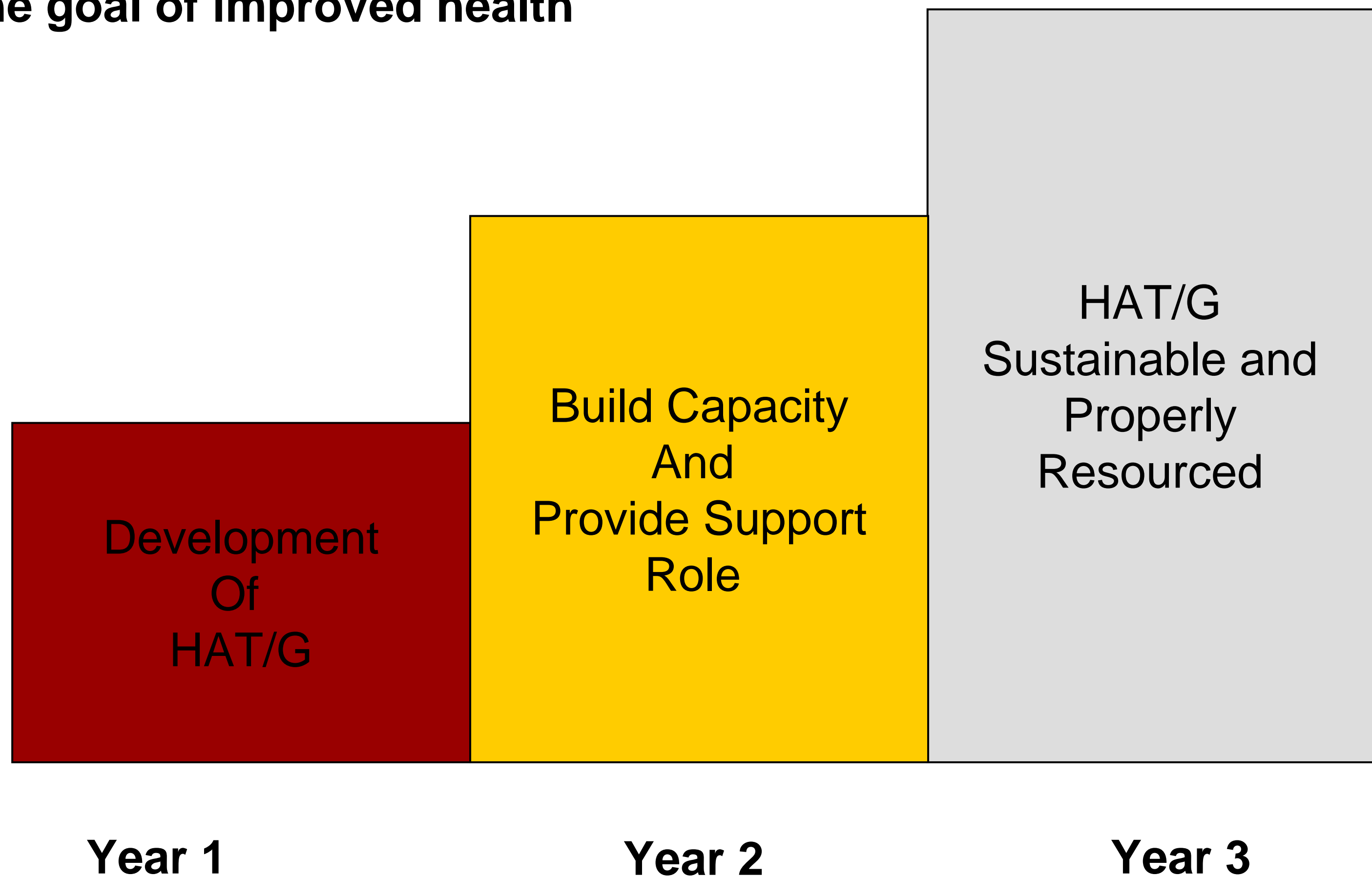
- Community group responsible for health
- HAT/G to agree to membership
- Chair & Deputy elected by Group

