

## Productivity Commission Review of the National Agreement on Closing the Gap – Response to draft report

### October 2023 – Western Victoria Primary Health Network

Western Victoria Primary Health Network (WVPHN) welcomes the opportunity to comment on the *Review of the National Agreement on Closing the Gap*.

#### Priority Reform 1 – Formal partnerships and shared decision-making

WVPHN has developed a set of First Nations Health Principles that includes commitments to:

- Self-determination
- Honouring First Nations ways of knowing, being and doing
- Aligning with Closing the Gap Priority Reforms
- Acceptance of past and continuing injustices
- A focus on strengths.

Aboriginal Community Controlled Organisations (ACCOs) have deep understanding of community and culture and how services should be provided in culturally safe ways to make the services accessible for the intended recipients. We have struggled to honour and operate in alignment with these principles, while we comply with requirements of DoHAC. DoHAC requirements are often in conflict with principles contained in the National Aboriginal and Torres Strait Islander Health Plan 2021-2031 (NATSIHP). We have been in discussions with the eight ACCOs across western Victoria to look at how we can change our approaches to better respect self-determination principles.

We observe that although the key Australian Government policy regarding First Nations health – the NATSIHP – is clear on culturally respectful principles regarding how services should be conceived, planned, funded, and delivered, the directives to PHNs on how they must commission services generally do not reflect these principles well. An example is the Integrated Team Care program guidelines, which we understand have not been significantly updated since 2016 and do not reflect the culturally respectful approaches promoted in the NATSIHP.

#### Priority Reform 2 – Building the community-controlled sector

PHNs are required to impose a fairly inflexible set of contractual and reporting arrangements on ACCOs. This is in tension with our desire to respect self-determination and First Nations ways of knowing, being and doing. We would like to decolonise our ways of working with ACCOs, and the NATSIHP supports and encourages this, however DoHAC has not yet adjusted its approach to allow this. We welcome a planned transition of First Nations health funding from PHNs to flow directly from DoHAC to ACCOs, but we hope that significant decolonising work from DoHAC itself accompanies this transition, which we would be keen to support and contribute to. If DoHAC fails to



decolonise its approach, the transition of First Nations funding from PHNs to DoHAC will not result in greater self-determination and a lifting of reporting burden that ACCOs tell us they seek.

We believe that ACCOs are the experts on health and wellbeing for First Nations communities in the locality or Country that they work on. A segment of the First Nations population in a locality may not access the ACCO for primary health care and other needs. This may be due to a variety of reasons, including distance of the ACCO from home and the range of services available. Also, ACCOs do not (nor should be expected to) provide every health service a person may need, such as some allied health and medical specialities. Regardless, we believe that ACCOs should still be respected as the local experts on First Nations health as they come from community and are able to apply a cultural lens that no other type of health organisation can.

ACCOs are not currently resourced to support and provide guidance for the PHN in its commissioning of services outside of ACCOs, nor do they have the capacity within existing resources to support non-First Nations services to be culturally safer and responsive. We would welcome resourcing for ACCOs to work with PHNs and others to provide this support, in order that First Nations people can access culturally safer services anywhere - in primary care, allied health, medical specialty and beyond.

The modest amounts of funding we receive to provide to ACCOs are inadequate to meet the demands in communities. For example, the annual funding for Integrated Team Care in western Victoria is around \$800,000. This needs to cover 8 ACCOs as well as fund activities to support cultural safety in the mainstream, and training and education at ACCOs. We hear from the ACCOs that the level of funding available does not allow them to provide services to all of their service users who may be eligible and in need. A review of the adequacy of Integrated Team Care funding should take place.