Family / Clan Groups	Community People	Justice Group	Health Workers	Men's Group	Women's Group	Youth Group	Other Groups

Aim is to have a group that is representative of each community structure

Health Action Teams / Groups

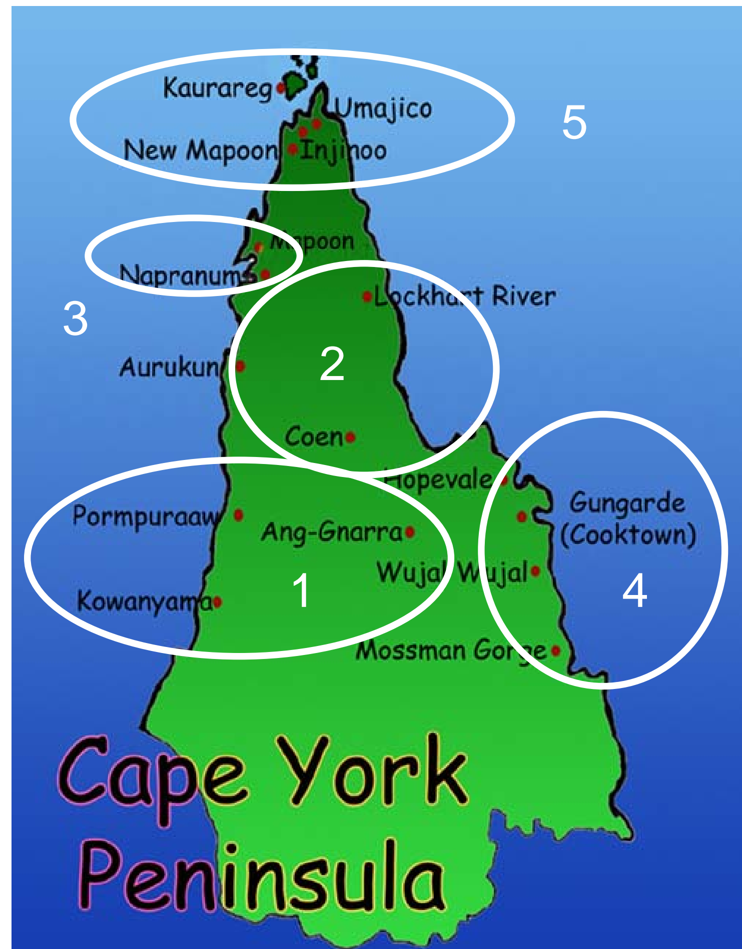
HAT/G are CRUCIAL in achieving the goal of improved health



Roles and Responsibilities of HAT/G

- Local decision making and planning
- Updating of the Whole of Health Community Plan
- Run own community social and health projects
- Coordinate health and specialist services coming to the community
- Monitor local health statistics and ensure progress is being made against health outcomes
- Advise service providers on appropriate programs and resources to suit local needs and work on wider strategies
- Assist with selection and orientation of local health staff

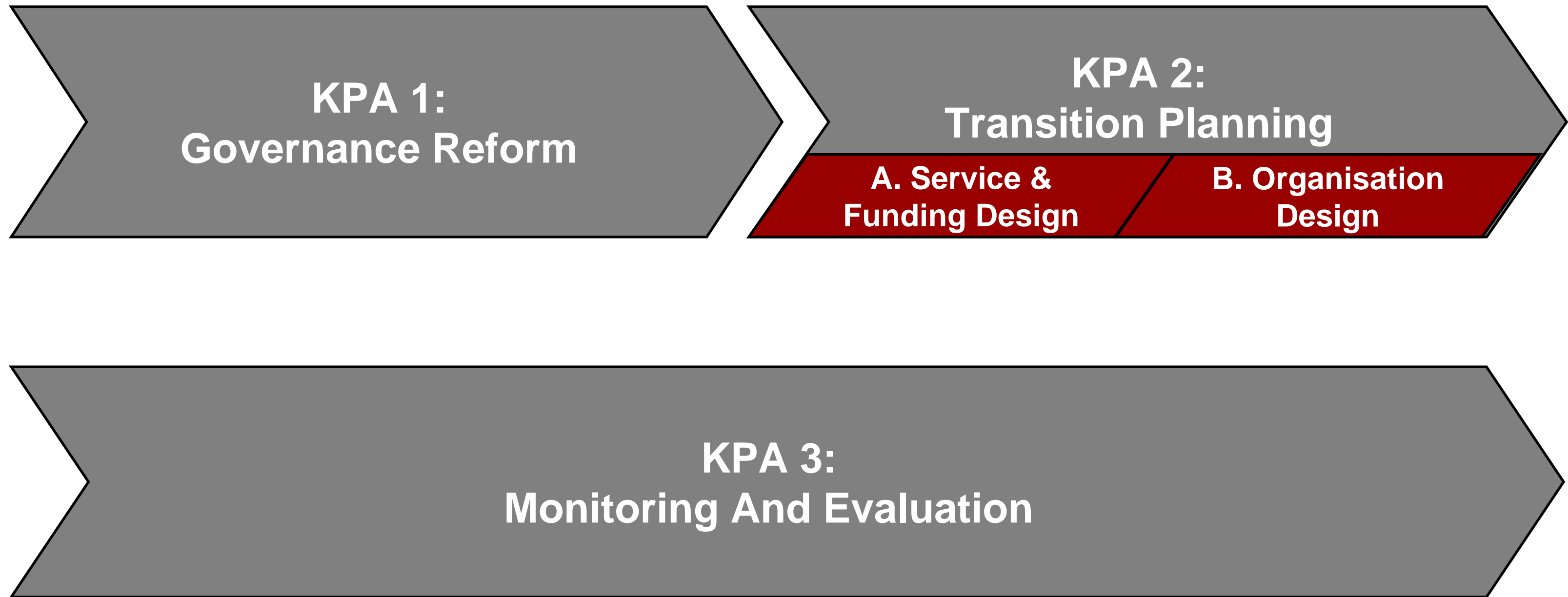
Cluster Model



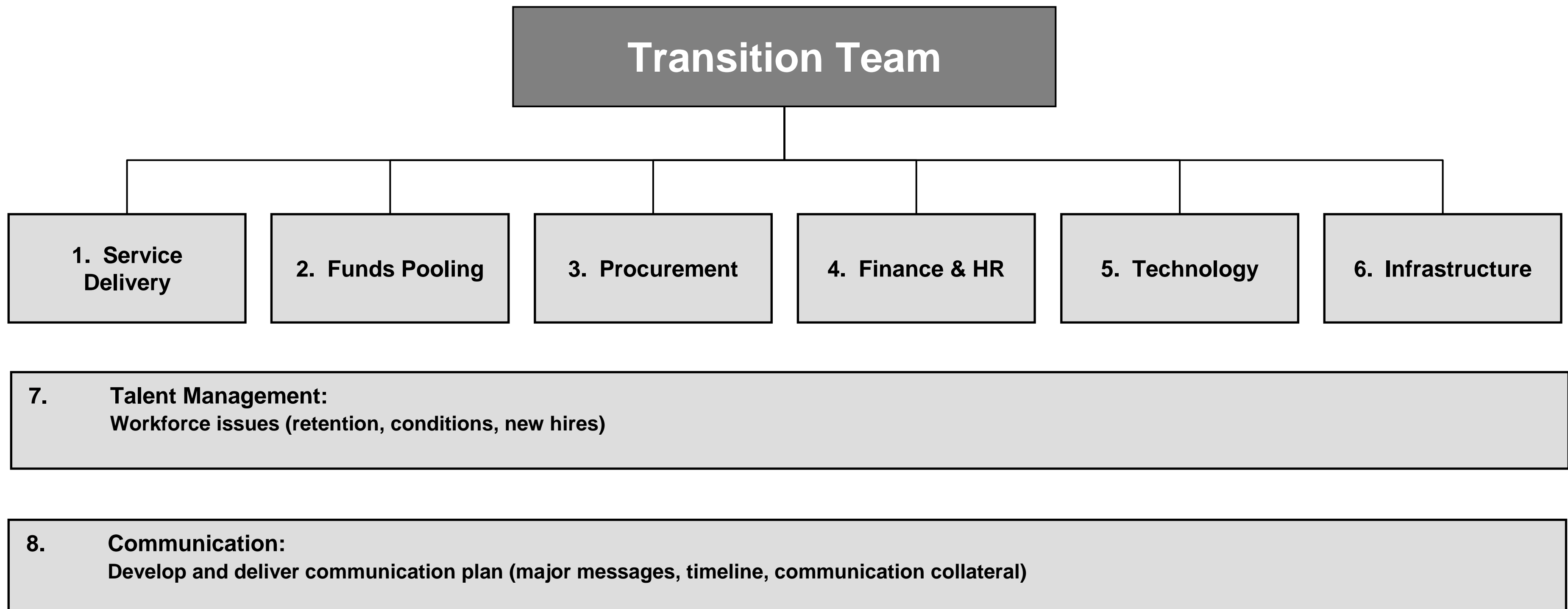
Apunipima
Cape York Health Council

Initial Project Process

Initial Project Approach - 2006



KPA 2 – Transition Planning



Initial Approach: Legal Scoping

Funding Agreement Considerations:

- Only primary health care services
- Outcomes based indicators
- Level of service delivery
- Built in indexation
- Special services costs
- Unspent funds requirement
- Non-transferred services
- Subcontracting arrangements
- Clinical governance structures
- Indemnity
- Insurance
- Intellectual property
- Assets management
- Term of funding

Initial Approach: Legal Scoping

Other Legal Considerations:

- Agreements with service providers
- Leasing agreements (equipment, clinics, accommodation, etc)
- Human resources and employment
- Statutory and regulatory frameworks

Initial Approach: Funds Pooling Model

PHC Funding Requirements For CY
($m)
$Xm

1 Commonwealth Funding

- What is current C/Wealth funding for PHC?
- What is CY 'entitled' to?

2 Value/Cost Of Existing Services

- What is currently spent on PHC in CY?
  - QLD Health
  - RFDS
  - Divisions
  - Other…