We recommend that a broad review of funding arrangements occurs to reflect changing demographics in First Nations communities. WVPHN recommends that this review considers the “Recommendations on the Australian Government’s Primary Health Care 10 Year Plan” by the Primary Health Reform Steering Group:

[https://consultations.health.gov.au/primary-care-mental-health-division/draft-primary-health-care-10-year-plan/supporting\\_documents/Primary%20Health%20Reform%20Steering%20Group%20%20Recommendations%20September%202021.pdf](https://consultations.health.gov.au/primary-care-mental-health-division/draft-primary-health-care-10-year-plan/supporting_documents/Primary%20Health%20Reform%20Steering%20Group%20%20Recommendations%20September%202021.pdf)

Specifically, the report recommends that the department:

“Undertake refresh of AIHW’s 2017 Report ‘Spatial variation in Aboriginal and Torres Strait Islander peoples’ access to primary health care’ to identify areas of poor access AND lack of ACCHs where new ACCHs or new Clinic sites for existing ACCHs could be established. This ‘refresh’ to take into account the needs of large urban and regional Indigenous populations – despite comprising the

majority of the Indigenous population, 26% of the population in major cities have access to ACCHs compared to 97% in remote”.

We also recommend that a review of First Nations health funding arrangements should consider distance from tertiary health services that First Nations people with chronic conditions need ACCO assistance to access, and the impact this has on staff capacity. In regional areas ACCO staff need to spend many hours accompanying community members to tertiary services, and this activity is not adequately funded.

### **Priority Reform 3 – Transforming government organisations**

Although they are not government organisations, the majority of funding distributed by PHNs comes through DoHAC. The guidelines and requirements for how that funding is distributed are usually highly prescriptive and allow minimal scope for self-determined methods. Transformation of how DoHAC operates in relation to First Nations health will allow PHNs to work in ways that support ACCO aspirations for health sovereignty.

In order to align its practice with the NATSIHP, DoHAC should ensure that it considers local variations in how it supports First Nations health. The NATSIHP speaks about Nation building, noting that “While communities may share some things in common, each Nation, and every community under each Nation, is unique”. Therefore, the approaches to health service planning and delivery, self-determined, should vary between Nations, communities or language groups. Current arrangements could be improved by taking Nation building and variability between communities into greater account.

Objective 8.1. of the NATSIHP is – “Institutional racism across the health, disability and aged care systems is acknowledged, addressed, measured, and reported: Governments and health bodies across the health, disability and aged care systems, including PHNs and LHNs, must implement mechanisms to address individual and institutional racism in service delivery, and demonstrate their commitment and accountability through reporting”. WVPHN has embarked on a program of work to assist us to identify and address institutional racism in how we operate. This includes deep reflection on power and privilege, racism in health, decolonising, and anti-racism. We believe that if all Australian Government institutions and their employees also participate in such work, institutional and structural racism will be identified and addressed. We recommend that an implementation plan for the NATSIHP 2021-2031 is developed, in order that organisations such as PHNs and government departments and institutions have clear accountabilities for initiatives, including identifying, addressing and preventing systemic racism.

We suggest that the 2016 guiding principles regarding ACCHO and PHN relationships agreed by NACCHO and the Commonwealth should be reviewed to ensure they align with the NATSIHP and current ACCO views - <https://www.health.gov.au/sites/default/files/documents/2021/04/primary-health-networks-phn-and-aboriginal-community-controlled-health-organisations-guiding-principles.pdf>

**Priority Reform 4 – Shared access to data and information at a regional level.**

Data sovereignty should be considered as plans to transition funding from PHNs to direct DoHAC funding progress. The NATSIHP says,

“Greater Aboriginal and Torres Strait Islander leadership and self-determination is consistent with data sovereignty principles. This ensures Aboriginal and Torres Strait Islander people are benefiting from, and making decisions about, data that involves and impacts them. Effective data governance structures underpin this, including ensuring communities and Aboriginal and Torres Strait Islander leaders have the resources to engage in decision making processes”.

Honouring data sovereignty principles includes listening to First Nations people about what should be measured. ACCOs in western Victoria have been clear about a desire to challenge the colony’s standard approaches to viewing First Nations health through a deficit lens, and instead focus on strengths as defined by the ACCOs.

**Conclusion**

WVPHN stands ready to support and participate in any initiatives that seek to improve First Nations health in ways that emphasise self-determination, honouring First Nations ways of knowing, being and doing, and focus on strengths. We are doing our own work but we see the value in broader and systemic work. We believe that ACCOs are the rightful authorities to guide activity. They must be adequately resourced and their cultural authority respected so that they can support and promote community physical, social and emotional wellbeing.