$Xm

$Xm

$Xm

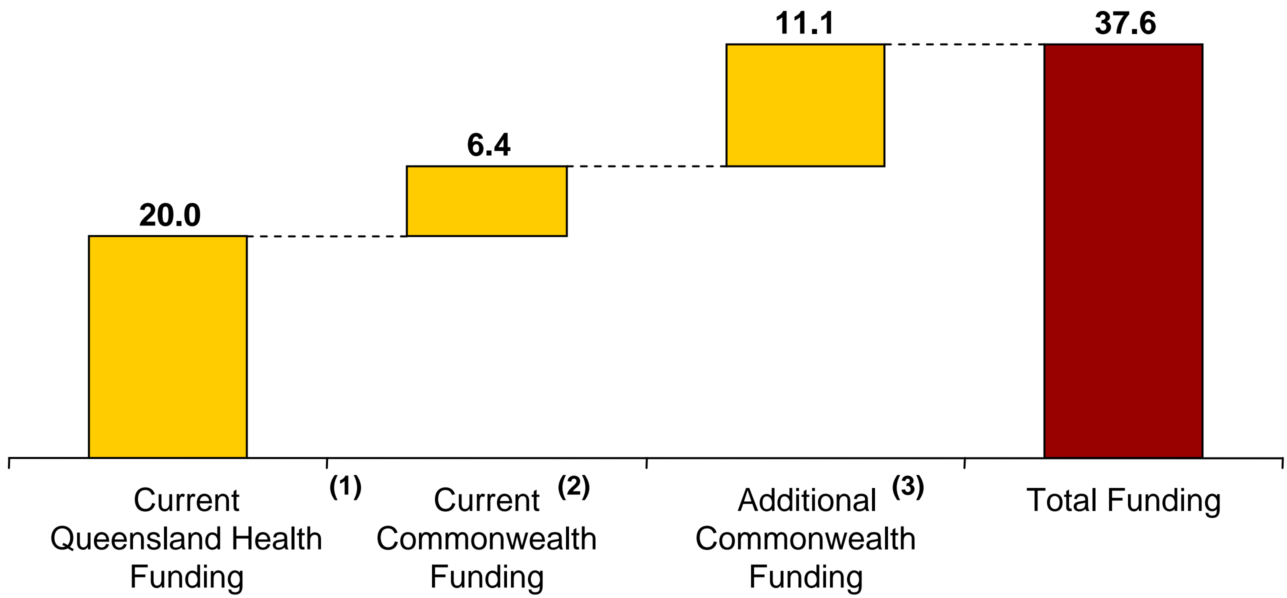
3 Services & Funding Required

4 Size Of The Gap

Comprehensive picture developed for deliverables 1 and 2; 3 and 4 require further negotiation

Initial Approach: Proposed Funding

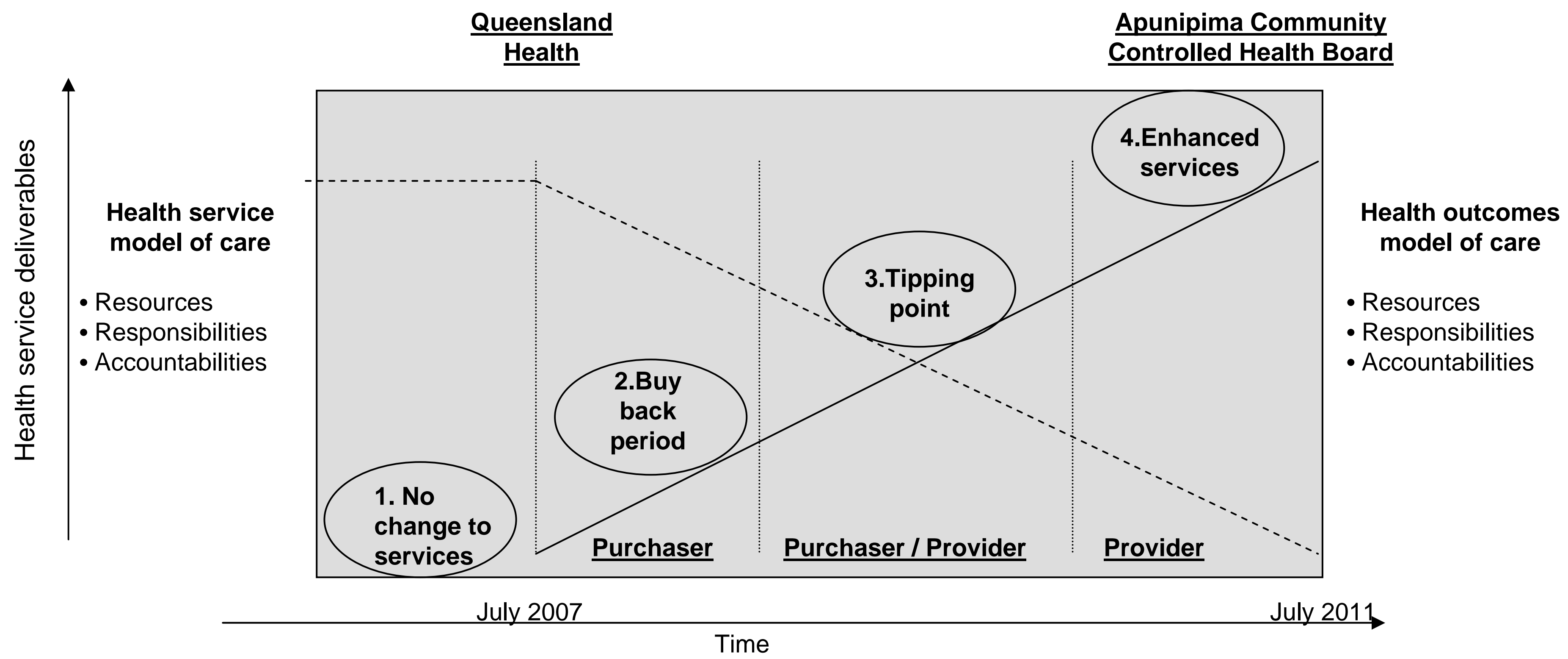
($m)



Initial funding only, additional funding to be provided once actual service needs of the region have been established

(1) Estimate figure; QH Spend less RRMBS and RRBS revenue, less C'wealth direct funding
(2) Figure includes funding to Apunipima, Mookai Rosie, Lockhart River Aboriginal Council, AIARS, RFDS and FNQRDGP; OATSIH funding only
(3) Based on benchmark formula provided by DoHA; amount includes funding for indigenous and non-indigenous populations in the communities
Note: An additional $1.7m that is currently billed via RRMS and RRPBS will need to continue in order for current services to be maintained
Source: Queensland Health; DoHA; Apunipima Analysis

Initial Approach: Proposed Staff Transition Model



Note: Determination of services required will inform skills mix and staffing profiles

- Communication with all stakeholders
- Capacity building
- Change management
- Workforce Continuum – development and implementation of recruitment and retention strategy

Initial Approach: Staff Transition Considerations

Queensland Health

- Develop strategy for QH permanent staff not transferring
- Employ a staff “counsellor” to explain option to all staff
- Consider LWOP opportunities for relevant staff
- Offer opportunities for work shadowing, coaching, mentoring to appropriate staff

Apunipima

- Previously awarded conditions must be maintained for QH staff that are transferring
- Develop Staff Transition Plan
- Develop Recruitment and Retention Strategy
- Negotiate contracts on outcomes basis

Half Year Review

Risk Management

- Project scope was becoming unmanageable
- Implementation risks were increasing
- Political risk was increasing
- Transfer issues for QH services are extremely complex
- Capacity building for staff and community takes time
- Phased approach allows for learning
- Need to build internal capacity

Change in Direction – 2007 Onwards

Initial goal for community control has NOT changed but:

- Apunipima will seek **NEW** Australian Government and other dollars initially.

- Apunipima will develop costed service plans that identify what **non-clinical** services and programs will be delivered to **enhance** existing services that address **upstream issues**, with a focus on:
  - Child and Maternal Health;
  - Chronic Disease;
  - Mental Health and Social/Emotional Wellbeing; and
  - Substance Abuse.

Change in Direction – 2007 Onwards

- Timeframe for **transfer** of QH services will be delayed for two years to enable more **comprehensive planning** and internal capacity building.
- Apunipima will initially limit the service development to **Cluster 1**, with staggered rollout in Clusters 2-5.
- ACYHC has conducted an external review of the organisation to ensure that the structure will enable outcomes to be met and to provide internal **capacity building** and **change management** advice.

Apunipima

Cape York Health Council

Activity	2006	2007	2008	2009	2010	2011
Planning						
Cluster 1 Service Delivery		New $		QH $		
Cluster 2 Service Delivery		New $		QH $		
Cluster 3 Service Delivery			New $		QH $	
Cluster 4 Service Delivery			New $		QH $	
Cluster 5 Service Delivery				New $		QH $

2007 Project Plan

KPA 1:
Service Planning & Funding

KPA 2:
Capacity Building

KPA 3:
Governance Reform

KPA 4:
QH Transition Planning Support

Current Priorities

- Complete organisational restructure and change management process;
- Implement governance reform and mixed board structure;
- Negotiate for funding to extend transition staffing positions and fill new positions required in the imminent future (e.g. Senior Medical Advisor, Human Resources Manager, Health Program positions); and
- Develop service frameworks and costed implementation plans for Child & Maternal Health, Chronic Disease, Social/Emotional Wellbeing & Mental Health, and Substance Abuse.

How Will Our Health Be Improved – Continuum of Care

Community
Family
Individual

UPSTREAM ISSUES

Housing
Education
Economic Development
Food supply
Domestic violence
Behavioural changes
Child abuse

Hooks into The health system

HEALTH SERVICES

Health Promotion and Edcuation
Early Detection.
Management
Links to Specialist Services.

INTEGRATION BACK INTO THE COMMUNITY

Housing
Support services
Workforce (with the required skills)
Access to visiting specialist services

Current Priorities

- Continue capacity building and leadership development of community Health Action Teams;
- Continue to strengthen internal corporate systems;
- Obtain new offices to accommodate growth in staff;
- Strengthen partnerships with existing service providers (i.e. QH, RFDS, FNQRDGP) and other government departments and stakeholders (e.g. OIPC, DoC, Councils);
- Gain high level Government commitment of support and resources to implement community control effectively; and
- Continue planning in partnership with QH for future transfer of existing services.

Milestones – 2007/08

April – Sept:

- Mixed Board in place;
- Fully costed service and program plans developed;
- Implementation “Blueprint” proposal for government completed;
- Funding negotiated and obtained for implementation;
- Change Management process implemented; and
- Internal capacity improved.

Milestones – 2007/08

Sept – Dec:

- Service delivery commences; and
- Staff professional development program implemented.

Jan – March:

- Organisation Structure & Business Plan Half-Year Review; and
- IPHCI / BHC contract management transfer to Apunipima negotiated.

March - Sept:

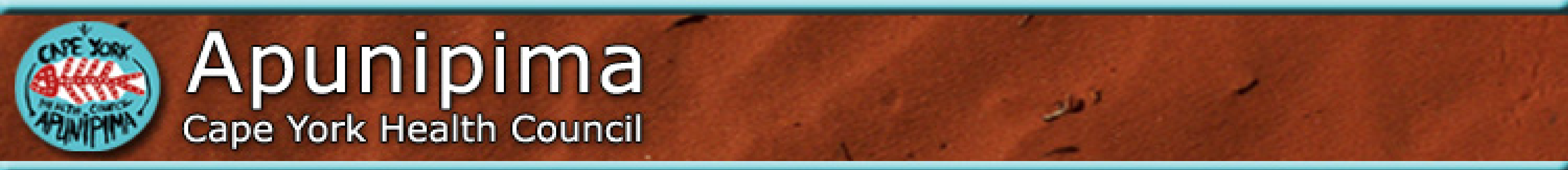
- Service delivery commences in Cluster 2.

Summary

- Cape York Agenda provides a **holistic approach** to addressing health issues in Cape York.
- Community control can **improve health status** by controlling all aspects of health services in their community through the development of Health Action Teams.
- Community control will give the **flexibility** to address health issues through control of a funds pool based on health outcomes.
- Community control will enable local decision making about health service delivery in a way that is **appropriate** for each community.
- Apunipima will develop a "**blueprint**" for movement to community control in 5 years for Government approval.
- State and Commonwealth Government have agreed to the health reforms for Cape York in the **Deed of Commitment** but negotiations are ongoing for policy change to enable implementation.

Acknowledgements

- Cleveland Fagan, Apunipima (CEO)
- Apunipima Cape York Health Council (Staff)
- Queensland Aboriginal & Islander Health Council (Project Partner)
- Cape York Institute for Policy & Leadership (Project Partner)
- Ben Mayson, Boston Consulting Group (Funds Pooling)
- Cheryl Belbin, Queensland Health (Workforce Transition Model)
- Kate Merrifield, Gilbert & Tobin (Legal Scoping)
- Catherine Norton, Norton Consulting Group (Change Management)
- Antony Strong, Indigenous Enterprise Partnerships (Project Support)
- Department of Health & Ageing and Queensland Health (Funding)
- University of Queensland (Invitation to Present)
- Griffith University (Event Host)



Thank You